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A PSYCHOANALYTIC CONTRIBUTION TO THE STUDY OF BRAIN FUNCTION

I. THE FRONTAL LOBES

BY MORTIMER OSTOW, M.D., D.M.S. (NEW YORK)

Recently Dr. Lawrence S. Kubie[1] has called attention to certain observations on the physiology of the nervous system which justify the hope that before very long a sound neurophysiological foundation can be laid for psychoanalytic metapsychology, a correlation predicted so often and enthusiastically by Freud. Dr. Kubie presented not merely an exposition and a hope but also a call for work in this field. The present paper is offered as one among many responses to this call.

There is an important reason for attempting to relate metapsychology and neurophysiology just now. The psychoanalytically sophisticated reader is distressed by the lack of knowledge of psychology with which neurophysiologists approach their experimental animals, surpassed only by that of most psychiatrists when they attempt to understand the results of their destructive operations on the brain. For example, most psychological tests reveal no differences in performance before and after lobotomy. Some tests devised specifically for this purpose show small differences, but these differences are incommensurate with the degree of personality change readily observable to those who live with the patient. Some have denied that there are any psychic changes after lobotomy. Some have acknowledged that there are changes but say that the changes cannot be categorized in any uniform manner. Walter Freeman (Freeman and Watts, 1950), after reviewing some of these attempts, concludes, 'We shall have to get away from the

[1] Kubie, Lawrence S.: *Some Implications for Psychoanalysis of Modern Concepts of the Organization of the Brain.* This QUARTERLY, XXII, 1953, pp. 21-68.

academic concepts of the psychological laboratory, and the psychologist will have to make friends with these patients . . . and observe them at work and at play, at home with the folks and on the square with strangers, when they are enjoying themselves and when they are facing disagreeable tasks, when they are listening to others and when they are trying to express their own thoughts, to come to any valid conclusions as to why man was ever endowed with frontal lobes in the first place. . . . It is not a question of intelligence in all this, it is a question of the employment of intelligence and the satisfaction gained therefrom which again leads us back to the subject of the emotional, the two aspects being inevitably bound up with one another.' If we, as psychoanalysts, believe that in our theoretical dynamic formulation we are dealing with the real variables of psychic function, then we have a right to expect to find in our theory the psychic correlates of structural changes, which to others prove so elusive. If we can indeed establish a valid theoretical framework for physiological observations, that framework will have great value in facilitating further physiological observations and in sharpening our own therapeutic approach as well as the approach of others who are perhaps less constructively minded.

To be sure, one hesitates to impose on psychoanalysts by asking them to consider a problem in physiology. Yet I am encouraged by the reflection that, as possessors and guardians of a method of investigation and a new set of data that are as yet poorly understood and poorly exploited, we should feel obliged to concern ourselves with the task of making these available to other fields of knowledge. Such an endeavor merely continues in a modest way the tradition, inaugurated by Freud, of applying psychoanalytic theory and data to the discovery and elucidation of data in such fields as anthropology and literature.

I need hardly add that to expect to find a point-to-point correlation between anatomical structures and the psychic

entities described by Freud in topographic terms would be both physiologically and psychologically naïve.

STRUCTURE AND FUNCTIONS OF THE FRONTAL LOBES

The division of the brain into lobes is based upon certain superficial landmarks. The designation of lobes therefore applies primarily to regions of cortex and subjacent white matter rather than to the more medially placed ganglia. There is no a priori reason, moreover, to expect that all the brain tissue included within a single lobe will be concerned with the performance of a single function or group of functions, nor that the execution of any functions will necessarily be limited to a single lobe. The frontal lobe comprises essentially the anterior third of each hemisphere. It extends from the anterior tip of the hemisphere, called the frontal pole, backwards to the Rolandic fissure, which separates it from the parietal region. It extends from the dorsal medial border of the hemisphere downward and laterally to the Sylvian fissure which separates it from the anterior third of the temporal lobe; and medially it extends all the way downward from the dorsal medial border of the hemisphere to the corpus callosum and in front of that to the inferior medial border of the hemisphere. Therefore the frontal lobe has three surfaces. The largest is the convex dorsal lateral surface. Along its posterior border runs the precentral gyrus, also sometimes called the motor strip. Just anterior to the motor strip is another region called (in Brodmann's terminology) area six. This too is related in some way to motor function, although the actual functions of area four (motor) and of area six are not clearly understood. Anterior to area six, and lying almost in the middle of the dorsal lateral surface of the frontal lobe, is area eight, which is one of the areas concerned with turning of the head and eyes to the opposite side. There is some reason to suspect that it is also concerned with turning attention to the opposite side, the turning of the head and eyes being merely individual components of this turning of attention. The posterior half of

the inferior border of the dorsal lateral surface overlies that region of the lateral cortical area of the brain which is concealed from surface view and which is called the insula or the island of Reil. This region of the frontal lobe is therefore spoken of as the opercular region. It seems to be concerned with the faculty of verbal expression. This is especially true of the opercular region of the dominant hemisphere. On the medial aspect of the frontal lobe I call attention only to the cingulate gyrus, which runs just above the corpus callosum. Only the anterior half of the cingulate gyrus lies in the frontal lobe; it is continuous across the posterior boundary of the frontal lobe with the posterior half of the cingulate gyrus lying in the parietal lobe. The cingulate gyrus is an important link in one of the major pathways connecting frontal and temporal lobes and will be mentioned later. The inferior surface of the frontal lobe is also called the orbital surface since, *in situ,* it lies above the orbit. Closely applied to the medial border of the orbital surface is the olfactory nerve. The olfactory nerve terminates posteriorly, sending some fibers to the temporal lobe laterally and others to small cell groups lying under the medial surface of the frontal lobe, known as the septal nuclei, from which olfactory impulses are transmitted downward to the hypothalamus and into the brain stem.

More than half of the dorsal lateral surface of the frontal lobe, all the medial surface, and all the orbital surface except for the small region occupied by olfactory structures, is without known function. What evidence we do have concerning the function of this large anterior segment of the frontal lobe indicates that it participates in some way in the psychic life. I shall attempt to review this evidence briefly. In vertebrates more primitive than mammals, that part of the cortex which in man constitutes the major part of the visible cortex, namely the neocortex, is much smaller than that part of the cortex dealing with olfactory sensation. It is relatively undifferentiated, and detailed homologies with mammalian cortex are not made. Among mammals, the premotor frontal cortex is

diminutive, if present at all, in ungulates, and it forms a relatively small area in carnivores. As we ascend the phylogenetic scale to the monkey, this premotor frontal cortex begins to equal in size the motor cortex. In the chimpanzee and in man it is distinctly larger than the motor region, and the greatest development of the premotor area is seen in the human brain (Ariëns-Kappers, Huber, and Crosby). The dorsal medial nucleus of the thalamus projects to the anterior, that is the premotor, frontal region in man. This nucleus seems to have no homologue in submammalian vertebrates but is found in all mammals. In the lower mammals it seems to receive fibers only from other thalamic nuclei and to project to the striatum, the phylogenetically old motor system. In higher mammals the projection of the dorsal medial nucleus to the anterior frontal lobe appears, presumably *pari passu* with the development of this cortical region. Spiegel and his co-workers made electrolytic lesions in the dorsomedial nuclei of psychotic patients and obtained results comparable to those of prefrontal lobotomy. Fulton in his monograph Frontal Lobotomy and Affective Behavior (1951) brought together evidence recently obtained in his and other laboratories demonstrating that afferent data from the viscera are conveyed via the dorsal medial nucleus to the orbital and lateral surface of the frontal region from the hypothalamus. This means that whatever the nature of the operation carried on by the anterior frontal region, it uses data derived from the viscera. Moreover various physiological and anatomical studies have shown that the anterior frontal region can influence visceral functioning fairly strongly by means of a visceral-motor system. At least some of the motor impulses are conveyed via the hypothalamus.

Another thalamic nucleus, or rather small group of nuclei, has a projection into the premotor frontal region. This is the anterior group. Its projection reaches the cingulate gyrus, about half of which lies within the frontal region. The functions of the cingulate gyrus are unknown. It seems to be one of the most powerful of those regions of the brain called sup-

pressor areas. These areas all project to the caudate nucleus. The stimulation of any of them seems to result in a widespread inhibition of electrical and motor activities elsewhere in that hemisphere. In contrast to the major portion of the frontal cortex, the cingulate gyrus seems to remain constant in relative size through the whole series of mammalian brains. The fibers conveyed to it via the anterior nuclei of the thalamus are derived from the nuclei of the mammillary bodies at the base of the brain. Most of these fibers in turn are derived from the temporal lobe structure called the hippocampus, which will be discussed below. Others are visceral afferents. Spiegel's group has observed that patients who relapsed after initial improvement following destruction of the dorsomedial nuclei improved again when the anterior nuclei were destroyed.

During the last half century a large body of literature has accumulated describing the effects of experimental destruction of the frontal lobes in animals, the effects of frontal lobe damage in man, and the results of recent surgical procedures performed on the frontal lobes of man for the purpose of treating mental illness. This literature has recently been reviewed most painstakingly and critically by Denny-Brown. Bianchi as early as 1895 removed both frontal lobes in monkeys. Of one such animal he says, 'She shows an ability to obtain possession of any eatable shown to her, but this is always very transitory and fleeting, for her habitual state is one of indifference, and soon she rejects her autonomic aimless movements, evincing no interest in her surroundings. She no longer plays with the other two monkeys who are her companions. She is indifferent if they go near her . . . she is no longer jealous if any of them are petted. If threatened she is afraid but not rebellious; she does not react or defend herself or threaten in turn as she formerly did with great energy.' Of another animal he said, 'She remains in any position in which she is placed and shows no curiosity or interest in what is happening around her. Nothing incites her curiosity or induces her to move except the sight of some favorite fruit, such as a cherry which is thrown

a short distance in front of her. In this case she rises and runs forward to take it. If, however, the cherry is thrown rather far away, she does not run after it. If she wishes to empty her bladder or bowels, she does not move off to some other spot as she used to do but evacuates them wherever she happens to be, wetting and messing herself.'

In 1922 Bianchi summarized the results of thirteen experiments. He spoke of a defect in perceptive power which caused defective recognition of objects and permitted a number of objects and situations to pass unobserved. He mentioned some reduction in memory. He observed what he called a reduction in associative power resulting in poor judgment owing to the absence of elements of contrast and absence of initiative. Movements seemed to lack any definitive objective. 'Evidently they are lacking all those other images which are necessary for the determination of a series of movements coordinated toward one end. . . . The primitive emotions—desire for the satisfaction of hunger, thirst, or other organic needs—persist. The higher sentiments such as friendship, gratitude, jealousy, maternity, protection, dominion, authority, self-esteem, ridicule, and above all, that of sociality, which represent a complication of primitive emotions with numerous new factors, are lost.' Bianchi did not observe a similar response to extirpation of the occipital lobes, and the result of extirpation of the temporal lobes is generally recognized to be somewhat different from the syndrome mentioned above. Jacobsen and Crawford observed that two chimpanzees whose frontal lobes had been removed had difficulty in the performance of stick and platform tests which they had been able to handle easily preoperatively. These observers were especially impressed by defective performance in tests incorporating a delay interval. Malmo, however, concluded that 'the difference is one of degree of susceptibility to the interfering effects of extraneous stimuli occurring during the delay interval'. Jacobsen and Crawford later concluded that the defect was an 'inability to maintain a behavioral set of organization against the competition of nearly impinging internal and external

stimulation for dominance of the action system'. Ward reported in 1948 that following unilateral or bilateral ablation of the rostral cingulate gyrus a monkey lost its preoperative shyness as well as its conception of social relations with other monkeys.

As long ago as eighty years, observations were made on the results of frontal lobe injury in man. Patients whose frontal lobes had been damaged seemed neither interested in nor able to comprehend the nature of their difficulty. Witzelsucht was described by Oppenheim. Urinary and occasional fecal incontinence, inattentiveness, and deterioration of intellectual capacity are included in the frontal lobe syndrome. Goldstein suggested that 'impairment of abstract attitude' was the defect which could most generally account for impairment of performance in patients with frontal lobe disease. Kleist was impressed especially by lack of initiative, disturbances of attention, and emotional changes in such patients. He pointed out that loss of initiative could impair motor, speech, and thinking performance. Brickner made extensive observations on a man whose frontal lobes had been removed for treatment of tumor. He was impressed by the patient's lack of restraint, by his boastfulness, hostility, puerility, impairment of social sense, and witzelsucht. Rylander in careful studies of thirty-two patients with ablations of the frontal lobes observed a tendency to joke, talkativeness, lack of tact, childishness, and naïveté, and an instability of mood which he called 'affective incontinence'. He also observed restlessness and loss of initiative and enterprise. Malmo studied several patients who had sustained surgical removal of frontal lobe tissue for treatment of mental illness. He concluded that the frontal areas were 'concerned with the abilities to adopt a set toward a goal or an attitude of expectancy' and with the maintenance of such a set or attitude 'in the face of interference until the expectancy is confirmed or denied'. He believed that the frontal lobe operation either increased the strength of interfering stimulations or weakened all interests, both of which actions would have the same results.

A full and perceptive discussion of the effects of lobotomy upon personality is given by Freeman and Watts in the recent second edition of their book, Psychosurgery. The chapter on personality changes is written by Robinson, who says, 'If the incisions had been made far anteriorly, the chief effects appear to be loss of fantasy, of creative drive, of sensitivity, of sympathetic understanding of others. If the operation had been radical . . . patients were inclined to remain as they were before operation—somewhat gross in their appetities for food and sex, careless and slovenly in appearance, and largely impervious to criticism. . . . Persons after lobotomy always show some lack of personality depth. They are cheerful and complacent and largely indifferent to the opinions and feelings of others. Quite objective about their faults, they seldom give voice to defense mechanisms and seldom express contrition. As in childhood their goals are not remote but immediate and insistent. They can recall the past as well as ever, but it has diminished interpretive value for them, and they are no more interested in their own past emotional crises than if they had happened to someone else. They seem incapable of feeling guilt now for past misdeeds.'

Elsewhere Robinson is quoted as follows: 'Through facilitating some responses while inhibiting others, the prefrontal lobes . . . must have the power of establishing dominance of pattern, which can act . . . as a stabilizing force against sudden emotional onslaught. Once the motivation is under way they can act as an intensifying factor, and through maintaining for some time the *status quo,* make effective action possible.' Freeman also quotes Hutton as follows: 'Most of us are mainly dependent upon our external environment for supplying us with the necessary stimuli but we have in varying degree the power of occasionally providing the stimuli for ourselves. In those patients whose prefrontal lobes have been disconnected or removed it is this ability which seems to be lost, while they remain as capable as ever of responding to stimulation from without.' A long list of 'symptoms produced by prefrontal

lobotomy' is included. Of these the most frequent is tactlessness. Lack of initiative is somewhat less frequent and euphoria and laziness are next in order of frequency. Then follow facetiousness and slowness, and increased suggestibility. In a more general sense it is suggested that the principal effects are loss of the ability to maintain a fully affective consciousness of self and loss of ability to fantasy. 'It is only when we approach this field [fantasy] that we can dimly perceive what is probably the most radical alteration of all that is produced in the patient who has had a prefrontal lobotomy. In order to achieve fantasy the normal individual must resolutely block out the environmental interruptions and proceed by means of concentration, focusing of attention, and envisaging of a large number of variables, to build up in his imagination a concatenation of circumstances with himself as the central figure, while at the same time he remains at an overall vantage point surveying the results and watching his own progress through the maze of individual variables. . . . Only by means of fantasy can works of art, music, literature, architecture, mechanical design, etc. be accomplished, and this is the field that is almost closed to the patient who has undergone prefrontal lobotomy.'

Denny-Brown summarizes as follows: 'Few would now deny that damage to the prefrontal lobe results in an alteration in personality, and that this change most often reflects a euphoria, with a peculiar indifference to the seriousness or indeed painful consequence of any situation. Inappropriate joking, tactlessness, puerility, indecency, asocial and amoral behavior reflect the same lack of regard for the wider consequences of an act, or failure to comprehend the total significance of a situation not only to the patient himself but to others. These appear to reflect only a greater degree of the same fundamental disorder. . . . Many attempts to reduce this phenomenon to terms of a single intellectual deficit have been made, but none are satisfactory.'

HYPOTHETICAL CONSIDERATIONS ON FRONTAL LOBE FUNCTION

It seems fairly clear that impairment in motivation is one of the most constant and prominent defects in human patients and in experimental animals who have sustained damage to the frontal lobes. Therefore it will probably be useful to review briefly the nature of motivation as we understand it analytically. Discussion of the theory of motivation will, in fact, lead us to a consideration of most of the qualities of behavior attributed to the frontal lobes.

