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Lawrence S. Kubie

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THE FUNDAMENTAL NATURE OF THE DISTINCTION BETWEEN NORMALITY AND NEUROSIS

BY LAWRENCE S. KUBIE, M.D. (NEW YORK)

INTRODUCTION

The present paper offers a hypothesis concerning the essential difference between normal and neurotic psychological processes. I have made several previous attempts to present this hypothesis, but unfortunately these earlier formulations have contained ambiguities which caused the hypothesis to be misunderstood. I have, however, profited from the resulting discussion and correspondence with my colleagues, and I hope that the hypothesis has similarly benefited. I therefore begin by acknowledging my indebtedness to colleagues upon whose kindness I have imposed with reprints, manuscripts, and lengthy letters, and whose friendly, challenging, and sceptical comments have been invaluable. Among these are Frank Beach, John Benjamin, Margaret Brenman, Merton Gill, Molly R. Harrower, Heinz Hartmann, Robert Knight, Ernst Kris, Bertram D. Lewin, Rudolph Loewenstein, Sydney Margolin, David Rapaport, Fredrick C. Redlich, and René Spitz. There are others, of course, but these are the ones I have pestered with least mercy, and who have been endlessly patient in giving me the benefit of their criticisms. I cannot ask them to share responsibility for any of my suggestions, but certainly they have contributed greatly to any value the hypothesis may have.

In later papers I will trace the implications of this hypothesis for various related problems, such as the genetic hypothesis, the neurotic distortion of instinctual sources of behavior, the

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neurotic distortion of the emotional components in psychopathology, the neurotic distortion of the symbolic process itself, and the secondary variations in the neurotic state as it occurs in the adult human being. Here, however, I will limit myself to a presentation of a conception of the essential difference between health and neurosis in general.

I. A COMPARISON OF THE NUCLEAR AND HOLISTIC APPROACHES TO THE DISTINCTION BETWEEN HEALTH AND ILLNESS.

Understanding behavior, whether sick or healthy, implies an understanding of all the many forces that converge to start it, to keep it going, to steer its course, and to obstruct or stop it,—plus an understanding of all its consequences, primary, secondary, and so on. The pursuit of such an all-embracing goal, however, would carry us away from and not toward the object of this inquiry. Here we are asking, not what are all the differences between sick and healthy human behavior, but which among these is the essential difference, the quality the presence of which is the *sine qua non* of health, and the absence or distortion of which is the *sine qua non* of illness.

This question is equally important in distinguishing between organic health and organic illness in which, as in the neuroses, an inclusive characterization of illness requires more than a list of symptoms. It reaches back into the origins of illness; to the variations, for example, in vulnerability among different individuals, and the influences of socioeconomic and biochemical factors on such vulnerability. It includes states of potential and subclinical illness, during which even for years there may be no external manifestations of the disease. At the other pole it encompasses the secondary and tertiary consequences of illness for the patient, for his family, and for society, including the results not alone of the active process, but also of the residual defects that may follow the active phase of disease. Although this inclusive concept of disease embraces every sociological implication, we cannot substitute such considerations for a

precise understanding of the specific nature of disease. Indeed although culturally useful, the holistic approach makes scientific precision difficult. For instance, is a patient sick or well who suffers from subclinical hypothyroidism? What of a man with a minor insulin deficiency which has not yet produced manifest symptoms and which does not yet need insulin from external sources? What about someone who is incubating an infectious disease, before the symptoms of illness appear? He may feel well, yet be more dangerous to others than when his illness finally becomes manifest, so that one could say that he is individually well and socially sick. What about someone who cannot develop a lasting immunity to a particular strain of pneumococcus or streptococcus, and who may suffer from repeated attacks of scarlet fever or of pneumonia? Between the episodes of acute infection, and while he carries in himself the potentiality of specific and perhaps even fatal illness, is he sick or well? Is a man sick or well while he has a subclinical tuberculosis, without manifestations of active infection, which may have been latent for twenty or thirty years? Or what of the man with a healed tuberculosis, with a reduction in pulmonary capacity and limitation in general freedom in life, but without active infection; or of the residual paralyses of poliomyelitis?

These examples imply distinctions among the vulnerability to illness, the potentialities of illness, subclinical processes of illness, illness as a dynamic process, the many secondary symptoms of illness which in turn have tertiary and quaternary individual and social consequences, and the relatively inert residual symptoms which in turn have their own consequences. All along the road, moreover, are consequences not only for the patient but for the patient's family and for all whose lives touch his, consequences which in turn depend upon his position in the family group and in the community, and which ultimately touch the welfare of society as a whole. All of these constitute part of the total picture of disease. In this multifaceted concept

of disease are many phenomenological or symptomatic differences in the concurrent biogenetic, ontogenetic, and sociocultural forces; yet none of these reveals the heart of the distinction between organic sickness and organic health.

This is recognizable as a truism for organic disease; yet analogies to each of these considerations can be recognized in the various efforts to characterize neurotic illness, in which, if we are not to become lost in a sociological fog, the same principle should govern our thinking. Indeed, precisely because psychoneurosis is the most ubiquitous of all diseases, with highly complex sociological interrelations, we have a special scientific obligation to isolate the essence of the neurotic process for study. There are complex circular relationships between neurotic symptoms and the society in which we live. These relationships produce consequences of a secondary and tertiary order without illuminating the essential distinction between psychological health and neurotic illness. I must repeat that in the present state of our knowledge the attempt to include every one of these variables in the characterization of neurotic illness will be merely confusing. As in all science, we begin by isolating the essence of what we are investigating. Ultimately all aspects of the neurotic process must be taken into consideration; but before attempting this we need a precise understanding of its intrinsic nature. Perhaps one reason why there have been so many confused and purely verbal controversies about etiology and therapy is that we have included too much in the concept of the neurotic process, before a clear working hypothesis about its essence has been accepted. We have propounded explanatory theories before we have decided what we are trying to explain.

II. THE RECENT HISTORY OF EFFORTS TO DISTINGUISH BETWEEN PSYCHOLOGICAL HEALTH AND ILLNESS.

PHENOMENOLOGICAL DISTINCTION

Orthodox psychiatry distinguished neurosis from health by the presence of symptoms, the 'phenomenology' of the neurosis.

The limitation of this differential criterion was that it overlooked the most widespread neurosis of all, namely the neurosis expressed not in overt symptoms but in subtle distortions of character. It failed, moreover, to recognize that many diametrically opposite symptoms with dramatically contrasting consequences were remarkably interchangeable, so that the clinical appearance of a patient could change from one extreme to the other, or from symptomatic to asymptomatic forms and back again. If we fail to recognize that compulsions and phobias are reverse sides of the same medal, we shall naïvely assume that they are separate diseases with separate etiologies. The same is true of course for compulsive eating and anorexia nervosa. Or if we fail to recognize the compulsive elements in a hysterical paralysis, we shall treat a conversion symptom and a handwashing compulsion as independent and unrelated processes. If we do not realize that the symptomatic interludes between manic-depressive states, or anxiety states intervening between hypomanic attacks, can be different phases of one process of illness, we shall classify these states separately and be misled in our search for the essential differences between health and illness, and for the differences among forms of illness.

We know that a young adolescent with an obsessional inhibition toward work pays an immediate price for his neurosis, and accumulates at compound interest an increasing debt until he breaks. His brother with an almost identical underlying neurotic process may develop a compulsive drive to work which from early life wins him praise, distinction, honors, and an open door to many fields of activity. He will not be called upon to pay the price of his neurosis until his thirties or forties or fifties or later. The secondary differences between the consequences of these two forms of a single illness are so great that it is easy to lose sight of the close identity of their essential nature.

In evaluating whether an act is a healthy one, statistical norms are of no help. It is a semantic misfortune that the word 'norm', used in statistics, and the word 'normal', used in speaking

of health, have a common root. Cavities in the teeth and colds in the head are universal, but they are not therefore normal; nor is health itself abnormal because it is rare. It is never sufficient for the physiologist to say of the heartbeat, 'I do not need to explain it, because everybody's heart beats'. Similarly it is no explanation of human behavior to say 'Everybody behaves that way'. Such a statement merely raises the further questions, 'Does *everybody*? and if so, why *everybody*? and if not, why do some deviate?'.

Nor is the conformity or nonconformity of an act to any culture a differential criterion, since under appropriate circumstances both healthy and neurotic processes can produce conformity or deviation, defiance or submission. Nor is it the utility of the act, since everyday experience indicates how frequently the useful, the useless, or the destructive act can serve healthy and neurotic purposes equally. The criterion is not the comfort of the act, nor the temporary gratification derived from it, whether a simple instinctual gratification or a more complex ego satisfaction, since many patently neurotic acts can for a considerable time be both comfortable and highly gratifying. Nor is the yield in terms of pain, frustration, and deprivation a sure indication that an act is neurotic, since human beings are often called upon to face and accept and endure these for healthy reasons. It is not the pleasantness to others of an act, since amiability can be among the subtlest of neurotic symptoms. Neurotic behavior is not invariably associated with disturbances in interpersonal rapport, for the neurotic process may manifest itself in an assiduous cultivation of human ties. Certainly it is not success or failure, both of which can be determined by neurotic forces, and both of which can end in depression. It is not the sense of moral responsibility, nor the awareness of consequences, since the psychotic can be as aware as the preacher of moral issues and of the consequences of his actions. Above all it is not a question of weakness or of strength, whether of the whole personality or of any part of it. In this connection I cannot emphasize too

often a fact which ought to be obvious, that among sufferers from neurosis are those whose every moment requires a degree of self-discipline, high purpose, and courage which the healthy person is rarely called upon to exercise. Many psychologically ill human beings struggle along from moment to moment only by the expenditure of heroic strength; yet, when viewed from a distance, these same lives may seem to be the embodiment of timidity. I frequently recall with humility and respect the little figure of a woman whose life was so beset with multiple masked phobias that she scurried along the street, clinging to the walls, keeping her eyes averted from every passerby lest she look where she should not, haunted by fear and anxiety, her every step an act of major heroism. In forcing herself out into the world at all she exercised a courage I have rarely seen equaled, although she looked and acted the role of the 'wee cowering timorous beastie'. In our scientific formulations, therefore, we must be constantly on guard against the clichés of those hostile to psychiatry, who express that hostility by looking down their noses at all who suffer from neurotic disabilities. When we employ pseudoscientific, pseudoquantitative epithets about strength and weakness, we are unintentionally feeding the vanity, prejudice, ignorance, and hostility of these. And certainly, in this question of 'strength' we shall be far from the essential criterion of health we are seeking.

As we proceed with our analysis of the problem, we shall find ourselves forced to conclude that no symptomatological differences between neurosis and normality, whether these are described in terms of current manifest symptoms or in terms of their consequences, can clarify the essential distinction.

Such misinterpretations of the varied consequences of different secondary symptoms of an illness have often misled organic medicine in its efforts to isolate essential disease processes. It is quite natural, therefore, that they should confuse both descriptive psychiatry and psychoanalysis. This is another example of a danger to which I have already referred,

the danger of attempting to explain before we know what are the units that require explanation.

SOCIOLOGICAL DISTINCTION

Another effort to define neurosis was in terms of its social consequences. This might be called the 'epithet' phase in the study of the neuroses. It recognized that patterns of disturbed behavior had many social implications. It failed to recognize that many neurotic activities, because they are socially useful and socially approved, or because they directly satisfy instinctual hungers, may mask their neurotic nature for long periods of time and pass muster as 'normal'. Here our thinking is full of contradictions. We know that much of the valuable work of society is done by people who are sick organically or emotionally. We do not deny the existence of organic disease in a patient because he is a creative writer or painter or lawyer. But we tend to deny the existence of neurosis when the neurotic mechanisms energize socially useful activities, even though in the end the man himself, his family, and society as a whole will pay a high price for the neurotic components in his life and works. The masked neurosis, which may have seemed well tamed for years, ultimately turns to destroy us, as the animal in a circus cage may turn on his keeper (13). Innumerable tragic examples of this are to be found in science, literature, art, politics, and economics. Indeed, it happens subtly every day in times of peace. In war it happens with melodramatic impact. Concealed neuroses have enabled and sometimes forced sick men to wear the mask of heroism, flying when this meant the destruction not only of themselves and of their planes, but of their companions as well (9). Their masked neuroses often have compelled sick men in the merchant marine to go back to sea, even when they had been assured that they had already done more than their share, and even when going back to sea meant that they would endanger not only their own lives but also the lives of others (18, 19). In peace and war there are as many sick ways of being a 'do-gooder' as of being a 'do-badder', of being a clergyman as of being a criminal; and although the

consequences to society are different, the consequences to the individual and to his family may be surprisingly similar. Therefore the fact that work and its products have value, or that men are 'brave' or 'virtuous', should never be confused with the nature of the dynamic processes within the individual that ultimately determine the health or sickness of an act or of a whole life.

The distinction is between the manifest clinical neurosis and the neurotic process, which can be concealed 'asymptomatically' within the personality as a whole. It should not be forgotten that of these two it is the second that in the long run is usually the more destructive. The clinically manifest neurosis hurts chiefly the patient, and consequently the patient himself usually seeks help without outside pressure (13). For this reason he is accessible to efforts at therapy. But that aspect of the neurotic process that is concealed in the personality tends to cause suffering chiefly to others. Therefore such a patient usually tries to defend the aspect of his neurosis that is expressed in his whole way of life. In such a case, it is society or the patient's family that tries to maneuver the reluctant patient into therapy in an effort to protect itself from the destructive effects of his concealed character neurosis. Precisely because such a neurosis causes pain to others rather than to himself, the patient rarely seeks treatment for it, and once in treatment, he is most resistant. Clearly, therefore, mere acquiescence in treatment is a useful distinction between two forms of the neurotic process, but it is not (as was suggested by Redlich [21]) a criterion for a distinction between neurosis and health. A man with a handwashing compulsion seeks treatment. A man with a compulsive drive to work rejects treatment, yet in spite of outstanding contributions and success may end in depression and suicide. From the social point of view the first was sick, the second well. From the point of view of scientists who are trying to understand the essential mechanisms of human conduct, the second is as sick as the first. Many lives could be used to demonstrate that neither the social value of a

life nor its accessibility to treatment contributes to our understanding of the essential distinction we are seeking.

ONTOGENETIC DISTINCTION

A third approach to this distinction has been ontogenetic or historical. This approach has passed in recent decades through three periods, the Kraepelinian, the Meyerian, and the psychoanalytic (15).

1. The Kraepelinian psychiatrist concerned himself primarily with an attempt to reconstruct the history of a patient's symptoms. The fallacy of this approach has already been indicated.

2. The Meyerian psychobiologist assembled a more intimate and more inclusive history of significant milestones and patterns in a patient's life. This inquiry included in its scope the personality as a whole, but it was based almost solely on anamnestic material of which the patient and his family were conscious.

3. The analytic approach added the history of the patient's unconscious as well as conscious psychological development; it attempted to trace the ontogeny of health and illness through the development of various components of the personality and its psychic processes, emphasizing especially those of which the patient was unconscious. At different stages in analytic theory, the analyst has emphasized the developmental history of instincts, of the superego, and of the ego. These types of development came to be treated as converging streams, altered by their own interactions and by the constant interplay of such processes as fixations, regressions, identifications, and incorporations. This approach has marked a significant advance; but it has suffered from the same basic limitation as beset the two less sophisticated preceding efforts: it failed first to establish as its working hypothesis a recognizable distinction between psychological illness and psychological health. That is precisely what I will try to do in this paper; I will attempt to characterize that deformation of psychological processes which I believe to be the essence of nonorganic, dynamic psychopathology in the adult human being. I must also point out that in this commu-

lication I will not try to explain how or why this deformation occurs.

III. A REVIEW OF PREVIOUS STEPS IN THE DEVELOPMENT OF THE HYPOTHESIS.

To eliminate earlier ambiguities and to make clear the present form of my hypothesis, it will be necessary to trace briefly the steps by which it developed.

In a paper, *A Critical Analysis of the Concept of a Repetition Compulsion* (7), I summarized the internal contradictions in the concept of the repetition compulsion as it was understood at that time. I asked whether an initial or primary compulsion which leads to a neurotic act can be distinguished from a hypothetical compulsion to repeat, which presumably has an independent existence apart from the original neurotic impulsion toward the specific act. In attempting to answer this question, I pointed out (a) that in any behavior the mixture of conscious and unconscious forces that determines the form in which gratification is sought determines at the same time the flexibility or inflexibility of the behavior, and (b) that inflexibility is the essential characteristic of all neurotic manifestations in contrast to the essential flexibility of normal behavior (especially pp. 397-399). This was related to an observation previously emphasized by Brickner and Kubie (2), that the repetition of neurotic symptoms results automatically from the fact that neurotic symptoms are in part substitutive (i.e., symbolic) gratifications which never gratify, with the inevitable consequence that *no neurotogenic conflict can heal itself merely by reaching satiation*.

The thesis was carried further in 1941 in *The Repetitive Core of Neurosis* (8). Here it was emphasized specifically (a) that in the human being all normal physiological and psychological processes are repetitive, (b) that such repetition is necessary primarily for survival and secondarily for all processes of learning, and (c) that neurotic repetition is distinguishable from

normal repetition by the fact that neurotic repetitions are automatic and obligatory. Consequently the so-called obsessional or compulsion neurosis, and the perversions as well, can be viewed merely as transparent and self-revealing examples of the distortion of repetitiveness that characterizes all neuroses (p. 24). The paper includes a speculation about how the obligatory repetition that characterizes the neurotic process is established. It attempts to describe the differences in secondary symptoms, which result from differences in (a) the phase of development at which the obligatory mechanism is established, and (b) the primary focus of the repetitive mechanism; this focus may be the instinctual processes themselves, their secondary derivatives, or their affective reactions.

In 1949 in a paper on *The Neurotic Potential and Human Adaptation* (11), the sociologist's attempt to use 'adaptation' to differentiate between neurosis and normality was challenged, and an effort was made to distinguish primary (i.e., essential) from secondary differences between psychological normality and psychological illness. It was pointed out that everything characteristic of the neurotic process can be deduced as a consequence of the domination of behavior by unconscious processes. 'Whenever most of the determining psychological forces are conscious, the resulting conduct will merit being called normal. . . . On the other hand, where unconscious processes dominate or where conscious and unconscious forces pursue incompatible goals, then the behavior which results will deserve to be called neurotic . . .' (p. 91). It is unfortunate that only conscious and unconscious processes were mentioned, with no reference to the role of preconscious processes; yet even in this initial incomplete formulation the fallacy usually attributed to it does not appear. The formulation makes no claim that 'conscious behavior is normal and unconscious behavior neurotic'. It is concerned exclusively with the accessibility to consciousness of the forces that produce behavior.

In the third chapter, *Practical and Theoretical Aspects of Psychoanalysis* (12), the formulation is again confined to the dichotomy between the relative roles of conscious and unconscious processes in the determination of behavior.

In January 1951, in *The Neurotic Potential, the Neurotic Process, and the Neurotic State* (13), the theoretical formulation took several steps forward. (a) For the first time it was explicitly stated that at the present stage of our understanding we should limit ourselves to an effort to characterize the state of health of a single act or moment of life, and not the normality or neurosis of an entire personality. (b) Those characteristics that are not universally present in normality, or that do not characterize all neurotic processes, were contrasted with those features that are universally characteristic either of the one or of the other. (c) Again it was emphasized that every act is a mixture of both the normal and the neurotic, in that every act results from a mixture of psychological forces, that is, from a 'continuous interplay of conscious and unconscious forces'. There it was explicitly stated, however, that this is a deliberate oversimplification, and that preconscious forces also play an important role in all psychological processes, especially in the economies and intuitive leaps of mental processes. (d) Another consideration introduced briefly and for the first time concerned the role of the symbolic process, using the concept of the symbolic process in a broadly inclusive sense. It was pointed out that in the creative uses of symbolic processes, preconscious and conscious forces play the dominant role, whereas in the neurotic distortions of the symbolic process, unconscious forces play the dominant role.

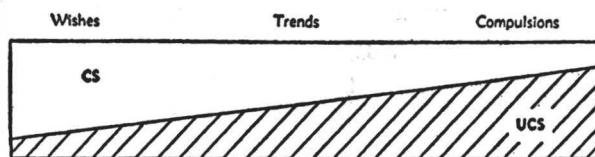
(e) All human beings who are not mentally defective are capable of making condensations of experience, of developing abstractions from these condensations, and then of representing these abstractions by appropriate symbols. Because the symbolic process is vulnerable to distortion through processes of repression, these two processes together constitute the essence

of the neurotic potential universal among human beings. Out of this universal neurotic potential the neurotic process evolves gradually and progressively, and in turn the fully developed neurotic state crystallizes out of the neurotic process episodically under circumstances of special stress.

Thus the neurotic potential is a universal and inevitable human phenomenon highly charged with possibilities of good and evil. The neurotic process, which arises out of this inescapable neurotic potential, has affective components which man shares with lower animals. Peculiar to man, however, is the symbolic process in its full development and with its specific distortions. It is the symbolic process that makes possible our highest cultural and creative potential; yet at the same time it is through a distortion of the symbolic process that the neurosis evolves. For the most part this neurosis is subtly concealed and disguised until some situation or event arises which unmasks it and precipitates the fully developed neurotic state.

This thesis was further developed in the Hixon Lectures (14, pp. 48-52, 91-99). Here attention was drawn to the fact that every symbolic unit represents simultaneously an inner and an outer world, so that the symbol itself forms the essential link between these two psychological worlds, a fact which in turn has a profound influence upon all neurotic, psychotic, and psychosomatic developments (16).

Finally, a paper on *The Distortion of the Symbolic Process in Neurosis and Psychosis* (15) summarized earlier psychiatric and psychoanalytic approaches to the distinction between normality and neurosis and between neurosis and psychosis, and contained a more detailed discussion of the differences in the roles of conscious, preconscious, and unconscious symbolic processes in the production of neurotic, creative, and normal behavior, respectively. Here the bipolarity of the symbolic process was used as the basis for a distinction between neurosis and psychosis, and for an explanation of psychosomatic phenomena.



EVERY HUMAN THOUGHT OR FEELING OR ACT OR PATTERN OF LIVING FALLS SOMEWHERE ALONG SUCH A DIAGRAM AS THIS. THE TECHNICAL AND QUANTITATIVE PROBLEM IS TO DETERMINE WHERE. IT WILL BE NOTED THAT THE DIAGRAM INDICATES THAT THERE ARE NO ACTS IN WHICH UCS PROCESSES PLAY NO ROLE, AND NONE WHICH ARE DEVOID OF CS DETERMINANTS. IF THIS IS TRUE, THEN IN ALL PROBABILITY THE ENDS OF THE SCALE ARE THEORETICAL ABSTRACTIONS.

Figure I
From Hixon Fund Lectures (14 p. 93)

These diagrams are not to be taken literally. They are designed rather to illustrate and I hope to clarify the evolution of a concept. Figure I (above) is an artificially oversimplified picture of the concurrent interplay of conscious and unconscious processes in any one moment of experience and behavior.

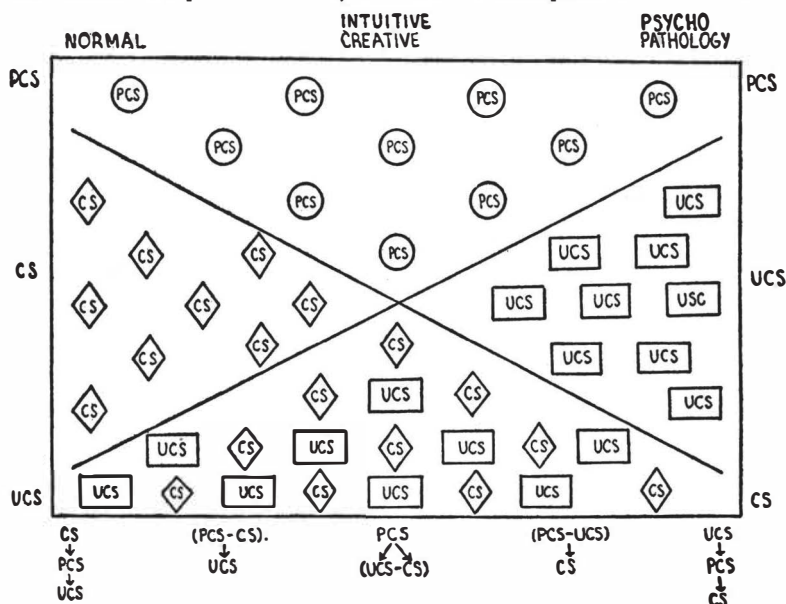


Figure II

Figure II is an effort to present diagrammatically the subtle and complex state of affairs as they probably exist in the state of nature; i.e., Human Nature, in which the concurrent role of preconscious processes frees our psychic apparatus and more specifically our symbolic processes from their rigid anchorage. At the conscious end this anchorage is to fixed and literal relationships to external reality. At the unconscious end there is if anything an even more rigid anchorage to unreality; i.e., where unconscious symbolic relationships predominate and as long as they remain under repression are unmodifiable even by experience. The flexible and creative contribution from the concurrent play of preconscious processes is illustrated in this diagram, which has an unavoidable complexity reminiscent of the Nomograms which the late L. J. Henderson used to represent the concurrent change of many mutually interdependent constituents of the blood stream.

IV. THE ESSENTIAL DIFFERENCE BETWEEN HEALTH AND NEUROSIS

Every human act, thought, feeling, and impulse can under appropriate circumstances be normal or it can be neurotic. What difference, then, can indicate when an act is the one and when it is the other? I emphasize that only after this differentiation can be made with respect to single moments of human behavior will it be possible cautiously to apply the same principle to patterns of general conduct, then to personalities as a whole, and finally perhaps to whole cultures.

Let me repeat what I have previously emphasized. Not one of the qualities popularly associated with the idea of neurosis is an invariable concomitant or cause or result of the neurotic process (11). One quality however is constant and sets a normal act apart from one that is a manifestation of the neurotic process. This is not a judgment of value, but rather a clinical description of that one attribute of behavior common to every neurotic action and absent from every normal act. If we are to understand the difference between the two, it is essential to keep this characteristic clearly in mind. This clinically derived distinguishing trait centers around the freedom and flexibility to learn through experience, to change, and to adapt to changing external circumstances. Thus the essence of normality is flexibility, in contrast to the freezing of behavior into patterns of unalterability that characterizes every manifestation of the neurotic process, whether in impulses, purposes, acts, thoughts, or feelings. *Whether or not a behavioral event is free to change depends not upon the quality of the act itself, but upon the nature of the constellation of forces that has produced it. No moment of behavior can be looked upon as neurotic unless the processes that have set it in motion predetermine its automatic repetition irrespective of the situation, the utility, or the consequences of the act.* This may be the most basic lesson about human conduct that has been learned from psychoanalysis. Let me repeat: no single psychological act can be looked upon as

neurotic unless it is the product of processes that predetermine a tendency to its automatic repetition. Whenever this occurs, under whatever culture or circumstances, the neurotic process will be found at work.¹ This then is my working hypothesis concerning the essential distinction between an act that is healthy and an act that is neurotic. In the unstable equilibrium among the many psychological and physiological processes that determine all psychological functions, what types of disturbance can determine this tendency to stereotyped and automatic repetition?

The answer I suggest is that wherever an alliance of the conscious and preconscious systems predominates in the production of behavior, the resultant behavior will come to rest either when its goal is achieved and satiety is attained, or when the goal is found to be unattainable or ungratifying or both, whereupon the effort ceases. Thus such behavior never becomes either insatiable or stereotyped. It can be altered by the experience of success and failure, of rewards and punishments, of pleasure and pain. It can be used to test reality and it can be tested against reality. It is therefore anchored in reality, yet it remains freely flexible. On the contrary, whenever the unconscious system (or perhaps an alliance between the preconscious and unconscious systems) predominates, the resultant action must be repeated endlessly. This occurs because its goals are predominantly unconscious symbols, and unconscious symbolic goals are never attainable. Since the predominant forces are unconscious, they will not be responsive to the experience of pleasure or of pain, or to rewards and

¹ Certain organic deformations of the central nervous system can determine automatic repetitiveness (1, 20, 17); furthermore, biochemical processes may contribute to stereotyped repetitions or may release latent repetitive patterns. One can cite the tedious repetitive liturgies of the alcoholic, and the similar actions that occur under the influence of barbiturates and in hypoglycemic states. Such clinical phenomena indicate that automatic repetitiveness is a disturbance of function in which organic and psychological processes converge. This interaction of organic and psychological processes constitutes a crossroads which merits more systematic interdisciplinary investigation than it has ever received.

punishments, or to logical argument, — neither to the logic of events, nor to any appeals to mind or heart. The behavior that results from a dominance of the unconscious system has the insatiability, the automaticity, and the endless repetitiveness that are the stamp of the neurotic process, whether this expresses itself through overt neurotic symptoms, or through art forms, or through subtle deformations of those general patterns of behavior that constitute the personality.

If we generalize from this to a concept of health in a still broader sense, extrapolating from isolated moments of behavior to patterns and to personalities, we may say that a state of greater health is achieved whenever those areas of life that are dominated by inaccessibly unconscious forces are shrunk, so that a larger area of life is dominated by conscious or preconscious forces, which can come to awareness when necessary. This is a reasonable concept of health and a reasonable formulation of the goal of therapy, leaving ample room for the creative economies of intuitive, preconscious functioning. This conception makes it possible to understand how psychoanalytic therapy may enable the preconscious processes of the artist and scientist to operate freely and creatively, since with successful therapy they will no longer be warped and blocked by forces that emanate from unconscious conflicts. In this way the hypothesis makes clear how unconscious conflicts (that is to say, neurotogenic conflicts) distort both conscious and preconscious functions in all creative processes, whether scientific, literary, artistic, or humorous, and in dreams and psychological illness.

To recapitulate, I should say that on pragmatic grounds we are justified in calling 'normal' any act in the determination of which the alliance of conscious and preconscious forces plays the dominant role, that is, forces that are accessible on need; whereas on the same grounds we are justified in calling abnormal or unhealthy or neurotic any act in the determination of which unconscious processes are dominant (whether alone or in an alliance with the preconscious), because such forces

will predetermine its automatic repetition irrespective of its suitability to the immediate situation or its immediate or remote consequences. I repeat that this is not to say that the conscious or preconscious process in itself is normal and the unconscious process in itself abnormal, any more than one can say that a pathogenic bacterium is in itself either normal or abnormal. We deal here with a complex constellation of biological, psychological, and cultural forces, all operating on conscious, preconscious, and unconscious levels, in a state of continuous unstable equilibrium. On different occasions any one act may be precipitated out of this dynamic and unstable equilibrium as the expression of endlessly varied mixtures of forces, which are both cultural and instinctual in origin. It is the composition of the mixture that determines whether the resultant act will meet our pragmatic criterion of health or illness.

V. WHAT THIS HYPOTHESIS DOES NOT MEAN

So that we may approach a consideration of this hypothesis free from past misunderstandings, let me list some of the implications it does *not* entail.

1. It does not imply that a psychological act that is conscious is normal and one that is unconscious is abnormal. Indeed, since we can never be conscious of more than a small fragment of what we are doing at any moment, such a statement would constitute a misuse of the terms. Around the fringes of consciousness, there is an incessant play of symbolic automatisms. These are the economizing psychological processes by which we execute all the short cuts that are essential to thinking and feeling. They are not merely the seven-league boots by which we take rare, inspired, intuitive leaps; they rather constitute a major component in any moment of thinking, talking, feeling, and action. Consequently, although it is never possible for us to measure precisely how much of any psychological moment is taking place on a conscious, preconscious, or unconscious level, we can be sure that the conscious

part is never more than the public representative of a background of mental activity which includes a broad but dimly perceived preconscious fringe; beyond this in turn hangs the iron curtain that obscures all concomitant unconscious component processes. This fact is well known, generally accepted, yet often overlooked. The implication relevant here is that the distinction we are drawing between normal and neurotic depends not on the level of consciousness on which an act occurs, but on the level of consciousness on which those forces operate that determine the act. An act may be normal or neurotic whether it occurs in a state of full consciousness, or in sleep, or in any other state of partial or dissociated consciousness, such as a trance. The distinction depends not upon whether the final act is conscious, preconscious, or unconscious, but on whether the processes that in alliance determine the act are preponderantly conscious and preconscious, or preponderantly unconscious. The distinction is thus dynamic and not purely descriptive.

This use of the concept of levels of consciousness is an extension of Freud's earlier concern with conscious, preconscious, and unconscious 'levels' as organized systems. It implies that within each of the systems, conscious, preconscious, and unconscious, there is a tendency for all the component processes, whatever their various origins, to combine and operate together. In itself this assumption constitutes an important starting point for objective investigations.