The analyst is of course concerned with motivation during every minute of his working day. With respect to every act and every utterance of his patient he asks himself the reason. He hopes to find his answers at points further and further removed from consciousness as the analysis proceeds. He is interested in what the patient produces from his conscious awareness, from the region which may be conscious but concealed, from preconscious formulations, from unconscious fantasies, and ultimately from instinctual drives. The analyst believes that each act and every detail of each act of an individual is basically motivated by an attempt to gratify an instinct by acting out in current life a pattern of gratification initially established in early childhood. Now it would hardly be reasonable to assume that the frontal lobe is the site of those neural structures concerned simply with instinctual drives. In the first place, frontal lobes are not recognizable in the brains of submammalian vertebrates and yet these animals are quite efficient in the pursuit of their instinctual drives. Second, observation tells us that animals and human beings who have sustained damage to the frontal lobe, though their pursuit of instinctual gratifications may be attenuated in intensity and diminished in complexity, nevertheless show clearly recognizable interests in and attempts to gratify instinctual drives.

We may safely assume that the following aspects of instincts are inherited because they are available for use either at birth

or at a proper physiological level of maturation in every animal: sensitivity to certain internal and external stimuli; the ability to recognize certain objects; a set of motor patterns for execution in a stereotyped fashion of required activity; and a means for recognizing that satisfaction has been achieved. Some of these congenitally provided behavior patterns have the effect of providing instructions, plans of procedure, as it were, for dealing with the environment. An example is the instinctual migration of animals born in one location to another place with which they have had no experience. Such patterns are immutable in the lifetime of the organism. Sometimes in these 'instructions' one or more crucial elements are left blank, to be filled in by some experience of the individual. One may think for example of the ability of a homing pigeon to learn to be guided by a large amount of geographic and navigational data. We should be careful therefore not to underestimate the amount and complexity of behavior patterns appropriate to the satisfaction of instinctual drives which are available to human beings simply by constitutional endowment. Some of these patterns are generically determined; others are determined by society, and still others by individual experiences.

How are such innate patterns coordinated with the environment? How is it that various environmental situations can be recognized as equivalent stimuli and as equivalent promises of gratification; that is, how are the blank spaces of the instructions, of the scheme for execution, filled in? It seems to me that as in the course of development a given instinctive drive becomes active, the initial experiences and environmental circumstances in connection with which the drive becomes manifest are incorporated into the neural representation of that drive and serve to conceptualize and ultimately provide the basis for verbal description so that some aspects of the drive can be handled on a conscious level. I hope the reader will recognize in this description Freud's statement about the sources of the material of the id. In his Outline of Psychoanalysis, he speaks of those components of the id present by constitutional

endowment and of those components furnished by the repression of preconscious or conscious impressions. This seems to me nothing more than the formal topographic statement of a principle expressed as early as 1905 in Fragment of An Analysis of a Case of Hysteria. 'I suspect that we are here concerned with unconscious processes of thought which are twined around a pre-existing structure of organic connections, much as festoons of flowers are twined around a wire; so that on another occasion one might find other lines of thought inserted between the same points of departure and termination. Yet a knowledge of the thought connections which have been effective in the individual case is of a value which cannot be exaggerated for clearing up the symptoms.'[2]

To the extent that early experiences are atypical either in intensity or in pattern, so that the conceptualization of the drive is likewise atypical either in intensity or in pattern, they may be considered traumatic. To label an experience traumatic because it is an initial or satisfying experience pertinent to a drive that is pathologically intense by endowment is to use the word traumatic loosely. It was not very long before Freud learned that the extravagant stories offered by neurotics as personal history of traumatic significance were actually fantasy created by the distorting effects of a pathologically active instinctual drive.

By extending in a fairly conservative manner what we know of the strategies or techniques available to relatively primitive animals for the execution of instinctual drives, we may assume with good reason that human beings too are constitutionally provided with neural mechanisms permitting a full set of strategies or techniques for the execution of instinctual activities. Among these are the strategy of open spaces and closed spaces, of light and dark, the strategy of the use of tools, the strategy of managing heights and of handling fire and water, as well as the strategy of

[2] Freud: Coll. Papers, III, p. 102.

using the appendages and orifices of the body for sexual, incorporative, dejective, aggressive, and defensive purposes. In human beings these strategies are used in dealing with anatomical problems, topographical problems, and, I believe, also with intellectual and possibly even æsthetic problems. One may guess that differences in individual endowment with respect to the neural basis for such strategies are, to a certain extent, responsible for differences in individual capacities and talents and perhaps for choice of neurosis. It is evident that the terms of these strategies too, as well as relationships of stimuli, objects, and goals, are conceptualized, probably by initial experience, that is, during infancy and early childhood. The criteria by which geometrical and topographical patterns and temporal sequences may be recognized as the same or different have not been worked out with great precision. However, probably because there is a neural constitutional basis for the instinctive drives and the terms in which they are formulated, there is a good deal of uniformity from person to person; and because of this uniformity the analyst can apply what he has learned from one patient to another, and what he has learned from his own analysis to the analyses of his patients. It is probably this circumstance that is responsible for the universality of symbols, and of myths, religious beliefs and other folklore, as well as the similarity of the fantasies of the individual neurotic to the beliefs of primitive society. It is important to distinguish between strategies which are means that are not repressed and objects and aims which are repressed. For example, a hazardous sexual achievement may be represented in dream or symptom as the negotiation of a difficult task in terms of any of the strategies noted above, such as the negotiation of heights, bodies of water, or fire. Similarly, in neurotics sexual anxiety may appear subjectively as anxiety appropriate to the strategy selected, and mild nonsexual anxiety evoked by actual strategic difficulties—exposure to heights, or to closed spaces, for example—may be vigorously re-enforced

by sexual anxieties of unconscious origin, so as to produce phobias.

The initial conceptualizations of stimuli, objects, goals, and strategies become paradigms, according to which probably all subsequent environmental experiences are understood and handled. The primitive conceptualizations form the basis for primitive fantasies in which individual instinctual drives can be imagined to be gratified either simply or with modifications determined by defenses or other drives. Therefore an effort to gratify an instinctual drive becomes an attempt to repeat or 'act out' an infantile fantasy. Whenever any instinctual drive becomes active, we may say that one of the paradigmatic infantile fantasies in which the drive is conceptualized is striving for repetition; we understand, of course, that any or all of the elements of the fantasies will be replaced, in the repetitions, by equivalents.

At some particular point in early childhood, repression occurs. When we say this we mean that the infantile fantasy is no longer permitted to repeat itself in activity or to express itself in consciousness. A discussion of repression would interfere with the continuity of my main thesis; I therefore merely observe that it seems to me that the phenomenon of repression must have a neural, constitutional basis. In the first place, the nervous system can acquire no attitudes or functions for which it is not structurally equipped. Second, I am impressed by an experiment performed by Klüver. After removing the temporal lobes in a series of monkeys, he observed a surprisingly large amount and variety of masturbatory, heterosexual, and homosexual behavior, distinctly unusual in the normal monkey and not present in the experimental animals preoperatively. If these observations had been made upon human beings, we should be tempted to say that as a result of the operation certain sexual repressions had been undone. In Three Essays on the Theory of Sexuality, Freud remarks that 'this development [repression] is organically determined and fixed by heredity, and it can occasionally occur without any

help at all from education'.

We know that repression operates against all early fantasies in which original objects and goals are too transparently revealed. Under the influence of repression, instinctual drives pursue their goals via fantasies sufficiently remote in surface appearance to deceive the conscious ego; the latter is no longer able to recognize these remote fantasies as derivatives of their infantile prototypes and of the instinctual drives from which they derive the psychic energy that permits them to attempt realization. These preconscious fantasies are derivatives in two senses: in their pattern they are replicas of primitive unconscious fantasies and therefore expressions of neurally determined drives, and they derive their energy from these drives. The greater the amount of energy and ingenuity brought to bear in the creation of derivatives, the more opportunities the individual will find to gratify instinctual desires despite repression and external obstacles. Reality testing operates to insure that when food is called for, no inedible substitutes are considered satisfactory. Considerations of reality, of the requirements of defenses and of interfering drives, and of the rules of psychic equivalence, make successful derivative creation a task of respectable intellectual magnitude. The business of creating derivatives results in a greater amount and variety of instinctual gratification, and gives rise to a greater amount of pleasure and to such traits as imagination, creativeness and enthusiasm, all of them related to what is called the joy of living. It will be recalled that it is in just these traits that the human being or animal with damaged frontal lobes is defective.

I think it reasonable to surmise therefore that at least one of the functions performed in the frontal regions is the creation of derivatives of instinctual drives. Derivative creation is necessary in all animals for the gratification of instincts despite external obstacles, and to overcome (and, in a sense, to permit) repression in human beings and in those animals, if there are any, in which some sort of repressive mechanism operates. The function of derivative creation correlates well

with the volume of the frontal region in the phylogenetic series. Derivative creation liberates human beings from the stereotypy of instinctual gratification seen in animals and results in the creative activities characteristic only of human beings.

Another defect is prominent in human beings and animals with damaged frontal lobes. Not only are imaginativeness and creativeness decreased and stereotypy of behavior patterns increased; there is also absence of what might be called a motivational flywheel. These people show no interest in the formulation of long term goals and no perseverance in their pursuit. In fact they show surprisingly strong responses to environmental stimuli, often with a lowering of threshold of the startle response. In the older literature, such persons were spoken of as 'stimulus bound'. For example, a defeat may either go unrecognized or be treated as a catastrophe; an achievement may go unrecognized or be treated as a major accomplishment and victory. Mutually inconsistent feelings succeed one another rapidly. To understand this phenomenon in dynamic terms, we shall have to continue our consideration of the psychology of motivation with special attention to temporal factors.

Let us return for a moment to the problem of the day to day work of the analyst. During the course of an analytic session, he attempts to understand the presenting affect and to organize the conscious and preconscious material in such a way that he can get some clues about the underlying unconscious fantasies. In any given hour he will make either no progress or a small amount of progress. He has a right to assume that all the material presented to him in the course of a single session is derived from and in the service of a single unconscious fantasy or group of related fantasies or one or more defenses against these fantasies. On the following day, however, he must not approach the patient with the expectation of continuing to deal with the derivatives of the same unconscious fantasy. It is true that the patient may still be operating under the influence of the same fantasy, but then again he may not. Certainly at

the beginning of an analysis, when a patient is under the influence of fantasy *A* on Monday, the analyst cannot know whether the dominant fantasy on Tuesday will continue to be *A* or will be *B, C,* or *D*. We are dealing with the phenomenon of the procession of unconscious fantasies. It is to this procession that we refer when we speak of 'movement' in the analysis. This phenomenon, I think, requires a good deal of attention. Freud in 1936 alluded to the difference in rates and modes of progress of analysis among different individuals in his paper, Analysis Terminable and Interminable. Many problems have to be considered. How much gratification is required before a dominant fantasy is replaced? Does gratification of a drive result in a direction of shift of the dominant fantasy different from the direction of shift produced by frustration of a drive? Does frustration re-enforce a drive or facilitate its replacement or is there a point at which initial re-enforcement is succeeded by replacement? What kind of interpretation facilitates the expression of a dominant fantasy and what kind of interpretation causes it to be replaced? These are all relevant questions, but we cannot pursue them here. We may refer briefly to the few things we do know about the procession of fantasies.

We know that no matter what the intrapsychic disposition at any time, a sufficiently strong external or internal stimulus will evoke in the individual a fantasy appropriate to management of that stimulus. For example, the threat of a surgical operation will usually evoke castration fantasies. Disappointment in competition may evoke rivalry fantasies. A second determinant of fantasy dominance is internal, visceral stimulation. An unaccustomed pain may, for example, evoke hypochondriacal fantasies. The sensation preceding the onset of menstruation may evoke soiling or parturition fantasies. Although one might think that such internal and external stimuli were the prime determinants in the successive dominance of unconscious fantasies, it is a matter of everyday observation to the analyst that most fantasy shifts in adults at least result from

the play of intrapsychic forces. Is it correct to say that maximally neurotic behavior results when a fantasy rendered dominant by intrapsychic forces imposes itself without regard to the presenting environmental situation, while behavior that is minimally or not at all neurotic results when the presenting environmental situation is managed by the use of the unconscious fantasy that is most appropriate without regard to intrapsychic dynamics? We know that the development of the negative affects of anxiety and guilt causes shifts. We know that there are shifts in roles within the same fantasy from subject to object or the reverse. We know that shifts may be either regressive in direction or progressive. In any patient the analyst learns sooner or later what the customary sequence is and, when the patient is free of external or internal interference, the analyst will often be able to predict the time and direction of the next shift. As each fantasy is successively identified and worked through in the analysis, it will cease to play an important role in unconscious motivation so that as the analysis proceeds there will be fewer and fewer fantasies participating in the procession.

It is clear that the device that determines the duration and prevalence of each fantasy and selects one fantasy after another for successive dominance has an effect comparable to a flywheel, since in the absence of severe neurosis it insures a certain continuity to behavior, a consistency in the pursuit of a number of different goals by means of a number of different strategies, without stubborn, intransigent rigidity and without distraction by trivial external or internal changes. Yet in the presence of serious external or internal challenges the appropriate strategy is evoked, and if that is unsuccessful other promising strategies are attempted successively.

Since these virtues are specifically lacking in the individual with damaged frontal lobes, it seems reasonable to assign the function of determining the duration of the dominance of each fantasy and the order of the procession of fantasies to the frontal region. If this assumption is correct, it explains the lack of

continuity of interest and motivation and the marked susceptibility to casual stimuli in animals and human beings with damaged frontal lobes. Transcortical association fibers can provide the frontal region with the necessary data from the environment and the visceral afferents described above may be presumed to provide the relevant visceral data. It must be acknowledged, at this point, that we have not discussed such features of the frontal-lobotomized organism as insensitivity, tactlessness, 'impairment of abstract attitude', and other defects in perception and comprehension. The functions of perception and comprehension, and the proper elaboration of affect, I assign to structures of the temporal lobe for reasons which will become clear in the second portion of this essay. However, the operation of these mechanisms requires a constant source of data concerning dominant instinctual drives, fantasies, and their derivatives—the elaboration of which I here assign to the premotor frontal regions. The omission of consideration of such sensory functions from our discussion need not, therefore, necessarily be counted a defect in the thesis proposed.

If we permit ourselves to become even more speculative, we may guess that the proximity of the premotor frontal region to motor cortex and to motor speech cortex permits the execution, the 'acting out', of the derivatives of unconscious fantasies formulated by some mechanism in the frontal region and called into action at the appropriate time by another mechanism in that region. Let us recall that before the phylogenetic appearance of the premotor region, the dorsal medial nucleus projects to the striatum, that is, the phylogenetically old motor system. One may imagine that instead of activating a motor system with a limited number of stereotyped responses, the dorsal medial nucleus, presumably concerned with instinctual gratification, subsequently comes to activate a device which can create derivatives, namely, the premotor region, and that this device, in turn, has access to a more flexible and adaptable new motor system. This would be an example of what Gowers called 'encephalization of function'—a long-circuiting process—

a consistent phenomenon in the phylogenetic development of the nervous system, which permits the substitution of precise, fine, flexible responses, for gross, stereotyped responses. The occurrence of forms of aphasia, apraxia, and paralysis with frontal lobe disease reflects the impairment of those mechanisms mediating the symbolization, conceptualization and execution of somatic, social, and topographic strategies. The visceral motor pathways originating in the frontal region might be supposed to provide for visceral adjustments appropriate to the dominant fantasies, for example, anticipatory changes in sexual or alimentary organs. One might even ask whether we are not dealing with a possible mechanism for the occurrence of psychosomatic disease, that is, somatic changes of pathological degree as one portion of the expression of unconscious fantasies. In discussing Freud's statement that the 'true essence of the mental lies in somatic processes', Nunberg (1950) states: 'The somatic symptoms of the neuroses (and some organic illnesses) are thus direct manifestations of unconscious mental processes'.

To summarize: I have reviewed evidence showing that the anterior segment of the frontal lobe, which is relatively large in human beings, is a relatively poorly developed structure in subhuman mammals and is in fact diminutive in mammals more primitive than primates. Experimental stimulation and ablation of these premotor frontal regions has indicated that we can assign to them no specific function. Nevertheless human beings and animals deprived of the function of these frontal regions display a uniform impairment in strength and consistency of motivation. I attempt to explain apparent strength of motivation as a function of the ability to construct derivatives of instinctual drives and unconscious fantasies and to transfer psychic energy from these to their conscious derivatives. Impairment of consistency of motivation I explain as a consequence of impairment of function of the device that regulates the orderly procession of fantasies so as to maintain continuity of motivation without rigidity. It therefore seems reasonable to

me to assign to the premotor frontal region the functions of devising and energizing derivatives of instinctual drives and unconscious fantasies and of regulating the rate and sequence in which unconscious fantasies determine day to day behavior. If one accepts the formulation that neurosis or psychosis is caused by incomplete or unsuccessful repression, then one can understand that damage to the frontal lobe can relieve an individual of neurotic symptoms by depriving him of the power to form symptoms and—what is the same thing—the power to create, express, and enjoy himself as a human being.

The second and third parts of this paper (The Temporal Lobes and Synthesis) and the bibliography for all three parts will appear in a subsequent issue of This QUARTERLY.