2. Related to this is another misunderstanding, the implication that our hypothesis leaves out of account the importance of all intuitive, economizing, 'preconscious' functions. I grant, of course, that this misunderstanding arose partly from the ambiguities of my earlier formulations, since I omitted from some of them any reference to the role of preconscious processes. I did this partly to simplify the presentation, and partly because I assumed that it would be obvious that when I spoke of conscious processes, I had in mind the conscious-preconscious

alliance. As a result of this omission my early formulations sounded as though I had in mind a simple interplay of conscious and unconscious forces. Certainly no one interested in the creative process, whether in science or in the arts or humanities, could leave preconscious processes out of consideration (5, 6).

3. The hypothesis does not assume a homogeneous determination of any moment of behavior. For instance, it allows for the observable fact that even when anyone is functioning under the domination of unconscious forces, conscious and preconscious processes are helping to shape many of the secondary symptomatic manifestations of the neurosis. It recognizes similarly that when conscious processes alone or a conscious-preconscious alliance dominates, unconscious processes play a significant subsidiary role in the energizing and shaping of behavior. Consequently, an implication latent in Freud's original formulation becomes explicit in this hypothesis: unconscious forces become destructive only when they play a preponderant role in the determination of behavior.

4. Our hypothesis implies neither that an obsessional, introspective self-consciousness is a prerequisite for normality, nor that the well-analyzed initiate is entitled to look down his well-analyzed nose at the rest of the world from Olympian heights, with a preposterous assumption that he has full insight into his every motivation at every moment. It implies rather an analytic humility, based upon a full acknowledgment of the impossibility of knowing one's own unconscious to such an extent. The implicit ideal of normality that emerges from this hypothesis is an individual in whom the creative alliance between the conscious and preconscious systems is not constantly subjected to blocking and distortion by the counterplay of preponderant unconscious forces, whether in the prosaic affairs of daily life, in human relations, or in creative activity. Here is no unreal fantasy of a 'normal' individual out of whom all the salty seasoning of secondary unconscious motivations has been dissolved.

5. Nor does the hypothesis imply that in order to be healthy we must be self-consciously aware either of our every act or of our every purpose, but rather that the predominant forces must be accessible to introspection on need. To paraphrase what Freud said about the therapeutic shift in the relationship between the id and the ego, where the unconscious was, there the conscious and the preconscious must be. What was unconscious, whether from the first or as the result of repressive processes, must become accessible enough to self-inspection to become conscious when needed. This implies a change from the repressed, dynamic unconscious to the preconscious fringe. The healthy integration of psychological processes requires that they should be accessible to self-inspection on need, and not that they should be continuously in the center and forefront of consciousness.

6. Previous misunderstandings on this point force me to add one other obvious warning. The hypothesis does not imply that the only normal person is an analyst or someone who has been analyzed. The insight that successful analysis can yield is like infinity itself. It is an ideal which can be approached but never reached. Therefore the acquisition of insight, like education, is a process never finished. Insight is a point on a continuous, never-ending scale; it is relative and not absolute. The struggle for insight goes on throughout life, demanding constant vigilance; and because it requires a continuous struggle, the possession of it never becomes an occasion for smug complacency. The man who knows himself in depth in doing so acknowledges with proper humility the impossibility of knowing himself fully, and the importance of striving constantly to maintain and deepen his insight. Concurrently the more fully he approaches self-awareness, the more coherent and integrated become the various components of his personality. Insight therefore confers a modest right to trust impulses and intuitions. In this way, self-knowledge brings freedom and spontaneity to the human spirit, not obsessional preoccupations with oneself.

VI. CONSIDERATION OF VARIOUS OBJECTIONS AND CRITICISMS

From many discussions of this hypothesis, I select for consideration the following doubts, criticisms, and objections.

A. In personal communications and one published article (21), Dr. Redlich has raised three important questions.

1. We have no methods for measuring quantitative differences in the relative roles of conscious, preconscious, and unconscious components in determining behavior. Is it not therefore premature or even unjustifiable to base our hypothesis on the assumption that such differences play a part in the process?

This is a useful question. I have pointed out elsewhere that in efforts to describe and explain complex phenomena quantitative concepts are often misused to oversimplify elusive problems (10). However this misuse does not arise merely from a lack of measuring instruments, but rather from failure to characterize accurately the nature of the forces in which one assumes quantitative variations. Science has often moved forward by the help of quantitative assumptions long before those assumptions could be experimentally confirmed. In the mathematical approach to nuclear physics, for example, each advance began with the assumption that in a mixture of physical forces some one physical unit has increased or decreased with respect to some one specific physical characteristic. On the basis of such assumptions, it was possible to predict results before techniques had been devised to measure them. The assumption that, in an interplay of several forceful psychological processes, the dominant influence can shift back and forth among the conscious, preconscious, and unconscious systems is a similar working hypothesis, and as such is equally justified.

2. Dr. Redlich's next objection runs counter to basic psychoanalytic data. He writes (21, p. 562) that 'unconscious conflicts and their components, particularly ego defenses, are not necessarily pathological [pathogenic?], but in certain instances maximally adapted'. The implications of this objection seem

to challenge the cornerstone of psychoanalytic psychology, Freud's assumption that unconscious conflicts are the dynamic pathogenic force in neurosis. That some unconscious processes are not pathogenic is conceivable only if we make two further assumptions: that some processes owe their being unconscious to causes other than internal conflict, and that such processes can influence behavior without coming into conflict with conscious and preconscious processes. How this harmony is pre-ordained is hard to conceive.

Dr. Redlich implicitly assumes more than this, however. He assumes the existence not only of unconscious *processes* that can influence behavior without coming into conflict with conscious and preconscious purposes; he also assumes that there may be unconscious *conflicts* that are not laden with conflict and hence are nonpathogenic. I cannot help feeling that this is a logical, psychological, and even semantic impossibility. If any psychological processes are at the same time unconscious and laden with conflict, they must have been the seat of a psychic struggle which has given rise to repression, dissociation, and the return of the repressed in symbolic form. This is the familiar sequence in the formation of neurotic symptoms. On the other hand any unconscious conflicts that, in accordance with Redlich's assumption, were not pathogenic could not produce any symbolic manifestations. This being true, there could never be an opportunity to study them, whether analytically or otherwise. If they have produced no neurotic symptoms, personality disturbances, or other indirect symbolic manifestations, how could they make known their existence?

Actually I believe that this objection is a by-product of an *ad hoc* hypothesis, which was created for a quite different and worthy purpose, to bolster the argument that not all hidden depths of the personality are malevolent, and that they may even be artistically and culturally creative. I agree fully with this sound position, but as Kris has indicated (6, 7), it is more soundly and adequately supported simply by an adequate recognition of the role of preconscious processes in creative thinking.

I believe that the hypothesis I am advocating provides a better framework for an understanding of the creative process than is implicit in Dr. Redlich's objection. We do not need the assumption that unconscious conflicts can be nonpathogenic to understand the creative role of the preconscious facets of the personality.

3. Dr. Redlich objects that my hypothesis implies a judgment of value. This is an error. The objection arises out of a misconception, shown in Redlich's misstatement that I maintain that only 'rational conscious and deliberate acts' can be normal. Even in my earliest, faulty formulations I never made any such statement nor entertained such an idea. From the first, my hypothesis has been that acts are normal when their preponderant determining processes are not in the unconscious system. Normal acts may be impulsive, intuitive, trancelike, automatic, unreflective, or even dreamed. My point has always been that the critical difference lies not in the act, but in the nature of its origins. This is not a judgment of 'value' of an act, but a pragmatic estimate of the implications and effects of the forces which produce it.

B. Dr. Margaret Brenman, in a personal communication (1952), raises three questions.

1. She asks whether the apparent 'healthiness' of a group of underprivileged and undereducated young women, whom she had studied, would come under this definition. She has the impression that their 'healthiness' is due not so much to the fact that they can 'become aware of unconscious forces when necessary', as to the fact that they possess 'sufficient internal resilience so that they are able with a minimal expenditure of energy to make internal reorganizations as needed, so that the essential balance of the impulse-defense-adaptation functions is maintained. . . . In other words', she continues, 'I have the impression that the defensive and synthetic functions of the ego may work very well while remaining largely unconscious. I am saying, therefore, that it seems to me that the

criterion of "*accessibility to consciousness when necessary*" may not be the crucial variable in normality.'

Her first objection stands or falls on her implied concept of 'healthiness'. If we were to accept freedom from symptoms and comfort under restricting conditions as adequate criteria of health, then these undereducated and underprivileged girls would pass as healthy. A more crucial test would be the extent to which their capacity to adapt to varying circumstances proved to be dependent on the relative roles of conscious, preconscious, and unconscious forces in their daily adaptation. This question would put my hypothesis to a crucial test.

2. Closely related to this is Dr. Brenman's next objection, that the 'synthetic function' of the ego may operate unconsciously. To answer this, we must disentangle a verbal confusion. In the first place, as used here, 'synthesis' is only a metaphor, a figure of speech to describe in approximate terms not one process but one outcome of many. In this sense, synthesis may more accurately be called a goal toward which the whole personality strives. It is not a distinct process operated by the ego or any other partial aspect of the personality. We cannot accurately talk of synthesis as being conscious or unconscious. We can talk of conscious and unconscious only with respect to the several processes that may or may not mediate synthesis. The ego (if indeed the ego is the culprit) is guilty of at least as many sick syntheses as healthy ones. All psychopathology is a synthesis. Whether any synthetic end product of psychological (i.e., ego?) functioning turns out to be sick or well depends predominantly on the relative roles of the preconscious-conscious as opposed to the unconscious systems in producing such a synthesis. Therefore I ask Dr. Brenman to go back to those same girls and to study the processes that entered into whatever kinds and degrees of so-called 'syntheses' they attained, comparing them specifically with respect to the relative roles played by the three basic dynamic systems in producing these syntheses. If these girls are in reality as healthy as Dr. Brenman believes, I confidently expect her to find that

they had dealt with their instinctual conflicts predominantly on a conscious-preconscious level, with minimal repression. If this is true, the method by which the 'synthetic' results had been attained would go far to demonstrate the validity of my hypothesis.

3. Her third question concerns the 'accessibility of normally unconscious functions in schizophrenia'. She suggests that perhaps among some schizophrenics the accessibility of data that are 'normally' (here she means not 'normally' but 'usually') unconscious is not limited to any such qualification as the 'necessity' of such data, but may occur even when they are 'unnecessary', and that in fact some other factor may render this insight nonfunctional in the total equilibrium of the personality. This question was raised by Dr. Hartmann also, in personal communications.

It is hard to answer this objection because the phenomenon to which Dr. Brenman refers has been too imperfectly observed and never fully recorded for adequate study (22). My own unpublished data indicate that the apparent insight of some schizophrenic patients shows the same fragmented discontinuity as do the rest of their conceptual processes, with the result that it never succeeds in placing the conscious-preconscious systems in a dominant position among their psychological processes. If so, the core of my hypothesis remains unaffected.

There is however a more basic answer to Drs. Brenman and Hartmann. In the first place, my hypothesis does not stand or fall on the therapeutic efficacy of insight in influencing pathological dissociations. It stands, rather, on the differences observable between behavior the shaping of which is dominated by the conscious-preconscious system and behavior dominated by the unconscious system. The intricate problems centering around the question of the therapeutic efficacy of insight induced by therapy have only a derivative relationship to these differences. This is true whether we are considering the treatment of the neuroses or of the schizophrenias. Indeed, our knowledge of the processes by which the acquisition of

insight during psychotherapy brings psychological processes under the domination of the conscious-preconscious system is still too incomplete for a full discussion of this issue. We know that neither in the neuroses nor in the psychoses does insight always or automatically produce control by the conscious-preconscious system. My hypothesis is that normality of behavior depends upon the control of behavior by the conscious-preconscious alliance. It does not necessarily follow that, once this control has been lost to the unconscious, the regaining of insight into these processes will always automatically shift the balance of control back to the conscious-preconscious alliance. This in fact is one of the unsolved problems of psychotherapy, and it is a problem in the psychotherapy of the neuroses quite as much as of schizophrenia.

C. Dr. David Rapaport, in a personal communication (1952), points out that consciousness is 'a very important but very limited and specific characteristic of mental processes', and that there are, in normal persons, as many conscious processes that distort reality as there are unconscious and preconscious processes that represent reality correctly.

Here again we find an objection based on a recurrent misunderstanding which should by now have been clarified. A delusion or hallucination is conscious but distorts reality and is hardly normal. As I have repeatedly said, I am not concerned with the state or degree of consciousness of any mental act, but with the relative roles of the conscious-preconscious system as opposed to the unconscious system in its determination.

D. Dr. Molly R. Harrower raises no objections, but proposes to test the hypothesis by applying it to a single perceptual act. In a personal communication (1952) she writes: 'I wonder whether it could be shown that a perception, which in itself is a psychological act, could ever be determined predominantly by unconscious forces, with the result that it would not be modifiable by forces which carried the suggestion to change. And as a consequence could such a perception deviate suffi-

ciently from perceptual processes in similar previous experiences, so that it could be spoken of as bizarre or showing unrealistic forms?' Dr. Harrower then shows how this might be tested by giving three possible answers to one of the more familiar of the Rorschach ink blots. She also suggests ways in which the Szondi test can be used for experimentation along the same lines.

E. Dr. Heinz Hartmann (1952) raised several questions in a personal communication.

1. Is it possible to classify an isolated action as healthy or unhealthy, or must this issue depend rather on its 'functional position in the inner or outer environment?' Do we 'have to add the genetic viewpoint to the cross-sectional approach in order to find an answer' to this?

I answer that this implied objection does not meet my hypothesis head on. As I have said, an individual act is neurotic when the processes which have converged to produce it predetermine its obligatory repetition, irrespective of need or function or environmental circumstances, or success or failure, reward or punishment, or other considerations of reality. This hardly leaves the psychogenetic point of view out of consideration, since every one of these converging processes has a relevant genetic prehistory. Genetic considerations are essential to understanding how these forces came into being and the forms they took. Genetic considerations do not however determine such distinctions, whether between good and bad or sick and well.

2. 'What is the relationship between the accessibility of unconscious conflict and the integration of insight? Is consciousness the only integrative process? Is it even essential to the integrative process? What of the slow spontaneous evolution and disappearance of unconscious conflicts—e.g., the spontaneous resolution of the œdipus complex?'

This is an interesting group of interrelated questions; but no matter how one answers them they leave my hypothesis

unshaken. Freud assumed that if insight is to be effectively integrated during analytic therapy, it must become conscious. Whether this is always true is of course uncertain, and this is now a matter for basic research in the psychotherapeutic process. As I pointed out in answer to Dr. Brenman, this issue, important though it is, has no direct relevance to my hypothesis concerning the essential difference between human neurosis and normality; furthermore, the possibility that under certain circumstances unconscious conflicts may resolve spontaneously, has nothing to do with their capacity to produce illness before such a resolution takes place.

3. Is it universally true, as I have claimed, that 'we cannot have a neurosis unless some area of important function is controlled predominantly by unconscious conflicts'; or are there other conditions that must be brought into an inclusive definition of neurosis? In reality these are two separate questions. (a) Are there other causes of psychological illness than the predominant influence of unconscious conflict? (b) Are there other influences that help to give final shape to the illness? My answer to the first question is that psychological illness (other than organic psychoses and mental deficiency) arises when there is a preponderance of unconscious forces, which themselves arise out of unconscious conflicts. It is equally certain, however, that other conditions combine to shape the ultimate neurotic picture. My argument is not that the dominance of the unconscious system alone determines every aspect of the neurotic process, but that such dominance is the *sine qua non* of neurosis.

4. Dr. Hartmann makes a distinction between those components of the unconscious system that are instinctual in origin (derived from the id), and others which he calls 'the unconscious defenses of the ego'. He argues further that the existence of these unconscious ego defenses makes it necessary to recognize that there may be 'normative' unconscious processes. Both logically and clinically this is a *non sequitur*. If a vertebral disc slips, the short muscles along the spinal column

go into a compensatory, protective, immobilizing spasm. This limits further damage, but at the same time it locks everything out of place and produces acute pain and disabling immobility. In so far as it prevents something worse this is equivalent to the 'normative' function of unconscious ego defenses. Yet a process that perpetuates the very lesion that it also restricts can hardly be called 'normal', whether we deal with automatic muscular spasms or unconscious ego defenses. In fact our daily clinical work proves that unconscious ego defenses are not 'normal', since these must always be altered during therapy if a patient's character neurosis is to be cured sufficiently to allow him to attain full normality. Unconscious ego defenses, therefore, are normative only in that they prevent something worse, and thereby make possible a working adjustment within neurotically (and unconsciously) determined limits. Such defenses against an unconscious conflict are always pathogenic, even when they protect the patient from more serious disintegration. But conscious and preconscious ego defenses against a conflict dealt with on a conscious-preconscious level are fully normative, for they make true normality possible. Any other assumption contravenes fundamental psychoanalytic data and would require extensive revision of basic concepts.

5. Dr. Hartmann is disturbed by the fact that my hypothesis does not make use of the metapsychological hypothesis. He wonders whether or not this constitutes an attack upon the metapsychological elements in psychoanalytic theory. This question must be given brief consideration here, although I will deal more fully with the metapsychological issue in another paper.

Freud characterized each of the 'levels' of psychological activity as a system, the conscious system (Cs), the preconscious system (Pcs), and the unconscious system (Ucs). It may be asked, however, whether Freud ever exploited the full potentialities of his own conception of three systems of dynamic psychological processes, interacting at three levels of accessibility to conscious self-inspection. In fact, soon after he had

made this formulation his interest turned away from it to his metapsychological picture of the personality as divided into its sources of energy (id), its implementing mechanisms (ego), and its self-criticizing functions (superego). This was an interesting descriptive step, but unfortunately analysts have ever since tended to reject fuller utilization of the rich dynamic possibilities latent in Freud's earlier topographical concept of interacting systems of conscious, preconscious, and unconscious processes.

Dr. Hartmann's concern makes clear that no reader will be able to bring an open mind to my hypothesis if he looks upon it as a covert attack upon the metapsychological hypothesis merely because in explaining the distinction between neurosis and health I utilize only Freud's earlier conception. This attitude tacitly assumes that unless the metapsychological formula is included in my hypothesis, either the formula or the hypothesis must be faulty. This of course does not follow at all. A full application of Freud's earlier conception of dynamic systems may relieve metapsychology of the burden of attempting to explain phenomena better understood in other terms. We can clarify the values as well as the limitations of the later metapsychological conceptions by avoiding certain fallacious applications deplored by Freud himself on more than one occasion (personal communication from Drs. Felix and Helene Deutsch, 1952).

Even if we believed that we can understand the difference between health and illness without resort to metapsychology and solely in terms of the interaction of conscious, preconscious, and unconscious forces, no one should conclude that we are iconoclasts. Such a belief would not imply a denial that there is pragmatic value in the 'elegant' structure of metapsychological theory. It would force us to conclude only that this distinction is one for the clarification of which metapsychological concepts are superfluous. If the concept of metapsychology is useful in other areas, the elimination of any misuse of it serves only to strengthen and clarify its proper uses. With

this in mind, I answer Dr. Hartmann that we should consider the possible advantages of characterizing the quintessential difference between normality and neurosis from a purely dynamic viewpoint; and that only after we have done this should we consider whether the metapsychological formula adds anything that is necessary for an adequate differentiation of the two.

Let me also point out that my hypothesis does not exclude the mechanisms ascribed to the ego by Anna Freud and others, which certainly take part in the *secondary* shaping of the neurosis (3). Each of these ego defenses can occur on a conscious, preconscious, or unconscious level. For instance, conscious reversal occurs every day in all conscious and deliberate efforts at suppression. Conscious identification is what we ordinarily think of as imitation, taking someone else as a model. Similar examples can be given for every defensive maneuvering of the ego. Clinical experience demonstrates that where any one of these processes operates on a conscious or preconscious level no pathological deformation of mental processes results. These defense mechanisms produce illness only when they operate under the concomitant influence of repression, that is, when as the result of conflict they operate on an unconscious level.

F. Dr. Bertram D. Lewin (1952) takes up my argument point by point, dissecting the hypothesis into several propositions, each of which he declares to be true.

1. 'Conscious processes are better for health than unconscious processes,—an opinion which finds approximate or special confirmation in many clinical experiences, yet which alone is not enough for a definition.'

2. 'Health cannot be defined negatively in terms of the absence of overt symptoms.'

3. 'Repression is a necessary condition for a neurosis.' (Or would it be more inclusive to say 'for the neurotic potential', which is comparable to a subclinical infection or to some specific vulnerability?)

4. 'The overt neurosis is a break-through, a return of the repressed in symptomatic form. Can we then say, "without repression there is normality?" Certainly, because of the ubiquity of latent neurotic forces, we cannot say that "without a break-through there is normality".'

5. 'What then of relatively accessible conflict material, which will not break through in symptomatic distortions but will come to consciousness with insight and dominantly in the molds of the secondary processes, i.e., tested for reality. . . . Certainly inaccessibility makes for neurosis, and accessibility for health. This is a sound pragmatic statement arising out of clinical experience and gives rise to a definition from method.'

6. 'The idea of areas controlled predominantly by conscious processes and undistorted by unconscious conflict seems valid and approaches Hartmann's "conflict-free sphere of the ego"' (4).

VII. SUMMARY OF THE ESSENTIAL THESIS

1. The essential difference between what is neurotic and what is normal can be expressed only in relation to single behavioral events. Such expression makes possible the recognition of a basic distinction, which can then be extrapolated in successive steps to include general patterns and trends of behavior, then personalities as a whole, and finally cultural patterns.

2. In the determination of any individual moment of behavior many processes are always at work concurrently and at different levels of accessibility to conscious self-scrutiny.

3. Each unitary psychological process that contributes to a resultant behavioral event (whether by helping to initiate it, to energize it, to shape it, or to sustain it) must be either conscious, preconscious, or unconscious, or must result from various combinations or alliances among these levels. No other possibilities are known to us.

4. The processes that operate on a conscious level tend to function together as a system, as do also preconscious and unconscious processes.

5. Although we lack ways of measuring the relative roles played by conscious, preconscious, and unconscious systems in the determination of any single behavioral event, clinical evidence justifies a working hypothesis that there is a continuously varying and unstable equilibrium among them. It is reasonable to expect, therefore, that means will ultimately be devised for measuring with some degree of precision the relative role of each; for clear-cut differences in effects ultimately lead to devices for measuring differences in causes.

6. At any one moment, each of these three systems or levels has many ingredients. Within each individual system the varied ingredients may have both compatible and incompatible elements. Freud's concept of the conscious, preconscious, and unconscious as dynamic systems implies that where there is harmony within any system, the various components re-enforce one another and operate as a unit. Where there is conflict among the component forces within any system, the forces will neutralize one another's influence, either by compromise formations or by patterns of alternating behavior which express now the one group of forces and now the other.

7. Furthermore, theoretically at least, there can be either harmony or conflict between any pair among the three different systems, that is, between conscious and unconscious, conscious and preconscious, or preconscious and unconscious. Thus there can be either harmony or conflict both *within* each of the three basic systems or levels of psychological forces, and also *between* the systems. The intermediate position of preconscious forces in relation to conscious forces at one pole and to unconscious forces at the other has never been fully explored; this is one reason why we still lack a full understanding of the creative processes in science and the arts (5, 6).

8. This concept makes possible a number of combinations of forces, our knowledge of which is still incomplete. Just as it

was not known for many years how many of the theoretically possible elements in the periodic table actually existed in nature, so too it has not been determined how many of the theoretically possible combinations of conscious, preconscious, and unconscious forces actually exist in human personality. We know merely that out of these undetermined mixtures of forces, behavior arises as varied combinations of purposes, actions, thoughts, and feelings. Such behavior must be either a compromise which represents the algebraic sum of all the active forces, or, if there is an alternating predominance now by one group and now by another, the resultant behavior patterns must represent now one group of forces and now the opposite group, each oscillation constituting an attempt to negate, deny, and undo the other. This restatement of familiar clinical data serves only to emphasize that it is the balance among the various warring factions, both within the systems and among them, that plays the dominant role in shaping behavior.

g. Through all these generalizations runs one unifying thread, which provides us with the basic distinction between normality and neurosis. This distinction does not depend upon the detailed composition of any one of the systems, whether conscious, preconscious, or unconscious, nor upon their ultimate derivation from primary instinctual processes, interacting with the demanding standards of the world, represented in the superego. It depends rather on the fact that whenever the conscious-preconscious alliance is dominant among the operative forces the resultant patterns of behavior, no matter how varied they may be, will have one basic characteristic in common, namely that any repetitiveness which that behavior may exhibit with respect to impulse, thought, action, or feeling, or any combination of these, will be flexible, modifiable, satiable, and under voluntary control. A dominant unconscious alliance, on the other hand, whatever its detailed composition, produces behavior that in this specific respect will have precisely opposite characteristics; it will be repetitive,

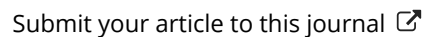
obligatory, insatiable, and stereotyped. Preponderance of the unconscious system predetermines the stereotyped and automatic repetitiveness that is the sign of the neurotic process. Herein lies the essential and pathognomonic difference between normality and neurosis.

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BEHAVIORAL CORRESPONDENCES TO NORMALLY UNPREDICTABLE FUTURE EVENTS

Part I

BY JULE EISENBUD, M.D. (DENVER)

I

Little has provoked such deep distrust of psychical research, now termed parapsychology, as its extraordinary claim that something on the order of genuine foreknowledge—more or less accurate prophecy or ‘prevision’—of the normally unknowable future is possible. Such a claim seems on the face of it to stand in complete contradiction to everything we have come to know about the physical universe whose future, according to modern physics, is categorically indeterminate, unpredictable even to Laplace’s postulated observer of godlike omniscience. But even apart from this, ‘precognition’, as this strangest of so-called psi phenomena has been somewhat inaptly termed, is unacceptable to most members of Western culture. The idea that the future is in some way fixed, which would seem to be implied by the possibility that events even far off in time can be ‘foreseen’—and foreseen, if we were to believe not only the uncritical dabblers in the field but the many serious investigators of this alleged phenomenon as well, in almost photographic detail—is perhaps the most concrete challenge of all to man’s fiercely defended concept of freedom of the will. Thus even the Church, whose very authority has always leaned heavily on its miracles, has taken a firmly negative stand on the question of prophecy. The Son of God and the Apostles have alone survived its censorship in this respect.

There is little doubt that the data and theoretical difficulties of psi phenomena claimed Freud’s deepest attention during

most of his professional life. The subject disturbed him and he more than once threw up his hands in disgust at the peculiar inner and outer conditions that he found attending its study. But he never turned his back on it, and many incidental remarks in his writings attest to the powerful lure which the occult as a psychological problem held for him. One of his prejudices, however, seemed unconquerable. Although he ultimately forced himself, with repeatedly expressed misgivings, toward a positive attitude on the question of telepathy, or what after the fashion of the day he sometimes called 'thought-transference', his final attitude, after some wavering toward the possibility of foreknowledge of the future through any but normal means, was one of complete, unconditional rejection. 'There can, indeed', he wrote in 1925 (14), 'be no doubt that there are such things as prophetic dreams in the sense that their content gives some sort of picture of the future; the only question is whether these predictions coincide to any noticeable extent with what really happens subsequently. I must confess that upon this point my resolution in favor of impartiality deserts me. The notion that there is any mental power, apart from acute calculation, which can foresee future events in detail is on the one hand too much in contradiction to all the expectations and presumptions of science and on the other hand corresponds too closely with certain ancient and familiar human desires which criticism must reject as unjustifiable pretensions. I am therefore of the opinion that after one has taken into account the untrustworthiness, credulity and unconvincingness of most of these reports, together with the possibility of falsifications of memory facilitated by emotional causes and the inevitability of a few lucky shots, it may be anticipated that the specter of prophetic dreams will disappear into nothing. Personally, I have never experienced anything or learned of anything that could encourage a more favorable presumption.'

We know that although Freud started out with the prevailing attitude toward the possibility of paranormal foreknowl-

edge of the future, he not long afterward was led to express considerable doubt about this kind of a priori negativism. In a paper written in 1899 and published posthumously (12), he investigated psychoanalytically one allegedly premonitory dream and arrived at the generalization that 'the creation of a dream *after the event, which alone makes prophetic dreams possible*,¹ is nothing other than a form of censoring, which enables the dream to make its way through to consciousness'. A few years later, however, he expresses himself with something less than outright negativity on the possibility of prophetic dreams. After some very cogent remarks on the relation of the projection of repressed hostile impulses to superstition, he writes (13): 'If we concede that we have by no means exhausted the psychology of superstition in these remarks we must, on the other hand, at least touch upon the question whether real roots of superstition should be altogether denied, whether there are really no omens, prophetic dreams, telepathic experiences, manifestations of supernatural forces and the like. I am now far from willing to repudiate without anything further all these phenomena, concerning which we possess so many minute observations even from men of intellectual prominence, and which should certainly form a basis for further investigation. We may even hope that some of these observations will be explained by our present knowledge of the unconscious psychic processes without necessitating radical changes in our present aspect. If still other phenomena, as, for example, those maintained by the spiritualists, should be proven, we should then consider the modification of our "laws" as demanded by the new experience, without becoming confused in regard to the relation of things of this world.' Following this statement of a mature and balanced point of view, Freud cannot refrain, however, from some skittish joking on the subject: 'I am sorry to confess that I belong to that class of unworthy individuals before whom the spirits cease their activities and the supernatural disappears'; after which he proceeds once more to

¹ Italics added.

demonstrate how the ghost of alleged foreknowledge can be laid by appropriate psychological analysis of the data. At the time of his last published statement on this subject in 1925, cited earlier, he had again returned to his original assumption that such things as genuinely prophetic dreams cannot be.

Hitschmann and Zulliger followed Freud's lead in attempting to demonstrate that what purported to be genuine premonition in dream or waking state was actually an unconscious wish deriving from the past, whose sometimes extraordinary correspondence with future events could be ascribed in every case to such entirely normal devices as chance, unconscious self-deception or self-fulfilment, with strong motives of narcissism and magical omnipotence of thought at the root of the whole matter. The importance of the repression and projection of unconscious hostile impulses was reaffirmed.

Hitschmann, however, had difficulty in so disposing of a premonitory vision he himself had experienced whose striking correspondence with a catastrophic event which followed shortly afterward, and some distance away, was not easily accountable (16, 17). The much publicized ascent of a dirigible balloon piloted by two brothers was occupying his thoughts on the afternoon of its second trial '... when suddenly, looking at the clock, I called out, "It is half past three—one of the brothers is falling out of the balloon which is being carried away!" I had a vision of this happening as I spoke.' Three hours later he heard that something like it had in fact happened, except that 'one of the pilots had been flung out, owing to the balloon's colliding with the hangar, instead of falling out, according to the hallucination'. The balloon had then been 'carried high into the air, landing later on without further mishap' (17).

After convincingly demonstrating that his premonitory vision was clearly in large part the displacement of an inwardly determined destructive fantasy, Hitschmann posed alternatives for his readers' consideration: either he was 'endowed at that particular moment with the extraordinary capacity of perceiving by telepathy a quite unimportant event which took place many

miles away half an hour later in time'; or the 'psychological explanation is the right one', that certain circumstances had given rise in him to hostile, destructive impulses 'and that in consequence I rid myself of those oppressive and conflicting unconscious feelings by means of a spiteful and revengeful vision'.²

The incident reported by Hitschmann is not the sort that experienced investigators in parapsychological research would adduce in support of the hypothesis of 'precognition'. For one thing, the status of the correspondence in question is completely indeterminate as regards the factor of chance.³ But the significant point for our discussion is not the inadequacy that a trained investigator might immediately see in this case, but the degree of imperfect rationalization exhibited by Hitschmann in his rather hurried and eccentric analysis of the data. In this analysis the factor of chance is curiously not brought explicitly into the question at all, while the alternatives posed by Hitschmann are clearly not real alternatives, any more than the 'perception' or memory of any external event, which is then used as a nucleus or day's residue of a fantasy or dream, is in contradiction to the past-derived, wish-oriented latent content of such a fantasy or dream. Indeed, in most everyday instances the latter is a prerequisite condition for the singling out of such an image from an otherwise neutral background.

² A third possibility had occurred to Hitschmann fleetingly a little earlier, but he was quickly able to dispose of this by a reassuring counterfantasy: 'Someone with an especially mystical turn of mind might indeed go so far as to suggest that the occurrence was the consequence of this wicked thought! But against this we must remember how many people cherished the hope that everything would go well' (17).

³ A similar incident, the crash of the dirigible R 101, is given in a book by Lyttelton (28) as the presumptive basis of two allegedly premonitory dreams, in one of which the correspondence between the incidental detail of the dream and that of the actual event was so extraordinary as to render the hypothesis of chance extremely improbable. There happens to be in the correlative documentation of both cases, furthermore, enough data to provide thoroughly consistent psychoanalytic hypotheses as to the unconscious motivation presumably involved. Lyttelton was apparently unaware of the great significance of these details.