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EMOTIONALITY—A HYSTERICAL CHARACTER DEFENSE

BY ALFRED J. SIEGMAN, M.D. (NEW YORK)

The range of affective responses in the newborn is limited and, according to Watson *(18)*, seems to be restricted to no more than three basic emotions. In the course of maturation, however, an almost infinite spectrum of affects[1] comes into being and the description of their nuances is limited only by the ingenuity of the observer and the insufficiencies of language itself.

How this comes about, and what role these affects assume in the psychic economy, is obscure, and the studies on this subject stress its great complexity.[2] Brierley *(3)* states, 'Almost all the affects we meet clinically are highly differentiated end products'. Glover *(13)* thinks that the simpler the classification the less value it has and goes on to say, 'The obscurity surrounding the early stages of ego organization or the nature of early ideational content is as nothing compared with the obscurity that clouds the understanding of primary affects and their vicissitudes. . . . Perhaps the best example of an affect which although apparently primary is exceedingly complicated is that of depression.' He tentatively divides affects into six categories, determined by the following criteria: 1, the instinct from which the affect is derived; 2, whether the affect is fixed or labile; 3, whether it is primary or secondary; 4, whether it is positive or 'reactive';

[1] The terms affect and emotion are used interchangeably.

[2] Since this paper was submitted for publication, two important contributions to a more comprehensive theory of affects have appeared. They are: Rapaport, David: *On the Psychoanalytic Theory of Affects* (Int. J. Psa., XXXIV, 1953, pp. 177-198) and Jacobson, Edith: The Affects and Their Pleasure-Unpleasure Qualities in Relation to the Psychic Discharge Processes, in *Drives, Affects, Behavior* (New York: International Universities Press, Inc., 1953, pp. 38-66). Both authors indicate the complexity of the subject matter, but designate the importance of the role of the ego and of the structural relationships in regard to affectivity.

5, whether it is a tension or a discharge phenomenon; 6, whether it is simple or compound.

Freud, in his study of anxiety *(6)*, indicated that the evolution of complex and highly differentiated affects is intimately associated with the development of the ego, which gradually is capable of exerting a strong influence over affectivity. He declared 'the ego the real seat of anxiety' and demonstrated how this affect evolves from a primitive discharge phenomenon to one under ego control, which is then utilized in a complex but specific fashion within the economic functioning of the ego. Fenichel *(4, 5)* also speaks of how the ego 'tames' affects and learns to use them for its own purposes. He believes that they may be used for defense and points out how 'impudence is developed as defense against a feeling of guilt, courage as a defense against fear, etc.'. He expresses the interesting view that 'it is also conceivable that the effect of defense mechanisms of the ego specifically changes the quality of affect experiences'. However, the complex relationship of affects to ego functioning and character defense is still not completely understood.

A profusion of affects is one of the most prominent characteristics of the clinical picture in the hysterical personality and the one most likely to impress the observer. But in the two major psychoanalytic papers on the subject, by Reich *(17)* and Wittels *(19)*, the dynamic and characterological role of the affectivity was not explored. To be sure, exaggerated hysterical responses have been studied and the dynamics elaborated in terms of the mechanisms of dissociation of affect and content and the displacement of the affect onto derivatives of the repressed impulse *(7)*, but although these mechanisms undoubtedly account for a part of the observed affective phenomena, particularly in symptom-formation and in more discrete reactions, the question arises whether the emotionality may not also be the product of other processes as well.

The purpose of this paper is to show that certain groups of affects may be utilized by the ego as characterological defenses in its relationships to the id, superego, and reality, and that

the emotions themselves undergo alterations in quality that differentiate them from other affects and lend to the personality part of its identifying characteristics. It is thought that a major part of the emotionality seen clinically in the hysterical personality is of this defensive kind and not due simply to a process of dissociation of affects and their discharge onto derivatives. An attempt will be made to describe these specialized emotions and then to try to understand them from a metapsychological point of view.

Descriptively, hysterical affects exhibit distinctive characteristics. Two of the most obvious and frequently noted are their dramatic and exhibitionistic components, as if they were being acted out as a histrionic demonstration, not only for the benefit of the onlooker but for other covert and possibly internalized observers. In relationship to this, they have a volatility and lability consisting for the most part of a wide range of emotions that are not necessarily sustained for any great length of time and may follow one another with great rapidity. For instance, irritation may be quickly superseded by happiness, ebullience by gloom, and positive feelings toward an object by anger. This lability often conveys an impression of effervescence or flightiness. The precipitating stimulus often appears to be negligible and the response disproportionately large, so that these reactions impress the lay observer as being a 'fuss' or a 'to do' over nothing; the person exhibiting such reactions is described as noisy, clamorous, and shrill. Observers may also erroneously believe that these affects are wilfully 'put on', that they have a certain fraudulent and shallow quality. They are, moreover, accompanied by a breathless turbulence and air of excitement which sometimes make one feel that the hysteric is secretly enjoying 'the show'.

Another striking feature is that although these 'hysterical' emotions are descriptively similar to others derived from a more primary affect, they always have specific qualities that make differentiation possible. For instance, hysterical anger is markedly different from the rage reaction of the psychotic or

the righteous indignation of the masochist. It seems more petulant and shallow and is less likely to arouse in the observer the response that a rage would. Similarly, as has often been pointed out, depression in the hysteric differs from that in the obsessive-compulsive neurosis or the manic-depressive psychosis. Other emotions might be cited to illustrate the thesis.

One point about the quality of these affects must be made clear. Although they have been described as having fraudulent, shallow, and dramatic characteristics that almost seem to be under conscious control, it is a serious mistake to underestimate their power, insistence, and compelling force. Anyone who has tried to stop hysterical emotionality will testify to this. As character defenses they are, moreover, not subject to conscious influence and are as difficult to alter therapeutically as are other character defenses; and they produce concomitant vegetative and hormonal alterations just as do other affective states.

The patient reports ill-defined and diffuse feelings that are usually described as a state of turbulence, excitement, urgency, or 'being upset'. This may or may not be accompanied by more easily identifiable emotions such as anger, fear, sorrow, or joy. He is however usually able to perceive that these concomitant affects also have an altered quality. For instance, a patient could clearly note the difference in feelings between a loud and emotional outburst of 'anger' toward the therapist occurring early in treatment and the emotions that accompanied death wishes that emerged much later.

Anxiety or anxiety equivalents may also be perceived at the same time and can usually be differentiated from the other affects although there is a tendency toward storms of emotionality in which they appear fused and the patient can describe only a vague, anxious excitement.

The patient will often comment on the strength of these affects and their compelling force. They may or may not be perceived as ego-alien, but if they are the patient reports an

inability to control them. During these times he feels 'carried away' and experiences an acute limitation of both internal and external perception, so that he feels that he is not really aware of what he is doing or perceiving and episodes are reported that are fragmentary and lacking in detail. Symptomatic acts are prone to occur at these times.

The internal or external stimuli that produce such emotions usually have preconscious and thinly disguised, or even conscious, sexual or aggressive connotations for the patient and are most frequent in the area of fantasy. The subjective reaction to such fantasies is characteristic. One patient aptly described it as if one were looking at one's thoughts through a magnifying glass in which everything appears disproportionately large and frightening and one loudly cries to oneself, 'Oh my gosh, how horrible!', when anything unpleasant or 'forbidden' is perceived. Paradoxically, the patient seems to dwell on and seek out such stimuli.

One also frequently encounters a feeling of 'ought-to-ness' that has a compulsive quality to it, as if the emotions expressed were particularly 'called for' and 'in order'. Patients will often produce a storm of affect and then later report that these were the feelings they thought were 'proper' to the analysis and that the analyst 'expected' them. They are greatly surprised to find that not everyone experiences similar affects and that all the emotionality is not really 'necessary' for the particular stimulus.

In the course of analytic scrutiny, two other conclusive features are always demonstrated. The patient is able to differentiate these 'hysterical' emotions from other affects. Also he becomes aware of a certain attractiveness and pleasure involved in the experiencing of these feelings.

Thus one is able to differentiate a specific group of emotions associated with the hysterical personality that exhibit certain distinguishing qualities. Some of the clinical features are most apparent in the setting of the early transference situation and can be illustrated by the following brief excerpts from the

initial stages of the analysis of a twenty-eight-year-old single man. The patient entered treatment because of a general feeling of dissatisfaction with his life. He had no clear-cut symptoms, but complained of difficulty in working efficiently, a tendency to become 'upset' over trifles, mild mood swings, and a long series of affairs with women that brought him no satisfaction. He functioned adequately in his profession and was extremely well read in the literature of psychoanalysis.

The early months of the analysis were occupied in presenting what LaForgue *(15)* so aptly called the *Grand Guignol*: reporting what the patient considered the most gruesome and hair-raising thoughts, fantasies, and activities, which for the most part were of frank anal, oral, and homoerotic content and included direct sexual wishes toward the analyst. This was accompanied by a display of emotion and the patient repeatedly talked of the 'horror' and 'fear' of 'being compelled' to relate such ideas. All this appeared superficial, for although such impulses were undoubtedly present the manner of production was histrionic and shallow and primarily calculated to influence the analyst (superego). One had the impression that the patient was sensitively and eagerly awaiting the analyst's response, with the unconscious expectation that this sense of urgency and excitement would cause not only concern but a similar reaction in the therapist. He showed in addition a thinly disguised but unconscious pleasure not only in ironically 'giving what was expected' but in ruminating over the impulses themselves.

The first dream in the analysis repeated this pattern. The patient reported:

> I am in the analyst's office. I am lying on my couch—the one I have at home. Grandmother [whom the patient intensely dislikes] goes up the stairs to an open balcony and then you [the analyst] descend. I get up from the couch and look to see if I have soiled it with feces. I think I have.

Not all the determinants were understood, but the obvious anal-sadistic implications were not lost on this patient and were accompanied by garrulous and loud descriptions of his

contrition and regret for having such ideas and wishes. He believed from his reading that 'negative transference' must be exhibited and he expressed a desire to 'argue' with the therapist.

Under this cloud of turbulent emotions, there was considerable acting out. His sexual promiscuity became more marked, he sought out 'frightening' homosexual temptations, and he committed many social blunders and transparent symptomatic acts, such as taking the wrong train to the analyst's office, and entering the office with the fly of his trousers open. The content of this behavior was understood with little if any interpretation and released storms of 'fear', 'anger', 'surprise', and 'regret'.

Once the hysterical emotional defenses were abolished by the analysis, much of the same material reappeared, but the accompanying affects were altered in quality and quantity. For example, anal-sadistic impulses and death wishes were perceived, but instead of the earlier noisy emotionality, they were accompanied by an awareness of a deep-seated rage, gradually decreasing anxiety, fears of retribution, and feelings of uncanniness, awe, and omnipotence,—a closer reproduction of infantile states. Symptomatic acts were calmly observed and analyzed and the clamorous expressions of 'affection' for the analyst were replaced by the more diffuse warmth of the positive transference.

The economic functioning of these affects within the psychic apparatus as characterological defenses now requires elaboration. An attempt will be made to demonstrate that, as in other character defenses, the affectivity is utilized by the ego as a fixed mode of adjustment between the demands of superego, id, and reality. One of the most salient and pertinent areas in which this mechanism operates is in the relationship of ego to superego. This area has not been explored as fully in the hysteric as in the obsessive-compulsive and sado-masochistic disorders, but there are many similarities.

The ego may, in order to avoid guilt, obey the injunctions of the superego and repress certain libidinal impulses, or it may

present certain conciliatory attitudes to the superego in return for limited libidinal gratifications. It is the second alternative that is of interest in our problem. To schematize and simplify the psychic instances for the purpose of explanation, one can say that one aspect, at least, of hysterical emotionality is a dramatic and exhibitionistic demonstration to the superego that the ego is 'well behaved', 'proper', and experiences the 'correct' emotions, as if such evidence were demanded in order to avoid the displeasure of guilt or loss of love. This perhaps serves to explain the strong 'ought-to' compulsion that often accompanies these feelings. This attitude has its extension in similar demonstrations before superego surrogates in the form of parents, the public, authoritative figures, or fate. It also accounts for the heightened hysterical emotionality that is prone to occur at the beginning of treatment when the punitive, superego aspects of the transference are most severe.

Another aspect of this defense is that under these conditions otherwise forbidden libidinal impulses are allowed access to motility or consciousness. This corruptibility of the superego and the irony utilized by the ego in complying with its demands were studied and described by Freud *(8)* and also by Alexander *(1)* and Bergler *(2)* in regard to the obsessive-compulsive and masochistic neurosis. To summarize, it may be said that if the ego hypocritically goes through the motions of meeting the demands of the superego, it is then able to smuggle in, so to speak, certain libidinal gratifications. In masochism the debt is paid by 'prepaid' suffering and a hypocritical distortion of superego injunctions, in hysteria by a noisy and fraudulent demonstration of 'proper' emotions and correctness. This accounts, I believe, for the 'put on' and 'shallow' qualities of hysterical affects that seem to irritate the observer because of their hypocritical connotations.

Perhaps a good illustration of the point involved is the following anecdote which presents a witty caricature of certain types of emotion used as a hysterical defense. A new widower disappears on the occasion of his wife's funeral. He is finally

found, to the horror of everyone, having intercourse with the maid. To their cry, 'What are you doing?', he responds, 'How do I know? I'm out of my mind with grief.' This is a grotesque exaggeration of the hysteric's unconscious excuse that if the ironically proper emotion is offered to the superego or its surrogates one may indulge certain libidinal impulses. It is not at all uncommon in therapy for a patient to excuse a flagrant piece of acting out by saying that he was so upset he did not know what he was doing.

In conjunction with this sort of hysterical acting out, one frequently finds that hysterics produce so-called 'deep' or 'direct' unconscious material. This often occurs early in treatment. With excitement and emotionality the patient reveals thoughts that usually are unconscious and do not normally make their appearance until much later in the analysis. For instance, incest wishes, direct sexual transference wishes, or death wishes may be reported in a manner easily distinguished from the isolated, affectless production of the obsessive-compulsive.

Two explanations of this phenomenon have been suggested: it perhaps results from panic secondary to the overwhelming impact of anxiety,—this is the so-called *Trieb Durchbruch;* or, alternatively, it may be that the supposedly deep material is actually more superficial and is utilized as a defense against structurally deeper and more anxiety-laden impulses. Undoubtedly both explanations can account for some of the observed phenomena, but I tentatively suggest that in the hysterical personality another mechanism may also be at work, a mechanism that so to speak lies between the classical defenses of dissociation and displacement of affect in the hysteric and the mechanism of isolation in the obsessive-compulsive.

The two explanations described above assume that the content and affects observed in the 'deep' material are faithful reproductions of what was experienced in the past, and genetically belong together. In other words, if at the beginning of treatment a patient excitedly speaks of direct sexual wishes

toward the analyst, one can interpret this either as a recapitulation in both affect and content of a similar unconscious wish toward a parental figure that has been reactivated by the transference and mobilized by the impact of anxiety or, according to the alternative explanation, utilized as a defense against anxiety-laden material that is still deeper and warded off.

However it is my belief that actually a dissociation and repression of affect has taken place but is obscured by the fact that there appears to be present sufficient emotionality,—emotionality that usually seems by its nature to be appropriate to the instinctual impulse in question. Closer observation reveals that the affectivity is of a characterological defensive type, having the qualities of the category of emotions described previously in this paper, and is neither directly related to, nor a derivative of, the original affect, which remains unconscious.[3] That the affect appears to be the original one is, I think, a function of the defense, which offers up to the superego the 'proper' emotion consonant with impulses that are forbidden. Again, that this phenomenon is frequently seen early in analysis and has a certain 'confessional' implication is simply a reproduction of this intrapsychic situation within the transference. To return to our example, the emotions of horror and concern that a patient may profess over the sexual thoughts expressed toward the therapist are not the primary affects that

[3] Recently the question of whether affects are capable of being unconscious was answered in the negative by K. R. Eissler: Emotionality of a Schizophrenic Patient, in *The Psychoanalytic Study of the Child, Volume VIII* (New York: International Universities Press, Inc., 1953, pp. 199-251). In this light, since it is postulated that the original affect is recoverable, one must assume either that the threshold for its activation by internal or external stimuli has been increased, or the less likely possibility that upon stimulation it is present only in the unconscious part of the ego. As a corollary, it would seem that the threshold for activation of the hysterical affect is extremely low. This is supported by the clinical observation that the hysteric exhibits an inordinate sensitivity to internal and external stimuli. Whether another contributing factor to this sensitivity may be alterations in the barriers to stimuli between the reality, Pcpt, and Cs systems and the Ucs, Pcs, and Cs systems, deserves further study.

accompanied such wishes during the œdipal period, nor are they derivatives of them. Rather, they are hysterical affects to 'show' the analyst (superego) either that the ego is experiencing proper discomfort at such 'bad' thoughts or that such thoughts and feelings are 'called for' in analysis. Under this guise such impulses are allowed expression and unconsciously enjoyed. It is only after successful analysis of the character defense that the original unconscious affect can be linked with the content into a meaningful whole. I feel that this is why it is only much later in analysis that a patient is able to experience effectively and to understand therapeutically material that had originally been produced in the very early stages of treatment. I think that this may be what Fenichel *(4)* had in mind when he stated that when a patient 'pretends' an affect, we must first point out the pretending and then the fact that he really feels this affect.