One or two other inconsistencies Hitschmann failed to note in his analysis of the data of both this incident and one other, which he took from Dauthendey's autobiographical work *Der Geist meines Vaters*, testify to a certain difficulty he experienced in interpreting his data. He states (16), for instance, that on the morning of the occurrence he had been reading a book, *Enigmas of Psychical Research*, which had impressed him as worthless. 'At that time', he says, 'I also had the pleasant fantasy that some day I would discuss this problem before a group made up of our psychologically-minded friends, and would declare that all of these incidents could be interpreted, were one but able to investigate every detail of each individual case'. This itself, however, seems to be one detail which Hitschmann neglected to investigate fully as to its possible relation to the entire series of events.

Zulliger too held narcissism and omnipotence of thought to be behind the belief in the possibility of genuinely prophetic dreams (41, 42). But in the cases examined by him, except where he was able to show unconscious suicidal motives behind deaths foretold in dreams, or unconscious self-deception in order to make the dream *appear* prophetic, he resorted, rightly or wrongly, to the idea of a mere chance connection between what was apparently only the vehicle of an unconscious wish deriving from the past and a later event which somehow happened to have points of correspondence with this wish. He was, it is true, a trifle puzzling in his conception of the relation of chance to the unconscious wish,⁴ but he seems to have been concerned more with the rich lode of motivational psychoanalytic data he was able to uncover than he was with the more recondite question of just how 'chance' happened to turn up at one or two peculiarly off-chance moments.

⁴ 'Even in the case of those prophetic dreams which predict the death of persons closely associated with the dreamer we may conjecture that unconscious death wishes are at their root' (42). No conjecture is made as to what might account for the 'success' of such a wish where self-fulfilment cannot normally be postulated.

Despite these objections it is not difficult to follow the reasoning of Freud, Hitschmann and Zulliger with much sympathy. If one starts, moreover, with a similar bias toward an after all seemingly absurd notion, it is also easy to overlook the fact that in several instances, which we need not detail here, these authors, in their not-too-concealed eagerness to prove their case, made clinical assumptions—guesses, to be more exact—which could be justified in large part only as corollaries to the implicit primary assumption that 'It can't happen here'; that in any case the far-reaching generalizations about the overall possibility of the alleged phenomenon they were investigating were hardly warranted by the few instances which they were able with some justification to add to an already large class of 'negative' cases. As I say, it is not too difficult to concur in these conclusions, and at all events one cannot fail to be impressed by the demonstration of the hidden purposiveness behind these phenomena, so convincingly uncovered by the relentless psychoanalytic investigation of details almost universally passed over and certainly never sought after in the usual type of investigation.

However, none of these observers seems to have come across an instance of alleged prophecy or premonition, in dreams or otherwise, where explanation along normal lines would be extremely difficult because of some circumstance or combination of circumstances that might happen to render the bases of such an explanation highly improbable. But Wilhelm Stekel came across such an instance (39) which is worth citing to show that even in such a case one is tempted to make enormous concessions to elementary logic, as did Stekel, rather than consider the possibility that there might be such a thing after all as what at present we are obliged to regard, in terms of our accepted scientific framework, as a completely inexplicable phenomenon.

A woman whom Stekel was treating claimed that sometime before her treatment she had had a dream in which a voice told her to stake on three given numbers in one of the Austrian

'little lotteries'. According to her story, the woman had staked these numbers and had won. During treatment, she came with a similar dream in which someone again gave her three numbers on which to stake. She asked Stekel whether she should try her luck with these, but he declined to advise her. She could do as she pleased, he told her; for his part, he had no belief in prophetic dreams of this sort. The patient wagered on her numbers, and again she won; but this time only two of the three numbers she had been given in her dream proved winners.

At this point Stekel went to work on his patient's winning dreams, both the current one and the earlier one. From the patient's associations to the numbers, which were first asked for at this time, and from his detailed knowledge of the patient's history, Stekel was able to construct an ingenious hypothesis as to just what unconscious significance the winning numbers had to the patient. In her dreams, according to Stekel's brilliantly detailed deductions, these numbers overcame and compensated for an early trauma. Even the error in the second dream was accounted for. 'I think', Stekel writes, 'that there is a very simple explanation why these numbers proved winners—"came out", as we say. She dreams of them every night, and in her street, after every drawing, she looks into the window of a lottery agency to see which numbers have won. Her winning numbers cannot fail to turn up or come out occasionally. Of course she "counts the hits and forgets the misses".' And with this conclusion, Stekel ends his investigation of the case, reminding us thereby of the owner of a talking horse, who, in the story, would caution the astonished listeners not to believe a word that his pathological liar of a horse had said.

In regard to the unconscious significance of the numbers in the patient's dreams, we are at liberty to make any assumptions we please. Let us say that Stekel was perfectly correct in his interpretations. This still, however, does not account for the fact that the numbers the patient dreamed of happened to be

the winning numbers in the subsequent lottery. Unfortunately (and inexcusably) Stekel did not ascertain what the odds against winning were in this particular lottery; but one can reasonably assume, from the way lotteries are usually set up, that even in the case of the first series of numbers alone the woman would have had to dream of the winning numbers nightly for considerably longer than she had lived in order to fulfil the expectation of meeting such a combination in actuality in accordance with the laws of chance. The fact that on top of this she sometime afterward 'pulled' two out of three winning numbers in the same lottery should immediately have impressed Stekel with the inherent improbability of such a coup on a chance basis. What Stekel might legitimately have questioned, in short, was the accuracy or veracity of the patient's account, or even the reliability of his own testimony as it related to the case, but not the extraordinary nature of these events once the facts, which he accepted in good faith, were granted. It is as if Stekel had seen one of his patients flying unaided over the rooftops, only to pass the occurrence off as completely understandable in the light of the deep unconscious significance to the patient of this highly symbolic act. There are, however, enough inconsistencies and lapses in his handling of the alleged facts to indicate that Stekel was unconsciously motivated by something beyond a simple and unopposed desire to get at the bottom of them, win, lose or draw, and that he was impelled to seize unthinkingly upon the first notion that might hopefully be used to make an unwelcome specter vanish once again into the thin mists of superstition.⁵

⁵ One might ask, for instance, why Stekel should have had to assume, as he apparently did, that his patient had dreamed of these numbers every night. Since he had been treating the woman for some time, he should have been in a position to adduce specific data instead of making a casual supposition of the fact by way of an a posteriori explanation. If such were the case, moreover, how is it that Stekel, who had already shown himself to be an aggressive and tireless investigator of all sorts of dream material, waited until these allegedly recurrent dream numbers actually corresponded to the winning lottery numbers before asking the dreamer for associations in order to make proper analysis possible? In any case, Stekel seems to have overlooked the important fact that

II

'Open and shut' cases of paranormal correspondences are hard to come by. In fact there is virtually no such thing outside of laboratory experiments where the conditions for what will be held by prior agreement to constitute such a case—adequate control of method, of personnel, of the chance factor—are defined and specified in advance. In spontaneous cases, especially of the so-called precognitive variety, due mostly to the very spontaneity and unexpectedness of their occurrence, such safeguards can practically never be found to have been present through 'happenstance', and there is always some inherent and unresolvable ambiguity in the case to which objection can be taken. The reliability of the raw data themselves can always be categorically contested on one score or another since, in the last analysis, data do not exist in and by themselves. For one thing, no observer's competence and integrity will be held, on grounds of simple a priori probability, which is bound by definition to bow before convention, to be more unimpeachable than what must certainly appear (tautologically enough, to be sure) to be an incontrovertible law of nature. When the very foundations of law and order are at stake, everyone and everything—everything, that is, save these foundations themselves—will be considered targets of justifiable suspicion.

For these reasons, and for some others which will soon become apparent, I can hardly venture to offer the following two cases from my own small but promising collection of 'chronologically extraordinary occult correspondences', as I prefer for the present to term them, as evidence of very high order toward the hypothesis that such things, inexplicable as they may appear, really take place. Rather do I present them to demonstrate that, all other things being equal, the psychoanalytic approach can sometimes diminish rather than augment the probability that

his patient, for all her supposedly endless unconscious preoccupation with these highly significant numbers, did not actually stake them until they were about to pay.

the correspondence between certain events, whose extraordinary relationship in time constitutes merely one aspect of their occult nature, can be ascribed to known and accepted causal processes.

The material I am about to present was observed and fully annotated some years ago. I am prompted to bring it forth at this time because I should not like to go unchallenged the impression, which might be conveyed by the recent publication of the work of Freud, Hitschmann and Zulliger on the subject (4), that so-called prophetic dreams have been clarified once and for all and that there is now little further for science to do about this age-old branch of superstition.⁶

A patient dreamed that he was having an argument with his mother-in-law, who was rather sharp in her attempts to dissuade him from going swimming. Then he found himself in bathing trunks and robe in the lobby of a hotel which was either the Pennsylvania or the Wellington. An elevator took him up to the top floor where he was let out in what appeared to be a service corridor. He felt anxious about being stranded there.

The patient reported this dream at about 10 a.m. but was unable to fix the time of its occurrence during the previous

⁶ In addition to the paper of Stekel referred to, the only other early psychoanalytic contribution to the subject not included in the recently published anthology, *Psychoanalysis and the Occult* (4), is that of Allendy (1), who takes a rather favorable stand on the question of genuinely 'paranormal' prophecy and premonition. Only two later psychoanalytic investigators have published communications on the question of the reality of these phenomena, Levi-Bianchini (23, 24, 25) and Ehrenwald (6), neither of whom sees any contradiction between the psychoanalytic conception of the dream and its possibly 'precognitive' aspects. Ehrenwald, in fact, takes a view similar to that expressed in this paper. These sources too have to be consulted in their original journals of publication. Besides these, Lorenz, in an early paper (27), and Stein in a recent paper (38) have made valuable contributions to the psychology of premonitory phenomena. The dreams investigated by the first of these, however, were those of Pharaoh, given in the Biblical story of Joseph, and the one cited by Stein, although possibly premonitory, involved no particularly extraordinary chronological features. Neither of these authors presents data bearing one way or the other on the paranormality of the occurrences investigated.

night. He had awakened, he claimed, at about 7:30, his usual time.

Just after 8:30 a.m.—that is, at least one hour after the latest time at which the dream presumably could have occurred—the following events took place at the Hotel Pennsylvania, as described in a lengthy and prominently headlined newspaper account of the following day. A crew of workmen was cleaning and revarnishing the interior of an elevator when a drum of cleaning fluid blew up. This had occurred on the top or service floor, where there are no guest rooms. By some miracle none of the workmen was hurt but the blast wrecked the corridor and started a series of events culminating in the bursting of a water main on one of the lower floors. Cascades of water under heavy pressure came tumbling down the stairs and into the lobby, which was soon flooded with five inches of water. A significant feature of the accident in relation to the dream was reported in the *New York Times*' account of the next day (Friday, April 28, 1944): 'One group of hotel guests seemed to find the flood particularly amusing. One of this group went around shaking hands with the hotel employes and saying "Cornell '44". The group was the Cornell swimming team.' A picture accompanying this account was captioned 'After waters receded in the Hotel Pennsylvania: cleaning up the lobby which was flooded by a bursting water main'. A large clock in the center of the picture showed the time to be 11:05 a.m.

On superficial inspection it might appear somewhat difficult to see in the account of these events enough of a correspondence to the patient's dream to warrant our closer attention. Certain corresponding elements, however, cannot be overlooked. First, in the dream the patient, determined to go swimming, finds himself in swimming attire in the lobby of a hotel he identifies as either the Pennsylvania or the Wellington. In actuality neither hotel has a swimming pool, but some hours after the dream, the lobby of the Hotel Pennsylvania is virtually a pool and the Cornell swimming team seizes this sudden develop-

ment for a bit of horseplay. Second, the patient is taken in the dream to the top floor of the hotel and experiences an unaccountable anxiety at being left there. Some time after the dream, an explosion occurs on this top floor (a service corridor, as in the dream) and wrecks everything around.

The fact that the hotel in the dream was also identified as the Wellington, to which the patient had specific associations, would not detract from the possible significance of these correspondences. Actually, the fact that the patient had no personal associations at all to the Hotel Pennsylvania at the time he reported his dream—that he appeared simply to bring it into the manifest dream content quite gratuitously—would seem to make the later developing correspondences all the more striking.

The only thing which occasions us any particular difficulty in attaching significance to these correspondences is, of course, the time relationship between the dream and the events in reality. Were the chronology reversed, had the patient seen a newspaper account of the explosion *before* his dream, we would have no hesitation in treating the events at the hotel as typical day's residues. But it is precisely the fact that the time relationship between the dream and these events is so peculiarly out of joint that provokes our doubt as to the possible significance of what must appear at best to be but a minor correspondence due entirely to chance.

At this point we have to enlarge our focus and draw upon data which should be decidedly relevant to the psychoanalyst. For this a certain amount of background material is necessary.

The patient was a man in his middle thirties with an insatiable scientific curiosity. This drive to know, to understand, to see into things, was related to a very painful and guilt-laden primal scene which had left its marks on his entire personality. A parallel derivative of this experience was early enuresis, a fantasied phallic competition with the virile father, followed by a persistent urethral eroticism (impulses to urinate out of windows as a child, drinking great amounts of water to facilitate

the feeling of immense power that this activity gave him)⁷ and the enormous ambitiousness which so often accompanies this. In the patient this took the form of a need to excel intellectually, both because of the opportunities this clearly provided for the sublimation of the need to look, to investigate, to comprehend, and because the father was an outstanding member of one of the 'intellectual' professions. As so often happens, the head was ultimately substituted for the phallus as the weapon of choice in the lifelong duel between son and father.

The patient's primal scene, by all odds the dominant theme in his life, had never achieved satisfactory sublimatory resolution. All his strivings in the direction of seeing and investigating were thwarted by inhibitory processes from start to finish. He had consistently avoided any formal training and had not even graduated from high school. This was not because of external obstacles but because of a phobic attitude which was easily rationalized. By contrast, he was widely read, experimented on his own in physics and chemistry, and had achieved a prodigious mastery of both disciplines. At the time of his analysis, he was studying higher mathematics to further his progress in science. But here too his approach was furtive. He confided in no one, and when someone in his family discovered his secret he went into a tantrum at being thus exposed.

Despite the patient's lack of formal training, he had achieved recognition and honors in the scientific world since some years before he had succeeded in solving an apparently insoluble problem in physical chemistry, a problem which no one will be surprised to learn was clearly connected with the primal scene with which in one form or another the patient was con-

⁷ One can only speculate on the possibility of mutual influence here between the psychological determinants in this particular derivative of the primal scene and the genetic-organic factors which came to bloom in the somewhat later onset of a severe diabetic condition which, in one of its cardinal symptoms—frequency of urination—structuralized, as it were, the patient's early urinary compulsiveness. A well-marked oral component which fitted into the total picture was also uncovered by analysis.

tinually preoccupied. This discovery had also brought the patient a handsome living. Far from giving him a sense of confidence and security in his powers, this achievement had merely accentuated his underlying anxiety and depression, had stimulated him on one hand to dream of greater accomplishments, on the other had re-enforced his inhibitory trends so that at the time he came for treatment his efforts were more blocked, diffuse and autistic than ever.

On the day of the dream the patient arrived at my office visibly disturbed. Too fidgety to lie down, he spent the entire session sitting tensely on the edge of the couch, outlining to me in voluble excitement an idea that had just come to him, an idea he claimed would revolutionize the science of roentgenology.⁸ He proposed to accomplish with X-ray something heretofore considered impossible, and he rattled on about his powerfully gushing hypotheses and experimental plans with the wild-eyed fervor of a prophet. What he wanted from me, of course, was reassurance and permission to go ahead, freedom from the unconscious guilt and anxiety which immediately arose like a storm to block his efforts and darken every prospect. I listened without a word since an opportunity for analysis of his impasse did not present itself during this hour, and in any case I could hardly follow his inspired ascent to the dizzying realm of higher physics. The patient left the session excited, intoxicated with his vision, but obviously tense with resentment and chagrin because I had not been helpful or reassuring and had offered no resolution of the conflict that threatened to rend him, although he was for the most part still unaware of all but its symptoms. That night he had his dream.

If now, in the light of this background, we were for the moment to abstract the dream from its time relationships and provisionally to treat the newspaper account of the explosion and what followed at the Hotel Pennsylvania as a typical day's

⁸ How this idea just 'happened' to come to the patient at this particular time, after years of sterile unproductiveness on his part, may provide interesting speculation in the light of events and considerations that will be brought forward later.

residue, we would find ourselves in a fair position to interpret its latent content. In order to do this, however, we would have to reverse the chronology of the manifest portion, a procedure for whose pragmatic legitimacy every experienced analyst will vouch.⁹ Starting from the dreamer's anxiety at being left on the top floor, we would say that 'top floor' represents the patient's head or mind ('top story', 'attic', 'garret', etc.) and that his anxiety refers to his feelings at being left stranded on the morning before the dream, when I had declined comment on the ideas with which he was bursting. Utilizing now our provisional day's residue, the latent thought might be construed as: 'You cannot leave me stranded, bursting with this stuff on my "top floor". I'll explode.'

At this point we must recall the patient's history of enuresis and realize that the tension he was being called upon to endure, by my inferred disapproval of his 'letting go', was unconsciously experienced by him in terms of the disagreeable vesical tension he endured as a child, and that 'exploding' also means 'bursting a water pipe' and wetting the bed (going swimming). In terms of our provisional day's residues, this is now what he threatens to do, to a rather destructive extent, if I leave him stranded on the top floor and ready to burst. It is noteworthy, of course, that the material with which the patient was bursting had to do with X-ray. With this the wheel comes full circle and we are back to the primal scene, as a reaction to which the patient's enuresis, his ambition and his scientific curiosity began. Being taken by an elevator to the top floor and being left stranded there may also, of course, be interpreted as a reference to the patient's primal scene.

⁹ It is impossible to tell whether such a presumed reversal of chronology in the manifest portion is simply a feature having nothing to do with the aspect of the dream we are here investigating, or one which gives a clue to the 'precognitive' nature of one of the dream processes, much as the dream symbols discussed elsewhere (8, 9) turned out to be clues to the presumptive psi processes involved. One must assume that nothing about a dream is 'incidental' and that even the time relationships in its manifest content are determined and meaningful.

Frequently an element in the manifest portion of a dream is revealed to be overdetermined in terms of the day's residues which are selected as vehicles for the latent thoughts out of which the dream is elaborated. In the present case, however, we have an interesting example of the converse: here, our hypothesized day's residue, coming in time after the dream, would appear, in terms of fitness and significant meaning, to be 'overdetermined' by the manifest and latent elements of the dream. This will become clear from the patient's association to his mother-in-law who, in the dream, was attempting to dissuade him from going swimming.

This woman's son, the patient's brother-in-law, had in his youth embarked on a career which to his mother had appeared to be not suitable for a respectable young man, and in any case nothing from which one could make a solid living. But despite the mother's constant, nagging disapproval, the son went ahead because he just had to exercise 'that one talent which is death to hide'. There was for him no choice, no holding back. He simply had to follow his natural bent or perish. As it happened, he turned out to be a phenomenal success, gained world-wide fame and amassed a fortune.

In this story we see what appears to be the dreamer's wish fulfilment, an element neutralizing the anxiety which gave rise to the dream. It is as if the dreamer were to say, 'If you behave like my mother-in-law and disapprove of what I am bent on doing, no matter; I will go ahead anyway and, like my brother-in-law, will be a huge success despite you'. This, as a matter of fact, is as far as our analysis of the dream carried us on the morning it was reported since at that time we had no other residue to work with. 'Hotel Wellington' fitted well into it because it was here that the patient lived with his family at a time when he too was starting out on what his parents considered to be a foolish career and when he too, like his brother-in-law, was receiving nothing but discouragement and disapproval.

But this brings up a legitimate question. Why, if there was this parallelism, did the dreamer represent me, the disapproving or, at least, nonapproving analyst, by his mother-in-law and not by one of his own parents? The patient was already just as much of a success as his brother-in-law and did not, it would seem, need the saga of the latter to exemplify his wish-fulfilling thesis. He could as well have used his own by representing me in the dream as his disapproving mother or father, instead of his mother-in-law, in which case the latent thought could simply have been, 'You'll see, I'll succeed just as well with this project, despite your nonapproval, as I did with my earlier one, of which my parents disapproved'. One might imagine, as a matter of fact, that this would have been more appropriate to the scheme of the dream, since it was the patient's parents, after all, who had forced him to endure his early bladder tensions, who had tried to dissuade him from 'going swimming', not his mother-in-law.

Actually the explanation of this seeming lack of precision and economy in the construction of the dream can be found only by analyzing the dream fusion of Hotel Wellington with Hotel Pennsylvania, to which latter, as I have said, the patient had no personal association at the time he reported the dream. Hotel Pennsylvania remained a most puzzling and apparently inappropriate element, until the following day's newspaper accounts of what took place there. And now we must return again to our provisional day's residue: the explosion on the top floor of this hotel.

If we utilize this residue, the role of the mother-in-law in the dream becomes perfectly plain. It is true that her son, insistent on following his true bent, became an immense success. But—and this is the crucial point—at the height of his phenomenal career he suddenly developed a fulminating, inoperable brain tumor from which he quickly died. He developed, so to speak, a fatal explosion 'on the top floor'. To render this even more significant, he was in an analysis when this happened.

Here, then, we are enabled to see the real latent anxiety

behind the dream. The manifest element 'mother-in-law', which appears at first to be a vehicle for a wish-fulfilling, anxiety-allaying latent thought, now turns into its opposite, the ominous reminder of a dire fate. The latent dream thoughts can now be reconstructed as follows: 'If you abandon me,¹⁰ leave me stranded and about to burst "on the top floor", I'll not be able to contain myself. I cannot endure this tension any more than I could the tension in my bladder as a child. I must let go, "burst a main", flood the bed. If this is the case, and I do what I have to do, there will be terrible consequences. It will be messy and destructive, and ultimately I'll be punished like my brother-in-law who defied his disapproving mother, was abandoned by his analyst and died from an explosion on his "top floor".'

The meaning of the dream is now clear, providing, that is, that we forget the chronology and utilize as a day's residue the events at the Hotel Pennsylvania which appear to fit perfectly the requirements of efficient and economical dream construction. It is in this sense, the sense of significant meaning, that the necessity for these events as day's residue seems to be overdetermined. There is an overwhelming logic here which, in terms of psychological analysis, virtually compels us to postulate some sort of relationship between the dream and that segment of later reality which we have selected as a relevant area on which to focus. When we follow the clues provided by the dream into the realm of latent thoughts, we see that these provisional reality residues neatly tie up the dreamer's current anxieties, both in and out of the analytic situation, with the facts of his infantile history and his entire psychosexual development. The relevance of these 'residues' appears to be clear, unequivocal, inescapable. Nothing else, presumably, will do. Nothing else, actually, could be gleaned from the patient's associations to make clear sense of the dream; however as we

¹⁰ The stricken brother-in-law, incidentally, was on a temporary vacation from analysis which unconsciously, for my patient, was an abandonment by the analyst.

shall see directly, even this network of interrelated detail does not constitute the full complement of this most elegantly constructed dream's latent determining residues.

The objection will no doubt be raised that psychological analysis or no psychological analysis, we still have the plain fact that these reality 'residues', of which we have just made such neat provisional use, came *after* the dream. This simply does not happen. Let us stop our little game of 'as if' and recognize that this is absurd. Time stands firmly and unyieldingly before us to dispel any illusions as to just what is and what is not permissible with our data. Besides, the argument will continue, our analysis has left the dream entirely bereft of any anxiety-reducing feature. This too should not be. There must be some other solution.

Let us not jump to conclusions one way or another. We must face down the stern figure of 'time', at least for a little while longer. We cannot, in any case, be so certain that it is 'time' which is our unyielding antagonist and not something else. Perhaps it is some prejudice we are fighting which merely seizes upon 'time' as a convenient and awe-inspiring front. We must have more faith in the power of psychological analysis. Let us simply look at the facts. There are more.

It will be remembered that one of the invariable features of the psi-conditioned dream in analysis is its specific reference to a current problem in the analyst's own experience, a problem to which the analyst is reacting in terms of his own unconscious anxieties. As has been noted elsewhere (7, 8), to the extent that the analyst remains blocked to those of his anxieties which parallel the patients', to that extent is his countertransference clouded and the treatment in jeopardy. This difficulty can to a great extent be overcome by the analyst's utilization of a patient's presumptively psi-conditioned dream as a mirror in which he can see his own unconscious anxieties reflected. Finding such specific material in a patient's dream which bears other presumptive stigmata of the psi process is, incidentally, a powerful confirmatory test of the genuinely psi-conditioned

nature of the dream. In the present case, as it turns out, there is no need to go very far afield for those data in the analyst's own experience which are relevant to the dream. One need not be subtle or imaginative to find them; they loom directly, unavoidably in one's path.

On the very night of the patient's dream, some hours before his dream, I had been attempting an experiment in 'precognition' with a trained hypnotic subject. I had used this subject before in experiments in telepathy and clairvoyance but had never attempted with him or anyone else the induction of a psi process leading to a forward displacement in time. Naturally I had worked myself up to a keen pitch and was considerably on edge. I had no idea how to go about getting my subject to 'jump the time barrier', and was not particularly optimistic about the outcome of the experiment. But I thought I could lose nothing by a certain amount of pottering around.

After the induction of deep hypnosis, I suggested a series of regressions, step by step, until the subject was back to age six, just at the beginning of his school years. After poking around at this age level for a while and dredging for appropriate signs of the genuineness of the regression (vocabulary, drawing, anamnestic detail, etc.), I began to bring the subject stepwise up to current time, first year by year, then by several-year intervals. All this was by way of getting a running jump, so to speak, to carry us over the difficult hurdle of the 'wall of the present'. It appeared to me just as absurd then as it does now to attempt to use 'time' as if it were a physical force, and as if a sort of momentum could be developed with it. But something had to be done, and this seemed as good as any other procedure I could think of. At any rate, when we reached the present, I suggested to the subject that our concept of time was artificial and that he could just as easily go forward as backward, if he had a mind to do it. Then I gave him a specific task. I suggested to him that he was holding in his hands the New York Times of *two days hence*, looking at the headlines. The *next* day's headlines would already have been

in composition, and would not have been a test of 'precognition'. I asked him to read me the headlines just as he 'saw' them. At this the subject became visibly anxious and perplexed, said finally that he saw nothing. More encouragement and more suggestion by me, more coaxing, another talk about how simple this task should be. The subject still protested that he saw nothing. Finally I asked him to make up headlines, imagine them, whereupon he began haltingly to 'read': 'One thousand bombers over Berlin', a type of headline not too different from similar headlines of the period (April 1944). When I concluded this was all that could be got from the subject, I terminated the experiment with, despite my initial doubts, some feeling of disappointment.

Two days later I was confronted with data which strongly suggested the possibility that my analytic patient had, so to speak, 'hijacked' the task given my experimental subject and had, for reasons of his own, carried it off quite brilliantly. It began to look as if my patient had succeeded where the latter had failed, demonstrating once again the crucial importance of suitably strong unconscious motivation in situations of this kind, a degree of motivation all too often impossible to induce through simple hypnotic suggestion alone.¹¹

Let us now complete our reconstruction of the situation. Utilizing the New York Times' account of the events at the Hotel Pennsylvania as a provisional residue, the interpretation we had made of the patient's dream still appears, as far as it goes, as valid as before; but now an added determinant appears in the picture. We feel justified in presuming that the dreamer had a strong unconscious motive to elaborate his dream in a special, apparently 'precognitive' way. On the night of his dream, when he had been fearful about being stranded by me on the 'top floor', I too was excited by revolutionary visions, and I too had been 'left stranded on the top floor'. I was concerned by an 'X-ray' far more powerful than anything the

¹¹ For other examples of precisely this type of experimental 'miscarriage', see 7.

patient had ever imagined—a 'ray' that might 'pierce the veil of the future'. I had given my experimental subject what for him had been an impossible task. He had failed. What my patient now indicates in effect is: 'I'll scratch your back if you'll scratch mine. I can succeed where your experimental subject has failed. You want headlines two days hence? Here they are. Here is your "chronologically extraordinary correspondence", as you term it. Now give me the reassurance I want; tell me that I can go ahead with *my* revolutionary way of "seeing".' And herein, one might postulate, lies the otherwise absent anxiety-allaying feature of the dream: the patient may expect from this bargain the encouragement he needs and perhaps a reprieve from the punishment unconsciously feared.

Adhering to our assumption, one is forced to suspect, however, that there might have been in this maneuver of the patient more than the simple gratification of my ambition in exchange for the permission he wished to pursue his. There is also a note of punishment and doom in what he reveals to me when he so casually pulls the curtain back on the future, an ominous revelation of what indeed might happen to me too if I insist on trying to wring from 'Father Time' his carefully guarded secret, the mystery of his creative (sexual) and destructive omnipotence. Perhaps I too, like the dreamer's brother-in-law, will have an 'explosion on the top floor', will come to a bad end. One may not play with impunity with things one is not supposed to touch. And in this feature of the dream one suspects an almost active participation on my part, as if my unconscious castration anxiety, which no doubt is present when I begin tampering with these matters, had fused with the patient's in the elaboration of the final dream structure.¹²

¹² It is nevertheless conceivable that my own effort to break through the magic circle of unconscious fear in attempting such an experiment was one of the factors that had allowed the patient's revolutionary hypotheses to emerge from latency and inhibition at this time. Besides a competitive element in the fact that the patient 'just happened' to conceive his ideas at the very time I was planning my symbolically linked experiment, there may well have been on his

However this may be, it should be noted how specifically the dreamer seemed to have carried out the task assigned to my hypnotic subject. The latter had been asked for headlines two days hence. The dreamer comes through with the headlines of column one on the first page of the second section of the New York Times, exactly two days after my request. The entire account took almost a full column of print and was accompanied by a picture three columns in width and five inches high in which 'time' itself (the clock) happened to occupy a central position. I could hardly complain of getting much less than I had asked for.

Let us now attempt a highly condensed review of the situation. Certain correspondences are observed between a dream and a series of events occurring after the dream, our knowledge of the latter deriving from a fairly detailed newspaper account. First, the dreamer is in the lobby of the Hotel Pennsylvania dressed for swimming. After the dream, the lobby of this hotel is in fact flooded with water, an occurrence which is a source of some amusement to the Cornell swimming team which is staying at the hotel. Second, the dreamer experiences an unaccountable anxiety at being let out of an elevator and left stranded on the top floor of the hotel, which is a service corridor. After the dream, an explosion occurs on the top floor of this hotel, also a service corridor.

These correspondences are barely enough to attract our attention and to raise the question of whether or not something other than pure chance is operating. However, when we begin to investigate the dream psychoanalytically, when we begin to relate the elaboration of the manifest dream to its presumed latent content, and when we disregard for the moment the chronological peculiarities involved, other correspondences come to light which tend considerably to reduce the probability

part sufficient unconscious identification with me to have neutralized to some extent the anxiety that otherwise would have tended to hold his latent ideas under strong repressive bonds.

that the relationship between the dream and the later events in reality was purely chance. These correspondences are significantly interrelated in that they satisfy with precision the known requirements of efficient and economical dream construction. Let us review briefly these latent correspondences. First, the dreamer experiences anxiety at being left stranded on the top floor. This was, symbolically, his situation at the end of the analytic hour preceding the dream; but it was also his situation as a child on witnessing the primal scene (an 'explosion' in a 'service corridor'). In both cases there was fear of an 'explosion', but the actual explosion on the 'top floor' occurs after the dream at a place designated in the dream. Second, the dreamer experiences tensions in terms of an infantile pattern derivatively related to the primal scene. This pattern has to do with urinating, wetting the bed, 'going swimming'. In the subsequent reality, the explosion on the top floor leads to a bursting of a water pipe, which is unconsciously what the dreamer feared in terms of his own guilt-laden reactions. It must be remembered, too, that the whole thing has a peculiar relationship to X-ray (primal scene) fantasies which the patient was concerned with at the time of the dream. Third, the dreamer fears punishment if he 'bursts a water pipe' and goes swimming, the punishment which befell his brother-in-law who was headstrong and disobeyed his mother. This punishment, a fulminating brain tumor, is also symbolized by the explosion on the top floor which in reality comes after the dream. It is to be noted that only this latent connection can render comprehensible the mother-in-law's presence and role in the dream. Fourth, the dreamer is left at a peak of anxiety, with no allaying influences. The most likely one is the reassurance he may expect if he fulfils my needs and relieves some of my similar, repressed anxieties at this time. On the night of the dream I had been striving to learn the newspaper headlines which were first to appear two days later, in an experimental attempt to demonstrate 'precognition'. The dreamer gives me exactly this.