The affective hysterical characterological defense is, however, still more complicated and has features that as yet have not been clarified. I have discussed its similarity to the obsessive-compulsive defense in its dissociation and repression of affect and to moral masochism in its attitudes toward the superego. Two other mechanisms similar to those in masochism need further elaboration.

First there is the phenomenon of secondary erotization of the defense at an unconscious level, or, even more specifically, of an affect associated with the defense. In masochism this is seen in the unconscious pleasure derived from the feeling of self-pity. Freud *(6)* pointed out the general problem of narcissistic secondary gain in the neurotic defense and Landauer *(16)* and LaForgue *(15)* report that even anxiety can convey hidden gratifications and be unconsciously sought after by the patient.

I have stated that one often has the impression that the patient is secretly enjoying the 'show' and that after analytic scrutiny he is able to perceive an 'attractiveness' and pleasure in experiencing the emotionality. Indeed, in my opinion the

affects are secondarily erotized and unconsciously enjoyed even beyond the more obvious secondary gain involved in the exhibitionistic and dramatic components. It seems that, as has also been suggested by Fenichel *(4)*, the 'excitement' is sexualized and provides further hidden gratifications.

This brings us to the second problem that has a parallel in moral masochism. The masochist seeks out and provokes continuous failures, defeats, injustices, and misadventures in life; an endless repetition of the neurotic defense stemming from an infantile conflict is then secretly enjoyed in the form of self-pity. In the hysteric, it will be remembered, the defense offers the double gratification of admission of certain impulses to consciousness or motility and the secondary sexualization involved. Just as the masochist projects injustices onto situations where none exist, so the hysteric will tend to see representatives of sexual and other forbidden impulses where there are none,—a repetition of the defense with its secondary pleasures. Evidence that these perceptions are usually sexual in nature will be discussed later. This process perhaps accounts for that characteristic of the hysteric called by Fenichel *(4)* the 'sexualization of nonsexual relationships'.

The explanation of this tendency of the hysteric has in the past been that the pressure of the affect seeking discharge forces itself onto derivatives, and that this process is passively experienced by the ego. As I see it, the process is more complex. Stimuli are sought out by the ego as an active repetition of the defense for the neurotic gratification involved, just as the masochist seeks failure and injustices.

Psychoanalytic research has repeatedly and conclusively demonstrated the genetic roots of hysterical phenomena. They are situated in the occurrences and conflicts of the phallic stage of psychosexual development, at the height of the œdipus complex when genital sexual wishes toward the parent of the opposite sex are at their peak and the child is threatened with the retribution of castration or loss of love. The superego is

about to undergo its final maturation and internalization. This origin of hysterical phenomena accords well with the ideas presented here. Let us consider how it determines the characteristics of the hysterical character defense.

The superego in the hysterical personality appears to be much less severe and primitive and to have evolved beyond the more archaic precœdipal superego nuclei with their magical, animistic, punitive, and talionic qualities that are pathognomonic of the obsessive-compulsive and sado-masochistic neurosis. The hysterical defense seems to be directed toward, and to have its genesis in, the œdipal period, when the primitive aspects of the superego anlage have been modified and a substantial part of the injunctions (later to be introjected) are still external and invested in the parents or parent surrogates.

Hysterical behavior is strongly reminiscent of the child's dramatic and exhibitionistic efforts to win the parent's love and approval and avoid rejection and punishment by showing the expected emotions and behavior after having done or thought something 'bad'. It is in fact a more complex internalized continuation of these efforts. Some emotional outbursts also remind one of the child who slyly peeks out between its fingers to see how its parents are reacting to the tantrum, crying spell, or similar outburst. The 'corruptibility' and 'ironic' factors are another reflection of an earlier way of coping with this situation. Interestingly enough, these attitudes lend to the hysteric a certain air of immaturity that seems more flagrant than in other types of character defense actually based on earlier and more primitive conflicts.

That the superego is less severe but less firmly internalized at this period may explain the tendency toward suggestibility and the susceptibility to hypnosis and transference in the hysteric. Perhaps, too, the greater incidence of hysteria in women is due to the difference in superego formation, as postulated by Freud *(9)*.

As may be expected, the instinctual impulses involved in the defense are those most prominent at the œdipal period, namely

genital and aggressive ones. However, pregenital impulses also seem to be handled in this fashion and further study is required in this area.

How these emotions actually evolve from more primitive ones seems to be an exceedingly complex question. Some clues give grounds for speculation. There is evidence to suggest that the processes of identification and introjection are facilitating factors. The hysterical child often has a hysterical parent. What is more striking is the correlation of this type of behavior with the culture, as evidenced by the greater incidence of hysterical emotionality in the southern Europeans than in more northern ones. That our culture finds genital sexual wishes more acceptable than did the Victorian era may account for the increased prominence of aggressive instinctual impulses, and thus for the present-day decline in the hysterical defense.

Understanding of the economic and topographic functioning of hysterical emotionality is important in therapy, and emphasizes and gives additional support to the correctness of the basic analytic techniques. It also sheds light on the evolution and rationale of certain aspects of technique, particularly those concerning attitudes toward affectivity. In the formative years of psychoanalysis, Freud *(10)* believed that the major therapeutic vehicle was the making conscious of repressed instinctual impulses and reuniting them with their corresponding affects by means of abreaction. He later modified this idea and spoke of achieving these aims by the process of working through *(11)* and the calm, self-observant attitude *(12)* necessary for the proper analytic atmosphere. I believe that what we often mistake for abreaction is merely a display of hysterical emotionality and that although we may succeed in changing the clinical picture by abreaction we have only served to alter the neurotic equilibrium by strengthening the defenses. Glover *(14)* has carefully described the operation of similar mechanisms in other forms of neurosis.

Interpretation of resistance precedes interpretation of content, and interpretation of ego functions precedes that of content

from the id. These two fundamental rules of interpretation imply that the defensive functioning of hysterical affects and their utilization by the ego must be interpreted first. Their intricate relationship to the superego and the id must also be emphasized, together with the crucial fact that they are unconsciously enjoyed. Only then can we attain the therapeutic goal of making the unconscious instinctual impulses and their appropriate affects conscious and meaningful for the patient.

CONCLUSION

Affects may undergo a complex evolution. In the hysterical character certain emotions are utilized by the ego and incorporated in character defense. This paper describes such affects and explains them from a metapsychological point of view. Speculations are offered regarding the genesis and therapeutic importance of this defense. It is evident that such affects play an exceedingly complicated role. Clearly the subtleties of ego functioning are far from understood.

REFERENCES

1. ALEXANDER, FRANZ: *The Psychoanalysis of the Total Personality.* New York: Nervous and Mental Disease Publishing Co., 1929.
2. BERGLER, EDMUND: *On a Specific Source of Resistance in Psychotherapy Hitherto Underestimated: The Quasi-Moral Connotation of Neurotic Symptoms.* Psychiatric Quarterly, XXVI, 1952, pp. 250-269.
3. BRIERLEY, MARJORIE: *Affects in Theory and Practice.* Int. J. Psa., XVIII, 1937, pp. 256-268.
4. FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis.* New York: W. W. Norton & Co., Inc., 1945.
5. ———: *The Ego and the Affects.* Psa. Rev., XXVIII, 1941, pp. 47-60.
6. FREUD: *The Problem of Anxiety.* New York: The Psychoanalytic Quarterly Press and W. W. Norton & Co., Inc., 1936.
7. ———: *The Etiology of Hysteria.* Coll. Papers, I, pp. 183-219.
8. ———: *The Ego and the Id.* London: Hogarth Press, 1949.
9. ———: *Some Psychological Consequences of the Anatomical Distinction Between the Sexes.* Coll. Papers, V, pp. 186-197.
10. ———: *On the Psychical Mechanism of Hysterical Phenomena.* Coll. Papers, I, pp. 24-41.

11. ———: *Further Recommendations in the Technique of Psychoanalysis. Recollection, Repetition and Working Through.* Coll. Papers, II, pp. 366-376.

12. ———: Resistance and Repression. In: *A General Introduction to Psychoanalysis.* New York: Garden City Publishing Co., Inc., 1943.

13. GLOVER, EDWARD: *The Psychoanalysis of Affects.* Int. J. Psa., XX, 1939, pp. 299-307.

14. ———: *The Therapeutic Effect of Inexact Interpretation.* Int. J. Psa., XII, 1931, pp. 397-411.

15. LA FORGUE, RENÉ: *On the Erotization of Anxiety.* Int. J. Psa., XI, 1930, pp. 388-415.

16. LANDAUER, KARL: *Affects, Passions and Temperament.* Int. J. Psa., XIX, 1938, pp. 312-321.

17. REICH, WILHELM: Some Circumscribed Character Forms. In: *Character Analysis.* New York: Orgone Institute Press, Inc., 1949.

18. WATSON, JOHN B.: Emotions. In: *Behaviorism.* New York: W. W. Norton & Co., Inc., 1930.

19. WITTELS, FRITZ: *The Hysterical Character.* Med. Review of Reviews, XXXVI, 1930, pp. 186-190.

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BEHAVIORAL CORRESPONDENCES TO NORMALLY UNPREDICTABLE FUTURE EVENTS

BY JULE EISENBUD, M.D. (DENVER)

Part II

III

The second case I should like to present is, unfortunately, fraught with as many difficulties in interpretation as the first. Where it gains in one respect it loses in another, which is the tantalizing way with such cases. I consider it worthy of presentation, however, precisely because it appears to have just those points of interrelatedness with the first case that might, after proper analysis, conceivably lend added support to the hypothesis that neither case represents a series of normally explainable correspondences. And this too, in my experience, is the way with these cases.

A woman patient in analysis dreamed: *'I see my mother in a new Pontiac automobile. Immediately behind her is a car with Negroes in it which catches fire. I am frantically alarmed that it may explode and that my mother will get hurt unless she gets out of the way.'*

A few minutes after leaving my office following the hour in which she reported this dream, the patient came upon a cordon of police holding back a crowd which had collected around the remains of a taxi which, she was told, had just exploded when its gas tank caught fire. When the patient reported this to me on the next day, she described the wreckage as having been strewn over a considerable area, and there was no doubt in her mind, as, apparently there was none in that of some of the other spectators at the scene, that only a violent explosion could have caused this.

Contrary to the general rule in such cases, the patient herself noticed the obvious correspondence between her dream and the scene in reality which she had later witnessed. When she began her hour on the next day her first words were, 'Well, this time I'm really psychic'. She had no doubt that what had happened to the taxi was in some way bound up with what she had seen in her dream.

However, the taxi had not actually been wrecked by an explosion. I learned later from the records of the Fire Department, and through correspondence with the driver of the cab, that the 'explosion' was brought about entirely by the firemen who had been summoned to the scene. It seems that a fire had somehow started under the driver's seat. In order to prevent the fire from reaching the gas tank, which might have resulted in a violent explosion in a crowded thoroughfare, the axe-wielding firemen had completely demolished the car, leaving parts of it strewn over a wide area just as the patient reported having seen it. I might have found such overzealousness hard to credit had I not witnessed such an incident some years before in the same neighborhood. Enquiry elicited the information from the Fire Department that such a procedure is considered entirely justifiable. Thus while an actual explosion had not occurred, the effort to forestall such a development, as the cab driver ruefully explained to me in his letter, had led to a result every bit as destructive to the cab. Apparently others beside the patient, arriving late on the scene, took it for granted that an explosion had occurred.

The first attempt at interpretation was made during the hour in which the dream was reported and, being based solely upon associations given by the patient at that time, it naturally did not take into account the event which the patient reported the next day. The patient came upon the scene of the alleged explosion three blocks from my office five or ten minutes after having left me, and presumably shortly after the accident had taken place. Our understanding of the dream at the time it was reported hinged upon the patient's anal associations to Negroes

and to the fact that the dangerous car was 'immediately *behind*'. Her verbatim comments were: 'Gas—anal business—gas explosion behind—danger—some childhood terror that if I didn't move my bowels as my mother wanted, I would explode in some way'.

To 'new Pontiac' the patient associated the fact that on the previous evening a friend had told her that a car of this make which he had ordered had finally 'come through', but that he had asked the dealer to 'hold up delivery' until the spring. Since cars were very hard to get at this time, the friend feared that he might incur a penalty by his request for a delay in delivery, but the dealer had assured him that this was permissible and that he would not thereby lose his priority. To 'Pontiac' the patient also associated 'potty', around which the entire dream seemed to center.

Our interpretation of the dream at the time it was reported necessarily had to be based on the associations given above in conjunction with what was already known about the patient. The patient had a compulsive personality structure related to a large extent to her very early and very stringent bowel training by an overfussy mother. The patient was what might be called an anal character with marked retentive trends. She held back everything: her speech was slow, measured, precise, almost exasperatingly so. Her range of emotional expression was severely limited and one could surmise from her masklike facial expression and rigid, wooden carriage how much aggression she was withholding. In her sexual life too she held back. She was able to have an orgasm but it was always delayed, which constituted a source of great distress in her marriage.

We can see behind all this 'holding back' a latent destructiveness which was held in check. The question, however, was: What in the patient's current situation was responsible for her violent, anally destructive dream? It could scarcely have been the fact that my role as analyst placed me automatically in the position of the nagging mother standing over the child on the potty; this had been a more or less constant factor in the analysis

and was, in any case, always under scrutiny. The provocation for the dream had to be looked for elsewhere.

There was, as a matter of fact, a more immediate presumptive source for the patient's current outbreak of hostility, a source which I had to assume to be crucially significant in bringing about her dream at this time and which, when analyzed, was able to give us considerable understanding of the anally destructive aspect of the dream. This material was known to me at the time the patient reported her dream and was used interpretatively, although, it should be remembered, the 'residue' based upon the wrecking of the taxi had not yet come to light.

A few days earlier, over a week end, another woman had had a clearly telepathic dream involving me which I had analyzed for her when she reported it to me on the following Monday. In my interpretation of this dream I had 'given' the patient a great deal in the amount of talking I had done, in the disclosures I had had to make about my past and about those incidents in my current life which she appeared to have perceived telepathically and unconsciously to have woven into her dream, and in my sympathetic understanding of her needs as revealed in the dream. Perhaps I had given so much and so warmly because I felt that this patient had produced for me one of the most beautiful psi-conditioned dreams I had ever seen.

The dream had centered around a magazine article the patient had just read and which she had brought into the manifest content of the dream. Our discussion of its contents, upon which the dream hinged, was lively, amusing and therapeutically very profitable.

To get back now to our first patient, whose 'gas explosion' dream we are discussing. She, as if she were reacting to what had gone on between me and the other patient, was furious with jealousy. That night (Monday) she dreamed: *'I was a little girl, a child, and I went into a ladies room and . . . urinated all over the floor. Then I am with X [a repetitive mother figure]. She is talking across me to another child on my left, to whom she says," You must read such and such an article in the National*

Geographic". The other child says she has read it, and they proceed to discuss it. I feel left out.'

It seemed justifiable to assume that the patient had perceived telepathically my friendly discussion of a magazine article with a rival patient and had reacted in terms of her own problems. Her dream should be interpreted in reverse chronological order: first she feels left out of the discussion which had taken place between me and the other patient; then she reacts regressively. Nothing in the more detailed analysis of the latent content of the dream, which is not at all relevant here, was found to run counter to this aspect of it.

In the interpretation of this dream to the patient, it was necessary to bring to her attention all the relevant facts on which her unconscious reactions were ostensibly based. This included, of course, the fact that her rival patient had made me a prized gift, as it were, in the dream she had produced for me. Briefly, interpretation stressed the fact that she must have felt slighted because of the 'extras' I had given to the other patient, and that in her rage she felt like urinating all over the floor in defiance. On the following night she had the dream about the exploding automobile which, at the time it was reported, could have been interpreted in only one way: she must have felt called upon to 'produce' in the way that her rival patient had produced; this, however, had reactivated all her rebellious holding-back tendencies originally developed during the battle of the potty in her infancy, as well as her concomitant fantasies of destroying the exhorting mother by all the anal, gaseous, exploding force at her command. Her association to her friend's story about the new Pontiac presumably allayed her guilt in so far as her anxiety about holding back went, since the kernel of the latent thought behind this element must have been: 'Delayed delivery is permissible. There will be no penalties. It is perfectly all right to hold back.' This was the interpretation of her dream on the day it was reported.

On the following day when the patient reported that she had, a few minutes after leaving my office on the day before, seen

the wreckage of an automobile which had presumably exploded when its gas tank caught fire, it became apparent that an added element had possibly to be taken into account in the analysis of her dream. The correspondence between the patient's dream fear of an exploding automobile and the appearance of such a comparatively uncommon event in reality was too striking to be put aside on the grounds of an a priori judgment and without further investigation. Besides, if it were to be assumed for the moment that this correspondence did not represent a purely chance event and that the later reality was, in some way, one of the 'residues' which the patient had used in the formation of her dream, a much tighter and much more meaningful interpretation of the dream was then possible. The following significant relationship could now be postulated.

First, it would appear now that the patient was not solely indulging in regressive but impotent anal fantasies as a reaction to her rivalry with the other patient. She actually comes through, and in a way that tops her rival's 'production'. One might then reconstruct this part of the latent thought behind the dream as follows: 'So you'll leave me out of it while you communicate lovingly with your other patient, will you? I'll shit on you and blow you to bits.' But then guilt and her need for me supervenes, and she continues: 'Still, I can give you what your other child cannot. She produces only a telepathic incident; if you let me hold back, delay delivery, I'll give you "precognition", and that's really a big one!' One recognizes, of course, that the appearance of the crucial 'day's residue' after the dream itself satisfied with precision the dreamer's need to hold back and come through only with a 'delayed' delivery.

If one makes this kind of use of the primary assumption about the relatedness of the dream and the later reality, one can see that the patient's behavior in this instance runs entirely true to form. She reacts to an implied demand to 'produce' in terms of an infantile pattern of rage, defiance, rebellion and holding back; ultimately she has to give in and comply with the demand in her own good time, a typical compromise.

A possibly significant datum which can now be brought forward as bearing on the presumptively 'precognitive' nature of the dream is the following. While instances of simple telepathy seem to abound in analytic practice, evidentially and dynamically satisfying instances of psi-conditioned behavior involving forward time displacements are decidedly rare, a fact of tremendous significance in itself. Up to the present episode, the best instance of this kind which had occurred in my practice was the dream reported earlier—the one about the explosion at the Hotel Pennsylvania. Here, it will be recalled, the 'precognitive' element, strikingly enough, was to be found in a train of events which followed what amounted to the *explosion of a gas tank*. But there had been one disconcerting feature of this episode which had rendered it open to criticism on the ground that the purely telepathic factor could not be ruled out. This was the fact that the patient had reported the dream to me about an hour and one half after the explosion had taken place, and while he claimed to have had the dream on the preceding night, the possibility of a retrospective falsification had to be taken into account because the dream had not been written down or reported to anyone at the time of awakening. Now, curiously enough, such an objection to the possibly 'precognitive' value of the present instance was obviated by my meticulously compliant current patient in a most appropriate manner: *she had written her dream down on waking in the morning*. And what makes it appear more than likely that the patient was taking special pains to follow out some unconscious purpose thereby is that she had never before done this (I had told her that there was no advantage in such a procedure) and was completely unable to offer a valid rationalization for her action on this occasion. The dream was neither bizarre nor long nor elaborate, and why she should have elected to record this of all her dreams defies explanation unless we view the totality of the occurrence in relation to her (and my) special needs at the moment, and in relation to the circumstances

surrounding the 'precognitive' dream given me by another patient some time before. The present dreamer, it might then seem, is participating in a double rivalry, beating out one patient with 'precognition' as over and against simple telepathy and beating out the other patient with an episode which too hinges on the later explosion of a gas tank but which, at the same time, carries with it precisely the type of corroborative evidence which the earlier dream had so painfully lacked. Let us recall, by the way, that the dream discussed earlier could also be construed as having been based on rivalry.[14]

The psychoanalytic investigation of psi-conditioned dreams and behavior is characteristically full of surprises and climactic effects as possible determinants in a complex event, lying latent in the data, turn up sometimes long after its occurrence. This, as it developed, seemed to be the case in the present instance.

Before we go into additional data, one important consideration should be stressed: once we grant the possibility of psi processes (e.g. telepathy) as factors in the assemblage of dream materials, there is no reason for excluding any assumption along these lines that might provide us with a meaningful formulation. The only warrant for adjudging one formulation more farfetched than another would be on the ground of its specific psychodynamic fitness, not on the ground that one datum is any more difficult for the psi process, whatever it is, to 'get at' than another. All investigative and experimental work on the still baffling nature of psi points to the fact that in its cognitive aspect it is not at all subject to the type of limitation that ordinary sense perception imposes on the so-called normal cognitive processes.

Now at the time of the patient's dream my wife was pregnant. The date of the dream, as a matter of fact, happened to be precisely the projected date of onset of my wife's third skipped period, a point of some anxiety on the part of both my wife and myself because it was at exactly this period, a clinically well-

[14] For an example of another presumptively psi-conditioned dream provoked by a double rivalry, see Ref. 7.

known danger point, that my wife had had two spontaneous miscarriages in the preceding two years. Currently we were both worried about the possible repetition of such an occurrence, although the anatomical difficulty presumably responsible for the earlier miscarriages had since been obviated. Actually, however, both my wife and I were, for certain reasons, more than a little ambivalent toward the prospect of a third child at this time, and on this account were somewhat overconcerned about the imminent possibility of another 'explosion'. As it turned out, the critical next few days went by uneventfully and our child was born exactly six months and four days later.

Nevertheless, at the time of this dream I could not help considering the possibility that my wife's pregnancy, and our rather exaggerated concern about it just at this time, might have provided a psi-perceived nucleus for a type of latent thought which the patient might well have condensed into her dream. It seemed to me that the dreamer might conceivably be thought of as participating in a triple rivalry, competing not only with two other patients but with my wife as well, as if she were trying thereby to say in effect: 'If you permit me to withhold, as you seem to be (somewhat ambivalently) urging your wife to do, I too can give you a *delayed delivery*'. In such a latent thought, the dreamer would be utilizing the well-known unconscious equivalence of feces and baby, as well as the perfectly obvious relationship between both pregnancy and a prophesied event and the idea of a 'delayed delivery'. Of course the more manifest impulse expressed in the dream, granting our assumption, would have to be construed to be more on the destructive than on the simply competitive side: a wish that an explosion would occur and that the mother and the pregnancy (mother riding in a vehicle of 'delayed delivery') would both thereby be destroyed.

What gave me some doubt about this kind of formulation, however, was the fact that the patient had been an only child. So far as I knew, she had never actually gone through such a

phase in her childhood in relation to her own mother, and some question might be raised as to the basis of such a violent reaction currently in the transference situation. Although, for obvious clinical reasons, I could by no means consider this to constitute a fatal objection, I must confess that I would have thought things prettier all around if the so-called repetition compulsion could have been brought into the picture.

By way of offsetting this lack, on the other hand, was something else which occurred to me as perhaps equally as relevant, and certainly to the point as regards the way in which events of this kind generally fall out. This was the possibility that the patient might have been mirroring my own repressed destructive wishes toward my wife and her pregnancy, in accord with a rule often before (and since) observed in connection with psi-conditioned dreams occurring during analysis *(7, 8, 9, 11, 15, 18, 31, 32, 33, 35)*. A fact that emerges repeatedly from the study of such dreams is the patients' tendency to spotlight with great specificity and precision something that the analyst is laboring to repress. If, moreover, this does not become clear to the analyst at once from the frequently unambiguous way in which the material is brought to light in a patient's dream (and I speak not only from my own experience but also from what I have been able to gather from unpublished material of this nature that other analysts have discussed personally with me), a careful search among the data of introspection will more often than not bring forth the confirmatory evidence. Unfortunately, however, I had neglected to record my own dreams at the time of the present instance and was thus left without an important source of data. Nevertheless, I could not entirely dismiss the suspicion that the patient's dream might indeed have coincided with a repressed destructive wish on my part (being the vehicle, as it were, for its return from repression) when I recalled that my wife's last miscarriage was so violently expulsive and attended by such severe hemorrhage that she had gone into deep shock and had been saved only by emergency transfusions. My memory of that

nearly fatal 'explosion', among other things, might well, I suspected, have played a considerable role in what I felt to be my markedly ambivalent reaction to the current pregnancy.

I must admit, nevertheless, that I was left somewhat divided as to the possible relevance of this formulation in relation to the patient's dream. Generally, I preferred my evidence more clear-cut. However, two additional data, of which I was consciously unaware at the time of my first formulation of the dream, soon turned up to swing the balance in favor of the positive assumption. Both data are so curiously relevant, it seems to me, that they merit something more than casual attention, since both dovetail neatly with the assumption that my wife's pregnancy, unconsciously perceived on a psi basis by the patient, was one of the latent residues of the dream. At all events, it appeared clear that this assumption would now bring such a presumptive residue much more closely into line with an important element in the manifest content of the dream.

The first 'surprise datum' came two days after the dream was reported, when I received a Christmas note from a former patient from whom I had not heard in a year. In her note she expressed satisfaction with and gratitude for the results of her analysis, and added: 'I am very fortunate in a wonderful husband and son—also with another due in April'. This former patient, now five months pregnant and happily looking forward to her own 'delayed delivery', lived in Pontiac, Michigan, whence came her letter. She happens to have been the patient on whom I had made my first clinical observations on psi-conditioned behavior in analysis, a circumstance which had provided an exciting time for both of us as well as subsequently giving me reason to remember her with special fondness. We are thus able to postulate a fourth unknown rival whom the dreamer is both competing with and threatening, another 'Mother riding in a "delayed delivery" Pontiac'. It might finally be noted, for whatever it is worth, that the delayed deliveries of both this former patient and my wife, boys in

both cases, were given (entirely uncollusively) the same name —Eric. From everything I was able later to find out, 'Eric' had been culled by my former patient and her husband in Pontiac on pretty much the same grounds as it had by my wife and me: it had simply struck them as a nice name for the boy to have.[15]

The second additional datum bearing on the possible relationship between my wife's pregnancy and the dream under discussion I did not become consciously aware of until some time later when I chanced to go through some old clinical notes about none other than the patient, whom we might now refer to as 'Mr. Penn', who had had the dream about going swimming at the Hotel Pennsylvania. This datum, as will presently appear, is not yet the last link in the chain of events brought to light in this case; but it is clearly one of the most important presumptive links between the latent and the manifest portions of the dream under discussion and, as far as I am concerned, affords the deepest insight into the intricately overdetermined logic of the latter, as well as into the special genius of the psi-conditioned unconscious. How it was that I was 'not consciously aware of' the following data at the time the dream under discussion was reported—why I had evidently repressed this material, in other words—ought to become immediately apparent.

Ten months before the dream we are now discussing, 'Mr. Penn' had had a dream which, because of a peculiar set of circumstances and in the light of certain complexly interwoven confirmatory data, seemed to express a destructive wish against my wife's then newly established pregnancy. So far as could be determined, the patient had no normal way of knowing about this development since the dream occurred at the time

[15] When I received the news of the birth of Eric in Pontiac I telephoned his mother, my former patient. I took this opportunity to ask her, among other things, whether she had had any miscarriages, or any difficulty at all with her two pregnancies. She reported that she had had no miscarriages and that both pregnancies had gone blissfully (which, in view of the presenting symptoms of the severe illness for which she had come to analytic treatment, was a highly gratifying bit of incidental news).

of my wife's first missed period when my wife and I were anxiously watching the lengthening hours. Exactly two months later, when the explosive and nearly fatal miscarriage occurred, the patient, as if he had brought this about by the force of his destructive wish, developed a symptom which, again in the light of certain confirmatory data, could be interpreted only as the somatic expression of a guilt-provoked fantasy of restitution. This symptom, a painful edematous swelling of the right eye which the patient felt obliged to cover with a black patch, came on suddenly on the night of my wife's miscarriage and lasted, black patch and all, exactly nine days. This was interpreted to the patient at the time as a symbolic repetition of the emotions he had experienced as a child when his mother became pregnant with a younger brother whose later death, as if in fulfilment of the patient's never diminished destructive wish, had filled the latter with enormous and inescapable unconscious guilt. The part played in this symptom by a guilty scoptophilic fantasy, which, as we will recall, was a constant feature with this patient, was also stressed.

The whole series of events surrounding this patient's dream and my wife's later miscarriage is somewhat too complex to be reported here at length. The fact of significance in relation to the dream currently under discussion, however, is that in the dream in which 'Mr. Penn' had originally expressed his destructive wish against his mother and unborn brother (and in the transference, against my wife), the pregnant mother was represented as a *taxicab,* in which the brother, drunk, was slumped on the floor inside. This cab (once more the primal scene) *was being rammed, smashed by another from behind.*

One cannot fail to be struck by the parallelism between this representation and the manifest dream currently under discussion in which the mother, riding in a new Pontiac, is threatened by the imminent explosion of a car behind. It is as if the current patient, goaded by a furious competitiveness, is out to demonstrate with an all but fanatical perfectionism that she can 'outproduce' everyone with her all-around abilities in the

realm of psi. In relation to 'Mr. Penn', who had given me my hitherto most interesting instance of 'precognition', she exhibits a virtuosity that goes him one better in every direction. She artfully fuses into the manifest content of her dream a clear reference to both his puny earlier efforts, represented by the manifest elements of autos, explosion and accident from behind, and manages withal to tie these elements up with cross-checking references to toilet training and both 'precognitive' and gestative 'delayed deliveries', all of which had figured in the latent contents of 'Mr. Penn's' two dreams. Moreover, she makes an appropriate record of her dream, as if further to emphasize the inadequacy of 'Mr. Penn's' production from the standpoint of my particular needs. At the same time as she is settling accounts with 'Mr. Penn', however, she demonstrates that she is not too busy to take care of other rivals for my attention. She attempts to show that she too, like my pregnant former patient from Pontiac who had some years earlier provided my introduction to 'breadth analysis', and like my pregnant but at the moment overanxious wife, can withhold and come through with a 'delayed delivery'. In so doing, nonetheless, she does not pass up the opportunity to tell this former patient and my wife, as well as me, the exhorting analyst and husband, to 'drop dead'. In a supreme competitive effort, finally, she manages, with a skilfully contrived holding back, to produce a 'big one', the rare 'precognitive' event which dwarfs the tiny little merely telepathic turd that another patient in analysis had just presented to me.

In order to do all this the dreamer had to condense and fuse at least six significant major residues: two of these had occurred sometime before—'Mr. Penn's' two dreams and everything they related to; a third derived from the night before—'Pontiac' and 'delayed delivery'; a fourth was my wife's current pregnancy and my anxiety about its momentary termination by 'explosion'; a fifth was presumably already on its way—the note from my former patient in Pontiac; and one was yet to occur in actuality—the 'explosion' of the taxi near my office. Thus

as far as spread in time goes, and granting for the moment the significance of the data as presented, one can well compare such a performance to the kind of fancy shooting—both pre- and postcognitive, so-called —which, as we shall see presently, is sometimes displayed in laboratory experiments in 'precognition'.

We are not done yet with presumptive residues for the manifest portion of the dream. The final surprise in this series of events turned up about two weeks after the patient had reported the dream, when I chanced to discover that I had somehow negligently allowed my automobile insurance to expire. Much to my astonishment, I found that my protection against loss due to fire or accident had ceased on midnight of the night on which the patient had had her dream. How I had allowed this to happen I cannot say, but I suspect that it might well have been related to my ambivalent attitude toward my wife's pregnancy, since the meaning of such a slip might have been rendered the more significant by the coincidental fact that the expiration date of my insurance was also the date of birth of my daughter, our oldest child. At any rate, one can hardly overlook the possible significance of the fact that, on top of everything else, the patient had had her threatening dream at a moment when I had just become vulnerable in actuality.

From the standpoint of psychoanalytic insight, the above described relationships contribute enormously to our understanding of the deeper purposiveness of the patient's dream—if, that is, we are able to steel ourselves to forego the conventional a priori assumption as to what is and what is not possible in such circumstances. In positing these relationships we have neither abandoned the methods of science nor done any appreciable violence to our data. We have merely utilized certain well-validated clinical assumptions in order significantly to relate a group of data which otherwise would appear to be entirely unrelated. And in so far as this procedure enables us to view the patient's dream as part of a much broader and

more meaningful context of behavior than is otherwise possible, it effectually reduces the probability that the correspondence between the dream and the later reality was of a purely chance nature.

Granting the assumption of the psi process through which the various dream residues were gathered, the powerful organizational ability displayed in the elaboration of these residues into the spare and highly condensed manifest dream is no more remarkable than what can be observed in any exhaustively explored dream. The dream work does just this, as has been convincingly demonstrated over and over again. Once having admitted the principle of, one might say, a roving psi percipience on the part of the dreamer, none of our hypothetical conjectures about the nature and interrelationships of the latent dream thoughts becomes at all unreasonable. On the contrary, as is the case in many other dreams which are presumptively psi-conditioned, no other assumptions can contribute to anything but the vaguest and most pitifully inadequate conception of what the dream is all about. Our basic assumption has, in other words, provided us with a tool for forging a system of tightly determined and interdetermined events where otherwise only chaos and chance would appear to be in meaningless swirl. To do just this, as we have pointed out before, is the sole task of science. And it is the method of science which warrants a certain reverence, not this or that particular set of assumptions, however sacred they may appear to be.

Now it may be objected that one can grant the assumption of a roving psi percipience and on this basis construct a very workable interpretation of the dream without, however, bringing in the correspondence between the dream and the later event that was consciously apprehended by the patient as the explosion of a taxicab. Many readers may be prepared to entertain hypotheses based on the assumption of straight telepathy where they will balk at everything that involves a seeming distortion of time relationships. It may be that, granting the relevance of such 'residues' as the earlier 'productions' of 'Mr.