From our empirical and theoretical knowledge of dream con-

struction we may postulate that no dream during analysis may be said to be adequately understood unless we are able to find in it precise representations, usually condensed, of 1, the conflict in the current life situation of the dreamer; 2, a related conflict in the transference; 3, the original infantile conflict situation in terms of which the first two are experienced; 4, a mechanism, usually paralogical, of reducing the anxiety of this essentially nuclear conflict. From our knowledge of psi-conditioned dreams in analysis, we further postulate that every dream of this nature incorporates a precise reference to a similar unconscious situation of conflict in the analyst.

The dream meets these requirements with exactitude if we postulate that the later events in reality somehow were integrally related to the dream's ostensibly prior elaboration. Without this postulate the dream cannot, in terms of any other data we have been able to assemble, be adequately understood; that is, no other hypotheses, in terms of known data, will meet the postulated requirements of efficient dream construction in this instance.

The main task of science, to which all its operations are subordinate, is to construct and test assumptions which effectually reduce the role ordinarily ascribed to chance in the universe of observable events and relationships. In this task science necessarily moves in a catch-as-catch-can manner. There is no such thing as *the* categorically correct method which will fit all situations. Any procedure which will most effectually tend toward the maximization of the antichance probabilities involved is necessarily the method of choice. In the present instance, the application of certain psychoanalytic assumptions to a group of data is able, step by step, to increase the probability that certain observed correspondences did not occur by chance.

Although we have substantially increased the probability of some kind of extrachance connection between the events at the Hotel Pennsylvania and the patient's dream, we are still a long way from having established the presumption that we

are here dealing with something that defies explanation along normal lines. I am fully aware, for one thing, that this ostensible instance of a chronologically extraordinary correspondence lacks some of the features commonly required before a case would be ordinarily accepted in the higher courts of parapsychological enquiry as an 'instance of alleged "precognition" of high evidential value'. In the first place, it is not supported by the customary affidavits authenticating each significant detail in the account.¹³ This lack I shall pass over here without comment, having dealt elsewhere with the methodological convention which holds such an omission to be a fatal flaw (9). A more serious loophole in our case from the standpoint of its very claim to inclusion in a category of chronologically extraordinary ('prophetic') correspondences is that the alleged dream was recounted to me more than an hour *after* the related events in reality had reportedly taken place.

A question which may be legitimately raised in this connection is whether the patient had actually had his dream at the time he claimed to have had it. Alternatively, we might easily imagine something like the following to have happened. If the explosion occurred at 8:30 a.m., it is conceivable that news of it had somehow reached the patient several miles away before he set out for my office an hour or so later. Let us suppose, further, that this item had registered in the patient's awareness only subliminally, but that he had then elaborated it into a dream while dozing off for a moment during his five or ten minute bus ride. A little while later, during his analytic hour, he reported the dream in good faith as one he had had sometime during the previous night.

We might construct several counterhypotheses along these general lines. It is conceivable, for instance, that the patient

¹³ An effort was made to check the bare facts as reported in the papers by written requests for information to both the hotel and the insurance company involved; but these institutions appeared to be so much opposed to such an investigation that the matter was dropped. It might be noted, however, that under the circumstances it was the newspaper account itself that was of primary significance, and a comparison of such accounts showed no substantial variation.

had never had this dream while asleep but had elaborated the fantasy during his analytic hour, retrospectively identifying it mistakenly as a dream. Such things happen.

The whole issue would have been greatly simplified, of course, had the patient written his alleged dream down upon awakening in the morning; but no such 'dated' record was made and hence we are unable to rule out something like the possibilities considered. I was able to ascertain that there had been no mention of the incident at the Hotel Pennsylvania on any radio broadcast; but other, more or less accidental, though extremely improbable, means of communication cannot be entirely discounted.

We must remember, however, that while we cannot categorically eliminate such possibilities, we have no evidence in their favor; moreover, and this is a point of considerable importance, we have more than the explosion at the Hotel Pennsylvania to account for. If, on psychological grounds, we find it hard to get away from the idea that my experimental doings on the night of the alleged dream had something to do with the specific elaboration of the 'dream' as such, then we have an added feature of these events to account for on normal grounds. How did the patient know that on the night during which he at least claimed to have had his 'dream' I was attempting to get a balky hypnotic subject to give me newspaper headlines of two days later—headlines which he, the patient, appears to have woven into his 'dream' with such intricate dynamic effectiveness?

Now I myself am forced, on what would ordinarily be considered sufficient grounds which need not be labored here, to discount the possibility that the patient could have gained knowledge of my plans and activities through normal means. If here too it is felt that despite my judgment in the matter, an absolute nullification of such a possibility is not established, we are left with the greatly increased improbability of the entire series of events—that is, awareness of both the explosion and the experiment—being explicable on normal grounds. In

other words, to entertain the assumption of a normal nonchance mechanism of both occurrences together, we have to compound the improbability that would be involved in each separately.

There is, however, another possibility. If we are reluctant to throw away all the considerations which on psychodynamic grounds would appear to endow the entire series of events with an overdetermined interrelatedness, and if at the same time we concede the high improbability of a normally based explanation, but if, finally, we wish to have nothing to do with any hypothesis that involves paranormal time displacements, we can still fall back on some sort of 'straight' psi hypothesis like simple telepathy as an explanation. Here we would have to assume that through some such means the patient gained his awareness of the explosion at the Hotel Pennsylvania at the time of or after its occurrence, and that in the later elaboration of his 'dream', which he then falsely predated, he fused this with the awareness of my experiment in 'precognition', which he also had come by through 'straight' psi means. Here, in other words, we have a compound hypothesis: ordinary telepathy plus the pure assumption, with no positive evidence in its favor, that the patient was quite mistaken as to the time and setting of his dream. Such a hypothesis, in so far as it relieves us of the necessity to addle our brains about the chronological peculiarities of the correspondences reported, will no doubt be given serious consideration by those who might have some difficulty in ascribing such an extraordinary series of events either to pure chance or to what may seem like an equally improbable pyramiding of other normal explanations, but who would, as a last resort, rather be hung for a comparative lamb, telepathy, than (to switch metaphors) for the big bad wolf of paranormal 'foreknowledge' of the future.

This is the first part of a paper by Dr. Eisenbud. The second half will appear in the next issue.

About the Sound 'MM...'

Ralph R. Greenson

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ABOUT THE SOUND 'MM...'

BY RALPH R. GREENSON, M.D. (BEVERLY HILLS, CALIFORNIA)

The clinical material of this brief presentation is a fragment from the analysis of a male patient who suffered from severe and unpredictable fluctuations of mood. During one of his brief and infrequent euphoric intervals, the patient stated that he felt a constant pleasant humming sensation in his lips. Although no audible sound came from him, he felt as though he were making the sound 'Mm...'. This particular mood accompanied by the humming sensation and sound lasted for several days and it was possible to uncover some of the determinants.

The humming sensation was a manifestation of a sense of contentment and well-being. The good mood had been precipitated by an event in the patient's life which had made him feel lucky or fortunate. (It was characteristic for this man to react either with feelings of guilt or a transient hypomania when he believed that circumstances or fate had smiled upon him.) The sense of well-being was recognized to be a repetition of those few occasions in his life when he believed himself to be his mother's favorite and that she really loved only him. The euphoria also represented a successful denial of quite the opposite feeling, of being abandoned and deserted, which was the deeper and more consistent mood of this particular patient (4).

A dream fragment at this time concerning a piece of velvet cloth led to associations about especially 'delicious' and rich tactile temperature and taste sensations localized predominantly in the hand and in the mouth. To this patient velvet was a sensuous material; it was very 'feely'. He recalled his mother's

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stories that he would fondle a particularly soft woolen blanket or some other soft object when sucking on the breast or the bottle. Later on he could not sleep unless this special woolen blanket were in the crib with him. In his adult life the patient could not sleep unless he embraced a pillow or touched the body of his wife in some way. As one would expect, he also had rather complicated disturbances of sleep. The 'Mm...' sensation produced a very pleasurable feeling in his lips. It had a very definite and positive erotic sensory component. The manifest dream and the latent dream thoughts seem to indicate that the velvet material could be understood as a dream screen in accordance with Lewin's ideas on this subject (5).

All of this material seemed to point to the fact that the 'Mm...' sensation was derived from the memory or fantasy of the pleasurable experience of being at the mother's breast. Shortly after this piece of analytic work, I accidentally listened to a singing radio commercial about a certain soup. The song which advertised the virtues of this dish began with 'Mm...Mm... good'. Almost at the same time, I noticed a billboard advertising the deliciousness of a certain breakfast food. It pictured a young boy delightedly smacking his lips and patting his abdomen. The only words accompanying this sign were 'Mm...Good'. It then occurred to me that in America and in other Western European societies the utterance 'Mm...' as produced with a humming or musical intonation indicates a pleasurable oral or gastronomic experience. Literally 'Mm...' means that the perception which causes the sound would feel good in the mouth and stomach. It should be noted that the humming 'Mm...' sound referred to here is quite different in its meaning from 'Mm...' sounds made in different intonations. It is also quite different from the 'Hm...' sound which has another connotation. The musical quality of this 'Mm...' sound is probably related to the fact that the contented mother hums cheerfully herself as she feeds her baby or rocks it to sleep. She hums by way of her identification with the baby's pleasurable satiation and thus echoes a sound she felt as a child. The

'Mm...' indicates a sense of contentment and satisfaction rather than a more high-pitched joyous emotion.

Further reflection led me to the awareness that in most of the European languages with which I am familiar the word for mother begins with the letter 'M' and in all of these languages the colloquial word for mother is Mama, or Ma in some form or other. A little research on the subject led to the finding that the 'Mm...' sound is predominant in the words used for mother in a great number of languages: in Greek, *meter*; Latin, *mater*; French, *mère*; German, *Mutter*; Spanish and Italian, *madre*; Albanian, *Ama*; Assyrian, *Ummu*; Hebrew, *Em*. Jespersen (3) also noted that the prolonged sound of 'm' was used by the child to express delight over something that tastes good and illustrates this with many examples from different tongues. (Incidentally, in some languages the word for breast is very similar to the word for mother.)

Lewis (6, 7), who systematically recorded the development of the speech of infants, states that the first utterances of the infant occur in discomfort and are expressed as vowels. Semi-consonants appear later, and at about two months the 'Mm...' sound is made in discomfort and particularly in hunger. Observations of infants indicate that the hungry infant makes anticipatory sucking movements which if phonated nasally will produce the sound 'm' or 'n'. The sound 'n' is made like the sound 'm' with the difference that the tongue is pressed up against the palate in the 'n' sound and rests at the floor of the mouth with the 'm' sound. The sounds occurring during comfort are less distinct. The 'm' and 'n' sounds which are made in states of discomfort at the age of two months are later produced only in states of comfort from the age of six months. It would seem that the infant's memories of having its hunger gratified and the expectation of the satisfaction accounts for this transition. The 'Mm...' sound which is now uttered in a state of contentment indicates the expectation of oral gratification.

At this point it would be worth-while to review briefly some of the general functions of the utterance of sounds:

1. The utterance of sounds is a discharge expressive of pleasure or pain; it accompanies instinctual activities and is an indicator of affects.

2. The utterance of sounds has an autoerotic component. There are physically pleasurable sensations produced as the result of making certain sounds. The expulsion or retention and forming of a column of air which is made by each utterance involves activities of the diaphragm, lungs, larynx, palate, tongue, lips, teeth and mouth. Any one of these organs may be the site of some autoerotic pleasure. Other sounds of a more explosive nature offer the possibility of satisfying the aggressive instincts. The auditory perception of sounds and the feeling of mastery that may accompany the production of sounds can also serve as a source of pleasure. The tension-discharge function and the autoerotic function of producing sounds can be readily observed in the babbling of infants, particularly of deaf children, who are as noisy, if not noisier, than children with good hearing. Dorothy Burlingham and Anna Freud have reported that children brought up without mothers will babble as much if not more than other children, but their development of language lags far behind children who are brought up by parents (1). In a previous communication I have discussed some aspects of the relationship between the mother tongue and the mother (2).

3. The utterance of sounds is a means of interpersonal communication in the form of language. This is the last function of speech to be developed and is dependent upon the successful development of object relations as well as the maintenance of the proper admixture of autoerotic and expressive functions of speech.

If one now returns to the clinical fragment presented above, one can discern that the 'Mm...' sound was a pleasantly toned autoerotic expression. The fact that the sound 'Mm...' is made

with the lips closed and continuously so throughout the utterance seems to indicate that this is the only sound one can make and still keep something safely within the mouth. Apparently it is the sound produced with the nipple in the mouth or with the pleasant memory or expectation of its being in the mouth. The word *Mama* which consists of a repetition of this sound duplicates the pleasurable labial sensations that are associated with the act of nursing. Piaget (8) and Spielrein (9) have come to similar conclusions about the word *Mama* on the basis of their clinical material. All of these comments would seem to explain the universally joyful connotation of the sound 'Mm...' and the ubiquity of the word *Mama*. (The word 'me' may have a similar origin, but this is purely speculative.)

As a postscript to this subject, I should like to make a brief reference to the American slang word 'sucker'. The patient described above also possessed the character trait of gullibility that is inherent in this term. It is noteworthy that he unconsciously liked being a sucker. When he was not 'down in the mouth' with depression or euphoric with the 'Mm...' sensation, he went about openmouthed, ready to accept without discrimination anything anyone had to offer. In this way he tried to perpetuate the fantasy that the world was full of bearers of narcissistic and instinctual supplies. To be a 'sucker' meant to him to live as though the whole world was a huge breast; all one had to do was to hold one's mouth open and the milky goodness would pour in. Being a 'sucker' was a pathological form of optimism. It was also another means of denying deprivation and rejection. When he was fortunate he was euphoric for having 'proven' that he was God's favorite. If he was unfortunate he could always blame his failure on being a 'sucker' and thus attempt to ward off the underlying depression. I believe the character type of the 'sucker' will be found to have relevance to some of the elements sketched above in regard to the 'Mm...' sound and the word *Mama*.

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Motives of 'Minor Offense' in Two Dreams

S. S. Feldman

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MOTIVES OF 'MINOR OFFENSE' IN TWO DREAMS

BY S. S. FELDMAN, M.D. (ROCHESTER, NEW YORK)

Each of two male patients produced in a dream the phrase, 'minor offense'. The analyses of the two dreams indicated the same latent dream thoughts in both. It seems probable that the phrase implies these same latent thoughts whenever it occurs in dreams.

In *The Interpretation of Dreams*, Freud mentions 'a very simple means' by which the dream 'accomplishes its purpose . . . namely, by taking a mere figure of speech literally, and representing it in accordance with the literal meaning of its words'.¹

Parts of the analyses of two dreams confirm Freud's observation. A male patient reported the following dream.

Last night I had a dream in which many things were very vague. The general text is as follows. For having committed some very minor offense, which is too vague to recall, I appeared before a magistrate who chastised me severely and as a result I was sentenced to a short jail term.

Upon my going to jail, it seemed as though it were rather loosely run and the discipline not as severe as one would normally expect in such a place. One was allowed to walk up and down the corridors and the cell was a reasonably large room. There were people coming and going who appeared quite kind and seemed different from traditional jailers. There was one very objectionable feature in that the room or cell where I was lodged had another occupant who was very sloppy, messy and, generally speaking, dirty in his habits. He made no effort whatsoever to show any orderliness and did such things as spit on the floor and use dirty linen.

Because of his obnoxious traits I wished very much that he would either be discharged from the jail or transferred to another part of the building so I could clean up the mess and make it more livable and habitable. In the dream it seems that he did eventually disappear from the scene.

Being confined in this jail was very irksome and unpleasant to me and one night I decided to escape, which I did. I wandered around outside for quite a while and was lost and didn't seem able really to get away, that is, any distance.

Read at the Midwinter Meeting of the American Psychoanalytic Association, 1953, in New York.

¹ Freud: *The Interpretation of Dreams*. In: *The Basic Writings of Sigmund Freud*. New York: The Modern Library, 1938, p. 398.

I contemplated the pros and cons of my action and came to the conclusion that because I had only been sentenced to jail for a very minor offense and the time was short, it would be foolish to make a break because the public would only catch me eventually and there would be a further sentence imposed for jailbreaking.

As a result of this deliberation, I returned to the jail and succeeded in getting back to my cell unnoticed. The dream ended vaguely with my being released.

The dream occurred at a time when the analysis was disclosing that back of the patient's compulsive counting and doubt, and of his phobias of foods and snakes, lay repressed aggression and grave conflict with a harsh and dictatorial father. The patient was improving very noticeably. The sloppy person in the dream is his alter ego. At home, the patient kept one part of his room compulsively orderly and clean, in obedience to his father; the other part of it he kept messy, in opposition to the father. Father made home like a jail for him. He was comparatively free in the house but still a prisoner of his father.

At puberty he masturbated and constantly dreaded detection by his father. He was sure that father considered this a major crime. He was still a 'minor'. Later he had sexual relations with the maid and was in constant dread of being discovered.

The latent dream thought could be worded, 'When I was a minor and masturbated I knew that father would consider masturbation or any sexual interest a major offense'.

Another male patient remembered only that he dreamed, 'I was severely punished for a minor offense'. He awakened with anxiety. There was no clue in the dream to what the 'minor offense' referred.

The dreamer was in treatment because of his irresistible urge to have sexual play with girls who were minors. With one he had regular sexual intercourse. He was potent with his wife. He denied having any feelings of guilt but was conscious that there must be something wrong with him, and that danger threatened if he should be apprehended. His symptoms, and this dream also, evidenced the presence of a latent, strong sense of guilt. One can see even from the manifest dream that he tries to deny and to 'minimize' his sense of guilt and his fears. The 'minor offense' in the dream can be understood only as an offense to a minor.

Analysis revealed that little girls, minors, represented his mother. His mother often showed him a picture of herself when she was a little girl. She told him, 'Look how pretty I was; the boys liked me very much'. To complete his identification of his girls with his mother, he encouraged them to have similar sexual play with other boys.

SUMMARY

The dreams of two adult male patients contained the expression, 'minor offense'. 1. The offense was 'minor' to the child, but to his parents it was a major offense. 2. The offense took place when the dreamer was a minor. 3. The phrase refers to sexual relations with minors. 4. The 'minor' is a disguise for the mother. 5. The offense was felt in childhood to be a major one, but there was a wish to minimize the offense and deny the guilt.

A Woman's Psychological Reaction to Attempted Rape

Morris Factor

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A WOMAN'S PSYCHOLOGICAL REACTION TO ATTEMPTED RAPE

BY MORRIS FACTOR, M.D. (NEW YORK)

A young woman while in analysis was the object of an unsuccessful attempt at rape by an intruder in her home.

Twenty-eight years old, the patient lives with her parents. The family is Catholic, not very devout. She works as a stenographer but for the most part is supported by her father and feels compelled to observe certain of his restrictions; for example, she feels she must be home not later than ten at night or he will be angry. Although she has frequent opportunities, she seldom makes social engagements. She has one male friend approximately twenty years her senior whom she describes as being the opposite of her father, but in some respects is like him.

The symptom which brought her into analysis was a hemorrhagic diarrhea, which had occurred episodically from the age of eighteen and had at times been severe enough to necessitate the administration of oxygen and blood transfusions.

During analysis, as hostile as well as erotic feelings toward her father came to expression, it became clear that these feelings played a role in the genesis of her symptom. Shortly after she started therapy the diarrhea stopped, perhaps because she was able to express the resentment primarily directed against her father. An erotic component began to show itself in the transference. 'I have a lump on my breast. . . . Say, you're an M.D. You know about these things. You could tell me.' It was at this point in the analysis that the man attempted to rape her.

Following a day in court, during which the intruder was brought before a judge, she had a dream.

I saw R [the culprit] in court. He turned around to me as I was sitting behind him. The judge said, 'Do you plead guilty or not guilty?' and R turned to me and said, 'Not guilty'; as if to say, 'Don't think you're getting away with it'.

'His expression', she said, 'meant "Go ahead now—try to prove it. I'll fix you. You're not going to get away with this."' I felt bad in the dream. When I awoke, I felt sick at my stomach. I had

that sick feeling because I felt he'd be freed and might attempt to do something, or kill me.'

For a number of sessions before the dream and after the attempted rape, her thoughts were of changing from being 'prim and proper' to becoming 'gay and singing'. Her behavior changed accordingly from being reserved and sedate to a more careless attitude which permitted her to allow her skirt to climb over her knees, to raise her skirt to scratch her thigh, and the like.

The dream is thinly disguised, and clearly expresses her feeling of guilt because of her unconscious complicity. The direct association contains the wish that her assailant be freed to repeat the attempt successfully ('do something or kill me'). Since her erotic transference was particularly strong before the attempt, it could be assumed that analyst, father, and rapist were condensed. The dream indicates her guilt because the man is to be punished when she feels herself to be the guilty one.

It is interesting to note that the erotic acting out which had started before the attempted rape was accelerated after the event. Instead of reacting somatically with diarrhea, she could much more directly show her feelings than she had previously permitted herself to do, as if unconscious guilt had diminished. One might guess that her guilt had lessened because of a real attack. The unconscious formulation would be, 'I can now show my feelings to father because I am not the only guilty one; he too is guilty'.

The diminution of guilt indicated by her behavior toward the analyst might alternatively be explained by Alexander's concept of the bribability of the superego. Since the patient has in actuality suffered from fright and shock, the superego winks at the behavior of the ego, and is much more complaisant toward impulses from the id.

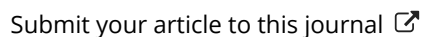
It is curious, nevertheless, that the superego can be sufficiently severe to produce the guilt-laden dream while it appears, from the patient's behavior in the transference, to be greatly relaxed. It is to be noted that the guilt appears immediately after the patient has seen her attacker brought to justice. When he is about to be punished for his act, her superego tells her that she too is guilty. Without such confrontation, however,—both before and after the trial—she is able to plead her own suffering in an effort to soften the severity of the superego and relax its vigilance.

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R. G.

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CARL M. HEROLD

1892-1953

The son of Carl Herold, a successful Sudeten German manufacturer of textiles, and of his wife Marie Swoboda, Dr. Carl M. Herold was born October 1892 in Brünn, Czechoslovakia. The son was destined to enter his father's business, but before he could complete his technical education, World War I inducted him into military service as an officer in the reserve. He participated in active combat throughout the duration of the War, suffering many hardships which included being wounded twice and infection with typhoid. He was given two citations for bravery.

Returning to a ruined and defeated homeland, he became deeply engrossed in the study of philosophy. He completed the requirements for his academic degree, and while giving occasional lectures on philosophy in Vienna, he made the acquaintance of Freud. Convinced that psychoanalysis would give him the knowledge he was seeking in the completion of his philosophical studies, (comprised in a two-volume system of epistemology which was never published), he determined to study medicine.

He completed his medical studies in the University of Hamburg where he was greatly influenced by Dr. Kestner, Professor of Physiology. His initial interest in philosophy, and later in physiology, subsequently influenced his approach to psychoanalytic theory.

After several months' residence in the Neurological Clinic of the University Hospital of Hamburg, he went to the Berlin Psychoanalytic Institute for his training in psychoanalysis, and was made a member of the Berlin Society in 1929. In January 1929 he was appointed to the staff of the Psychoanalytic Clinic, 'Schloss Tegel', under the direction of Ernst Simmel, after which he went into private practice in Berlin about 1933.

The ascendancy of Hitler and of National Socialism being completely repugnant to him, he made plans to leave Germany before those who were classified as 'Aryan' physicians were to be prohibited from emigrating. He came to New York January 1937.

Soon after returning to Brünn from his military service in World War I, Dr. Herold married a young woman who had been reared with him from an early age as a member of his family. A daughter of the late Artur Schnabel, Austrian pianist, she was a gifted organist and composer of liturgical music. A son born of this union, Christopher Herold, is a writer who lives in New York. Before leaving Brünn, this marriage ended in divorce. His second wife, Martha Finkler, was a talented actress. Her career was terminated by a long tragic illness in which she died from cancer. While practicing in Berlin, Dr. Herold married Mercedes Lembcke, an American artist who was then studying art in Germany and who came with him to the United States. She is a fine artist, especially well known for her wood engravings.

Freed of the pressure of events, Dr. Herold began, while establishing himself in practice in New York City, to pursue his habit of study. Within three years he had completed a monograph, *Critical Analysis of Psychic Functions*, which was published in 1941. This and his other writings, including reviews of books, are valuable, highly original contributions to psychoanalysis, the results of careful scholarly work and much rewriting before he considered them worthy of publication.

His love of knowledge was but one facet of his richly varied personality. His love of people caused him to dislike superficial conventional social relationships, but his loyalty to friends was deep and enduring. For relaxation, he was an ardent naturalist. His wife tells of sharing with him in Germany the risk of poaching on a carefully guarded preserve of Hermann Göring to enjoy its unspoiled beauty. Their holidays in America were spent motoring with equipment to camp in a tent in the least accessible natural settings they could find.

This happy period of fulfilment in his personal life and in his work was suddenly interrupted in 1944. Hemoptysis proved to be the first sign of the reactivation of a pulmonary tuberculosis, perhaps acquired in World War I. This tragic development forced him again to re-establish his life. He underwent thoracoplasty in New York and was soon able to resume his practice, but in the following year his health failed and he entered a sanatorium for the treatment of tuberculosis in Saranac Lake, New York, in the spring of 1945. He did not want to have further surgery or to be kept in bed, and demonstrated to his physicians that his convalescence was accelerated by curing at home when he was tired, and going fishing in the intervals. By the end of the year he required no further treatment. One year later, 1946, he was well established in practice in Saranac Lake as a psychoanalyst.

During his convalescence in the sanatorium, he became interested in the psychology of patients who had been curing many years without improvement in their pulmonary pathology. Working with such patients, he demonstrated in some instances that the resolution of emotional conflicts wrought significant progressive improvement demonstrable by X-ray. From his own experience as a patient and from his psychoanalytic treatment of patients with tuberculosis, he showed that the cure should be adapted to the patient's temperament, and that in many instances therapy was better promoted by partial occupation, or the pursuit of an enjoyable hobby, than by enforced rest in bed. Although he was told by everyone that he could not establish a psychoanalytic practice in Saranac Lake, he was as busy as he could be from 1946 until his last illness. His health began to fail in May 1953, but his sense of responsibility toward his patients and his strong self-discipline impelled him to continue his practice until a month before his death.

A beautiful house, which he and his wife designed and built at Saranac Lake, bordered on the wilderness, and because he could pursue his work with patients and his studies in such a setting, happily married to a loyal and devoted wife who shared

all his interests, his years in Saranac Lake, he said, were the happiest years of his life. His love of nature led him to explore the remotest reaches of the Adirondacks; and despite his physical handicaps, he came to have a more intimate and thorough knowledge of the flora and fauna of the region than most of the natives. He greatly enjoyed visits from his grandson who is six years old.

Progressive emphysema burdened him with increasing dyspnea and fatigue. Last summer he had cardiac decompensation from which he rallied sufficiently not only to resume his practice but, as late as last September, he could not be dissuaded from making excursions into the woods.

Throughout the struggle with his failing health, he summoned the energy and the concentration to compile many notes and outlines of psychoanalytic projects on which he was working to complete for publication.

Dr. Herold was a man of great charm and geniality. Basically serious and scholarly, he was on acquaintance very warm, humorous, and companionable. These traits are reflected in an inscription Freud made on his photograph which he gave Dr. Herold when the latter had become a psychoanalyst in Berlin. The inscription over the signature reads, '*Das ist ungefähr das hässliche Gesicht*'. Dr. Herold set no store by material possessions. That most of his valuables were stolen by the Nazis when his effects were moved to the United States, he related as an anecdote, without recrimination or evident regret. He was a highly skilful therapist. Many of his patients whose analyses were interrupted by his illness in 1944 waited for him to return to New York; and when he decided to remain in Saranac Lake, some of them made arrangements to work and live there while completing their analyses. He soon acquired a widespread reputation as a psychoanalyst throughout northern New York, beyond the Canadian border to Montreal, and patients were referred to him by physicians who had been initially strongly prejudiced against psychoanalysis. He fre-

quently responded to requests to address regional medical groups on the subject of psychoanalysis, and he gave lectures in the Trudeau School on the psychopathological reactions that accompany tuberculosis.

During his ten years of residence in Saranac Lake he regretted the isolation from his friends and colleagues in New York, as his stimulating companionship was missed there by those who, knowing him, admired him and were deeply attached to him.

He died of cardiac failure December 6, 1953. Notwithstanding all the odds, he accomplished his mission with a very high degree of success.

R. G.

A Monument and an Epitaph

Gregory Zilboorg

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A MONUMENT AND AN EPITAPH

I begin with a few random quotations.

In Jones's words: 'However unpalatable the idea may be to hero-worshippers, the truth has to be stated that Freud did not always possess the serenity and inner sureness so characteristic of him in the years when he was well known. The point has to be put more forcibly. There is ample evidence that for ten years or so—roughly comprising the nineties—he suffered from a very considerable psychoneurosis. An admirer might be tempted to paint this in the darkest colors so as to emphasize by way of relief Freud's achievement of self-mastery by the help of the unique instrument he himself forged. But there is no need to exaggerate; the greatness of the achievement stands by itself. After all, in the worst times Freud never ceased to function' (p. 304).

'He paid very heavily for the gifts he bestowed on the world, and the world was not very generous in its rewards' (p. 305).

Words of Freud: 'What oppresses me can hardly be helped. It is my cross and I must bear it, but God knows my back has become distinctly bent from the effort' (p. 303).

Jones's words: 'The picture we get here is very different from the common one of Freud as that of a clever man who sat down comfortably and calmly and made one discovery after another. They cost him much suffering. And what courage to cast aside the only staff he had to cling to, with only a dim hope of reaching the inner resources of self-confidence that could replace it! Fortunately for himself and for us, that hope was realized within the next couple of years' (p. 303).

A communication by Jones: 'Freud asked five of us to meet him in Munich, on November 24, 1912. He wished to consult us about his editorial difficulties with Stekel and to secure our support for a proposal he had in mind. That matter was quickly and amicably settled, but as we were finishing luncheon (in the Park Hotel) he began reproaching the two Swiss, Jung and Riklin, for writing

Some reflections on Ernest Jones's *The Life and Work of Sigmund Freud*, Volume I. New York: Basic Books, Inc., 1953.

articles expounding psychoanalysis in Swiss periodicals without mentioning his name. Jung replied that they had thought it unnecessary to do so, it being so well known, but Freud had sensed already the first signs of the dissension that was to follow a year later. He persisted, and I remember thinking he was taking the matter rather personally. Suddenly, to our consternation, he fell on the floor in a dead faint. The sturdy Jung swiftly carried him to a couch in the lounge, where he soon revived. His first words as he was coming to were strange: "How sweet it must be to die"—another indication that the idea of dying had some esoteric meaning for him' (pp. 316-317).

And finally, Freud's own words on the occasion of a talk about *The Interpretation of Dreams* and the *Three Contributions*: "'I hope this one will soon be out of date through being generally accepted, but that one should last longer". Then, with a quiet smile, he added: "It seems to be my fate to discover only the obvious: that children have sexual feelings, which every nursemaid knows; and that night dreams are just as much a wish fulfilment as day dreams"' (p. 350).

One reads this first volume of the first truly authentic biography of Freud, and cannot help but feel that an epic has been written, a real one. At times the style is a little limping, at times the publisher helps to mar the job with a not too careful proofreading; yet, to use Jones's own words when he describes the years of Freud's betrothal, it is 'a tremendous story'—'How mighty were the passions' (p. 138). And like any other epic, like any Greek or Shakespearian tragedy, it is not only the heroic and the sublime that fascinate us, but also the lowly, the human, the small, the contrasts and contradictions between the sublime and the ridiculous, the greatness and the exiguousness of the spirit within one frame called man of genius. Old as this story of the eternal contradictions in man and of man is, it is particularly impressive and it ought to be particularly moving and instructive to all psychoanalysts the world over, old and young.

I do not have in mind utilizing the patent difficulties which Freud's neurosis presented in order to justify and propitiate the acceptance or cultivation of neuroses among great men in order to bring them closer to the level of genius. Nor do I have in mind the glib and popular view that a neurosis represents a mark of

some sort of spiritual, social, intellectual or even psychological disqualification, and therefore I would not cite Jones's Freud as a voice in favor of a certain neurotic cultivation. For we must bear in mind that *quod licet Iovi non licet bovi*. Freud could do it but not the majority of us, or perhaps only very few of us.

What I have specifically in mind is the picture of the gigantic struggle which Freud represents, and which Jones so well reflects himself. Jones is impressed, as we all are of course, with the immensity of Freud's self-analysis, and here and there (as in the sample quoted) he would seem to wish to believe that Freud was freed of his neurosis by his self-analysis; yet the story he tells us about Freud's dead faint at the luncheon at the Park Hotel in Munich occurred some twelve years after Freud had 'finished' his analysis. If one recalls Freud's preoccupation with death even in the Breuer days, and his later postulation of a death instinct, one begins to wonder whether Freud was ever free of his neurosis. The mystery and the glory of Freud seems to be not freedom from neurosis but the creative power he exercised over this neurosis.

One wonders what heroic tenacity and what enormous will power Freud, the materialistic determinist, actually had and actually exercised. That dead faint at the luncheon table in a Munich hotel seems to have been precipitated by a small thing, almost a petty one: Jung and Riklin had failed to mention his name in their articles on psychoanalysis! He wanted his name mentioned. He wanted his priority established and proclaimed. As a young man of twenty-eight he had written the curriculum vitae required to accompany his application for the position of instructor at the University of Vienna, and had already then remarked in revealing jest that this was 'a preliminary work of my biography'.

The momentarily elevated mood in which Freud found himself at a certain point toward the end of his correspondence with Fliess again reflects a sort of triumphant anticipation of the world fame which his discovery of the interpretation of dreams would bring. Yet Freud was capable of disregarding a great deal of the physical pain which tormented him for years. He was quite humble, really humble, when confronted with the mass of human passions, struggles, political dissensions and competitive hatreds. He seems to have lived his life chaste, puritanical, austere, almost dour and pessimistic, and at the same time inwardly not devoid of vainglory, even of self-centered tenacity and anger, scorn, impatience. Those

who wish to look into the lives of the truly great of spirit (I do not necessarily mean conquerors or political heroes, but those who were destined to live in greatness and stay human) will easily recognize that Freud is a truly impressive, truly heroic presence in the history of thought. It was a presence in which tolerance and self-sacrifice, forbearance and impatience, love for life *and* for death were all interwoven; only a great spirit not afraid to suffer could bear it all within himself and—*without* rising above the *mêlée* but standing in the midst of it spattered with the blood, spit, scorn and mud of human humanness—still be creative, still be able to soar above it all to see horizons not vouchsafed to ordinary men to behold.

No wonder that there is always an undertone of self-depreciation and inner, spiritual pain in Freud's work. Only Freud could in full honesty accept the Goethe award for the excellence of his writings and yet believe throughout his life that he could not write too well. Speaking of *The Interpretation of Dreams* (September 16, 1899) he said: 'My style in it was bad, because I was feeling too well physically; I have to be somewhat miserable in order to write well' (p. 346). Throughout his life Freud seems to have felt that he had not done much, and that what he had done he had done not too well. And yet he was sensitive, if and when his name was not mentioned, if not sufficient credit was given to him! His passionate devotion to friends and the intensity of his rupture with them, from a member of his family to Breuer and Fliess and Jung, are not so much contradictions in Freud's personality as illustrations of how human he was.

No wonder his predilections for Greek tragedies and for Shakespeare were so pronounced. He had a genuine need to identify himself with those paradoxical characterizations of world literature without knowledge of which he would have stood alone with not an *imago* to aspire to and live with.

No wonder, then, that Freud reveals himself most poignantly and clearly at the moment at which it was borne upon him that infantile memories are not all real memories, and that some of them are pure fantasies. Another man, another spirit whose horizons might have been circumscribed by the field of vision in the microscope, would have faltered. For after all did he not say earlier, when he thought he had discovered the role of infantile

memories and experiences: 'I believe this to be a momentous revelation, the discovery of a *caput Nili* of neuropathology?' (p. 264). Yet when confronted with the truth that alleged infantile sexual experiences may turn out to be only fantasies, he writes: 'Tell it not in Gath, publish it not in the streets of Askalon, in the land of the Philistines, but between you and me I have the feeling of a victory rather than of a defeat' (p. 267).

A new horizon opened before his eyes, a new truth was born out of the dark recesses of the unknown; therefore Freud rightfully experienced a sense of victory. It seems so simple and clear—yet we analysts know how very difficult an inner task it is to divorce one's narcissism from one's own beliefs, and how very difficult it is to accept a new truth without either a sense of defeat or a sense of harsh disagreement with the 'older' truth.

The history of the psychoanalytic movement, the history of the opposition to psychoanalysis which reproached Freud for changing his views (as if stubborn adherence to a view once taken is a virtue in itself), the whole history of the rather anarchic, pseudo-organized fragmentation of psychoanalysis into 'schools', the blatant fragmentation of psychoanalysis into groups on the basis of personal preferences rather than scientific divergences (as if psychoanalytic groups were clubs and not scientific organisms)—all bear testimony to the fact that we have not learned to remain ourselves and at the same time be above it all, as Freud himself did and was. It is one of the greatest services that Freud's surviving relatives and friends could have performed to entrust Ernest Jones with the mass of otherwise unavailable material and have him write Freud's biography. It is one of the greatest services that Ernest Jones himself could have rendered psychoanalysis to write the biography of Freud. There are few indeed who could find themselves charged with such an inspiring task and fulfil it so earnestly and so well.

This does not mean, of course, that Jones set himself up as an unfeeling giant of objectivity, to give us a dry and dull chronicle of Freud's first forty-four years of life. Nor is Jones the sentimentally rhapsodic pupil and disciple who worships his master above all else. His is rather a dispassionate description in which candor vies occasionally with a personal bias to which he is certainly entitled. This makes the biography less dry and more human, even though here and there the style appears a little less

clear and incisive than in many of his other writings. For this defect one ought not to reproach Jones too much. It must have been a very difficult task to write of so many intimate, personal things about his teacher and spiritual master of almost a lifetime.

It is regrettable that the publishers did a rather 'casual' job on a book which is so far from casual. There is little uniformity in the master proofreading; in a whole chapter, unlike the rest, the years are spelled out in words instead of figures. One would wish to see the definitive biography of Freud in better typography and format.

The value of this biography lies especially in the fact that of recent years some writers have attempted to exploit their fleeting contact with Freud, or their tenuous one with psychoanalytic literature which, in Jones's apt words, amounted to something 'accumulating to a mendacious legend'. Jones sets the record straight and thus possibly silences for good the silly exploitation of Freud and psychoanalysis for dubious publishing ventures. Jones says that his 'is not a book that would have met with Freud's approval'. Well, one cannot be fully certain of this. In so far as Freud, like Maupassant, thought that to the public belong our books and not our faces, he would have objected to a biography of his person. Yet it is quite possible that had Freud known in advance of the epic scope and content of Jones's work, he would, perhaps with many reservations, have approved of it. While he would have objected to having it proclaimed in the streets of Askalon, in the land of the Philistines, he would most probably have experienced the feeling of victory rather than of defeat.

Under the circumstances, environmental and psychological, in which Jones wrote this biography, it is not surprising to find a certain, be it ever so gentle, defensiveness on his part, which for an uncautious reader might blur a little the true perspective which otherwise is sharp and clear in the book. Thus, as Jones reports that Freud once remarked that he felt unsuited to the job of governing, curing and educating, Jones finds it necessary to add a footnote to explain that Freud himself felt unequal to the task of curing 'evidently in the sense of active intervention' (p. 53). He again refers to this footnote when, many pages later, he cites Freud: 'As a young man I longed for nothing else than philosophical knowledge, and I am now on the way to satisfy that longing by

passing over from medicine to psychology. It was against my will that I had to concern myself with therapy' (pp. 347-348). It is hardly necessary to remind those who are acquainted with Freud's work as a whole that psychoanalysis as a therapeutic agent seems to have had for Freud a more or less subsidiary value, and that as the years went by and his scientific insight deepened he did not emphasize the therapeutic role of psychoanalysis with any particular vigor.

Another illustration: Jones cites many examples of Freud's references to Biblical figures and to the fact that the Biblical Joseph was a frequent screen in his reports of his own dreams. Jones points out Freud's unique inspiration by Notre Dame, which repeated visits while he was in Paris enhanced rather than diminished, and which Freud himself compared only with the inspiration he derived from the clinic of Charcot. Jones relates the instructive incident which demonstrated that death had an esoteric meaning to Freud. Freud himself states that his old Czech Nanny taught him about salvation and resurrection. Yet Jones seems to overlook Freud's repetitious mentioning of Easter Sunday, and he seems not to see the psychological connection between Easter Sunday, the feast of resurrection, and Freud's sense of guilt about the death of his little brother and the teaching of his Nanny whose loss seems, next to the death of his father, to have been the crucial tragedy in the development of Freud's personality.

I am more than inclined to side with the Bernfelds who made a careful study of the first years of Freud's life and to whom Jones acknowledges his debt of gratitude for the information they offered. It seems to me more than a coincidence that soon after Freud's father died he had a dream that the Pope was dead, a flashback as it were to what his Nanny had spoken of when she 'carried him to all the five churches of Freiberg'. Jones feels impelled on these occasions to see in Freud a feeling of hostility toward his Nanny because she so suddenly left him. As a matter of record and fact, Freud knew all the time that his Nanny had been arrested ('put in a box') and that that arrest was caused by his elder, married half-brother; the little boy, Freud, then developed his first compulsion of opening, closing and reopening the various drawers in the house looking for his Nanny. And it is not quite accurate that Freud opened his office for private practice on Easter Sunday, 1886.

This is what he said, of course. But Bernfeld pointed out that the announcement appeared in the Vienna papers early in May, while in 1886 Easter Sunday fell on April 25th.

Jones feels impelled on all these occasions to say that Freud was a materialist and determinist once and always. Of course, he was. But the 'Biblical' or esoteric trend in his personality is not the only paradoxical one, and his professed materialism seems to be not the only psychological reason for Freud's writing *The Future of an Illusion*. The point is that on other occasions in this book Jones does not hesitate to point out that Freud's memory was not quite accurate at times — as when he was involved with Breuer or Fliess.

I must emphasize that the above is not a criticism of Jones but rather a compliment. For what I want to say is this: like Freud, Jones had to overcome a great number of inner resistances, and like Freud he had to pay ransom to the devil of human bias. He emerges from this inner struggle with a successful affirmation of his scientific candor and freedom.

The suggested paradox of mysticism and brilliant materialism should surprise us and shock us as little as the many other contrasts which coexisted so flagrantly in Freud. It is rather telling to read Freud's description of his own attitude toward women, an attitude seemingly bordering on the search for '*das ewig Weibliche*'; yet Jones testifies that 'Freud always enjoyed the society of intellectual and rather masculine women of whom there was a series in his acquaintanceship'. There is no end to the number of contrasts one is apt to find in a genius whose personality borders on the truly heroic.

If we bear in mind the heroic dimensions of Freud's mind, we shall not be surprised to find many of these contrasts, any more than the fact that as early as 1897 Freud started studying the text of the *Malleus Maleficarum* (published in 1484), of which there was no contemporary German translation. Evidently the courses of Brentano bore fruit, and Freud felt the need of delving into the dramatic secrets and cruelty of the neurotic fifteenth and sixteenth and seventeenth centuries. His was a restless and a voracious mind. Even before he started to lay the foundation for psychoanalysis, Freud felt that the whole domain of human history and its culture had to be learned before he could penetrate the secret of the

human mind or 'guess how the mental apparatus is constructed and what forces interplay and counteract in it' (p. 45). (The words are Freud's at the age of seventy.)

It is too early to assess Freud's theories in the light of the history of thought. The last chapter of Jones's book attempts to give us some data on the subject. Interesting data they are, and they are good building blocks for a future philosophical synthesis. But this last chapter is not such a synthesis. Perhaps it is because Jones is no more a philosopher than Freud. On the other hand, perhaps this is just a preliminary to the next volumes in which such a synthesis may be found.

Freud was not a philosopher but a scientist; he was a person of almost frightening intuition. This, Jones brings out extremely well, as he brings out the essential philosophic poetry of this singular person. I doubt whether Freud would have actually renounced in later years the words which he addressed to his betrothed sometime in 1885, in his thirtieth year.

'While it is the privilege of the Lord that in his sight a thousand years are but yesterday, we poor humans have to delight in the opposite; for us a day can be a thousand years. It is an invention of the devil that suffering lengthens time and joy shortens it' (p. 130). How very long time must have seemed to Freud half a century later, when he was completing his life's cycle in London, in the England which he had always admired so much, so far from the Vienna which he disliked so much. (Another contrast: he would not move from Vienna which he hated, and went to England which he loved only under the compulsion of the invasion of Hitler.)

It is with considerable impatience that the remaining volumes of Freud's biography will be awaited. But whatever new or old we find in them, this first volume is a heroic and blinding revelation. From a certain angle of viewing the life of Freud, this volume reveals some things which are not only impressive but instructive to the point of making an inquiring mind really anxious.

Think of it. We knew Freud. Some of us knew him personally or met him once or twice. Somehow we consider him truly ours and of our own age. Yet when little Freud, aged three or four, left his native town he saw for the *first time* gas jets used for lighting. This was a long time ago. There seems to have been

in him in his youth an overlay of continental mid-Victorianism, or of the Imperial Franz Joseph type of puritanic conventional reserve. There is also the deep-rooted love for and faith in culture which is not of our age and generation. Thus when Freud was only forty he was already deeply steeped in the intellectual and cultural history of man. Not only had he studied the text of the *Malleus Maleficarum*, but he had learned Spanish sufficiently well to read Cervantes in the original. What seems truly providential is that Freud and his friend Silberstein even got hold of the little-known stories of Cervantes (p. 164). Freud took on the nickname of Cipion and Silberstein that of Berganza, which happen to be names of two dogs that Cervantes describes as lying on a mat in the night in a corridor of a hospital in Seville.

Incidentally, it is a pity that Jones goes no further than reporting this simple fact. There is more to it. It so happens that this dialogue between Cipion and Berganza in the dark of the night in seventeenth-century Seville contains unacknowledged (the censorship of the time would not have permitted such acknowledgment) a number of quotations from Johannes Weyer's *De Prestigiis Daemonum*. This is the Weyer whom Jones mentions casually as Wier or Wierus in his book on nightmares. This is the Weyer who, two hundred and ninety years before Freud was born, threw a psychiatric scientific bombshell into the witch-hunting world and actually founded modern clinical psychopathology by way of analyzing and refuting the pseudothological witch-burning contentions of the *Malleus Maleficarum*—the book to which Freud turned about three hundred and forty years later to disprove the prevailing prejudices about neuroses.

The strict determinist will have to search and find historical and psychological determinants of this coincidence, or convergence through the centuries. The less deterministically inclined will not stand less in awe before this truly revelatory continuity of history.

Ernest Jones has done seemly honor and paid honorable tribute to this continuity by his thorough faithfulness to his assignment.

GREGORY ZILBOORG

Affective Disorders. Psychoanalytic Contributions to Their Study. Edited by Phyllis Greenacre, M.D. New York: International Universities Press, Inc., 1953. 212 pp.

Edwin R. Eisler

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BOOK REVIEWS

AFFECTIVE DISORDERS. Psychoanalytic Contributions to Their Study.

Edited by Phyllis Greenacre, M.D. New York: International Universities Press, Inc., 1953. 212 pp.

This book consists of papers on affective disorders presented in panel discussions before the American Psychoanalytic Association in 1950 and 1951. Despite a general area of agreement, the points of view vary considerably. The range of subjects includes responses of normal grief, neurotic and psychotic depressions, depressive equivalents, and manic states.

All the contributors accept the basic principles outlined in Freud's *Mourning and Melancholia* (1917)¹ and in Abraham's *The First Preenatal Stage of the Libido* (1916).² With the exception of a few significant departures based upon new approaches to ego psychology, the only modifications of these principles appear to be minor and semantic.

Edward Bibring reviews the changes and developments in the theoretical and clinical studies of depression since the earliest psychoanalytic principles were formulated. Before development of the structural view of physical processes, the ego was considered the 'agent' of the instinctual drives, 'whose functions were predominantly modeled by and after the drives'. Rado's *The Problem of Melancholia* (1928)³ and Abraham's *A Short Study of the Libido* (1924)⁴ belong to this period. Subsequently many authors began to observe that feelings of loss in grief were frequently complicated by hostility, and some equivalence was found between object-libidinal and narcissistic-ambivalent depressive responses. Fenichel's survey of depression⁵ is representative of the current views of depression;

¹ Freud: *Mourning and Melancholia*. Coll. Papers, IV.

² Abraham, Karl: *The First Preenatal Stage of the Libido*. In: *Selected Papers*. New York: Basic Books, Inc., 1953.

³ Rado, Sandor: *The Problem of Melancholia*. Int. J. Psa., IX, 1928, Part 4.

⁴ Abraham, Karl: *A Short Study of the Development of the Libido Viewed in the Light of Mental Disorders*. In: *Selected Papers*. New York: Basic Books, Inc., 1953.

⁵ Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton and Co., Inc., 1945.

he emphasizes the importance of decrease in self-esteem and the struggle to regain it by various mechanisms of recovery.

Identification was formerly thought of as closely connected, perhaps identical, with oral incorporation; it has come to be considered a pure ego function not always involving oral incorporation, which Bibring now regards as an instinctual process.

Edoardo Weiss, like some others, believes that clinically different types of depression are based on essentially different mechanisms; he separates the 'simple' from the 'melancholic' type, the former showing a diminished 'self-experience', whereas melancholic depression shows increased 'ego feeling' accompanied by self-hatred. Bibring considers all forms of depression an 'ego-psychological phenomenon, a state of the ego, an affective state'. Accordingly he describes stages in the basic mechanism of depression. First the ego is shocked by awareness of helplessness in regard to its aspirations. This is the core of normal, neurotic, and psychotic depression. This shock, Bibring supposes, results from traumatic experiences, usually of early childhood, which establish fixations. The state of shock is later regressively reactivated whenever situations arise resembling the primary trauma. The child is particularly vulnerable when it is in the oral phase (Abraham, 1916 and 1924), or when its relationship with its mother fails (Erikson, 1950), or when it suffers an early disappointment in its faith in parental omnipotence (Jacobson, 1946).

In her penetrating paper, *The Depressive Position*, Elizabeth Zetzel shows how vulnerable to depression the infant is during the second six months of life. She draws on her own psychoanalytic experience and the observation of Spitz (1946) that overt depressive states occur if infants are forcibly separated from their mothers during this period. Zetzel believes that the ambivalence during very early infancy described by Melanie Klein is important but not necessarily related to the specific problems Klein sees in the pre-verbal period.

Edith Jacobson, writing on *The Metapsychology of Cyclothymic Depression*, shows that disturbances of self-esteem do not necessarily reflect only the tension between superego and ego, but may arise from various sources and present complex pathology. With great care she explains the mechanism of denial in depression, described

by Lewin,⁶ which serves particularly to preserve the idealized images in the superego while the depreciation of the ego occurs. In her description of the pathology of ego functions she agrees with Bibring that depressions arise from a multitude of sources; but she differs in ascribing the central part in the pathology of depression to aggression. Her case material, however, which includes 'simple' depressions, pertains to psychotic depressive states.

The other papers in this symposium deal with depressive equivalents and with affective disorders other than depression, and offer illustrative clinical data. These papers include *An Equivalent of Depression: Anorexia* by George Gero, and *Mania and the Pleasure Principle: Primary and Secondary Symptoms* by Maurits Katan.

The contributors have been careful to define terms and to delimit various aspects of ego function. Important questions, of course, remain unanswered. What is the significance of 'pure ego function' as distinct from an 'instinctual process' (Bibring)? Should we disregard the possibility that some primitive ego function acts as an integrating process during the period of early infancy before the ego is fully developed? Also, if incorporation is merely an instinctual process, what happens to the preverbal attitudes and affects? In identification are there no instinctual processes lending their color, tone, and energies to the states of the ego?

Other questions about ego function not directly touched upon in this book pertain to studies of the integrative process⁷ in terms of the integrative task, the mechanisms of purposive behavior that involve the 'ego span', and the interferences with these processes.

Therese Benedek⁸ approaches the problem of depression from still another point of view; she believes that 'the depressive constellation' is a basic psychodynamic process inherent in human life. She starts from the premise that the mother's reactions to her child are based in part upon her own physiological and psychosexual development. The child's dependency requires the mother's help in restoring homeostasis. This 'emotional symbiosis' includes a

⁶ Lewin, Bertram D.: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950.

⁷ French, Thomas M.: *The Integration of Behavior, Vol. I: Basic Postulates*. Chicago: The University of Chicago Press, 1952.

⁸ Benedek, Therese: *Toward the Biology of the Depressive Constellation*. (Paper presented before the Chicago Psychoanalytic Society, February 24, 1953.)

bipolarity in the metabolic and psychical processes which is represented by ambivalence.

As Dr. Greenacre explains in her preface, the book is not intended to treat fully the whole subject of depression, but rather to summarize some past work and indicate directions for further study. It is scholarly and valuable, important for all psychoanalysts and others familiar with the basic principles of drives and current psychoanalytic developments in the study of ego psychology. An excellent bibliography is inserted after each paper.

EDWIN R. EISLER (CHICAGO)

A HISTORY OF PSYCHOANALYSIS IN AMERICA. By Clarence P. Oberndorf, M.D. New York: Grune & Stratton, Inc., 1953. 280 pp.

Dr. Oberndorf tells us that he was encouraged to write this book by colleagues, especially his younger ones, of whom 'a few even seemed to regard it as something of an obligation'. This is understandable, for 'Oby' has participated in the growth of psychoanalysis since its first serious clinical application in this country in 1909 at Manhattan State Hospital, New York. He draws upon abundant experience — as hospital psychiatrist, editor, teacher, practitioner at desk or couch, President of the New York Psychoanalytic Society (of which he is the only surviving founder-member), President of the American Psychoanalytic Association — to present to us history as it was made at dinners and meetings, the published proceedings of which are, as he tells us, 'far indeed . . . from the vital interplay of personalities and opinions' in which he shared.

At the age of twenty-seven Dr. Oberndorf studied the work of Freud, of which he says 'no day has since passed in my professional life without resorting to it for an illumination of some obscure thought, action, or symptom. And to the writings of Freud one must revert for the essence of dynamic psychiatry. When I return to read his pages, especially in the original, I am still thrilled by the clarity, conciseness, boldness and penetration of his simplest clinical discussions. To Freud's discoveries I owe whatever effectiveness I possess as a psychiatrist.'

Not only does Dr. Oberndorf narrate the development of psychoanalysis in the United States; he also gives an excellent resumé of eighteenth and nineteenth century psychiatric thinking here and

abroad. Of particular interest is his mention of Franciscus Naudeau who, in 1783, recommended 'shocks' in the treatment of mental disorders by means of heated hooks, a procedure carried out by Kaau Boerhaave.

Dr. Oberndorf recalls his own experience at Bellevue and Mount Sinai Hospitals with ice-cold siphons of Seltzer and the Paqueline cautery, used by neurologists and psychiatrists up to 1930. In this regard, he raises the question whether the current use of shock and lobotomy in all its variations may not reflect the physician's irritation because the illness has baffled his attempts to cure.

The author's excursions into the past make this history a valuable source for information on precursors of Freud. Ample confirmation is given to Freud's famous remark to the Minister of Culture of pre-Nazi Germany in 1928. 'I have come to greet the discoverer of the unconscious', said the Minister; whereupon Freud replied, 'The poets and the philosophers discovered the unconscious long before I did; I merely discovered its laws, and the method to study it scientifically'.

Dr. Oberndorf refers, for example, to the English historian William Lecky's *Rationalism In Europe* (1865) as making 'a really prophetic comment on the psychoanalytic postulates of the function of sleep, the emergence of repressed psychical material in dreams and unconscious thinking'. He quotes not only historians, philosophers, and physicians, but also that remarkable New England novelist Nathaniel Hawthorne who, in *The Scarlet Letter* (1850), describes a psychological treatment that reminds one of Ferenczi's modified technique in psychoanalysis.

In chapters entitled *Psychoanalytic Theory Reaches America and Psychiatry at the Turn of the Century*, the author describes his own life in the South, and tells — without too much self-revelation — of how his unconscious motivations in choosing psychiatry as a profession became apparent during his personal analysis with Freud.

Dr. Oberndorf presents vivid thumbnail sketches of early workers in the field, such as the 'irrepressible' A. A. Brill, who, by his translations of Freud's basic works into English, made psychoanalysis available to the English-speaking world. Ernest Jones, Smith Ely Jelliffe, and many other pioneers are graphically described. He also discusses such debatable issues as technique, lay analysis, and training for and definitions of psychoanalysis. These

serious dissertations are interspersed with delightful anecdotes.

The book is well-organized, with an appendix, an index, and brief biographical notes. It should have a wide audience among workers in the fields of psychiatry and psychoanalysis, and will be valued by all who are interested in the historical development of the science and art of psychological medicine and the spread of Freud's monumental work from Vienna to North, and more recently to South, America.

PHILIP R. LEHRMAN (NEW YORK)

TWENTY YEARS OF PSYCHOANALYSIS. Edited by Franz Alexander, M.D. and Helen Ross. New York: W. W. Norton & Co., Inc., 1953. 308 pp.

This book records a symposium held on the twentieth anniversary of the Chicago Institute for Psychoanalysis. The psychoanalytic movement, says Alexander in *A Review of Two Decades*, has undergone transition from a heroic, militant phase to one of consolidation; the responsibilities the movement has today require a change in its attitude toward the nonpsychoanalytic world, especially toward medicine and psychiatry. At the same time we must change our attitude toward our own knowledge and our methods of teaching and treatment. The Institute emphasizes research because of the conviction that psychoanalysis is not a static body of knowledge inherited from Freud, but a developing discipline which should avoid rigid indoctrination and be open-minded to experimentation and new developments.

Adelaide M. Johnson in a chapter, *Psychoanalytic Therapy*, gives a clear exposition of the points of view of the Chicago Institute on such matters as diagnosis, choice and goals of treatment, essentials of the therapeutic process, and timing of sessions. The lucidity of her thoroughly analytic presentation has a winning quality which makes one wonder if the much criticized Chicago deviations from the classical technique are really as wide as heated arguments have made them appear. The 'corrective emotional experience', for example, appears to be but a new name for the effect of correct analysis of transference. Johnson, following Alexander, claims that the Chicago group has added a new factor to transference as described by Freud, 'namely, that the therapist does not respond

as the original father or mother did. . . . The patient's discovery of this difference was called "the corrective emotional experience". To this reviewer this seems to be one of the oldest principles of psychoanalytic technique. Likewise, that the transference neurosis can get out of hand, or cease best to serve the therapy, is nothing new to practicing analysts. However, the Chicago group aims to refine this principle by experimentation and the careful evaluation of countertransference. And when we read, 'The research is proceeding with the hypothesis that dynamic psychotherapy may be an approach as effective as classical analysis with increasingly greater range of applicability, and that it is more inclusive theoretically and practically than classical analysis as literally conceived for the psychoneuroses', we may feel that this proposition should not be a matter of theoretical controversy, but one requiring proof. Every psychoanalyst will be grateful if it can be demonstrated beyond doubt that dynamic psychotherapy is indeed so promising, and if the means to realize this promise are made known.

The training activities of the Institute are described by George J. Mohr as a 'historical critical approach rather than one of indoctrination'; the outpatient clinic and the organization of the Associated Psychiatric Faculties of Chicago facilitate early acquaintance of the student with direct clinical observation and experience.

The first part of the book contains stimulating essays on development of new points of view. Alan Gregg, in *The Place of Psychoanalysis in Medicine*, poses the question, 'Is medicine influencing human thought as deeply as it might?'. He refers to the principle of continuity, the narrative aspect of disease, the significance of sequences, and the importance of early experiences, but he criticizes the lack of emphasis on prevention as a salient feature of psychoanalysis.

Maurice Levine discusses *The Impact of Psychoanalysis on Training in Psychiatry*. He considers the formulations of the Chicago Institute, particularly as to abbreviated analytic therapy, even though they are the focus of disagreement in psychoanalytic circles, of highest significance for the psychotherapy suitable for the dynamically oriented psychiatrist.

The principle of flexibility is applied by Martin Grotjahn to psychoanalytic training: 'In my opinion, any rules inhibiting flexibility and enforcing regularity in analytic training are dangerous

and perhaps disastrous. . . . By flexibility is meant the ability of the analyst "to be consistently inconsistent", to change the therapeutic environment as required in order to activate those trends in the patient which may lead to the necessary therapeutic experience.' Grotjahn discusses this flexibility as it applies to the specific resistances and the more complex transference neurosis found in training analyses.

Undogmatic flexibility is also recommended by Lawrence S. Kubie in his contribution, *Psychoanalysis as a Basic Science*. Interpretation is explained as the deliberate introduction of a calculated variable; it should be looked upon as a hypothesis to be tested. The disproving or correcting of tentative, incorrect interpretations is essential for the progress of an analysis and a mark of maturity in the analyst.

Writing on *Psychoanalysis and the Biological Sciences*, Arthur Mirsky considers psychoanalysis the strongest representative of teleological interpretation. He explains direction toward a goal as an inherent property of the organism, a concomitant of the still unknown physical and chemical processes responsible for organization.

Talcott Parsons, in *Psychoanalysis and Social Science*, propounds ideas unfamiliar to most psychoanalysts. He sees personality as a system against the background of the family organization as a system, and he makes interesting suggestions concerning the oedipus complex as a complicated process of social interaction. In this respect the article belongs with other studies, appearing more frequently of late, that concern the interactions between instinctual processes and environmental factors. The hypothesis is put forward 'that a much greater part of sex categorization is learned, and not biologically given, than psychoanalysts tend to assume'. The author purposes to show how some of the most important findings of psychoanalysis can be fitted to those of social science, and that the results of the latter directly complement those of psychoanalysis. The psychoanalyst will wish to see Parsons' theory exemplified with actual case histories.

An appendix contains a complete bibliography of publications of members of the staff of the Institute during the past twenty years.

PSYCHOANALYSIS AND THE OCCULT. Edited by George Devereux.
New York: International Universities Press, Inc., 1953. 432 pp.

The naïve reader may expect of this anthology evidence that psychoanalysis has lifted the veil from 'the occult' as it has from such erstwhile occult phenomena as dreams. Far from it! Nor does the volume purpose to prove by psychoanalysis that 'psi phenomena' exist. The editor makes clear that he collected 'quite specifically *psychoanalytic* studies of so-called psi phenomena, and these must therefore be viewed primarily as contributions to the theory and practice of clinical psychoanalysis'. It is accordingly fair to review this book as 'a contribution to one aspect of psychoanalytic technique'.

Of course questions of psychoanalytic technique can be raised only after the reader has decided whether or not he believes in the existence and clinical importance of telepathy and the occult. To the clarification of this indispensable premise, the greater part of the book is devoted. This editorial dilemma runs on and on, with much proving—and less disproving—the reality of the occult, and tedious, often repetitive discussions as to what constitutes absolute proof of extrasensory perception and communication. Ellis, the only nonanalyst included, brings weighty arguments to a demonstration of the unsoundness of some of the evidence. Perhaps his most important point is that mathematical and statistical evidence (such as that obtained at Duke University, which Eisenbud believes 'simply has to stand') does not raise psi phenomena above scrutiny. Collapse of the whole structure is still, one feels, a possibility.

Although the volume contains not all, but only a selection, of the psychoanalytic contributions to the subject, those that are included show a breath-taking inequality. The four papers by Freud (one of them here translated for the first time) present a measured and guarded attitude in striking contrast to such journalistic statements as, 'Here indeed was a thrilling finish to our telepathic steeplechase with more excitement than we had originally bargained for' (Eisenbud, p. 235).

The evidence produced is not likely to persuade the sober-minded that telepathy exists; this the editor did not intend. But he has failed in his intention of clarifying its use in psychoanalytic practice. A chapter by von Hann-Kende on Transference and Countertransference and one by the editor on The Technique of Analyzing

'Occult' Occurrences in Analysis are included; yet this book brings out very clearly the fact that what we call the classical psychoanalytic technique—this unique instrument—is as yet misunderstood, misrepresented, and misinterpreted. Moreover, the present volume takes no notice of recent papers which suggest that transference in analysis is not spontaneous but actively induced by the infantile analytic milieu; or that the transference neurosis is not 'neurotic'; or that countertransference must be viewed from many angles besides the customary one. The analyst's self-analysis is almost as limited and untrustworthy as any other person's self-analysis and he therefore cannot be allowed to pass judgment on occult happenings between himself and the patient. Analyst and analysand interact without forming a 'crowd of two'. The classical technique, far from being passive, is a very active force leaving the analysand no choice but to regress; only the analyst is passive, for he must remain aloof from the regressive movement.

We read that "'transference" is the emotional dependency' of the analysand on the analyst (as if this were all); that 'close emotional ties are a condition of the analytic relationship' (as if it were a reciprocal relationship); and that 'love and complete acceptance are the means by which the analyst cures his patients' (as if interpretation were of no moment). It is confusing to find that 'the patient's "telepathic" feat is contingent upon the presence of a positive transference' (p. 166) when we later find (p. 408) that 'whenever either patient or analyst exhibits "extrasensory" perceptiveness one has to look for aggression'.