Penn', the expiration of my auto insurance, my ambivalent concern over the possibility of an 'explosion' of my wife's pregnancy, and the reassuring note I was about to receive from my pregnant ex-patient in Pontiac—all this added to the postulated rivalry with another telepathic dreamer currently in analysis with me and all of which might be accounted for on the assumption of straight telepathy—one has no need to postulate anything further in order adequately to understand the dream.

I believe, however, that such a view neglects the one thing toward which everything else in and about the dream points—the patient's need to withhold, to procrastinate, to stall for time, and to come forth with a 'delayed delivery'. We must remember that this, presumably, was the specific need provoked by the patient's bristling response to the special favors I had granted to another patient in analysis who had just produced for me a beautifully constructed telepathic dream. This need to withhold and to bring forth a delayed delivery, in conjunction with but in a sense transcending the rivalrous and destructive impulses expressed, is really the significant issue; and it is precisely this that can be satisfied only by the later occurring residue and none of the others. The correspondence between the dream and the later event, thus, might be considered the one really indispensable datum.

At this point one might bring up the question of the significance of the dreamer's 'error', the item in respect to which the dream and the later reality do not agree. This, of course, is predicated on the assumption that the correspondence between the two, even as it stands, cannot be accounted for on a purely chance basis. What we observe is that the dream dealt with the threat of explosion of an automobile, while the later reality, which we are assuming to be related to the dream on a nonchance basis, consisted only in what appeared to the dreamer to have been such an event.

Such an 'error', which deserves properly to be accounted for, is not necessarily inconsistent with our hypotheses if we take

as our analogy the type of distortion ordinarily accomplished by the dream work in the case of residues perceived by any other means. If we were to imagine for argument's sake that the dreamer had actually seen the taxi being destroyed before the dream and had then later elaborated this in the dream into the manifest element of a threatened explosion, the analytic interpretation of such a discrepancy would undoubtedly hinge on the defense against anxiety thereby provided. We might conjecture in such a case that the dreamer's anxiety, provoked by the threatened emergence of her powerful destructive impulses, was adequately checked by her latent knowledge that what she had seen in actuality was not after all an explosion, had merely looked like one, and had, as a matter of fact, been caused only by the forces of law and order (superego) which had, to everyone's relief, supervened in the nick of time to prevent an actual explosion.

Now the same reasoning might with equal justice be applied to the case as it stands, if we allow ourselves to be guided only by psychoanalytic considerations and bring ourselves to forego the usual mechanistic assumptions as to what is and what is not possible. But it is just the latter, so deeply rooted in the taken-for-granted conditions of our ordinary existence as even to have lost their character as assumptions, that can usually be counted on in circumstances such as those we are confronting to make otherwise acceptable psychoanalytic considerations appear tenuous and farfetched. And in just such circumstances, where a definite ambiguity is explainable only in terms of psychodynamic assumptions that not everyone is prepared to hold equally valid under the peculiar time conditions involved, lies the difficulty with all material of this type. When the moment of judgment arrives, it will be argued that psychoanalytic assumptions of the type we have brought in, assumptions which we may well be prepared to defend under ordinary circumstances, are after all not too well adapted to the demands of unequivocality that a precise weighing of this type of evidence seems to require.

And thus the matter rests. One suspects that in material of this kind there is no substitute for those intangibles in the processes of judgment—undoubtedly abetted by strong narcissistic factors — that come from personal participation. But has not the whole course of science been devoted to the attempt to reduce the personal participation of the observer in 'outer' events, as well as his conventionally deplored narcissism, to an ideally vanishing minimum? In scientific protocols and reports the 'I' is customarily deleted as far possible, so that it has become a mark of good taste in scientific writing to invent some circumlocution to replace the actual *'I* observe', *'I* think', *'I* conclude'. If one is to tell a hawk from a handsaw, one is supposed to keep one's purely personal reactions out of it, and not even so much as hint to a third party, to whom one is trying to communicate something about an alleged event, that a live, interested self was, through some peculiarly unavoidable but nonetheless regrettable coincidence, on the scene at the time.

Certain considerations, which can hardly be touched on here, lead me to believe that the strong bent of science in this regard is intimately bound up with some intensely threatening aspects of the very problem we are discussing, Primitive man, who took for granted the idea that causality in large measure coincides with the wish, may still have something to teach the modern indeterminists who have topped off science's gradual projection of causality from within outward by abolishing it altogether.

IV

It is extremely difficult to find in the literature an absolutely foolproof instance of 'precognition'. The instances described above, of course, would scarcely be adjudged even borderline by nonanalysts, since what might be considered flaws or ambiguities by analysts would not even be accorded the status of relevant data by those whose evaluations depend exclusively on correspondences between manifest configurations in a phenomenological complex. In addition to this, however, is the fact

that any amount of correlative documentation, psychoanalytic or otherwise, can always be found to break down on at least some one critical point which can then be used as a peg on which to hang a counterassumption which, however farfetched or fantastic in itself, will nevertheless in these circumstances be construed as more probable than any assumption which leaves us disconcertingly with 'time on our hands'. Of course what will be deemed in any particular case to be an acceptable counter-hypothesis to the inexplicable phenomenon of 'precognition' will vary from individual to individual, practically from mood to mood. Attitudes toward time, like attitudes toward authority or toward oneself, are not entirely static. One's ability even to entertain a question about the ostensible fixity and universality of ordinary time relationships—the very question so seemingly at variance with the predicates of one's entire being and the data of consciousness—will wax and wane, and does not depend solely upon intellectually garnered perspectives. Like some profound psychoanalytic insight, which is enthusiastically taken to one's bosom one day only to be walled off and looked at with entirely different eyes the next, the deeply disturbing idea that there might after all be something to 'precognition' has to be repeatedly confronted, and the many-faceted resistance to such an idea has to be repeatedly identified and worked through before one is at all favorably situated to regard the data for what they are worth and to follow their implications no matter where they may lead.[16]

[16] Paradoxical as it might appear, many parapsychologists who have come to accept 'pcg' (as it is often designated) on the grounds of the by now truly staggering and many-sided evidence on the question have not confronted and dealt with their unconscious resistances to the possible implications of such a revolutionary discovery. Holding the data in great awe, they have effectually separated their findings from man and his behavior, man and the peculiar contradictions of his pathetic struggle with himself, and have attempted all the while to preserve a *status quo ante* (or at least a *status quo ante* this world), a world of nice moral idealism in which the unconscious, if it is acknowledged at all, has had its teeth deftly pulled, and I use this metaphor advisedly. By way of kicking 'pcg' upstairs and 'out of this world', some parapsychologists have made of it something almost supernaturally mysterious,

But to come back to the difficulties inherent in case material of the so-called spontaneous variety, the in vivo instances of alleged precognition. While a great deal of the published material in this category is of high quality from the standpoint of the amount of care that has gone into the checking of the primary data and in the judiciousness with which alternative possibilities have been considered and evaluated, very few cases, as I have said, are sufficiently free of possible, if not wholly probable, loopholes to warrant the judgment of anything like a prima facie case for the extraordinary alleged phenomenon being investigated. One can hardly avoid the suspicion that Freud, who as a member of both the British and American Societies for Psychical Research had access to some of the best collections of spontaneous case material in the then extant literature on the subject *(36)*, must have experienced the cumulative effect of these hauntingly ineradicable loopholes as the critical factor enabling his resistances to such a revolutionary hypothesis to gain the upper hand. And one can hardly blame him if, after a valiant struggle, he came back to the terra firma of his own discovery of the subtle ways in which the ubiquitous drive toward magical omnipotence of thought will assert itself.

Science, however, has provided us with the means of subjecting hypotheses, no matter how outlandish, to critical test. In such testing procedures, moreover, the fact that a given hypothesis happens to be in accord with a particular bias which is easily tarred with the psychoanalytic brush is irrelevant, as is, similarly, the fact that the testing procedure itself can be considered to some extent to be an outgrowth of a contrary bias, to which, in turn, the other side of the brush might just as legitimately be applied. The only thing that matters is whether a given hypothesis, regardless of whether its assertion plays in with superstition

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certainly incomprehensible in terms of their hypotheses, and basically unrelated to anything else that happens to be of concern to man and science. They have tended, in short, to 'isolate' their discovery, like an explosive subject which has to be handled with asbestos gloves. In both roosts, thus, resistance still rules, among the believers as well as the nonbelievers.

or its denial with prejudice, can be verified by means of certain rigidly prescribed procedures.

As far as this kind of testing goes, the usual data of psychoanalysis are not very helpful. It is not in their nature to be able frequently to satisfy the rigorous criteria of validity demanded by science in a critical test situation. By the same token, all spontaneous cases of alleged 'precognition', in so far as the significance of their data depends at all on a posteriori 'interpretation', are similarly subject to criticism on fundamental methodological grounds. In the testing of a given hypothesis, the rules of the game require that the hypothesis be specifically stated in a particular form in advance of the events in relation to which the testing is to be judged, and that a certain critical range, within which results must fall in order to be considered significant, must also be specified and agreed upon in advance. It goes without saying that no spontaneous case material can satisfy these requirements.

For years investigators have been attempting to conduct controlled, well-supervised experiments of the tight statistical variety that would obviate once and for all the difficulties inherent in spontaneous instances. But unfortunately in most instances where the chance factor has been carefully controlled and all loopholes pointing to the possibility of fraud, malobservation, misinterpretation, etc., scrupulously plugged, the statistical deviations achieved, while by no means insignificant, have nevertheless not been overwhelming enough to compel anything like powerful conviction.[17] It began to appear, also, as if the very experimental subjects who—because of whatever unconscious motive, transference or other—were occasionally

[17] We must remind ourselves again that conviction and belief are only partly dictated by rational considerations. In every question, there is always a last step for which an act of faith is required. While logic tells us that we ought, no matter what the hypothesis being tested, to abide by standard canons of evidence governed by the rules of probability, our minds simply refuse to accept as conclusive on an issue as inherently fantastic as 'precognition' what might be acceptable in regard to hypotheses less staggering to the imagination.

induced to break through their normally inhibiting resistances to produce results of high order in tests for telepathy or clairvoyance, refused to give anything save teasing demonstrations of any latent 'precognitive' ability. One series of experiments, however, produced results which were sufficiently conclusive to compel an unequivocally affirmative answer to the question of the occurrence of forward time displacements of the type we are discussing, chronologically extraordinary correspondences which are inexplicable on the basis of any means now understood by science.

These experiments were carried out in London during the grim war years from 1941 to 1943. The bombing of the city, which had begun several months before the start of the investigation and which had achieved its most concentrated and terrifying form immediately prior to it, was to continue in waves throughout the entire series. For most people life itself was uncertain from one moment to the next and the future more than a matter of pure philosophic concern. The subject of the experiments was a well-known and fashionable London photographer (a not irrelevant fact in itself) described as a more or less chronic neurasthenic, who in his middle twenties had become aware of what in his private circle of friends was thought to be a remarkable gift for prophecy. His ability to score in a 'precognitive' fashion under experimental conditions was discovered quite by accident after a short series of card-calling tests for telepathy undertaken in 1936, where his overall results seemed to be no greater than would be expected on a chance basis. Several years later it was suggested that the records of these experiments be re-examined for what are known as displacement effects—that is, the rates of scoring not on the card being 'sent' by the agent of the experiment, but on the cards appearing before or after this card in the series. It was found, to everyone's surprise, that the subject's rates of scoring on the cards immediately preceding, known as the '−1' position, and immediately following the cards intended as the actual targets, the '+1' position, were clearly extrachance in

character. This is known as retro- or postcognitive (−1) and precognitive (+1) displacement.

These displacement effects, once chance has been effectually ruled out, are always meaningful and are scarcely rendered less so by the fact that the results on the intended target ('0' position) may be negative. Extrachance scores are always extrachance scores, no matter where they occur in a positional series, and must be accounted for.

But such displacement effects do not in themselves necessarily imply post- or precognition, any more than a consistent number of hits always one or two feet to the right or left of a target on a rifle range would necessarily indicate some mysterious curvature of the space traversed by the bullets. If a marksman did repeatedly and consistently hit exactly one foot to the right of his target it would, however, be absurd to set this down simply to poor aim. It would be safer to assume that the aim was exceedingly good but that for some reason, perhaps a defect in the rifle or a private joke of the marksman, the results were not as expected by the observer.

In the case of the 1936 experiments, the displacement effects did not warrant any hypothesis relating to the time factor because the subject's calls were 'aimed' at a deck of cards whose order was already in existence at the time of and throughout the run. The actual cards in the '−1' and '+1' positions were on record at the time of each call and could conceivably have been 'cognized' in a way which would not necessitate a special hypothesis in regard to the time sequence involved.

To obviate this and other difficulties, an entirely new set of procedures was undertaken when work was resumed with the subject in January 1941 *(19, 37)*. The important feature was that a number of tests were run where the order of the target cards was determined as the run proceeded either by a prepared list of random number sequences or by picking at random from a container a counter whose color dictated which of five cards was to be used at each trial. In neither case could the

target card have been known to anyone beforehand through normal means.

The upshot of the experiments, which were consistently carried out with the most rigorous safeguards and controls, and in the presence of a number of rotating but independently checking witnesses, was that the overall rate of scoring on the '+1' position, even after all the unsuccessful as well as the successful experimental variations used were indiscriminately lumped together, was overwhelmingly significant.

About eleven thousand trials were made in this experimental series. Some of its most interesting features are to be found in the results of the variations employed. In repeated changes of experimental agent, where the switch frequently took place unknown to the subject in another room, it was found that different agents tended consistently to be associated with certain differences in types of scoring. For example, several agents were associated with chance results only; one agent 'brought out' significant results only on the '+1' position; another agent brought out significant results on both the '+1' and '−1' positions. Again, if, without the subject's knowledge, a type of test was substituted in which the target card could have been perceived only clairvoyantly—that is, when no agent was looking at it—results invariably fell from significant odds against chance to a pure chance level. But perhaps the most interesting incidental finding of all occurred when the rate of calling was approximately halved from one trial every two-and-one-half seconds to one trial every one-and-one-half seconds. Under these conditions it was found that the overwhelmingly significant number of hits jumped the '+1' position and piled up on the '+2' position; and when the accelerated rate tests were done with the agent who tended normally to bring out both '+1' and '−1' displacements, it was found now that significantly extrachance displacements occurred on both '+2' and '−2' positions. Thus as far as the forward displacements in this series went, the results indicated that the subject somehow was able to know what the target card on the *second* trial ahead

would be *even before the target on the next trial ahead had been determined.*

In these experiments, despite the introduction of a number of variations which seemed consistently associated with low or only chance-level scores, the grand total of all tests showed a deviation on the '+1' position which would be expected by chance only one in more than 10^{35} (ten with thirty-four zeros after it) times. Such odds, obtained under experimental conditions in which every conceivable factitious element was subject to utmost scrutiny and control, leave little doubt that through some means the subject of the experiment behaved in consistent correspondence with a large series of events which he could not imaginably have become aware of through normal means. Under certain conditions, moreover, the targets were hit significantly above chance expectation before they had even been set up as such. In a particular series of seven hundred ninety-four trials at rapid rate, where the targets were determined by picking counters at random out of a bowl, the actual odds against chance of the number of hits on the +2 position came to over one hundred million to one. Here it was as if a series of telephones began to ring before their corresponding numbers had been dialed or even looked up, and in the order in which this was supposed to occur after this had been done.

The chief investigators in this series (one of whom, incidentally, a mathematician, had earlier been outspokenly sceptical of the results claimed by others for this general type of experiment) have dubbed the phenomenon they seem to have caught in the meshes of their statistical experiments 'precognitive telepathy', and have concluded from their results that the existence of this phenomenon, explicable or no, is 'highly probable' *(37)*. Most other students of the data, not bound by considerations of modesty, and inclined to be somewhat less fastidious in the face not only of the astronomical odds involved but also of the almost obsessional experimental precautions employed, do not hesitate to feel that the case for 'precognition' can rest squarely on this monumental series alone.

So far as I know, no one has yet succeeded in finding a basis on which to question the results of this series.[18] Whether or not something that could legitimately be called 'precognitive telepathy' was involved is still a moot question, however, since other hypotheses, just as 'paranormal' from the standpoint of accepted science but nevertheless with considerable empirical support behind them, have been suggested to account for the data. These issues aside, however, certain it is that, regardless of how produced, the results do support the hypothesis that a given individual behaved, as I choose to formulate it, in consistently extrachance correspondence with a large series of events of which some, which could not conceivably have been predicted through normal means, had not yet occurred.

The casual and rather droll attitude of official science toward the results of this experiment, as well as toward others along similar lines both before and afterward, can perhaps be best appreciated by psychoanalysts, who know only too well how the unconscious is first ignored, then denied, then argued as having always been known, and finally shrugged off as of dubious significance anyway. The 'double-take' has yet to occur, as perhaps may indeed also be true in respect to the effectual re-recognition, as Freud put it, of the unconscious itself. The necessary 'double-take' in relation to the possibility of paranormal 'foreknowledge' (or whatever) of the future, however, ought to occur sooner among analysts than among their colleagues in science when they realize that they, the analysts, have a means, once the phenomenon has been demonstrated through other techniques to be as 'actual' as science can demand, of delineating the ways in which this extraordinary 'something-or-other' is woven into the everyday, homeostatic behavior of

[18] The only conceivable alternative under the circumstances is that two dozen persons of eminence in academic and other fields, some of whom, apparently, were quite sceptical about the hypothesis being tested, conspired to produce a gigantic fraud. In the original report the names of witnesses are appended to their observations concerning the fraudproof precautions taken; but fraud is, nevertheless, a possibility that would occur, albeit unwelcomely, to every hard-headed sceptic.

the individual.