The book considers whether occult messages should be interpreted in the same way as other material. This question cannot properly arise within the classical technique which, by definition and its very essence, precludes any participation of the analyst's conscious and unconscious other than for understanding the patient. Yet Gillespie reports that he interpreted a telepathic communication between him and her to a female patient. The effect 'was dramatic . . . she felt very queer . . . asked if she could leave at once . . . I raised no objection; I doubt whether she would have stayed, if I had' (p. 374). A similar interpretation by Eisenbud 'threw the patient into a panic She became frantic and almost uncontrollable . . . and left the hour in considerable dismay' (p. 234). These effects are hardly surprising. If the analyst

believes himself to be the externalized superego, i.e. the parent, and if undaunted he proceeds to reveal to the patient secret happenings between the two of them, he does nothing short of interpreting the consummation of incest. He thereby relinquishes his first duty, to remain outside whatever play the patient may be enacting. No rationalization can alter the fact that theoretically, as well as in reality, he thus reverts to the role of the hypnotist, whose avowed task it is to act as the superego. One may perhaps by such means recover material otherwise 'likely to be lost' and bring an 'unusually sticky and resistant analysis more thoroughly to life', but one has ceased to be a psychoanalyst.

Unfortunately, the reviewer's task does not end here. Gillespie raises the question whether 'so-called [*sic*] delusions of the schizophrenic' are not perhaps 'based on a core of actual telepathic experiences', and he refers to a theory of Ehrenwald that catatonic stupor can be explained as an attempt by the schizophrenic to shut himself off from an unbearable influx of telepathic messages. At this point the psychoanalyst may wonder whether Freud did not live in vain. It is appropriate to recall that psychoanalysis was about to founder when Freud realized that the sexual traumata so regularly recounted by his hysterics could not have actually happened. Only when he had determined that these were not events that had come to the patients from outside but had originated as fantasies within the psyche was he able to build up the body of knowledge which is psychoanalysis.

This anthology has its interest. When at long last the history of the classical technique comes to be written, the book may find mention in a chapter headed 'hazards and vicissitudes'.

IDA MACALPINE (LONDON)

EGO PSYCHOLOGY AND THE PSYCHOSES. By Paul Federn, M.D. New York: Basic Books, Inc., 1952. 375 pp.

These are papers brought together and edited by Edoardo Weiss who writes an introductory review of Federn's ego psychology. Readers will find the introduction helpful as a guide in threading their way through the complexities of Federn's special point of view.

The easier part of the book is devoted to the psychoanalytic treatment of psychoses. Federn apparently was the first to demonstrate that psychotics did develop a transference that is utilizable for psy-

choanalytic therapy. He pointed out the pernicious effects of the recumbent position, the need for emphasizing the reality aspect behind the unconscious mental product, the importance of immediate clarification of suspicions, the advisability of searching for real events behind every change in the psychotic's mental status, etc. One receives the impression of Federn's extraordinary clinical knowledge and sensitivity and it is indeed regrettable that, perhaps more attached to his theoretical constructions, he did not share with us specific accounts of his clinical psychoanalytic work with psychotics.

Federn insists on keeping the transference positive at all times. It is hard to believe that this is meant exactly, since such a procedure would deprive the patient of the benefit of verbalizing his antagonism; rather that it is essential to dissolve analytically the negative transference as soon as possible.

Some of the therapeutic work consists in an education of the patient to reality, as when Federn questions the patient minutely about the reality basis for false ideas. It seems likely that the patient's available reality testing becomes strengthened by identification with the analyst via the positive transference. This technique is similar to one described by Janet which he developed as a result of his concept of the '*fonction du réel*'.

Federn speaks of a cure of schizophrenia but it is difficult to know whether he meant cure in the psychiatric sense, (loss of delusions, insight, ability to function, etc.) or in the psychoanalytic sense (a basic change in the ego structure). He does state that 'no patient is out of danger, some contact must continue . . .'. This is not compatible with the second meaning of cure.

Federn's psychoanalytic work with psychotics apparently led him to a profound interest in states of depersonalization and unreality and ultimately to the important problem of the feeling of self. Here too, he shares with Janet an interest in the exact phenomenology of such feelings. Again there is more implied of intensive and broad clinical knowledge than is actually expressed.

In the theoretical part of the book, problems of language as well as of definition disturb the comprehension of Federn's central interest. German has such simple and direct expressions as *Ichgefühl*: there is nothing similar in English. Literal translations are clumsy. Hoffer and Erikson use 'ego identity', personalistic psy-

chologists, 'the feeling of self'. Federn uses 'ego feeling' but *Ich* has an immediacy which ego can never convey.

Furthermore, Federn equates ego feeling with ego in the psychoanalytic sense. 'Although Freud's theory of the ego and the id is well formulated, it is not this theory but the phenomenon of the ego feeling that proves the existence of the ego. . . . The ego must be conceived of as a continuous experience of the psyche and not as a conceptual abstraction.' The dual use of *Ich* (as a word expressing something given in consciousness, and as a psychoanalytic term for a system) may have led Federn to neglect what appears to be an obvious and also necessary distinction. A feeling of self cannot serve as a proof of the psychoanalytic construct called ego anymore than a sensation of light can corroborate the reality of the wave hypothesis. On the other hand, the emphasis on immediacy of experience in the feeling of self leads to a unique examination of its phenomenology (Ego Feeling in Dreams).

Another difficulty obstructing comprehension of Federn's thought is the lack of an explicit psychoanalytic definition of the term ego boundary as distinct from the philosophical distinction of self and nonself. This could very well have appeared in the introduction.

Federn's interest in variations of self-feeling and his therapeutic work with schizophrenics has centered our attention on the need for further understanding of important phenomena relatively neglected in psychoanalytic literature.

LEO A. SPIEGEL (NEW YORK)

SEXUAL BEHAVIOR IN THE HUMAN FEMALE. By Alfred C. Kinsey, Wardell B. Pomeroy, Clyde E. Martin and Paul H. Gebhard. Philadelphia: W. B. Saunders Company, 1953. 842 pp.

Lionel Trilling in his classical essay on the first volume of what is now called 'The Kinsey Report' stated, 'The Report will surprise one part of the population with some facts and another part with other facts'. No doubt he was right. This reviewer must admit that in spite of all preparation for the reading of the second volume, she found it astonishing. In this review, therefore, an attempt will be made to account for some if not all of the surprises which this presentation of a large scale study of sexual behavior holds for readers who are well acquainted with the practical and scientific

subject matter of the investigation. It is obvious that the surprise effect in this instance is caused neither by the facts and revelations nor by the methods by which they were attained. The surprise is created by the limitations which the investigators imposed upon themselves, to which they adhered with rigid consistency in the theoretical aspects of the study, and which they disregarded when they jumped to practical (sociological) recommendations.

In describing the historical background of this study, Dr. Kinsey states that it originated in the desire of the senior author to provide his students with factual information about sex and thus help them in working out their patterns of sexual behavior. This originally educational impulse of the author explains the enthusiasm for therapy and counseling which pervades the chapters of this 'fact-finding' study. It also permits an interpretation of the contradictions that heralded each of the volumes with a publicity unheard of in scientific publication. The authors maintain that their research has brought 'explosive material' to the fore which should be properly guarded by scientists and made available to the public only through the proper channels, such as educators, legislators, and psychiatrists. Yet, as if these statements were but 'defenses', too weak to succeed in repressing the desire to improve the world by propagating 'the truth' about sex, the missionary zeal has broken through in an avalanche of publicity. It also becomes obvious in the style of the book and in the presentation of its material. This, on one hand, lacks the consistency which is helpful in unfolding scientific material to the lay audience and, on the other, it suffers from an elusive oversimplification which is often a pitfall for scientists writing for scientists in other fields and tacitly assuming that their readers will fill in the gaps. In this instance they are given considerable freedom to do so since the investigators choose to limit their working hypothesis to an unusual degree and to use established theories and data only sparingly. This statement needs some qualification: it is not that there is insufficient reference to the literature of related studies; on the contrary, throughout the whole volume there is unusually careful reference in footnotes to related findings and the bibliography is almost complete. But the authors' ideal of scientific objectivity seems to be the exclusion of any but statistical evaluation of their material. They do not interpret the data in the framework of their concepts

and only rarely confront them with other theories. Yet it is difficult to believe that the data, namely, reports on sexual behavior as it is remembered by the subjects, would directly support the theoretical assumptions of the investigation. These assumptions can be briefly stated. Sexual behavior is the sum of responses to stimuli which, through conditioning, establish a pattern of increasing and discharging sexual tension; the goal of sexual behavior is 'the total outlet', orgasm, which can be attained by both sexes and is independent of reproductive function. The subject matter of the investigation is the orgasm itself. The authors, strictly adhering to this one aspect of sexual behavior, actually isolate sexual behavior from its biological function; they sequester it from the matrix of living. Such limitation, even if self-imposed, is a dangerous undertaking and may be responsible for the surprises and contradictions intrinsic in this study.

The study is presented in three parts. The first part deals with the history of the research and its methods. The second part presents the material. As everyone knows, the data were obtained mainly by single interviews of from one-and-a-half to two hours' duration, during which skilful interviewers posed from three hundred to five hundred questions to the subject. Psychoanalysts, knowing the distortions and secondary elaborations, the unconscious screening of all that is remembered, are necessarily mistrustful of the answers to such a barrage of questions. One has to consider the limitations of this method of interrogation, even beyond the psychological limitation of conscious memories. Granting the willingness and sincerity of the person who submits to the procedure, one cannot overlook fatigue and growing resistance to the long interview, which might lead to denial or distortion, especially when questions are directed not toward manifest facts of behavior but toward fantasies. Psychoanalysts know by experience that people admit facts more readily than fantasies, and that the more effective a particular fantasy is in producing sexual stimulation, the more likely it is to be denied. Psychoanalysts, therefore, have an interpretation at hand when they pause at a tabulation such as this (p. 677):

Arousal from Sado-Masochistic Stories		
<i>Erotic Response</i>	<i>Females</i>	<i>Males</i>
Definite or frequent	3%	10%
Some response	9%	12%
Never	88%	78%

There might be other explanations for statistical findings that seem obviously to contradict clinical observations. The reader, however, has no opportunity to evaluate the statistical findings. Since the questions are not published, one cannot ascertain which of the coded questions led to the above, or any other, tabulation of data. (This criticism cannot be mitigated by the samples in which the interviews were duplicated after a long interval.)

The third part of the study, the theoretical, is the most significant for the analyst. It is entitled *Comparisons of Female and Male*. After having investigated sexual behavior in both sexes, the authors state: 'Now it is possible to make comparisons of the sexual activities of human female and male and in such comparisons to discover the basic factors which account for the similarities and the differences between the two sexes' (p. 567). It is obvious throughout the study that the investigators are more interested in accounting for the similarities than for the differences between the sexes.

The basic tenet of the study is that form and structure are inseparable from function. This and several other statements to the same effect awaken the expectation that in the forthcoming chapters the anatomy, physiology, and psychology of the sexual response will be discussed as expressions of the reproductive processes. But the authors consistently make every effort to prove that sexual behavior—orgastic potentiality—is the same in male and female. To this end, the anatomy of the sexual apparatus is not presented according to its function in reproductive physiology but as a set of homologous organs. Penis and clitoris are equal not only in embryological development but in their potential participation in orgasm. Orgasm being the goal itself, the significance of ejaculation is dismissed lightly: 'Ejaculation depends upon a minor anatomic distinction between the female and male and not upon any fundamental differences between the sexes' (p. 641). Although it is conceded that 'Ejaculation is, in fact, the only phenomenon in the physiology of sexual response which is not identically matched in male and female' (p. 635), the authors conclude: 'In spite of the widespread and oft

repeated differences between male and female sexuality, we failed to find any anatomic or physiologic basis for such differences' (p. 641).

The authors criticize Freud's concept of 'the anatomical sex difference' as an inadequate basis for explaining the psychosexual behavior of women. They maintain that not the anatomy but the physiology can serve as a basis for explaining differences between the sexes, but they mean by this only the physiology of the orgasm. 'Sexual arousal and orgasm in the female matches the orgasm of the male in every physiological detail except ejaculation' (p. 635), which is not a necessary part of orgasm, since orgasm can be experienced without ejaculation by boys in prepuberty.

The discussion, while it accounts step by step for the systemic, neural and muscular reactions accompanying orgasm, proves to be too narrow a basis for explaining the authors' conclusions. They fail to account for the physiology or psychology of the 'receptive orgasm'; instead they maintain that females of various infrahuman species, 'while they show evidence of sexual arousal', do not reach orgasm (p. 629) and conclude that 'orgasm which involves the whole of the reacting body is a particular characteristic of human behavior. . . . As far as our knowledge yet goes, the human female is unique among the mammals in her capacity to reach orgasm with some frequency and regularity when she is aroused sexually' (p. 631). (According to the authors' concept, only among human beings can the female behave in orgasm as if she were a male.) This seems particularly surprising in a volume where reference is so often made to human behavior as being 'natural' because other mammalian species behave in similar ways. If orgasm by itself and not the reproductive function as a whole is the basis (cause and effect) of the differentiation of the sexes, much further investigation is indeed needed to explain why this criterion of differentiation appears in human females only and is not observed in other species.

The authors are critical of the psychoanalytic concept of maturation which requires that woman transfer the clitoral excitability to the vagina and achieve orgasm mainly through vaginal stimulation. No doubt the psychoanalytic concept of the maturation of the vaginal orgasm is a parallel to the concept of genital primacy in the male. It remains to be investigated whether such parallelism

is biologically justified, or whether this is 'a task' to be achieved by women in this age of 'equality of the sexes'. A discussion of the factors involved in the anatomy, physiology and interpersonal responsiveness of vaginal orgasm is beyond the scope of this review. I believe, however, that the related discussion in this volume is the best that these studies have to offer to psychoanalysts. The authors differentiate between the pattern of sexual stimulation and the physiological pattern of orgasm. The former is individually conditioned; the latter is, although individually variant, an innate pattern. Many psychoanalysts may consider this statement, especially the second part of it, disturbingly contradictory to clinical experience and expectation; yet it does not need to be so. Psychoanalytic therapy aims only at relieving emotional inhibitions which interfere with sexual responsiveness, for no therapy can be intended to achieve a particular type of response without consideration of the innate anatomical and physiological anlage. In regard to the complex phenomenon of sexual gratification in woman, the sexual equipment and the psychic responsiveness of both partners are responsible for the attainment of vaginal orgasm.

The fundamental difference between the psychoanalytic concept of sexuality and that of the authors becomes most apparent in Chapter XVI, Psychological Factors in Sexual Response. The contradiction between the two sets of concepts cannot be bridged by the fact that the authors, too, realize that sexual behavior occurs in children. Because of this observation, they, as well as many reviewers of their book, state that the Kinsey report represents a large scale confirmation of Freud's discovery of infantile sexuality and at the same time attempts to disprove the main concepts of psychoanalysis. But, Kinsey's concept of sexual behavior is obviously incompatible with the psychoanalytic concept of sexuality.

When Freud became convinced of the erotic needs and practices of children, the shocklike effect of this fundamental discovery was understandable. (The surprise over the description of well-known phenomena in a Midwestern university sixty years later, however, appears rather exaggerated.) Since Freud was not only a fact finder but also a scientist, it did not take him long to formulate the assumption that the manifestations, for which he coined the term 'polymorphous perverse', are in the service of the all-pervading plan of reproductive function. Psychoanalysis since then has estab-

lished that the physiological maturation of sexuality is the axis of the development of human personality. In the process of sexual maturation the 'partial instincts' become organized under the primacy of genitality.

Kinsey's study of the psychological factors in sexual responsiveness is, from the point of view of the analyst, a demonstration of partial instincts; from the point of view of the authors it represents the evidence that the perceptual system through conditioning becomes a participant in sexual behavior. What Freud described as the vicissitudes of instincts represent developmental processes of perceptual experiences under the governing influences of the reproductive instinct. From Kinsey's discussion, it would seem that tactile, olfactory, and visual stimuli are not in the service of sexual behavior but rather the origin of it. The authors frankly state their dislike for such complex concepts as drives and internal motivations. Actually the term 'sexual drive' is not discussed and motivation for sexual behavior as a reproductive function is not considered. Pregnancy and childbearing are mentioned only as disturbing proofs of the incidence of premarital and extramarital cohabitation.

In reporting sexual behavior, the simple conditioning of perceptual stimulation as well as the more complicated manifestations (perversions), the authors usually refer to animal behavior as proof of the 'naturalness' and 'normalness' of the phenomena. I believe that this is more unjust, that is, scientifically less correct, in regard to the infrahuman species than to the human, since man is better able to develop behavior patterns independent of their biological goal than are infrahuman mammals. This needs to be emphasized the more since Kinsey considers the rate of conditioning, the rate of learning of new patterns, and so forth, as the significant differentiating factor between male and female. Thus he finds that when there is a difference between male and female, it lies not in anatomy nor in the physiology of sexuality but in psychological responsiveness.

Thirty-three bodies of psychological data were compared and the comparison revealed that the male is conditioned by sexual experience more frequently than the female; that psychological processes, even fantasies, play a more important role in man's sexual behavior than in woman's. Here I refer again to the table which demon-

strates the prevalence of male response to sado-masochistic stories. This ~~kind of approach is used with~~ more or less credibility for all variations of partial instincts. The only generalization drawn by the authors from those data is the difference in the cortical activities of male and female.

Yet such a mass of data, even though attained by inadequate methods, challenges the psychoanalyst to interpretation. Indeed, reading through these thirty-three bodies of data this reviewer felt that in them one can see, as in the broken bits of glass of a mosaic, the psychobiological difference between the sexes: the active, object-directed drive and greater sexual excitability of the male finds its counterpart in the greater introvertedness and passive receptivity of the female; only the two together can achieve the biological goal of procreation.

One should, however, be reminded that such interpretation is in contradiction to the concepts of the authors who hope to engineer human behavior without consideration of its meaning in a larger biological and cultural frame of reference. This, I believe, is a basic contradiction which leads all the effort and enthusiasm invested in this work into an impasse.

'Tant de bruit pour une omelette!'

THERESE BENEDEK (CHICAGO)

PSYCHONEUROTIC ART: ITS FUNCTION IN PSYCHOTHERAPY. By Margaret Naumburg. New York: Grune & Stratton, Inc., 1953. 148 pp.

This is Margaret Naumburg's second book of case histories discussing the use of art in therapy. The first, *Schizophrenic Art*, presented the cases of two psychotic patients. The present one deals with 'a severe psychoneurosis with marked anxiety, compulsive features and strong tendencies to depressive moods'. It is richly illustrated with the day-by-day, spontaneous art productions of the patient, some of these in color plates. Both the case history and the paintings presented in their progression show impressively the successful resolving of the patient's neurosis, her adjustment to sex, to marriage, to work, and to social relations in life. The value to this patient of the art production, which took place concomitantly with her treatment, is evident; it is less evident that we can draw generalizations from such cases. It is unclear what role the analyst's interpretation played: (a) in the patient's art production itself;

(b) in the patient's growing understanding of her paintings; and (c) in the successive phases of the patient's paintings. The relationship of the patient's spontaneous verbal statements to the interpretation given by the therapist is not discussed; nor does the influence of this relationship on the problems of transference become clear.

A chapter written by two Rorschach experts, Woltmann and Piotrowski, who give independent opinions on three successive Rorschachs of the patient, confirms the progress and effectiveness of the therapy.

A very valuable chapter is added on recent developments and recent literature on clinical and theoretical aspects of spontaneous art in therapy and diagnosis, with a bibliography of one hundred twenty-eight items. This supplements the chapter on the same subject in the author's previous book.

Notwithstanding the above reservations, this book is a valuable contribution to the as yet insufficiently explored question of the role of art therapy in psychoanalytic treatment. Little has been published on the role of art and its significance in psychoanalysis, and still less on the use of art in therapy itself and the rationale of this use. This reviewer has attempted to make such use of spontaneous productions of patients and is clearly aware of the difficulty of presenting a systematic report of the process. Certain of my findings in such therapy are confirmed in Margaret Naumburg's book. Spontaneous art production, discussed with the analyst, facilitates insight into deeply repressed contents for the patient. We are familiar with the rapidity with which distortion of an interpretation made by the analyst, or of a statement or dream reported by the patient, occurs when repression of present material is at work. Such distortion can be counteracted by art production, for there the patient is faced with the unchanging record made by himself. Another advantage of spontaneous art production is that it works with nonverbal means of communication and thus lends itself to the communication of contents referable to the nonverbal stage and to nonverbal functioning.

I have found that spontaneous art production within analytic therapy makes it possible to confront the patient with his projections of the dynamics of his defenses. The patient becomes clearly aware of the point where emotions which were attached to one specific emotional pattern in his life are detached from this pattern.

event, or memory, and are used for other purposes. He becomes aware that they are no longer available for the investment of the specific content which previously dominated his functioning.

It should be clearly understood, and it has been stated by Naumburg, that art of professional quality is not the purpose of art therapy. The patient is not expected to produce good or improving art; indeed, professional artists cannot avail themselves of art therapy as effectively as nonprofessionals. For in the professional artists, mastery of technique leads to the development of a language comparable to verbal communication.

Another interesting aspect is the private code which every patient develops in his art production. Naumburg has observed that her patient had a specific color scale, which corresponded to specific emotional contents. The private color symbolism of the patients studied by me showed certain parallels with this scale. On the other hand, I have observed in certain cases the use of complementary colors for purposes of defense. Naumburg's patient paints a 'Preliminary Penis Fantasy' with green phallic shapes without realizing what they are. One month later she paints a very similar picture, but with the phallic objects in red, and is now quickly able to associate a traumatic scene and to identify the red objects as penises.

A patient observed by me painted the phallic mother with a green object, which was easily recognizable as the female penis, of enormous dimensions. One might wonder whether in this case the representation of the phallus in the complementary color, beside serving as defense, is not also determined by the fact that the phallus is attributed to the opposite, the complementary sex. One is reminded, in a different medium as it were, of Freud's article on The Antithetical Sense of Primal Words.

Thus I find myself in agreement with Naumburg's clinical findings; it is when theoretical formulations are attempted that the book becomes controversial. This is most evident in the discussion and comparison of Jung's collective unconscious and Freud's archaic unconscious, and of Freud's and Jung's concepts of symbols. The fundamental difference between the two concepts of unconscious has been brilliantly elaborated by Glover in his book, Freud or Jung. As regards the freudian concept of the symbol versus the Jungian concept, it is regrettable that the author in various places

in her book states that both the freudian symbol and the Jungian symbol can be observed in the patient's paintings, without, however, explaining which is which in the specific paintings. I do not believe that a comparison between Freud's concept of the symbol and Jung's is possible. Naumburg correctly assumes that for Freud a symbol is a sign of semantic significance. In Jung's view a symbol goes far beyond a sign; it is a powerful, operative entity, through the mastery of which numinous experience and ecstasy can be achieved. I believe that the clarity of the author's exposition would have gained if she had limited herself to the application of the freudian symbolic concept to the understanding of her patient's drawings. It is not easy to see how application of Jungian symbolic explanations has contributed to the recovery of the patient except in so far as it has served as what may be termed anagogic interpretation of the therapeutic results achieved with the help of freudian symbol interpretation.

RENÉ A. SPITZ (NEW YORK)

BODILY CHANGES IN PAIN, HUNGER, FEAR AND RAGE. An Account of Recent Researches Into the Function of Emotional Excitement. Second Edition. By Walter B. Cannon, M.D. Boston: Charles T. Bradford Co., 1953. 404 pp.

Nothing about this book tells the unsuspecting purchaser that it is no new edition, but merely a reprint of the second (1929) edition of Cannon's famous work. Nonetheless, it is welcome, for it has been hard to obtain.

The first chapters review the evidence from experiments of Cannon and others that pain and emotion bring about changes in the organism similar to those obtained by splanchnic stimulation and its consequent release of adrenalin. Dr. Cannon next discusses the relationship of these observations to behavior in emotional stress; there follows a consideration of theories and mechanisms of emotion. Two additional chapters consider the physiological basis of hunger and thirst.

One may hear it said that had it not been for the work of Cannon, psychiatrists would still not be allowed on the medical wards. Exaggerated as this statement is, it points up the great historical interest which this book holds for psychiatry. Its importance lies in the fact that it gave the first generally convincing

exposition of the close and powerful connection between emotion and neurohumoral mechanisms. Evidently Cannon was ever mindful of the practical implications of his work. In the chapter, *The Emotional Derangement of Bodily Functions*, he writes, 'In the foregoing discussions I have purposely emphasized the physiological mechanisms of emotional disturbances, and for two main reasons. First, I wished to show that these remarkable perturbations could be described in terms of neurone processes. And again, I wished to show that these interesting phenomena need not be set aside as mystical events occurring in the realm of the "psyche". It seemed possible that by emphasis on physiological features attention could be drawn to two important reasons for the slighting of emotional troubles, especially by physicians.' He goes on to cite the reasons why physicians tend to show an unwillingness 'to regard seriously the emotional elements in disease'. After taking them to task for neglecting the 'emotional stresses' that send patients 'to faith healers', Dr. Cannon draws on his knowledge of physiology to make some practical therapeutic suggestions. First, he emphasizes the importance of early treatment. Then he goes on to say that since 'the cortex has no direct control over the functions of the viscera', it is useless to try to check a racing heart or lower a high blood pressure 'by a coldly reasoned demand for a different behavior'. Rather, 'the factors in the whole situation which are the source of strong feeling must be discovered and either be explained away or eliminated'. 'It is an interesting fact', he writes, 'that a full explanation of the way in which the trouble has been caused will not infrequently suffice to remove the trouble, promptly and completely'. In such expressions one sees early glimmerings of what has come to be known as psychosomatic medicine.

As noted above, Cannon states that the cortex has no direct control over the functions of the viscera. This assertion, which is repeated again and again, together with his popularly accepted theory that the diencephalon is the 'center' of emotion, probably dates this book more than anything else. But the fact that these notions are giving way as the result of subsequent investigations in no way threatens to remove this book from its position as a classic in medical literature.

PAUL D. MAC LEAN (NEW HAVEN)

IN THE MINDS OF MEN. By Gardner Murphy. New York: Basic Books, Inc., 1953. 306 pp.

In March 1949 the Ministry of Education of the new government of India applied to UNESCO for help in a systematic study of social tensions among the people of India. This long-festered problem had become terrifyingly acute during the mass riots leading up to and following the partition of the country in 1947. UNESCO invited Dr. Gardner Murphy, then head of the Psychology Department of City College, New York, to serve the Indian universities as consultant. Dr. Murphy spent six months in India helping to set up integrated research on the problem by university workers. He here reports the background and results of this research.

It is impossible in a short review to do justice to the great amount of significant data gathered on the religious, economic, and cultural factors contributing to the tensions in India today. These data were culled mainly from questionnaires given to villagers, students, factory workers, partition refugees (a sore problem), and others, from Aligarh and Lucknow in the north to Madras in the south, and from Calcutta near the border of East Pakistan to Ahmedabad in the west. There emerge patterns of frustration, of prejudice, of mutual suspiciousness and resentment between Hindu and Moslem, which are undoubtedly of great importance to the problems under study. No satisfactory approach to an understanding of group behavior in India could be made without such studies.

Nevertheless the psychoanalyst will inevitably feel that what begin to be defined in these studies are the facilitating, re-enforcing and channelizing forces affecting the explosive tensions of India, not the powerful forces of aggression closer to the source. An interesting chapter on Indian Child Development by Dr. Lois Barclay Murphy, and a penetrating discussion of the structure of the Indian family by the author himself, provide some excellent hints on where to look for the hidden sources of aggression. But these hints are not explicitly followed up.

One gets an impression—which might be tested by appropriate research—of tremendous aggression built up in the child against the important figures in its environment; such figures, in the close-knit multiple family Indian domestic group, are many. Because cultural and religious training is strict, this aggression cannot be

directed outward except by displacement to groups not belonging to the own caste and family. They then come out, upon suitable pretext, with explosive and literally castrative violence. The author suggests that this occurs because the particularly gentle and permissive training of the child has not equipped it to cope with destructive impulses which may 'later' beset it, and also because the Indian lacks the training in 'fair play' which the American youngster gets in the rough and tumble of his backyard. One suspects also that it occurs because of the extremely destructive nature of the original motivations. (Late weaning and practically absence of toilet training by no means automatically insure unambivalent preöedipal and öedipal relationships.)

One would like to see a qualitative and quantitative study of these factors, related to a psychoanalytic study of significant characteristics of Indian religions—particularly the totemistic mother worship of the Hindu and his exceedingly complex, burdensome, frankly obsessional, and seemingly never-ending ritual, with its incessant preoccupation (paradoxical as this may seem in view of the laxity of child training) with anal cleanliness.¹ When these facts are considered in connection with the religious and philosophic striving toward subjugation and denial of the body and its urges (matched in intensity in Western religions only by the fiercest mystics), it is not altogether surprising that the return of the repressed periodically occurs in violent form. In Dr. Murphy's studies, incidentally, the sexual question is not directly touched upon, although one might suppose investigation of it to be indispensable in any research on social tensions.

The present studies were necessarily limited in time and facilities, and were directed to the practical question, where can we ease the pinch without turning Indian culture inside out? Considering this, one can only be amazed and grateful for the amount of work accomplished in such a short time by Dr. Murphy and his collaborators, and for the clarity of this report. Perhaps the important thing, as Dr. Murphy points out, is not so much what has been done so far (the studies are still going on) but that it has been done by UNESCO; truly a revolutionary and hopeful precedent in international politics.

JULE EISENBUD (DENVER)

¹ Berkely-Hill, O.: *The Anal-Erotic Factor in the Religion, Philosophy and Character of the Hindus*. Int. J. Psa., II, 1921, pp. 306-338.

CURRENT PROBLEMS IN PSYCHIATRIC DIAGNOSIS. Edited by Paul H. Hoch, M.D. and Joseph Zubin, Ph.D. New York: Grune & Stratton, Inc., 1953. 291 pp.

This book consists of seventeen papers, with discussions, the proceedings of the 1951 annual meeting of the American Psychopathological Association. The psychoanalyst, who shares with the psychiatrist an interest in the etiology and diagnosis of mental disorder, may well feel that only lip service has been paid to the editors' reiterated emphasis on the value of etiological rather than phenomenological diagnosis, and on careful clinical observation. The trend (noted in Stainbrook's historical review) to abandon monistic etiological theories in favor of theories of 'meaningful interaction' and 'multiple causation' has often seemed to deny the complexity of the problems, and lead to oversimplification. The resulting eclecticism does not answer the question 'What interacts?' (as Hoch points out in his discussion), and evades rather than employs Freud's discoveries of the etiological role of instincts. The statistical studies of the accuracy of diagnosis (Hunt, Wittson and Hunt) and prognosis (Clow, Rennie) show little recognition of the necessity for painstaking observation of the individual patient's behavior. Instead of intense, sustained curiosity into human motives, there seems always to be a pressure toward quick disposition of problems.

Diethelm's suggestion of discarding the concept of 'psychosis' as fallacious and leading to loose thinking seems unlikely to abolish the loose thinking. A borderline, however broad, must be drawn somewhere between neurosis and psychosis to facilitate communication without doing injustice to our knowledge of ego psychology. Borderline conditions receive no attention in this volume.

Rennie, in his twenty-year follow-up by letter or interview of discharged hospital patients, finds confirmation of the well-known fact that clinical symptoms change as the patient's external and internal conditions change, and as a result diagnoses shift about within the psychoneuroses and across the boundary of psychosis. He concludes that neurosis is not a clinical entity but a way of reacting.

Oberndorf, in a fine example of clear expository writing, answers the 'culturalist' argument of Kardiner without polemics by citing Freud's theory of transmission of cultural values through the conscious and unconscious of parent images. Oberndorf recognizes

that psychiatric diagnoses cannot be completely separated from judgments of value, and sees the psychiatrist's diagnostic role as interpreting the normal and neurotic by conscious use of these judgments, refined and controlled by his own analyzed self-awareness.

RICHARD W. BURNETT (NEW YORK)

MID-CENTURY PSYCHIATRY. Edited by Roy R. Grinker, M.D. Springfield, Illinois: Charles C Thomas, 1953. 183 pp.

In this book are printed the talks given at the opening ceremonies of the Michael Reese Institute for Psychiatric Research in June, 1951. Subtitled 'An Overview', the chapters set forth the opinions of leading psychiatrists, neurophysiologists, psychologists, and others on the status at mid-century of their respective disciplines. The contributions are somewhat uneven in quality but all are meaty. Outstanding are the papers by Therese Benedek, *The Organization of Psychic Energy*, and George Engel, *Homeostasis, Behavioral Adjustment and the Concept of Health and Disease*. On such an occasion and with such a title, nothing is to be found in the book that has not been said elsewhere; but the contributors are well known and their statements sound and interesting.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

FANTASY IN CHILDHOOD. By Audrey Davidson, M.D. and Judith Fay. New York: Philosophical Library, Inc., 1953. 188 pp.

This book, written by a psychoanalyst and a teacher, is directed toward a 'psychoanalytically oriented public' and aims to present in nontechnical language 'some of the theories we owe to the work of Melanie Klein, and to show both how they are repeatedly borne out in the day-to-day behavior of children, and how helpful some knowledge of infantile fantasies can be from a practical point of view'.

The book is excellently written and is illustrated by the fantasies of children at successive stages of libidinal development. The lucid descriptive details, which include numerous accounts of verbal fantasies and play activities, are valuable as direct observations of child behavior. However, the strong emphasis on Kleinian theory opens the door to controversy and may be confusing to the lay

reader. An example is the assumption throughout the book of the hypothesis of the child's innate knowledge, without the need of experience, of certain matters such as the primal scene, the nature of copulation, and the existence of the vagina. This hypothesis, as is well known, has been challenged especially by Glover and Bibring. The authors have a disturbing way of shifting from the child's manifest fantasy or behavior to the interpretation of its meaning without making clear whether this interpretation was part of the child's activity or a construction by the observer. One also regrets that the book lacks a more detailed consideration of the role of fantasy in the functioning of the ego as a mechanism of defense, and as a factor in the development of the reality principle.

DAVID BERES (NEW YORK)

PRIMITIVE HERITAGE. AN ANTHROPOLOGICAL ANTHOLOGY. Edited by Margaret Mead and Nicolas Calas. New York: Random House, 1953. 592 pp.

Primitive Heritage is a popular exposition of anthropological field reports and theories. The editors present one hundred eleven short excerpts from nearly as many authors, including some pages from Freud's *Totem and Taboo*¹ and Róheim's *Psychoanalysis of Primitive Cultural Types*.² Calas, who views 'the world as a stage', has divided the material into sixteen chapters, directing the attention of the audience to a variety of scenes, 'The Mythical Past', 'Marriage', 'Ceremony and Economics', thus examining the ways of life of both ancient people, as described by Herodotus, and of contemporary natives.

This method of presentation has a certain bewildering fascination, but frequently leaves the reader with the feeling that many of the 'scenes' with which the compilers astound him are too short and abrupt. It reminds one of a 'get-together dance' without getting the chance to spend sufficient time with the girl one likes. But one feels tempted to call her up the following day. Or, in this case, to go to the library and read the entire field report instead of half a chapter. Thus, the volume can be recommended

¹ Freud: *Totem and Taboo*. London: Routledge, 1919. pp. 232-239.

² Róheim, Géza: *Psychoanalysis of Primitive Cultural Types*. Int. J. Psa., XIII, 1932. Parts 1 and 2.

to those who wish to get acquainted with anthropological descriptions and the innumerable facets of life.

WARNER MUENSTERBERGER (NEW YORK)

INTRODUCTION TO EXPERIMENTAL METHOD. For Psychology and the Social Sciences. By John C. Townsend, Ph.D. New York, Toronto, London: McGraw-Hill Book Co., Inc., 1953. 220 pp.

This book is precisely what its title promises. It offers an introductory discussion of the fundamentals of experimentation, followed by a clear exposition of methods and apparatus, and supplemented by references to more detailed and advanced reading matter for those interested in specific research. Two features are particularly commendable: first, the comments on the advantages and pitfalls inherent in the various types of experimental methods; second, the skilful and concise manner in which the essential interdependence of experimental and statistical methods is clarified. The appended tables are useful and well selected. It should be pointed out, however, that the author does not entirely escape some of the sins he warns against. He states that 'psychoanalytic theory is built upon nontestable hypotheses', and quotes a 'psychoanalytic study' in which a cat's attempts to crawl into a drain spout are interpreted as a 'death wish'. The former statement seems to constitute an overinclusive generalization, the latter unrepresentative sampling. Nevertheless, this text by virtue of its lucid presentation may be recommended.

GERTRUD M. KURTH (NEW YORK)

GROUP PSYCHOTHERAPY. STUDIES IN THE METHODOLOGY OF RESEARCH AND THERAPY. By Florence B. Powdermaker, M.D. and Jerome D. Frank, M.D. Published for the Commonwealth Fund by Harvard University Press, Cambridge, Massachusetts, 1953. 615 pp.

This large monograph reports a study of group therapy carried out under the direction of the Washington School of Psychiatry. Two groups of patients were studied: one group consisted of neurotic and schizophrenic clinic patients, the other of hospitalized chronic schizophrenic patients who had failed to respond to other therapies. The opening section is devoted to the methods of research, including

techniques of observation of groups (each group included a 'non-participant' observer as well as a therapist), methods of recording group sessions, and the use of conferences between observer and therapist to deal with countertransference problems. Inferences about the composition of both successful and unsuccessful groups are presented. Terms such as 'rallying topics' and 'situation analysis' are defined. While it seems fair to expect new technical terms from a new discipline, the analyst will be struck by a rather obvious avoidance of analytic terminology even where long established concepts are involved.

The remainder of the text describes the process of group therapy, with valuable illustrations from group sessions. Antagonism toward the doctor and other group members, and types and handling of resistance are discussed. One section deals with therapy of schizophrenic groups, with chapters on such problems as rivalry, silences, hostility, and sexual manifestations. Throughout the book the doctor's role is heavily emphasized. Several summary appendices and charts are included.

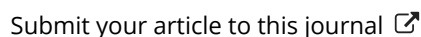
The raw material of this monograph is rewarding; but the interpretive commentary is disappointing—largely because it does not go beyond the manifest content of the clinical material, and because psychoanalytic theory is not employed in a creative way. Instead a 'cultural', 'interpersonal' interpretation is used. From this huge body of data are drawn not even tentative structural and economic inferences about the psychology of the group. Without at least an attempt to formulate such theory no technique of group therapy can be much more than a compendium of mechanical rules. Especially in the interesting section on therapy with schizophrenic groups one would have welcomed more penetrating discussion than a series of loosely connected 'do's' and 'don'ts' for the therapist. Yet with all its shortcomings, this book contains useful material for the analyst.

DAVID L. RUBINFINE (WASHINGTON, D. C.)

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Milton Gray

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ABSTRACTS

Journal of the American Psychoanalytic Association. I, 1953.

On Boredom. Ralph R. Greenson. Pp. 7-21.

The purpose of this paper is to investigate clinically the dynamic and structural factors responsible for the state of boredom. Pertinent material from the analysis of a young woman is presented.

A feeling of emptiness, combined with a sense of longing and an absence of fantasies and thoughts which would lead to satisfaction, is characteristic of boredom. The emptiness is due to repression of forbidden instinctual aims and objects, along with inhibition in imagination. But there are additional determinants. Emptiness represents hunger. We are dealing with the substitution of a sensation for a fantasy, a form of ego repression. The emptiness is not only a sensation, it is also a psychic representation. It represents the hungry child with the image of 'no mother'. This may help to explain the slowness of the passage of time in boredom. Feeling like a hungry child with the image of 'no mother' may be a denial of the introjection of the mother, and may ward off depression or self-destructive actions.

Boredom arises when on the demand of the superego certain instinctual aims or objects have to be repressed. This results in a feeling of tension. If at this point the ego has to inhibit fantasies and thought derivatives of these impulses we have as a consequence a feeling of emptiness. There is then a combination of instinctual tension and feeling of emptiness. The instinctual tension is without direction because of the inhibition of thoughts and fantasies. Tension and emptiness are felt as a kind of hunger—stimulus hunger. The individual now turns to the external world with the hope that it will provide the missing aim or object.

People with strong oral fixations are predisposed to boredom. In boredom there is a self-administered deprivation. The author compares boredom with depression and apathy.

Narcissistic Object Choice in Women. Annie Reich. Pp. 22-44.

Narcissistic object choice in women occurs when ego and ego ideal become identified and fused with the object. Gross pathology in the identification of ego and ego ideal will lead to pathology in narcissistic object choice and in object relationship. Pathology is more frequent when the object is identified with the ego ideal.

Two pathological types of narcissistic object choice are considered. The first appears clinically as an extreme, dependent subservience to one man; the second is represented by those women who have transitory dependent pseudo infatuations during which they take on the man's personality only to drop him after a short time for another man. This is the 'as if' personality. Although the two types

appear to be quite opposite there are similarities; in both there is an exaggerated grandiose ego ideal which is quite unrealizable. The retention of such an ego ideal is indicative of faulty ego and superego development, and consequently of defective object relations. Both types use narcissistic object choice to overcome injury to self-esteem and the feeling of being castrated. The ego ideal may contain an unsublimated sexual feature which appears in analysis in the fantasy of becoming the paternal phallus and more primitively the maternal breast. The early level of fixation in both types leads to a predominant homosexuality.

The need for identification with the ego-ideal object in the first type of woman is often achieved by an orgasmic flowing together with the man in sexual union, an 'oceanic feeling', and is the basis for the subservient relationship to the man. The masochistic elements are an overcompensation for aggressive feeling. In the 'as if' type the identifications are extremely superficial, not internalized. They are really transitory imitations; the ego operates at the level of the 'imitative gesture'. This type is to be regarded clinically as a 'borderline state'. The acute outbreak of such a state is more ominous than its continuous persistence. The identification may be the only available substitute for an inability to form object relationships. In this type the sudden demolition of the idealized object arises from aggression against the objects on whom the ego ideal is built. The patient's fusion with the object, however, leads to the concurrent self-devaluation and depressed mood.

Poor development of the superego results in dependence on public opinion or on third persons.

Masturbation and Symptom-Formation. Jacob A. Arlow. Pp. 45-58.

This paper discusses the relationship between masturbation and the formation of certain neurotic symptoms. To study this the author proposes that masturbation be divided into two major components: 1, the actual manipulation of a certain part of the body, and 2, the appropriate fantasy which accompanies such physical manipulation. In the transition from the struggle against masturbation to the formation of symptoms the two components do not necessarily share the same fate.

The most extreme form of defense against masturbation is complete repression of act and fantasy, ordinarily considered a grave omen during adolescence. In other instances the two components are separated from each other in time and are carried out independently and in separate stages. The contents of the fantasy may become distorted by regression while the physical activity remains unchanged, or the converse of this may occur and hysterical symptoms may result. After the repression of phallic masturbation, extragenital and sado-masochistic practices may be substituted and may lead into compulsive symptoms. If the external object is treated as a temptation to masturbation, phobic symptoms may occur. The substitution of desexualized indifferent thoughts for the sensually charged masturbatory fantasy leads with slight transition to obsessional thinking. The function of thinking may become sexualized.

Masturbation itself may become a symptom, compulsive masturbation serving

to ward off anxiety aroused during the act. It may also be a form of self-punishment. The sexual practices of transvestites and fetishists may represent the acting out of one or more roles in a masturbation fantasy. Masturbation without fantasy is not necessarily of grave prognostic import. The missing fantasy may appear in a dream or other context. Spasms, rhythmical muscular contractions, and sensory disturbances may be defenses against and substitutes for masturbation. By analysis of the fantasy appropriate to the activity, the two elements of the masturbation may be reunited and the transition from defense to conversion hysterical symptoms may be traced. Both masturbation and symptom-formation are autoplasmic or regressively autoerotic and autoaggressive attempts to achieve instinctual discharge. They serve in a measure to preserve object relations.

In masturbation the feelings of guilt may be separated in time from the actual act. In symptom-formation punishment and instinctual gratification go hand in hand.

The Distortion of the Symbolic Process in Neurosis and Psychosis. Lawrence S. Kubie. Pp. 59-86.

In this stimulating paper Kubie takes up the fundamental problem of the critical differences between pathological and normal psychological processes, and especially between psychotic and neurotic processes. He reviews briefly the failure of the attempts that have been made so far to distinguish between these processes. He contends that one feature of all ego functions, the symbolic process, is peculiar to the maturing human animal. The disturbance in the symbolic function is what definitely characterizes adult human psychopathology. But Kubie does not claim that human psychopathology consists exclusively of a disturbance in symbolic functions, and he separates those forces which arise through the impact of early emotional stresses on presymbolic stages of human life from those which arise through a distortion of the symbolic process itself. He limits his consideration in this paper to the latter. He discusses the continuity of symbolic function in conscious, preconscious, and unconscious levels and in three forms, namely, literal, allegorical, and dreamlike or analytic. The significance of the symbolic function in man's development is considered.

In its early formation, every concept and its symbolic representatives develop two points of reference, one internal with respect to the boundaries of the body, and one external. Thus every symbol has a dual anchorage in the 'I' and in the 'non-I'. This double reference of every symbol is inherent in the process by which we gain knowledge and by which we orient ourselves to ourselves and to the outer world. The symbolic process is a bridge between the inner and outer worlds. There is a neuroanatomical and neurophysiological basis for this bipolarity of the symbol: the 'I' components have roots in the archipallial cortex, the 'non-I' in the neopallium, and the 'nose brain' constitutes a link between them.

Psychopathology appears whenever there is any distortion of the relation of a symbol to its substrate at either the 'I' or 'non-I' pole of reference. The primary point of rupture in any psychological illness, however, is always at the 'I' pole of reference. This rupture alone produces only the neurosis. In the psychosis

there is an additional distortion, namely between the symbol and its pole of reference to the outer world, the 'non-I'. In actuality there is always some distortion at both poles, which is why neurotic and psychotic processes can never be mutually exclusive.

The author applies his concepts to hallucinatory processes in the normal, the neurotic, and the psychotic state.

Defenses in Symptom-Formation. George Gero. Pp 87-103.

This paper considers the interrelationship of the mechanisms of symptom-formation and the mechanisms of defense as observable in phobias and obsessive thoughts.

Displacement, which occurs in phobias, can be regarded as a mechanism of symptom-formation and at the same time as a mechanism of defense. Ego activity occurs in defense mechanisms. Displacement is regarded as a diphasic act: the first phase consists of inhibitory acts and the second of the potential release of impulses or drives. The inhibition of oedipal impulses is not specific for displacement but is an essential precursor of displacement. Release of the impulse may follow the essential (decisive) repression only after a long time. The release is an ego activity even though the impulse may have a passive aim. Thus in animal phobias there is a high degree of condensation: there is a double identification with both parents, and the impulses are bisexual.

The essence of phobic anxiety is castration anxiety. Under pressure of this fear many defense mechanisms besides repression are called into play against the oedipal impulses, including especially regression. The specific content of the phobic anxiety is determined by the pregenital impulses regressively reactivated and released. Such a release activates anxiety, which in turn must be avoided, and the specific defense, phobic avoidance, results. The phobic avoidance, however, is a defense against a symptom and not against the drives directly. It appears after the symptom, the phobia, has crystallized. The distinction between defenses before and after the symptoms is important. It allows us to localize the defenses outside of the symptom and to look for the ego activity where it can be found. However, if a phobia is to develop, the impulses released in the displacement must have sufficient intensity and the ego must be weak when the displacement occurs.

In certain phobias the displacement is only partial. The danger remains internalized and related to the danger arising from the demand of the instinctual drives. The anxiety centers around overwhelming vegetative sensations. In these cases the phobic reaction originates in and remains focused on phallic conflicts, specifically infantile masturbatory activities.

Obsessive thoughts represent the perception of a highly cathected but desexualized impulse. The drive, because of desexualization, appears ego-alien. The desexualization responsible for the formal character of the symptom is accomplished through individually variable defensive activities. A reliable clinical indicator of these defenses is the fact that if at any time they are interfered with anxiety is experienced.

The Effect of the Structure of the Ego on Psychoanalytic Technique. K. R. Eissler. Pp. 104-143.

In this interesting paper Eissler discusses the relationship between analytic technique and analytic theory, or, more specifically, between technique and ego structure. The basic model technique uses interpretation alone and is applicable to hysteria, where there is minimum ego damage. Deviations from this basic technique are required in other conditions, such as phobias, obsessive-compulsive reactions, delinquency, and schizophrenias, in which ego damage is more extensive.

The term parameter is defined as 'the deviation, both quantitative and qualitative, from the basic model technique, that is to say from a technique which requires interpretation as the exclusive tool'. The criteria of a parameter if the technique is to remain psychoanalytic are listed. The parameter employed in the analysis of phobia is regarded as the model.

The basic technique without deviation can be applied effectively to patients with no noteworthy modification of the ego. The behavior of the ego when the basic technique is used demonstrates whether or not the ego has suffered modification. According to Freud a normal ego is one which would 'guarantee unswerving loyalty to the analytic compact'. Personality structures can be classified according to the techniques needed to deal with their defects. For this classification the author suggests using Freud's concepts: 1, a hypothetically normal ego as defined by its response to the basic technique; 2, a scale leading by degrees to the condition of absolute unresponsiveness to the analytic compact; and 3, an intervening variety of ego modifications in which a variety of techniques must be correlated.

Ego change is distinguished from ego modification, and the cause of ego modifications is discussed. Defense mechanisms have a destructive effect on the ego, especially in schizophrenia, in which ego modifications are most conspicuous. In schizophrenia the defensive apparatus is kept in motion by energy which has not been desexualized or neutralized. Certain defects of the ego in schizophrenia and two parameters needed in its treatment are considered.

The author takes up the problem of secondary defenses, one of the main functions of which is to prevent the spread of the primary defenses. These probably form part of a special organization within the ego, and whether ego modification can be altered by psychoanalysis depends on these secondary defenses.

Past and Present in the Transference. Mark Kanzer. Pp. 144-154.

Psychoanalysis is designed to reveal the subtleties and ramifications of the psychic processes that link past and present. This paper discusses the difficulties in reconstruction of the past, and stresses the importance of following and comprehending the significance of the patient's current behavior. Clinical examples are cited.

The importance of the transference and its investigation is emphasized. Transference phenomena may be regarded as somewhat resembling the manifest content of the dream: one portion, leading to the day's residues, illuminates the contem-

porary components of the transference, while another portion, derived from the past, delineates the genetic development. The analyst can study the relationship of the ego and id at three levels of functioning, close to the id as in dreams, close to the ego as in everyday adjustment, and at a point intermediate between the two in the phenomena of the transference. During free association the analyst follows images moving progressively from the past and also regressively from the present and coalescing about himself. By his interpretation, the analyst brings these processes into consciousness at an appropriate moment. The therapeutic processes, however, involve not only the emergence of repressed images into consciousness but also the working through of conflicts to create a personality that will not succumb to traumas.

The adaptation of analytic principles to problems in education, child guidance, and brief therapy are noted and the difference of their aims and achievements from that of full analysis is pointed out.

MILTON GRAY

Samiksha. IV, 1951.

Four Types of Dreams Indicating Progress During Psychoanalytic Treatment. Edmund Bergler. Pp. 190-199.

Bergler reiterates his and Jekels' thesis that dreams express not only infantile wishes but also 'an attempt at refutation of reproaches stemming from the inner conscience (superego)'. He concentrates on four specific dreams giving the analyst and analysand the possibility of a controlled experiment to tell whether the analysis is on the right track—one at the beginning, one at the middle, and two near the end of analysis, which appear with great regularity. Type I, the 'refutation dream', occurs early if the interpretation given the patient is dynamically correct. The superego takes up the interpretation and misuses it, to prove that the analyst is wrong. If the interpretation is incorrect, such refutation is unnecessary. Bergler illustrates with a dream about an overcoat in connection with which the patient was cheated. The patient used the dream to refute the interpretation that he employed pseudo aggression to cloak his masochistic attachment to his mother. Type II, encountered in the middle of analysis, Bergler calls 'antifallacy dreams'; these occur after interpretations have shown the patient how he misuses his childhood experiences to blame his difficulties on others and to avoid seeing how he uses these experiences. In Bergler's example, the patient dreamed that his mother was in the hospital and wanted to see her daughter-in-law. The patient had attempted to deny his masochistic attachment to his mother by flight into a marriage which only duplicated his earlier unresolved infantile difficulties. According to Bergler, the superego in this dream unmasks the patient's 'basic fallacy' and says, 'Mother isn't refusing; despite being provoked by you, she still wants to see your wife'.

Types III and IV, approaching the end of analysis, are respectively 'dreams embodying guilt for not being well yet' and 'dreams of devaluation of success already achieved'. In type III, after long working through of resistance and

transference, the superego turns the tables; being unable to maintain the old corruptibility, it now becomes a champion of health. In type IV, the inner conscience, unable to prevent analytic success, minimizes the value of that success. Bergler regards these four types of dreams as of practical value in indicating analytic progress.

Atypical and Deviant Mohave Marriages. George Devereux. Pp. 200-215.

The usual Mohave marriage is defined as the sharing of a residence together. Since most such 'marriages' are of short duration, an *atypical* marriage might be one of an unusually short or long duration, or one where both spouses were either completely faithful or utterly promiscuous. *Deviant* marriages are considered to be those deviating from the accepted tribal custom, such as marriages between the young and old where economic factors play a predominant role, or marriages with transvestites. Polygyny, always more or less exceptional, is now obsolete among the Mohave and has been replaced by successive monogamy, inextricably intermingled with constant adultery.

In aboriginal times, the marriage of a young man to an old woman was almost unknown. Young men then were almost afraid of old women, and even avoided marriage to a woman who already had two or three children. To counteract this, some old women tried to give presents to young boys to lure them into marriage, but most boys continued afraid of them. In spite of social disapproval, such marriages have become more frequent in recent times; in fact, it is now typical for a young divorced or widowed man to marry his former mother-in-law, probably because old women work harder and are better housewives than the young ones. Some men, tired of being neglected by their flighty and fickle young wives, even go so far as to marry transvestites, who, in order to attract 'husbands', work very hard and try to be exceptionally proficient housewives. Young men just out of the government boarding school are usually so sex starved that they hastily marry the first old woman. It is only after a few years, when no longer sexually starved, that they devote at least a few days to courting a young girl just out of boarding school. As a result, it is common for girls just out of school to marry older, more experienced, and sometimes quite unattractive men. Both such hasty types of marriage are usually unsatisfactory and increase still further the notorious instability of Mohave marriages. The new day-school system, which is now replacing the boarding schools where the young are kept apart, may bring about a return to a more normal state.

The libidinal cathexes of the younger Mohave, living in unsettled conditions, tend to be somewhat labile, so that the opportunity to establish a fairly settled relation with an older, domestically inclined woman may outweigh the attractiveness of younger women, especially since the older woman as a rule will permit more philandering on the part of the husband. The marriage relationship is characterized by a certain degree of casualness or even opportunism, due to several factors. 1. The instability of Mohave homes does not provide the child with a continuous and restricted human environment, and this prevents it from developing intense and concentrated oedipal attachments; the libido is thus invested in a diffuse, if not precisely fragmentary, manner. 2. The Mohave child's

breadth of social experience tends to bring about a wide diffusion of libido over the society as a whole, preventing any obsessive and intense love involvements.

The older custom by which poor and neglected young girl children marry prosperous old men is now obsolete but this blessing is not unmitigated; nowadays some poor neglected girls are merely promiscuous instead. Economic factors and a striving for security played an important role in such marriages to old but prosperous and industrious men. Such child wives were often either infantilized by their old husbands, who did all their work, including even the cooking, or else they came from shiftless families who had failed to train them early for active domesticity. Both the old husband and the young wife of such unions were teased by others with remarks having more or less overt reference to incest, showing that such marriages differed rather sharply from the general run, in which the husband usually valued a wife more for her domestic services than for her amorous and sexual potentialities.

LINCOLN RAHMAN

Samiksha. V, 1951.

The Œdipal Situation and Its Consequences in the Epics of Ancient India. George Devereux. Pp. 5-13.

The criticism that patients' productions of material concerning infantile sexual memories and fantasies are in response to 'suggestions' from the analyst is refuted by mythological material written down centuries before the advent of psychoanalysis, in which such fantasies and attitudes are expressed with comparatively little distortion. The epics of ancient India seem to reflect a great cluster of attitudes and fantasies centering about the œdipus complex, the primal scene, the latency period, and the revival of the œdipus complex at puberty. This thesis is demonstrated in two mythical episodes of ancient India, in which, for example, interfering with a couple in intercourse is punished by being compelled to be chaste on pain of death. Many details of the episodes duplicate closely certain types of fantasy material first discovered in the psychoanalytic treatment of contemporary Europeans. This contradicts the criticism that the nature of the basic freudian mechanisms is either culturally determined or else a response to the analyst's suggestions.

The Patient's Suffering During Analysis—A Technical Mistake on the Part of the Analyst. Edmund Bergler. Pp. 128-139.

Prospective patients often regard analysis as an 'extremely painful procedure'. Bergler believes that the patient's 'suffering' in analysis is in most cases concomitant with a technical mistake on the part of the analyst. Three instances of alleged torture stand out: the positive transference, which, not being reciprocated, is felt as painful; the discrepancy between the patient's illusions about himself and the analytic explanations of the underlying reasons for them; and waiting for free associations that refuse to come. Most surprising is the fact that

patients do not list a pleasant element: the narcissistic elation that comes from self-understanding. Since only affective and not intellectual understanding is effective therapeutically, some patients misconstrue understanding as 'suffering'.

Unrequited feelings, repeated in the transference to the analyst, are disagreeable, but this is true only so long as they are not understood. Analysis of the positive transference serves to remove the sting. But in some cases the positive transference is not analyzed; here the analyst's technical error is responsible. Bergler declares that most neurotics do not have a true œdipal development; instead they have a 'rendezvous with orality', and in the transference the orally regressed patient resorts to œdipality as a defense. The analyst must see through and explain this defense, then 'the mirage of œdipality evaporates' and the dynamically decisive oral-masochistic substructure can be analyzed. (Instead of putting it that the neurotic, handicapped by early fixations, comes to grief in handling the œdipus situation and castration anxiety, and then by way of defense regresses to the earlier fixation points, Bergler states that most neurotics defend themselves against their oral fixation by developing a kind of pseudo œdipus complex which he compares to a palimpsest, a new writing on an old parchment which conceals an older writing.)

Bergler describes the development of the child as starting with a duality, the mother-child relation. The child 'rescues' itself from this situation by establishing the mother-father-child relation, which Bergler regards as 'merely the last of a series of rescues from the masochistic attachment to the mother'. He emphasizes that all later phases 'are but desperate rescue and survival attempts to escape from the oral-masochistic danger'. He regards the oral phase of development as 'basically a period of passivity with a few aggressive defenses'. Likewise, in the anal phase, 'the passivity of the oral phase is continued . . . [with] a few weak attempts at counteraction: retention of stools, aggressive fantasies connected with defecation'. In both phases, 'passive experiences and misconceptions dominate'. When the œdipus complex develops, 'the boy borrows strength from the father—he wishes to play the father's role and to demote the "dangerous" mother to passivity—meaning, at bottom, to an image of his own self'. By reversal, then, the mother is now penetrated as he had been penetrated, orally and anally. The result, according to Bergler, is bitterness and a strengthening of passivity. In addition, the positive œdipus complex acts as a screen to conceal the negative one, which thrives mightily as a result. He therefore speaks of the 'œdipal camouflage', a façade that hides the 'true' preœdipal picture, which persists in the negative œdipus complex. Thus if the patient suffers in the transference, it is because this œdipality is false and has not been recognized and interpreted to the patient as such.

In the negative transference, too, according to Bergler, the pseudo aggressions are frequently misjudged as real aggression, denoting repetitions of infantile fury toward frustrations. If the analyst lets this pseudo aggression pass for real aggression, he involuntarily strengthens the patient's neurotic defense. Bergler complains that this point is still tragically misunderstood.

Bergler believes that the analytic decoding of the patient's unconscious motivations is by no means as painful for the patient as is supposed. The patient is often angry, but at the same time has the unconscious feeling that the inner truth

has been revealed, and this gives a narcissistic pleasure, derived from the realization that one is less under the influence of the unconscious. He states that the oral masochism is inwardly accepted only by the diseased part of the personality.

At the start of analysis, the orally regressed group of neurotics are quite unable to use free association. Bergler here advises a modification: the analyst has to talk, because these neurotics ward off their deep masochistic attachment with pseudo aggression. When asked to give words, they refuse. The analyst must circumvent the patient's projecting of the cruel giantess of the nursery onto the analyst by making the projection as difficult as possible, and by giving words himself, because unconsciously these patients want to be given refusals, which contradicts their alleged wish to be treated with kindness. However, in talking and giving words, the analyst temporarily strengthens the patient's 'basic fallacy' ('If mother had acted differently, I would have reacted differently, too'), and later the analyst must resolve this basic fallacy.

At bottom, 'suffering' in analysis is the patient's untouched psychic masochism. To leave it untouched is a technical mistake.

The Development of Ego Psychology. Ernst Kris. Pp. 153-168.

The fundamental assumptions on which ego psychology rests were formulated by Freud in the early 1920's, when his new formulation of anxiety compelled a revision of many earlier views. Kris reviews the stages of Freud's work after more than fifty years of development.

Freud's first assumption in turning his interest to psychotherapy was of a connection between mental conflict and mental illness. He based his first views on neurophysiological assumptions, which he designated as 'the law of constancy', the tendency of the central nervous system to keep energy tensions constant. This law permitted Freud to formulate his assumptions on the interaction of conflict, mounting tension, defense (repression) and abreaction in hysteria. In the nineties, Freud was engaged on a treatise on general psychology and psychopathology, in which he attempted to replace psychological by neurophysiological assumptions. Later, he defined the id, ego and superego in the same manner in which physiological organ systems are defined, in terms of their functions. Freud sometimes used the term ego to describe the total personality, the self; at other times, to define an organization. Such inconsistencies showed his constant attempt to unify explanatory concepts and at the same time adapt theoretical assumptions to the needs and findings of the clinician. In his early neurological drafts, Freud spoke of ego neurons and an ego organization; when this did not work out, the concept of an ego organization dropped out of his writing for two decades, and the concept of defense lost its dominant position. Of the defenses which he described early, repression especially attracted his attention. This interest led to his great discoveries concerning the role of early experiences, the discovery of infantile sexuality, the interpretation of dreams, and insight into the mechanisms of the neuroses and perversions, including fixation and regression. His interest at this time turned to the id, although it still centered on the nature of the mental conflict and on the interplay of opposing forces.

The growing insight into the dynamic function of resistance was bound to direct more attention to the ego. Freud's advice to start psychotherapeutic work 'from the surface', to interpret defense before content, already implied some principles of psychoanalytic ego psychology. When his attention was drawn to the psychoses, these forced on him a new approach, and in introducing the concept of narcissism, a first attempt was made to turn from isolated functions of the ego to a coherent organized ego. The appearance of new types of cases, the character disorders, led to a closer study of this ego organization. These new types probably began to be recognized because psychoanalysis had altered and broadened the concept of what was to be considered psychiatric illness. New types of resistance appeared—the negative therapeutic reaction and other manifestations of unconscious guilt and self-punishment.

It was now no longer possible to account for mental conflict as due to opposition of various strata of consciousness to each other, since defense and resistance were processes not mobilized by consciousness. With these data, the vicissitudes and transformations of instinct needed to be supplemented by structural concepts. Freud temporarily assumed that the ego was endowed with drives of its own, the ego drives as opposed to the sexual drives, but this assumption could not stand up under the pressure of clinical experience.

Freud next studied the aggressive drives. (He later explained his having overlooked them as caused by his own unconscious.) He combined two steps, a new assumption about the role of aggression in mental conflict, and a speculation concerning the life and death instincts. New insights were gained into the function of the superego and especially into the role of internalized aggression. Attention was later focused on the ego which was no longer regarded as having ego instincts of its own, but as being supplied with energy largely by sublimated or neutralized instinctual drives.

By replacing his earlier theory of anxiety, Freud gave up a toxicological way of thinking in favor of an adaptational one oriented toward a general biological approach. The new formulation turned the attention of workers to the mechanisms of defense and led to new insight into the relationship of resistance during psychoanalytic therapy to defense against danger. Ego psychology has had a tremendous influence on psychoanalytic technique, and even the goals of therapy have become more accessible to formulation. The goal of therapy has become the improvement of the ego's integrative capacities.

Under the guidance of the newly formulated ego psychology, it became possible to distinguish by observation preedipal and edipal conflicts in the child's development. The study of ego development in childhood is likely to give renewed emphasis to the study of normal child development, and of the influences of changing cultural conditions, by observers with psychiatric and psychoanalytic training.

LINCOLN RAHMAN

Revista de Psicoanálisis. VIII, 1951.

La Genesis afectiva de la ulcera gastroduodenal. (The Emotional Genesis of Peptic Ulcer.) Angel Garma. Pp. 311-357.