The cases presented in this paper have only a limited value. They do not 'prove' that normally unpredictable events occurring after a dream can be used as 'residues' for a dream just as appropriately as events happening before a dream. But when we have independent evidence that this sort of thing can be demonstrated to take place under stringent laboratory conditions, to say nothing of the steadily accumulating evidence (imperfect as it may be in individual instances) from other sources—evidence which now has to be viewed from a fresh slant—we have sufficient warrant for assuming that chronologically extraordinary, 'paranormal' dream correspondences may in fact occur. From this point we have no need to do other than proceed as usual about our ordinary business, the examination of the unconsciously determined behavior of the individual, in all its aspects. In view of all the now relevant circumstances, it would be rather a pity for analysts to use their unique technique of investigation merely to prove what everybody already knows, what science and the church have for once miraculously agreed upon—that 'genuine prophecy' is a mere superstition, unworthy of anything save, it would seem, the immense and persistent, though often hidden, combined efforts of every civilized agency to root out and destroy.

V

Science deals on every hand with occult phenomena, miracles, so to speak. It has repeatedly been forced to acknowledge the factuality of events for which there is not only no known explanation in terms of continuity of description with other established data, but even where the extreme unlikelihood (in certain quarters, the categorical impossibility) is conceded of ever accounting for certain data in terms of conventional notions of space, time and causality. One need only consider that gravitation is still an occult phenomenon, as obscure to Einstein from the standpoint of the causal relations involved

as it was to Newton. Or one might cite the mushrooming data of nuclear physics, where the utterly miraculous doings of micro-'wavicles' are accounted for, or at least regularized, only in terms of the equally miraculous (what is a miracle but a factual bridge over a theoretical discontinuity?) assumptions of quantum mechanics; or, for that matter, the many areas of absolute conceptual discontinuity in biology, evolution (where the origin of life and certain aspects of its development on the earth still, for all our thermodynamic calculations, retain the character of special acts of creation), and even psychology (the mystery of body-mind 'interaction', the unexplainable nature of thought itself). And inextricably related to all these 'miracles', it would seem, is the very foundation of modern science in the laws of probability, the existence of whose theory is, as one commentator has put it *(40)*, 'a kind of miracle, as esoteric to the further domains of natural science as the resurrection of the dead'.

In these areas, however, scientists are wont to bear their miracles calmly. While a certain sense of frustration and unease may haunt their more philosophic moments, investigators and theorists do not as a rule show serious signs of blocking, dissociation and denial when confronted by data difficult to square with their preferred notions of order and continuity. Indeed, the developments of the present century in physical research attest to an extraordinary ability on the part of men of science to entertain assumptions, when seemingly called for by verifiable data, so far from what had always been considered to be their cherished, intuitively grounded concepts as to be almost unthinkable. The universe has been torn asunder, an enormous degree of theoretical chaos has been tolerated, but the disturbing data themselves have not been blinked, have been faced squarely for better or for worse.

Such, however, has scarcely been the case when it has come to the data of alleged psi phenomena, which unprejudiced analysis can show to be no whit more occult or 'miraculous', either in principle or in empirical fact, than any of the data

mentioned above. The data of psi constitute merely one more area where correspondences exist, and can be demonstrated with the everyday methods of science, in the absence of any physically conceivable causal nexus—a state of affairs, as I have indicated, precisely analogous to what obtains in the laws of gravitation, of quantum mechanics, of probability and elsewhere.

Now the curious part of all this is that the assumptions of psi, developed to logically warrantable limits, would go far toward resolving some of the paradoxes now obtaining in fields which are hard put to integrate their findings with the requirements of a 'universe as a whole', a universe whose order and continuity and inner consistency is not just a theoretically embarrassing *fait accompli* but something that can be accounted for, at least in much greater measure than is now possible. What science is coming to find more and more awkward in the face of its ultimate pretensions is that all too frequently it has to 'explain' the blank discontinuities by which its data appear to be circumscribed either as a baffling fact or as an equally baffling artifact of nature. It is torn in a seemingly irreconcilable way between an incomprehensible 'basic' acausality and indeterminacy, which somehow gets mysteriously transformed into the completely orderly laws of levers, of genetics, of large numbers, etc., and an unfathomable *deus ex machina,* which is hardly less mysterious in the way it holds things together and gets things done.

It is improbable that the psi hypothesis as it now stands is in itself the ultimate answer to this dilemma. (Gravitation, for one thing, remains just as much of an enigma.) But formulated in such a way as to express a generalization derivable from what verifiable phenomena we do have from our parapsychological studies, and corrected for its anthropocentric bias, this hypothesis is able to provide the first steps in a bridge between the indeterminate in the microcosm and the 'unknowable' in the macrocosm. At one end of the span it replaces several

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discontinuities with one,[19] always a good bargain for science; at the other it provides a mechanism whereby a Divine Intelligence, accorded an indispensable role in the metaphysics of every major thinker from Aristotle to Whitehead, can actualize itself. And somewhere in the middle, as it looks now in terms of the enormously powerful assumptions of psi and psychoanalysis combined, stands the Unconscious, window supreme to the understanding of life and lawfulness.[20]

But the psi hypothesis, from all indications, is well on its way to being the common-law heir of all the resistances that once were massed to oppose the two most disturbing psychological discoveries of modern times—mesmerism, under which name the phenomenon of hypnosis took the brunt of a fierce attack, and psychoanalysis. With respect to all three, science as a whole has rigidly, phobically, and in complete contradiction to the entire spirit of its method, balked at facing the elementary

[19] The fundamental discontinuity miraculously bridged by probability theory, but glossed over by most 'operationalists' in science, has been a headache to more than one logician. The most noteworthy attempt to find out 'what makes probability run' was that of Marbe, who concluded from his exhaustive studies *(29)* that somewhere in the psychological sphere—just where he could not finally say—lay the answer to the riddle. Basically the same riddle has recently been tackled in different guises by Schroedinger in genetics *(34)*, Lillie in biology *(26)*, and Margenau in physics *(30)* with, when boiled down, the same general approach to an answer. Du Noüy, who formulated the riddle upside down in the area of evolution *(5)*, got his answer correspondingly oriented. Instead of four or five discontinuities existing in as many sets of data, however, it is posssible to postulate just one, one that is basic but for which the data of psi (so long as we have to get hung for a discontinuity somewhere) provide at least a most promising phenomenological bridge. (Eisenbud, Jule: Psi and the Problem of the Disconnections in Science. In: *Parapsychology and Psychotherapy*. Utrecht University. In Press.)

[20] In his recent attempts at a synthesis of the data of quantum mechanics, psychoanalysis and parapsychology *(20, 21, 22)*, the noted physicist Pascual Jordan sees the unconscious as an 'in between phase' *(Zwischenstufe)* bridging the major discontinuities between the physical and psychological data spheres. He makes extensive use of Bohr's principle of complementarity *(2, 3)* in giving the phenomenon of repression a central role in events. Jordan's formulations, while not carried very far and somewhat lacking in precision, are highly suggestive and must be regarded as of first-rate importance in this unexplored field.

verifiable facts; and the psi hypothesis, no less than was earlier the case with mesmerism and psychoanalysis, is now being met with a variety of feints, dodges, and rationalizations that psychoanalysts, if they did not happen themselves in this instance to be overwhelmingly on the side of the prevailing scientific norm, could easily recognize for what they are.

As far as 'precognition' goes, it is by no means to be taken for granted that the data necessarily call for the ultimate unorthodoxy of hitherto unsuspected 'dimensions' of time, or of such causality (today one must utter the very word in a whisper) as remains to us. On the contrary, if one starts with the basic assumption that not time but 'mind', let us say, requires tailoring to fit the data,[21] one is immediately able to resolve a number of outstanding riddles in science. Such an approach, however, leads inevitably to an extension of some of the most disturbing aspects of psychoanalysis, and one then finds soon enough exactly where the resistance against the psi hypothesis has its roots; where, in fact, the trouble has always been with mesmerism and with psychoanalysis, and where, presumably, it will always be with any discovery that threatens to expose another portion of man to himself. At the core of all this resistance—and of central importance in science and the development of scientific method, in epistemology, in religion, in fact

[21] Granting the data, some tailoring of our assumptions has got to be done somewhere. It is impossible to settle for the limited assumptions we now use to patch together our piecemeal universe. In the case of 'mind', which in any case could stand redefining more adequately to correspond to even accepted data, we have extensive empirical and theoretical support for those assumptions necessary to integrate the data of chronologically extraordinary occult correspondences with the rest of science, and history, without recourse to the postulated mysteries implied in a theory of 'precognition' based upon some kind of an upside-down, inside-out time and causality. We have not a shred of support anywhere, neither in empirical fact nor in solidly grounded theoretical speculation, for performing those procrustean operations on time and causality that are invariably the opening gambits of those who have come to accept the data of chronologically extraordinary occult correspondences but who cannot tolerate the thought that man 'is lived' (in the Groddeckian sense) by a pandemonic unconscious which is for the most part irrepressible.

in the history of mankind in all its aspects—are precisely those facts about man, his inner world and his 'outer' world that one is forced step by step, but sooner or later inescapably, to postulate from the psychoanalytically grounded study of prophecy, premonition, 'prevision', etc.—all those aspects of man's behavior that result in chronologically extraordinary correspondences that we now call occult.

But before going into these matters, which I believe only psychoanalytically trained investigators can do to best advantage, let us first nail down the data. Then let us hope that the psi hypothesis can yet take a few more faltering steps before it too, like mesmerism and psychoanalysis, is taken subtly captive by the masked forces of resistance and its initial force damped, its initial promise squandered in watered-down handouts to the ego and its minions. More we cannot hope for for a long time to come, until, perhaps, the unconscious is once more glimpsed in some now undreamed of—or maybe only dreamed of—connection.

REFERENCES

1. ALLENDY, RENÉ: *Zur Psychoanalyse der Ahnungen.* Imago, XIV, 1928, pp. 486-497.
2. BOHR, NIELS: *Can Quantum Mechanical Descriptions of Physical Reality be Considered Complete?* Physical Rev., XLVIII, 1935, p. 696.
3. ———: *Causality and Complementarity.* Philosophy of Science, IV, 1937, pp. 289-298.
4. DEVEREUX, GEORGE, Editor: *Psychoanalysis and the Occult.* New York: International Universities Press, Inc., 1953.
5. DU NOÜY, P.: *Human Destiny.* New York: Longmans, Green and Co., 1947.
6. EHRENWALD, JAN: *Precognition in Dreams?* Psa. Rev., XXXVIII, 1951, pp. 17-38.
7. EISENBUD, JULE: *Telepathy and Problems of Psychoanalysis.* This QUARTERLY, XV, 1946, pp. 32-87. Reprinted in Ref. 4, pp. 223-261.
8. ———: *The Dreams of Two Patients in Analysis Interpreted as a Telepathic Rêve à Deux.* This QUARTERLY, XVI, 1947, pp. 39-60. Reprinted in Ref. 4, pp. 262-276.
9. ———: *Analysis of a Presumptively Telepathic Dream.* Psychiatric Quarterly, XXII, 1948, pp. 1-33. Reprinted in Ref. 4, pp. 339-362.

10. ————: The Use of the Telepathy Hypothesis in Psychotherapy. In: *Specialized Techniques in Psychotherapy*. Edited by Gustav Bychowski and Louise Despert. New York: Basic Books, 1952.

11. FODOR, NANDOR: *Telepathic Dreams*. American Imago, III, 1942, pp. 61-85.

12. FREUD: *Eine erfüllte Traumahnung* (1899). In: *Schriften aus dem Nachlass. Gesammelte Werke*, XVII, pp. 19-23. London: Imago Pub. Co., 1941. Trans.: *A Premonitory Dream Fulfilled*. Coll. Papers, V, pp. 70-73. Reprinted in Ref. 4, pp. 49-51.

13. ————: *Psychopathology of Everyday Life*. In: *The Basic Writings of Sigmund Freud*. New York: Random House, 1938, pp. 165-168. Reprinted in Ref. 4, pp. 52-55.

14. ————: *Die okkulte Bedeutung des Träumes*. Imago, XI, 1925, pp. 234-238. Trans.: *The Occult Significance of Dreams*. Coll. Papers, V, pp. 158-162. Reprinted in Ref. 4, pp. 87-90.

15. GILLESPIE, W. H.: *Extrasensory Elements in Dream Interpretation*. In Ref. 4.

16. HITSCHMANN, EDWARD: *A Critique of Clairvoyance*. Reprinted in Ref. 4, pp. 113-116. Originally in Wiener Klinische Rundschau, XXIV, 1910, pp. 94-95.

17. ————: *Telepathie und Psychoanalyse*. Imago, IX, 1923, pp. 368-382. Trans.: *Telepathy and Psychoanalysis*. Int. J. Psa., V, 1924, pp. 423-438. Reprinted in Ref. 4, pp. 117-127.

18. HOLLÓS, ISTVAN: *Psychopathologie alltäglicher telepathischer Erscheinungen*. Imago, XIX, 1933, pp. 529-546. Summarized in Ref. 4, pp. 199-203.

19. HUMPHREY, BETTY M.: *Soal and Goldney's Precognitive Telepathy Experiments*. J. Amer. Soc. Psychical Research, XXXVII, No. 3, 1944, pp. 139-159.

20. JORDAN, P.: *Positivistische Bemerkungen über die parapsychischen Erscheinungen*. Zentralbl. f. Psychother., IX, 1936, pp. 3-17.

21. ————: *Verdrängung und Komplementarität*. Hamburg-Bergedorf: Strom-Verlag, 1947.

22. ————: *Reflections on Parapsychology, Psychoanalysis and Atomic Physics*. J. Parapsychology, XV, 1951, pp. 278-281.

23. LEVI-BIANCHINI, MARCO: *Sogno Metapsichico: Psicobiofisica e Mesencefalo*. Metapsichica, I, 1946, pp. 28-45.

24. ————: *Ulteriori Contributi al Problema dei Sogni Metapsichici e della Psicobiofisica*. Rassegna di Psicopatologia, Neuropsichiatria e Psicoanalisi, I, No. 2, 1951, pp. 16-32.

25. ———— AND MARULLI, GIUSEPPE: *Sopra una Rarissima Forma di Sogno Collettivo Premonitorio avente per Obbietto due Statuette di Metallo della Vergine Maria e di Gesù Cristo*. Rassegna di Psicopatologia, Neuropsichiatria e Psicoanalisi, I, Nos. 3-4, 1951, pp. 135-137.

26. LILLIE, R. S.: *General Biology and Philosophy of Organism*. Chicago: Univ. of Chicago Press, 1945.

27. LORENZ, EMIL: *Die Träume des Pharaoh, des Mundschenken und des Bäckers*. Psa. Bewegung, II, 1930, pp. 33-45.

28. LYTTELTON, EDITH: *Some Cases of Prediction.* London: Bell, 1937.

29. MARBE, KARL: *Die Gleichförmigkeit in der Welt.* Munich: Beck, 1916.

30. MARGENAU, HENRY: *Physical Versus Historical Reality.* Philosophy of Science, XIX, No. 3, 1952, pp. 193-213.

31. MEERLOO, J. A. M.: *Telepathy As a Form of Archaic Communication.* Psychiatric Quarterly, XXIII, 1949, pp. 691-704.

32. PEDERSON-KRAG, GERALDINE: *Telepathy and Repression.* This QUARTERLY, XVI, 1947, pp. 61-68. Reprinted in Ref. 4, pp. 277-282.

33. RUBIN, SIDNEY: *A Possible Telepathic Experience During Analysis.* In Ref. 4.

34. SCHROEDINGER, ERWIN: *What is Life?* New York: The Macmillan Co., 1945.

35. SERVADIO, EMILIO: *Psychoanalyse und Telepathie.* Imago, XXI, 1935, pp. 489-497. Reprinted in Ref. 4, pp. 210-220.

36. SIDGWICK, MRS. H.: *On the Evidence for Premonitions.* Proc. Soc. Psychical Research, V, 1888, pp. 288-354.

37. SOAL, S. G. AND GOLDNEY, K. M.: *Experiments in Precognitive Telepathy.* Proc. Soc. Psychical Research, XLVII, 1943, pp. 21-150.

38. STEIN, MARTIN H.: *Premonition as a Defense.* This QUARTERLY, XXII, 1953, pp. 69-74.

39. STEKEL, WILHELM: *Ein Prophetischer Nummertraum.* Zentralbl. f. Psa., II, 1912, pp. 128-130. Trans.: A Prophetic Dream of Winning Numbers. In: *The Interpretation of Dreams.* New York: Liveright, 1943, I, pp. 106-109.