In this paper Garma explains his hypothesis of the psychogenesis of peptic ulcer.¹ Alexander supposed that rejected passive tendencies persist in the unconscious and take on an infantile character; an unconscious urge to be fed, representing the wish for mother's affection, provokes in the individual predisposed to ulcer a continuous secretion of gastroduodenal juices which irritate the mucosa. Garma believes that the cause of ulcer is the unconscious psychic representation of an aggressive and frustrating mother. This imago originates in infancy and forms part of the patient's superego. The patient suffers damage in the digestive tract because, as a result of inner prohibitions and frustrations, he has regressed from genitality to oral digestive behavior. This theory considers ulcer an illness precipitated by external frustrations and aggressions of many kinds which the patient is unable to reject because in his infancy he was obliged to accept the aggression of his parents. The patient fails to direct counter-aggression toward external sources of hostility. Instead, the consequences of parental aggressions, especially those of the mother, are reactivated in him. These primordial aggressions are still active within him because they have been incorporated into his superego. The superego directs all aggressions, those coming from without as well as his own activated infantile ones, against the gastrointestinal tract. The instinctual regression is accompanied by regression of the superego and reactivation of the terrifying infantile images of the bad mother of the first month of life who, according to the fantasy of the infant, cuts the umbilical cord in an attack, deprives the infant of its nourishment, or gives it harmful foods, and also sucks, bites, claws or perforates the inside of the gastrointestinal tract, especially of the stomach and the duodenum. These cruel representations of the superego produce their effect upon the stomach and duodenum through the trophic nerves, making use of diverse organic processes, such as hypersecretion, muscular spasms, and local diminution of the protective gastroduodenal mucus. These cruel images also endow food with noxious psychic cathexis, making it seem dirty, harmful, or indigestible. Thus digestion is disturbed. As a consequence of one or the other process, the patient suffers lesions of stomach and duodenum which may amount to ulcer. To summarize: the individual in a state of oral digestive regression submits masochistically to external frustrations and aggressions and to bad maternal images in the superego, which attack him in the digestive tract, producing ulcer.

Garma, like other investigators, stresses the importance of aggression in peptic ulcer. But he seems to overstep the legitimate bounds of psychoanalytic metaphor when he states that the superego picks out a part of the gastroduodenal mucosa upon which to wreak its hostility. This is an odd mixture of concepts both too anthropomorphic and too anatomically specific. Moreover, it seems to the abstracter unreasonable to suppose that a child in its earliest months includes in its body image a stomach and duodenum, and is aware of the loss of the umbilical cord. Garma is influenced by Melanie Klein's belief that the young infant produces detailed fantasies about his body image. Alexander's theories show greater internal consistency. He is aware that science cannot identify

¹Cf. abstract of Garma's paper (from the *Int. J. Ps.*, XXXI, 1950, pp. 53-72) in *This QUARTERLY*, XXI, 1952, pp. 131-134.

fantasies and images as causes of strictly psychosomatic illness, which actually results from physiological disturbances consequent upon emotional states. Garma, dissatisfied with Alexander's theory, supplements it by supposing that a psycho-analytic structural concept, the superego, exerts its action directly upon a purely anatomical concept, the gastroduodenal tract.

BERNARD BRODSKY

American Journal of Psychiatry. CX, 1953.

Function in Psychiatry. Clarence P. Oberndorf. Pp. 13-18.

The psychiatrist's fundamental purpose is to enable the patient to adapt himself to the cultural pattern in which he lives. The individual must be helped to achieve an acceptable solution of the constant struggle between his conscience, derived from parental attitudes, his self-interest, and the impacts made upon him by his associates. The psychiatrist himself finds it difficult to avoid accepting norms that have moralistic values rooted in the culture. Actually, both patients and physicians tend to select each other on the basis of common elements in their background. Therapeutic efficacy is to be measured not in terms of theory but by the practical outcome within the range of the contemporary ideal.

Psychological Implication of the 'Activating System'. Louis Linn. Pp. 61-65.

Taking as a basis the work of Magoun and others on the 'activating system' of the brain stem, Linn speculates on certain psychological aspects of perception, on barriers to perception, and on the nature of traumatic and therapeutic mechanisms that modify these barriers. He foresees, in the growth of such knowledge, a fulfilment of Freud's hope that direct means may be found for influencing the quantities and distribution of energy in the mental apparatus.

The Effect of Infantile Disease on Ego Patterns. Roy R. Grinker. Pp. 290-295.

Investigating patterns of behavior in a patient permanently affected by early psychosomatic diseases, Grinker concludes that subjective recollections alone can shed light upon only a part of the total physical, psychological, and social effects. Descriptive terms such as sadism and masochism prove to be artificial polarities which acquire a different meaning when traced to the early mother-child symbiosis from which later behavior forms evolve. 'It is the genesis of these early ego patterns, not the psychogenesis, that is an important new area of research' which properly calls for multidisciplinary observations.

MARK KANZER

Bulletin of the Menninger Clinic. XVII, 1953.

Meetings With the Wolf-man. Muriel M. Gardiner. Pp. 41-48.

This is a remarkable paper because it offers a rare opportunity for the psychoanalyst to follow the history of a patient who has been made famous in psycho-

analytic literature. Freud first published *The History of an Infantile Neurosis* in 1918. Some ten years later, Ruth Mack Brunswick published *A Supplement to Freud's 'History of an Infantile Neurosis'*. Until 1940 Dr. Brunswick kept in contact with the Wolf-man and reported at that time that 'the therapeutic results were excellent'. Now Dr. Muriel Gardiner reports on several meetings with the Wolf-man which began in 1938 and ended in 1949. Thus one has an opportunity to study an extensive case history of the patient. Subsequently this man went through the Nazi invasion of Austria, World War II, the occupation of his country by the Russians, and the death of his wife. Robert Waelder, in his introductory comments to the paper, stresses how valuable such long-term follow-ups are in helping us understand the relation of the individual's neurosis and treatment to the rest of his life.

The Role of Philosophy in Theoretical Psychiatry. Jerome Richfield. Pp. 49-57.

The author considers the importance of the relationship between philosophy and psychiatry in general. He believes that the special sciences are necessary for the philosopher in supplying him with sufficient reliable data for study. On the other hand, the success of the sciences has always depended to a considerable extent upon their philosophic foundations. Dr. Richfield critically evaluates various past contributions of psychiatrists and philosophers in regard to the role of philosophy in theoretical psychiatry. He concludes with the statement that philosophy cannot fulfil the functions of any special science, natural or social, but it is a necessary instrument because of the indispensable role of the formal components in all theorizing activity. 'But the formal and the material do not exist apart and, although it appears as merely an aphorism, the preservation of the integrity of any object under investigation requires the mutual dependence of philosophy and science.'

A Type of Transference to Institutions. Norman Reider. Pp. 58-63.

Dr. Reider presents some interesting observations from his experience in psychiatric clinics. He found a group of patients who seemed to develop a stable transference to the institution of the clinic rather than to any individual therapist. Many of these were schizoid characters who could react more personally to the impersonal institution and were relatively more impersonal to their personal therapist. Reider believes that such patients attribute to the medical institution the magical power and benevolent greatness they once attributed to a parental figure. One sees similar reactions in students who displace their feelings for a scientific leader onto the institution of learning. This kind of reaction is more likely to occur in private or benevolent agencies than it is in government or business organizations. Apparently the inanimate structure, the clinic, is more reliable and dependable than human beings are. One participates in the greatness of the institution which has become the object of idealization and identification.

American Journal of Orthopsychiatry. XXIII, 1953.

The Working-Through Process In Dealing With Anxiety Around Adoption. Marion J. Barnes. Discussants: Anny Katan and René A. Spitz. Pp. 605-620.

Barnes raises the question whether resolution of the œdipus complex causes special difficulties for adopted children. Memories and fantasies about the separation from the real parents intensify the anxieties that would normally occur. A case history is presented, together with guidance given the guardian of the child.

The discussants refer to the role of the family romance. Spitz postulates the basic importance of the catastrophe reaction that occurs in an infant separated from its mother; it is reawakened by subsequent 'trigger mechanism' experiences. Agreeing that analytic insight may remove secondary elaborations of the primary trauma, Spitz suggests that some 'more radical' approach may be necessary to remedy the basic insecurity.

MARK KANZER

Psychosomatic Medicine. XIV, 1952.

A Psychosomatic Survey of Cancer of the Breast. Catherine L. Bacon, Richard Renneker, and Max Cutler. Pp. 453-460.

Forty patients with cancer of the breast were studied to determine what factor—sometimes, perhaps, emotional—causes the change from cellular order to cellular chaos. Certain major characteristics were found: 1, masochistic character structure; 2, inhibited sexuality; 3, inhibited motherhood; 4, inability to discharge or deal appropriately with anger, aggressiveness or hostility, which were covered over by a façade of pleasantness; 5, unresolved conflict with the mother, handled by denial and unrealistic sacrifice; and 6, delay in securing treatment. The authors are impressed by the unresolved conflict with the mother and the demonstrable guilt in half the patients. They consider the guilt suggestive of an internalized self-destructive drive in the cancer patient, but do not know whether this was a starting point for the biological forces which led to the cellular growth, or whether the cancer only represented a convenient organic disease that fitted into the emotional needs of the moment. They believe that there is a connection between the psyche and cancer, that they have a 'feeling' for the life history associated with malignancy, and that they observe not a reaction to the occurrence of cancer but a lifelong pattern of behavior leading up to cancer. They are careful to admit a weakness of method and a need for further investigation. They do not wish to establish a 'cancer character' nor to imply any psychological specificity.

Anxiety Patterns in Angina Pectoris. Jacob A. Arlow. Pp. 461-467.

Psychotherapeutic interviews are used to study *angor animi*. Four case histories illustrate the discussion and conclusions. There is nothing specific about the anxiety associated with angina pectoris. The defenses mobilized against the serious danger of angina pectoris are the same as those employed against any

other danger. Fear of death is not the exclusive content of the anxiety experienced. Fear of loss of love, of being abandoned, and of aggressive and homosexual impulses were also observed. The content of the anxiety is determined by the effect of angina pectoris on the significant antecedent emotional conflicts in the individual. The mechanism by which emotional excitement may precipitate attacks of angina pectoris is not known. The observations made do not support the hypothesis that prolonged anxiety is a cause of coronary sclerosis or angina pectoris. The term *angor animi* is inappropriate. Its discontinuance is recommended.

Clinical Significance of Starvation and Oral Deprivation. Joost A. M. Meerloo and Leo D. Klauber. Pp. 491-497.

The complicated conditions of starvation and oral deprivation are studied and described. Hunger gives way to restless wandering and to wish fulfilment in dreams and visions of food. Irritability, suspicion, secretiveness, aggressive feelings, and general regression occur. Personal habits of eating and cleanliness are altered. In the final stage, apathy and even death occur. Case histories are given and suggestions are made for therapy in postoperative and medical cases.

VICTOR CALEF

Psychosomatic Medicine. XV, 1953.

Central Representation of the Symbolic Process in Psychosomatic Disorders. Lawrence S. Kubie. Pp. 1-7.

Kubie argues that the symbolic process has a central mediating position in the formation of psychosomatic as well as of psychic symptoms. It is impossible to present his arguments in an abstract without distorting his logic and weakening his use of evidence. He reviews the four categories of body organs and processes into which psychosomatic disease may be classified. The roles of the somatomuscular and autonomic nervous systems in these four categories are described. Emotional tensions generated by psychological experiences are expressed by the symbolic processes of speech, language, and sensory imagery. These tensions can also be expressed by 'the language of the body' (disturbance of sensation or of somatomuscular or vegetative functions). Conversion hysteria, somatization, and organ neurosis are metaphors which are descriptive rather than explanatory statements. Every conceptual unit is rooted both in the 'I' and 'non-I' worlds. Kubie states: 'The symbol itself may constitute the bridge between these alternative and often simultaneous channels for the expressions of internal tensions. In other words, it is the symbolic process, with its multi-polar conscious, preconscious, and unconscious linkage, which provides us with projective pathways for language and distance imagery at the one end, and introjected pathways for somatic dysfunction at the other.'

Kubie tells of Dr. Wilder Penfield's stimulation of the temporal lobes which produced a broad array of exteroceptive and interoceptive data. MacLean's work complements this. The 'visceral brain' constitutes a crossroads or associa-

tion area for both internally and externally derived perceptual processes, that is, for those arising from the eye, the ear, the body wall, the apertures, the genitals, and the viscera, all reaching the temporal lobes via the diencephalon. In the depths of the temporal lobe, the multiple functions of the symbolic processes are integrated.

Raynaud's Disease: Psychogenic Factors and Psychotherapy. John A. P. Millet, Harold Lief, and Bela Mittelman. Pp. 61-65.

This paper begins with the following statement: 'The aims of this preliminary report are: 1, to show that psychogenic factors play a pre-eminent role in Raynaud's disease; 2, to show that Raynaud's disease responds well to psychotherapy in most instances; and 3, to explore in a limited case material what appear to be significant unconscious dynamics'. The abstracter believes that the stated aims are not fulfilled by the paper. It does make clear that its authors believe that Raynaud's disease is a type of hysterical phenomenon richly colored by certain obsessive-compulsive mechanisms deriving from the sense of guilt. Clearly the implication is that in patients suffering from Raynaud's disease the authors have been able, by psychotherapeutic interviews, to deduce the existence of an imbalance of the aggressive and libidinal impulses. Under the influence of psychotherapy there is a change in the clinical picture of Raynaud's disease. However, the relationship between Raynaud's disease and these mental phenomena is far from being demonstrated. The mere fact that the symptoms are treated symbolically does not prove either the hysterical origin or the compulsive origin of the disease. Other criticisms of method can be easily made of this paper, which purports to be psychoanalytically oriented but does not offer any psychoanalytic evidence for the 'psychoanalytic' deductions. In the absence of psychoanalytic evidence, the reader would be delighted to find other observations, data, or research to substantiate the working hypotheses of the authors. None are to be found in this paper. One might say that the deductions of the paper may be correct, but what it offers in evidence is not convincing.

VICTOR CALEF

Archives of Neurology and Psychiatry. LXIX, 1953.

Language Behavior in Manic Patients. Maria Lorenz. Pp. 14-26.

In a further study of the language behavior of manic patients, Lorenz subjects to a systematic analysis one recorded interview with each of ten patients with the hypomanic or manic reaction. From the spontaneous speech of these patients, he found that their language was not primarily designed for communication. Instead, many mechanizations, such as personal idioms and conventional phrases, detracted from the flexibility of expression. Words of exaggeration and emphasis, proper names, and quotations were abundant, and the style was redundant and monotonous. Ideation lacked forward movement and purpose, and associations were most frequently selected by superficial and discernible laws.

The prominence of the defense mechanism of denial in mania can be seen in

the frequent use of words of exaggeration and emphasis, and of words denoting great certainty. There is no flight or increase of ideas; rather, ideation seems to be of limited content, if one is to judge by repetition and recurrence of theme. Language behavior, with regard to evidence for 'throwing off the yoke of the superego', often shows instead, especially in the less severe cases, the persistence of strong superego function.

Problems in Supervision of Psychiatric Residents in Psychotherapy. Milton Rosenbaum. Pp. 43-48.

Rosenbaum discusses problems that come up in teaching programs in which psychiatric residents are supervised in their psychotherapeutic work. The increased demand for such training in the general psychiatric training program is pointed out. Careful attention should be paid not only to the variations and needs among the residents but also to the differences encountered among the supervisors. Discussions during such supervisory sessions may be principally focused on the patient, or on the interview process, with emphasis on the transference; or on the therapist, with emphasis on the relationship between supervisor and therapist. Usually all three areas are covered to a varying extent. The supervisor must watch his own role carefully, should relieve the anxiety of the resident toward psychotherapeutic work, and should also be careful not to permit the resident to use him in a magical or omniscient capacity.

Group Therapy of Patients with Multiple Sclerosis. Max Day, Elvira Day, and Rosalind Herrmann. Pp. 193-196.

The authors present their experiences with group therapy of patients with multiple sclerosis. The group, which required careful choosing and narrowing down, finally consisted of five women and two men, each of whom attended about fifty hour-and-a-half sessions held once a week. A striking discrepancy often existed between the degree of physical disability and that of psychic crippling. The somatization of anxiety was accompanied by constant seeking of a scapegoat as the cause of illness. Aggression was frequently expressed by difficulties at home, as well as by projection upon others. Exaggerated submissive compliance and excessive cordiality often covered underlying hostility or depression. Verbalization of feelings within the group often resulted in a reversal of these mechanisms as well as in the abandonment of secondary gains and of the dependent position which the illness fostered.

Aggression, Guilt and Cataplexy. Max Levin. Pp. 224-235.

Levin studies the symptom of cataplexy particularly in its psychosomatic aspects. He relates both narcolepsy and cataplexy to conditioned inhibition, the former being a more widespread involvement of cortical inhibition and the latter a more localized inhibition involving only the motor cortex. He develops the thesis, which he supports by clinical examples, that the symptom of cataplexy results when an aggressive impulse is being suppressed. The hostile impulse, whether conscious or unconscious, when associated with guilt or shame or fear

causes an inhibition of the motor cortex, and this inhibition may then produce the paralysis of cataplexy. Numerous examples are adduced to demonstrate this. In some the cataplexy followed direct, overt hostile acts; others occurred in hunting, fishing, boxing, and other sports. When cataplexy accompanies laughter, it is usually due to accompanying unconscious hostility. When aggression is justified and therefore not provocative of guilt, cataplexy is not likely to occur.

Relation of Social Attainment to Psychological and Adrenocortical Reactions to Stress. Donald L. Gerard and Leslie Phillips. Pp. 350-354.

Gerard and Phillips study the relationship of social adjustment to (a) pituitary-adrenal responses and (b) psychological behavioral responses to experimental stress situations. This study of twenty-one normal subjects was prompted by the fact that both disturbed adjustment patterns and altered pituitary-adrenal function occur in such syndromes as schizophrenia, asthma, and hypertension. Those subjects with higher social attainment showed more adaptive responses to frustration, as produced by the Target Ball Frustration test. The pituitary-adrenal response of these subjects (as measured by the increase in the rate of excretion of 17-ketosteroids) showed that they were under less physiological stress. Their behavioral response likewise showed these subjects to be under less stress, for they shifted their goals more realistically after failure.

Personality Factors in Denial of Illness. Edwin A. Weinstein and Robert L. Kahn. Pp. 355-367.

Weinstein and Kahn continue previous studies on the phenomenon of denial of illness. The authors compare the premorbid personalities of twenty-eight patients with brain disease who explicitly denied illness, with a group of twenty-eight patients with comparable disabilities but without explicit verbal denial.

The patients with verbal denial were generally persons with strong compulsive drives, a great need for prestige and the esteem of others, and a general attitude of unconcern and denial of inadequacies. They showed the opposite of hypochondriasis, having always regarded illness as an imperfection or weakness. In contrast, the premorbid personalities of the control group showed a greater variability and no single consistent pattern. The authors feel that brain disease does not cause denial but rather creates a milieu in which new ways for its expression can be evolved. The particular kind of denial used, whether explicit verbal denial or such implicit forms as humor, muteness, motor overactivity, or drowsiness, depend mainly on personality. The aim of such procedures as lobotomy seems to be the production of a state of explicit verbal denial.

LEO RANGELL

Oral Surgery, Oral Medicine, and Oral Pathology. V, 1952.

Emotional Factors in Periodontal Disease. Ruth Moulton, Sol Ewen, and William Thieman. Pp. 833-860.

Workers in the field of periodontal disease now agree that breakdown in the mouth is the result of a complex of local and systemic factors, with no single

cause for all cases. In many cases, local mechanical and bacteriological treatment has been successful, but in others the disease persists or recurs in spite of all such efforts, and the role of emotional factors has come to be recognized. Vincent's infection is now regarded as not a communicable disease in the usual sense. It is felt that epidemics occur where many people live under the same conditions as, for example, in army life, where outbreaks follow excessive fatigue, stress, or anxiety.

Twenty-two cases were studied by a psychiatrist, a periodontist, and a dental consultant in a large clinic. Six had acute necrotizing gingivitis (Vincent's), and sixteen had chronic periodontitis. Oral dependency was the one outstanding pattern in all cases except one, the oldest and the only diabetic patient. Hostility was prominent in a number of the older patients; it apparently staved off the breakdown until a later age. Ten of the twenty-two cases showed a marked lack of parental care, due to death, desertion, or neglect; seven had been much babied at home; and five others gave a strong impression of immaturity. All showed pronounced oral habits. Nine were aware of increased bleeding of the gums with overt anxiety. Five women noted increased bleeding of the gums at the time of the menses; three others dated the onset of gingival bleeding to the menarche.

All six cases of Vincent's infection seemed clearly to have been precipitated by acute anxiety; the sudden outbreak came after days or weeks of gradually gathering impetus. The two youngest girls were away from home for the first time and were mobilizing their conflicts about needing mother and home. A boy was impotent in attempting intercourse with an older woman, and the acute necrotizing gingivitis appeared a few days later. He feared homosexuality and later became a paranoid schizophrenic. One woman developed Vincent's infection after illicit intercourse while her husband was hospitalized for an anxiety neurosis. She was very immature, and her goal had been to find a fatherly object. No local dental causes were evident in any of these cases.

In chronic periodontitis the conflicts were long standing. Most of the women were caught in unhappy marriages, and a new burden, such as the husband's losing his job or the birth of a new baby, slowly precipitated symptoms. They were too dependent on their husbands or mothers, and responded to any difficulty with anxiety and strain. This group characteristically showed many gastric symptoms, and many sucked their gums or ground their teeth at night.

In a few cases, psychotherapy was helpful in overcoming the dependency and thus producing lasting improvement in the condition of the gums. Most of the patients, however, wanted immediate, magical help, did not maintain clinic contact, and were not helped; in fact, inconsistent clinic attendance was typical of the recalcitrant cases with recurrent breakdowns.

Ten patients with periodontosis, a noninflammatory destruction of the periodontium believed to be a constitutional disease, were used as controls. These patients were notably not anxious, would not ordinarily be considered neurotic, and were relatively stable in their life adjustments. They showed an independence never seen in the other groups, and the predominance of oral habits was absent.

Margaret W. Gerard 1894-1954

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NOTES

MARGARET W. GERARD 1894-1954

The death of Margaret W. Gerard on January 12, 1954 was a great loss to the psychiatric profession and to her colleagues at the Institute for Psychoanalysis in Chicago. The Institute staff has established the Margaret Gerard Memorial Fund to be used for research and training in the psychoanalysis of children. Friends and associates of Margaret Gerard who may wish to contribute to this Fund should send their gifts to the Institute for Psychoanalysis, 664 North Michigan Avenue, Chicago 11, Illinois.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 13, 1953. CONTRIBUTION TO BRAIN FUNCTION: II. TEMPORAL LOBES, III. SYNTHESIS. Mortimer Ostow, M.D.

Dr. Ostow presented the second of his series of studies integrating psychoanalytic theory and clinical observations with neurophysiology. Following a review of the anatomy of the temporal lobes, evidence is presented to show that the hippocampus, mammillary bodies and allied structures lose their original olfactory function and assume the function of elaboration and correlation of affects. Experimental work indicates that auditory, visual and proprioceptive processes are integrated in the hippocampal gyrus, pass through the hippocampus and give rise to appropriate autonomic reactions in the hypothalamus. Dr. Ostow reviews Penfield's work and his postulate that in the temporal cortex there are mechanisms important in remembering and comparing present perceptions with past experience. Upon these and other clinical studies in man and lower animals, he presents the following theories. Under the influence of the repetitive compulsion and the pleasure-pain principle, perception is linked with preconscious fantasy and unconscious instinctual drives in the hippocampus. The affect attendant to this linkage or recognition is assessed by consciousness. The primary purpose of affect is to label and identify possible objects of instinctual gratification as desirable or undesirable, and the primary function of consciousness is to perceive affect.

The last section of the study is an integration of his formulation of the physiology of the frontal and temporal lobes. In the frontal lobes preconscious derivatives of instinctual drives and unconscious fantasies and memories are formulated and aroused to activity in a sequence determined by a relatively orderly procession of unconscious fantasies. Under pressure of instinctual energy a certain fantasy becomes paramount in the frontal lobe at any given

time. As a consequence of past experiences, according to the pleasure principle modified by reality, certain of the preconscious derivatives of this fantasy are relayed to the temporal lobe. There, probably in the hippocampus, the evaluation of presenting environmental stimuli is determined. The affect appropriate to the fantasy appears in consciousness. Through other pathways, especially the fornix, reaction is transmitted to the frontal lobes so that changes can take place in preconscious derivatives of the dominant fantasy.

In the discussion, Dr. Pacella relates these formulations to recent developments in electronics and allied fields. Dr. Sillman disagreed that consciousness primarily perceives affects.

HOWARD SCHLOSSMAN

November 24, 1953. LOSS AND RESTITUTION. Gregory Rochlin, M.D.

Dr. Rochlin reports the study of a four-year-old boy who was separated a long time from his mother. Treatment was begun shortly after he had been expelled from nursery school because of impulsive and unprovoked attacks upon other children. He was content only when allowed to sit alone in a closet with a fur coat and rub his cheek with it for hours, a habit he had established at home when he was two years old. He did not play with toys, but threw them about, and was destructive of wallpaper and plaster. He began to talk at three, rarely spoke, avoided using personal pronouns, and referred to himself in the third person. The mother was an intelligent woman, hysterical and masochistic, completely frustrated by the child and unable to cope with his destructiveness. Sam was born uneventfully, successfully breast fed until he was four months old when his mother learned of the father's infidelity during his business travels. Subsequently she left Sam frequently for three or four days at a time to be with her husband. The child received excellent physical attention, chiefly from maids in the grandmother's home, but nothing in the nature of mothering. When he began to suck his fingers actively at five months, his grandmother had his hands tied. He reacted to this complacently. From eighteen months to three years of age, Sam was with his parents traveling abroad, his mother frequently leaving him with servants who did not speak English while she kept an eye on the father. While drunk, the father frequently attacked the mother, and also the child because he seemed unresponsive. Sam provided little trouble and seemed placidly amenable to the changes in physical and personal environment. The mother returned with Sam to the grandmother's home when she found herself pregnant; subsequently she divorced the father. A healthy girl was born and several months later Sam was placed in nursery school where the disturbances of his behavior became apparent. Rochlin initially observed that the boy sat upon his mother's lap as though she were an inanimate object. At first he could elicit no response from the child. The first response after many trials and several visits was to pick up clay balls the analyst rolled over to him. After several weeks Sam showed the persistent wish to get into a dark closet and stay there alone. Finally, he permitted Rochlin to join him in

the closet, gradually he began to rub his cheek on the analyst's coat, and eventually he gave up the closet and never returned to it. The analytic process extended over a four-year period, with two additional years of less intensive but regular treatment. At ten, Sam was attending a regular school, scholastic progress was steady, social relations limited although improving, with short periods during which he would isolate himself. At home he quite successfully weathered his mother's remarriage which initially was very threatening and elicited provocatively hostile behavior toward his stepfather. The child's behavior during analysis was characterized by stereotypy, periods of frenzied activity and speech, and an overwhelming need to control his environment and his own impulses. He tried to reduce the analyst's behavior to a predictable stereotype. He thoroughly tested the analyst with voracious oral activity, with smearing and dumping things out, finally begging to be allowed to remain with the analyst. As new themes were introduced in his play, Sam first ran through the previous repertory of play in a telescoped fashion. He beat himself frequently as the climax of furious attacks upon familiar objects. At home at this point he destroyed his possessions and demanded to know and have from his mother what belonged to him, e.g., whether his bed was his. This preoccupation extended to what was inside his body, e.g., whether his stools were his, whether he could eat them. As he felt more confident of his control of the external environment, he began to express and struggle with the control of his inner impulses. He withheld going to the bathroom until just before he wet or soiled himself. He demanded that nothing be changed. He grabbed hold of his erect penis and said, 'Want it small'. Later he advanced to the point of expressing curiosity about the analyst and the building outside of the office. He expressed concern about his mother's remarriage, wondered whether there would be another baby, and whether he would be sent away. In short, there was a gradual change from the autistic unrelatedness of a seriously neurotic boy to object relationships. Rochlin regards the symptom of isolating himself with the fur coat in the closet as pathognomonic of the disturbance precipitated by separation. The child reacted to object loss not only by withdrawal but by a restitution of the lost object in inanimate form. The aim was to restore, immobilize, stabilize, and control the frustrating object. The inanimate substitute was not only an effigy of the mother; the child wanted an inanimate unchanging mother who would not leave him. Psychoanalysts have recognized that, as the importance of real objects diminishes, a corresponding increase of narcissism occurs; one takes oneself as the object to make good the loss. What has not been sufficiently stressed is the impaired ego's restitution of the object in a manner resembling hallucinatory wish fulfilment. The hypothesis is advanced that the ego needs an object from the start and that the primary narcissistic state is only a theoretical moment at birth. Rochlin also compares the psychopathology of his patient's disturbance with grief and melancholia. Unlike the adult psychotic, the child does not regress; it reacts with immediate, primitive mechanisms of defense in the narcissistic oral phase before narcissistic libido has been significantly transferred into object libido.

Although differences of opinion and emphasis were expressed, the discussants agreed that Rochlin's paper represents a significant contribution to child analysis and the theory of ego development. Dr. Margaret Mahler questioned the formulation that the child's disturbance was due to object loss and restitution. She saw no evidence of his having developed a symbiotic unity with the mother who subsequently left him. The child's complacency at the breast, after his abrupt weaning, and in the face of frequent environmental changes is characteristic of the autistic child (Kanner) who suffers from an innate constitutional lack of capacity for affective contact with the environment. Mahler believed that the mother constituted a part-object for the infant from the beginning, not distinguishable from inanimate objects. Sam's chief traumatization occurred when he was deprived of the use of his hands for sucking which he needed for the relief of tension and for the exploration of his body. Mahler agreed with the therapeutic approach which provided a predictable unchanging environment enabling the child to satisfy his primitive needs, to cope with his dangerous impulses, and to accept the therapist as a good object with which he could later identify. The self-beating served not only the sado-masochistic defenses but a constructive function as well, namely, an aggressive and libidinal investment of ego boundaries in an attempt to demarcate the self. Dr. David Beres referred to a study of a group of forty adolescent children who had suffered separation from mother or both parents early in life. Four of these children developed schizophrenia in adolescence and all four had had considerable association with the mother (six to eighteen months) before separation. All the other children in the group, representing a variety of clinical psychopathology but not schizophrenia, had had no or negligible contact with the mother before separation. Dr. Ernst Kris emphasized that Rochlin's approach, the therapeutic interaction with the child, constituted the matrix in which psychopathological data could be derived and clarified. Evidence from clinical research was presented to support the view that certain individuals at birth require more mothering than others and that certain mothers need more reassurance from their children in terms of emotional response. Not only reactions to stimuli but needs for stimuli vary from individual to individual. The mother-child relationship is an interaction, not a one-way determination of the child's development by the maternal assets and liabilities. Dr. René Spitz supported Kris's emphasis on the interaction of mother and child, giving a striking example of differences in capacity among children to elicit loving attention from adults in their environment. In closing the discussion, Rochlin restated his conviction that the assumption of constitutional predispositions eliminates the application of deterministic conceptions. In operational techniques it is essential to be aware of possible limitations but not to be deterred by them.

H. ROBERT BLANK

The SAN FRANCISCO PSYCHOANALYTIC SOCIETY AND INSTITUTE held the first Siegfried Bernfeld Memorial Lecture March 29, 1954 at the Morrison Auditorium, California Academy of Sciences, Golden Gate Park, San Francisco, California. The meeting was introduced by Paul Holmer, M.D., President of the San Francisco Psychoanalytic Society. Ernst Kris, Ph.D., member of the faculty of the New York Psychoanalytic Institute, was the speaker. His subject was The Personal Myth—A Problem in Psychoanalytic Technique.

On April 12, 1954, at the regular meeting of the San Francisco Psychoanalytic Society, the following officers were elected to serve from June 1954 to June 1955: President, Paul Holmer, M.D.; Vice-President, Anna Maenchen, Ph.D.; Secretary, Joseph Biernoff, M.D.; Treasurer, S. A. Szurek, M.D.; Executive Councilor, Donald A. Macfarlane, M.D.—Alternates, Paul Holmer, M.D. and Grace De Bell, M.D. Two members, Bernard L. Diamond, M.D. and Victor Calef, M.D., were elected to the Membership Committee to serve from June 1954 to June 1957.

The INTERNATIONAL CONGRESS FOR PSYCHOTHERAPY is to be held in Zurich, Switzerland, July 20 to July 24, 1954. Among the speakers on the provisional program are Dr. D. Lagache (Paris), *La Doctrine freudienne et la théorie du transfert*; Dr. Franz Alexander (Chicago), *The Psychosomatic Approach in Medical Therapy*; Dr. Kurt Goldstein (New York), *Der Begriff der Übertragung in der Behandlung organischer und funktioneller Nervenkrankheiten*; Dr. René A. Spitz (New York), *Das Band zwischen Mutter und Kind (experimental-psychologische und filmische Darstellung der frühesten Mutter-Kind-Beziehung in ihrer Bedeutung für die Entwicklung der Persönlichkeit)*.

The Fifth INTERNATIONAL CONGRESS ON MENTAL HEALTH and the INTERNATIONAL INSTITUTE ON CHILD PSYCHIATRY will meet at the University of Toronto, August 13 to 21, 1954. The subject of the Congress is Mental Health in Public Affairs, and of the Institute (August 13 and 14), The Emotional Problems of Children Under Six. Inquiries should be addressed to the Executive Officer, 111 St. George Street, Toronto, Canada.