40. STRUIK, D. J.: *On the Foundations of the Theory of Probabilities.* Philosophy of Science, I, No. 1, 1934, pp. 50-68.

41. ZULLIGER, HANS: *Ein 'Prophetischer' Traum.* Psyche, V, 1951, pp. 232-236. Trans.: *A 'Prophetic' Dream.* Reprinted in Ref. 4, pp. 183-187.

42. ———: *Prophetische Träume.* Int. Ztschr. f. Psa., XVIII, 1932, pp. 201-218. Trans.: *Prophetic Dreams.* Int. J. Psa., XV, 1934, pp. 191-208. Reprinted in Ref. 4, pp. 168-182.

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AN ANALYSIS OF THE CONCEPT OF INSIGHT

BY JEROME RICHFIELD, PH.D. (CINCINNATI)

The nature of insight, its classification into distinct categories, and the proper uses of the term, have been the subject of considerable discussion and some confusion in psychiatric literature. Twenty years ago James Strachey protested that attention was continuously being given to the vexing questions of whether and when insights should be given to patients,

> while we have no clear idea of what we *mean* by a 'deep interpretation', while, indeed, we have no exactly formulated view of the concept of interpretation itself, no precise knowledge of what interpretation is and what effects it has upon our patients *(15)*.

Strachey emphasized that psychoanalysis should gain much from a clearer grasp of problems such as this.

It is to be expected that the general problem of insight and questions relating to the therapist's role in producing it should have a fundamental significance. The criterion of whether a given form of psychotherapy is analytic has been made to rest upon the undoing of neurotic defenses through the achievement of insight, especially through the insight gained by the interpretation of resistances and derivative impulses expressed by the patient in his transference *(4)*. But in spite of the central importance of the concept of insight and the abundance of data pertaining to it, little in the way of genuine clarification has been achieved since the time of Strachey's complaint. Recently it has been stated that 'Among the unclarities which are of the utmost clinical importance and which cause utmost confusion is the term insight' *(16)*.

The author acknowledges his indebtedness to Dr. Maurice Levine for stimulating criticism and suggestions.

How the term originated and in what sense it was originally intended is obscure. Clearly the term is employed equivocally, and an adequate theoretical understanding of the therapeutic effects of insight upon nonadaptive behavior depends largely upon an understanding of the differences among distinct varieties of insight. But differences in insight have been remarkably difficult to classify. No effective schematic principle has been formulated which is at once compatible with all the facts known, consistent with the therapist's intentions in his uses of the term, and useful in his efforts to isolate the therapeutic efficacy of any given insight.

Our purpose is not to evaluate the role of any type of insight as a curative agent, nor to discuss the relative therapeutic importance of insight in psychotherapy; these are special problems of the psychiatrist. This paper is essentially a philosophic one. But although it is outside the scope of philosophy to question the factual considerations employed by the scientist in determining the truth of empirical statements, the scientist's activity necessarily presupposes that the statements to be tested possess some clear significance *(10)*. Verification itself can never be clearer than the meaning of the statements being tested. The present work is based on a distinctive philosophical activity, namely, an attempt to give a certain type of systematic restatement of what the psychiatrist means when he asserts that there are some insights of particular therapeutic importance in psychoanalytic treatment, and that these are different from other insights in various respects. The clarification of the problem of insight is not merely a matter of substituting philologically better expressions for ones that are already in use. In part the problem exists because the current traditional expressions fail to supply the proper basis for an adequate understanding of insight in psychiatry. There is already sufficient factual knowledge about insights themselves (though not about how they produce cure) to achieve the desired clarifications. But there has been no successful analysis of the complex logical structures and relations involved in the formulation of

these data. The definitions entailed by current formulations, when they are explicitly made, are usually in terms of synonymous symbolic expressions. These definitions do not serve to dispel the confusion. Where understanding of a term, such as 'emotional insight', is imperfect, the available synonyms are likely to be unclear in the same way as the term which first creates the confusion. In defining insights no endeavor is made to construct the relatively unimportant equivalent expressions. When philosophical analysis has been prompted by the confusions surrounding the use of a term, the confusions have usually been successfully resolved through uncovering the hidden ambiguities in the linguistic symbols involved *(3, 11)*. The aim is to analyze the concept of insight in terms which will serve to clarify its meaning and to distinguish among different insights in a psychoanalytic context in the hope that such analysis will lend itself to an explanation of the logical relations between the concept of insight and the prevailing psychoanalytic concept of therapy.

Not all the common uses of 'insight' are of equal importance, although each probably plays some part in creating the difficulties that must be considered. If, for example, a person is aware that various psychological factors interfere with his social adjustments and the fulfilment of his capabilities, his recognition that he needs help in overcoming his adaptive limitations is considered to be a manifestation of insight. Such insight is helpful in diagnosis, classification, and prognosis, but it is considered to be of comparatively insignificant therapeutic importance. These insights are generally considered to be 'verbal' or 'intellectual' and to differ significantly from what have been termed genuine 'psychological' insights.

'Psychological' insights are said to consist of some understanding or appreciation of the motives and genesis of symptoms *(8)*, but among this group of insights important differences are to be noted. It is possible that as a result of interpretations of the more significant aspects of his history, complaints, and behavior, the patient may come to recognize certain specific

neurotic defenses and to identify them as they appear in given situations. But acknowledgment by the patient that he is constrained by a seemingly unjustified guilt or anxiety may not be different in its essential character from an 'intellectual' insight concerning the same facts. Such insight, although it is significantly different from the previous example of insight, and is in conformity with the principle defining 'psychological' insight, is still considered superficial. It is relegated to the class of 'verbal' insights which, again, are merely 'intellectual' and can at best be no more than preliminary to the insights which are requisite to cure *(7)*. Our primary interest is in the insights which the patient gains in the course of, and as a result of, his analytic experiences. We are also interested, tangentially, in the insights which the therapist must acquire. For both, the insights involved have to do with the symptomatic actions, personality structure, and past and present experiences of the patient. Both instances of insight are said to be instrumental to certain forms of cure. But obvious differences in these insights have been perplexing to those who attempt to formulate the character of insight and clarify its role in therapy.

To concentrate for a moment on the insights of the therapist, these are constituted by judgments which describe and evaluate the patient's behavior and experiences in accordance with psychodynamic principles. These insights are the interpretations that the therapist may use in his comments to the patient at times when other features of the analytic process indicate it to be appropriate to do so. It might seem that the therapist's insights, being cognitions which derive from his abundant knowledge and related aptitudes, are solely the result of intellectual processes, for they consist of knowledge about certain pathological features of a case in question and seem identical in form with judgments about, for example, a patient's basal metabolism. If any insight of the therapist did in fact have this character, it would traditionally be referred to as an 'intellectual' insight. But the therapist may arrive at understanding

of a diagnosis by an empathic process, which Levine has described as 'a process essentially of limited and temporary identification with the patient' *(6)*. The insights and contributions to insight achieved through empathy are not the same as those termed 'intellectual' insights. In short, the insight of the therapist is classified sometimes as 'intellectual', sometimes as 'empathic'. It is recognized that effective psychoanalytic understanding depends upon a proper conjunction of intellectual and empathic activities on the part of the therapist *(4)*.

When we consider the insight of patients, a somewhat comparable contrast is made between 'intellectual' and 'emotional' insight. Often the comment is made that the insights of the patient which are important in his cure are 'emotional' rather than 'intellectual'. Such 'emotional' insights of patients are obviously different from those which the therapist gains through identification with the patient.

It is primarily in the problem of 'emotional' insight that the greatest difficulty is found. The contrast of 'intellectual' and 'emotional' insight is made repeatedly, but never with adequate clarity. How any cognition is related to its alleged affective components in 'emotional' insight has not been satisfactorily stated. Generally, the contrast merely signifies a vague difference between an intellectual understanding and some kind of understanding accompanied by an emotional reaction.

So far it is evident that the perplexing contrast of insights and their confused and traditional classifications results in part from the fact that the terms are used in so many contexts. The understanding a patient has of himself may concern many very different aspects of his personality and its relationships.

When insights, like those noted above, are examples of 'insight as to sickness', they must be covered by the general concept of insight, but they are not pertinent in a consideration of insights of ultimate therapeutic significance. A patient may seem to be aware of his psychological processes in ways which transcend the mere acknowledgments or acceptances characteristic of verbal or intellectual insight, and yet be exhibiting only

a pseudoinsight. Some of the signs of insight may result from counterphobic attitudes, reaction-formations, or a compulsive identification with the normal *(2)*. If so, we do not have an instance of real insight, in spite of the fact that the patient may be verbalizing certain true statements about himself, and even acting in a manner overtly compatible with these statements. Whatever else real insight is, it cannot be a neurotic defense against the forces which it is the business of insight to know.

Although all the descriptions of insight thus far enumerated, except one, are instances of real insight, none of them clearly possesses the character to which the greatest importance is attached in psychotherapy. None of them, whatever their respective values, can be considered to be simultaneously a therapeutic process and a therapeutic goal.

When the development of insight is listed among the aims of therapy, it is not because the psychiatrist desires the patient to have some particular knowledge for its own sake. He is concerned in general with helping the patient to avoid dissipations of energy in certain unfortunate ways and to mobilize and redirect these forces into the production of more satisfactory relationships and constructive activities. Consequently, it is only when insight concerns the unconscious dynamic forces thwarting these goals that it has been considered a factor of ultimate therapeutic significance. But the problem of classifying insights by no means ends here, for there are times when a patient's recognition of the specific dynamic causes of his symptoms makes no changes in his neurotic behavior, and other times when this same insight facilitates an alteration in the distribution of his energies. As unconscious drives are brought by the analytic process within the understanding of the patient, they may lose their primitive intensity and receive some measure of control by the conscious personality. Freud's formulation, 'Where id was there shall ego be', is effected principally by the analytic practices which produce and utilize the patient's insight into those significant portions of his 'instinctual life' that are repressed. But why do some neurotic patients remain sick in

spite of these insights, while others get well? The characteristic answer begs the question; we are told that if the patient's behavior remains unmodified, then his insight was merely 'intellectual' or 'verbal', in spite of the fact that it had reference to fundamental unconscious factors.

Although criteria based on the content of any insight are necessary to the classifications of insight that have been made, they are not adequate as differentiating principles. The basic distinction between 'intellectual' and 'emotional' insight does indicate a recognition of some genuine and relevant differences in the circumstances in which these terms are used. The semantic defects in the terms themselves reflect a need for clarification of the general concept of insight, and an analysis of the varying relations between affective and cognitive states implied by the terms. 'Intellectual insight' is redundant, the descriptive function of the adjective being included in the generic meaning of insight. Since all insights are ultimately intellectual, 'emotional insight' is not an expression of the same order as the one to which it has been opposed. It would have to be understood as an elliptical phrase signifying a cognition whose content was an emotion. This explanation would establish a coherent meaning for the term, but it would not serve the function for which the awkward expression was initially created. As we have seen, the content or object of the cognition is not an adequate basis on which to explain the distinctions the psychiatrist would like to indicate with his use of these terms. It seems necessary to restate the peculiarities of different insights in order to arrive at a useful principle of classification.

Such an effort was made recently by Reid and Finesinger, in a paper which clarifies many aspects of the problem of insight but leaves unresolved the most crucial issues *(9)*. The first task set about by the authors was to clarify the meaning of insight to the point where it could be seen whether questions about it were operationally significant. They concluded that any instance of insight necessarily entails some cognitive act by which

the significance of a pattern of relations is grasped. Insight is said to be cognitive as distinguished from the conative or affective states which do not, as such, express inferences, make claims as to truth, or yield knowledge.

Although any insight is intellectual, clinical experience indicates that not every instance of insight will bring about a substantial reduction of the patient's symptoms. Reid and Finesinger attempt to account for the difference among insights by explanation of the character and functions of what they take to be three distinct categories. By 'intellectual' insight is meant a cognition in which neither of the terms in the relation whose significance is grasped by the act of insight is an emotion. Since it is granted that any insight is by definition intellectual, this variety is called 'neutral'. The insight is neutral with respect to emotion.

A second kind of insight is said to be one in which some relevant emotion is a part of the subject matter grasped by the patient. The emotions which play a role in the patient's symptoms comprise one term of the relation known by insight. This the authors call 'emotional' insight, but they distinguish another sort of relation between insight and emotion which they claim is often confused with the above. Insight, they say, could make the patient conscious of some fact which then 'cognitively mediates' an emotion. An emotional response is released or set off by an insight which, unlike the first variety of emotional insights, need not itself be about an emotion. Here it is not the content of the cognition that determines the classification of the second type of emotional insight, but the consequence any insight might have of mediating an emotion.

The fact that one insight is about an emotion, while another is not, does not, in itself, allow us to recognize any differences in kind in the cognitive processes involved. An insight is not emotional because it pertains to an emotion, any more than an insight would be infantile if it concerned regressions. It is recognized that some cognitions may be about emotions rather than about some other factor, and that some cognitions may

precipitate an emotion while others may not. But any of the insights in the first class of emotional insights could have the attributes by which the second class is determined.

It is not clear, then, how we could go about distinguishing the second kind of emotional insights from the supposedly distinct categories already established. The criterion of 'neutral' insights was simply that no term of the significant relation grasped could be an emotion. But if an insight into some nonemotion 'cognitively mediated' an emotional response, then Reid and Finesinger would have to classify this insight as a 'neutral-emotional insight'. Since 'neutral' and 'emotional' are intended to deny each other, such an insight would be hard to understand.

The problem remains. Why does grasping the significance of some pattern of relationships contribute to cure on some occasions and remain patently ineffective on others? The authors describe another kind of insight in an endeavor to answer this question. This final variety constitutes 'the intellectual *summum bonum* of analysis' and is called 'dynamic' insight:

> Such insight is 'dynamic' in the systematic freudian sense of penetrating the repressive barrier and making the ego aware of certain hypercathected wishes that were previously unconscious. . . . [Suppose that a patient discovered, through analysis,] that he was neurotically dependent upon certain forms of emotional reassurance from his wife, with the result (say) that he demanded, on pain of violent explosions of hostility, certain oral forms of sexual gratification from her, and if this attitude was traced back to certain repressed œdipal material, and if, finally, our patient gained insight into the causal role of this repressed material and his frequent quarrels at dinner with his wife, then . . . our patient would have achieved . . . dynamic insight.

Certainly the patient in the above illustration would have insight in some sense of the term. But the insight deals with emotions, and may also be merely an intellectual acknowledg-

ment of the connections between his symptomatic quarrels and his repressed œdipal drives. The emotion of which the significance is grasped is one of peculiar psychodynamic importance; but this fact is not sufficient to remove such an insight from the previously established categories and produce the therapeutic consequences attributed to certain insights in the first place.

The claim for 'dynamic' insight is that it produces therapeutic effects, 'through the "economic" shifts brought about with their consequent alterations in the unconscious cathexes on "thought-contents" at various levels of organization in the symbolic behavior of the patient'. This explanation leaves the original problem untouched. In place of asking why some insights have therapeutic effects while others do not, we now ask why some instances of 'dynamic' insight effect 'economic shifts' and alterations in the unconscious cathexes of 'thought-contents' while other instances do not. The authors have partially defined the meaning of 'therapeutic effects' as it appears in our original question, but they have not explained the nature of the insight that determines it.

The logical analysis by Reid and Finesinger is a productive attempt to throw light on this most difficult problem of the character of insight in psychotherapy, and the defect of their analysis points up the chief difficulty in the way of clarification. What is needed is some account of how any insight, an essentially cognitive process, can manifest the emotive properties necessary to effect the behavioral readaptations involved in cure.

To clarify this problem, we must first attend to whatever implicit assumptions are contained in the primary data. Let us consider the question: How do two insights with the same dynamic content differ in their capacity to extend the patient's conscious control over his behavior? This question assumes first that whenever two instances of insight relate to the same object, the data involved are known in the same way in both. We can all agree with Reid and Finesinger that any insight is cognitive by definition, but it does not follow that cognition is

a uniform experience in every instance. It is likely that the inherent ambiguity of 'knowing' underlies the traditional attempts and failures at classifying insights in a useful fashion. A second uncritical assumption involved in previous discussion of our problem is that there is some *one* kind of insight which is essentially curative and which should, therefore, be distinguished in a proper classification of insights in psychotherapy.

There are two fundamentally different ways in which we can know things. Perhaps the clearest distinction between ways of knowing was formulated by Bertrand Russell when he separated our knowledge of objects from our knowledge of facts or truths about such objects. Differences in the cognitive content here imply certain differences in cognitive processes. Russell calls attention to the latter differences with his discussion of knowledge by *acquaintance* and knowledge by *description*: 'I say that I am *acquainted* with an object when I have a direct cognitive relation to that object, i.e., when I am directly aware of the object itself' *(12)*. Acquaintance, then, describes any cognition in which knowledge is obtained without logical dependence upon any inferential process or other knowledge of facts. I have knowledge of both morphine and alcohol. I know that one is a bitter, white crystalline, narcotic base, and is the principal alkaloid of opium; the other, I know to be a colorless, volatile, inflammable liquid which is the intoxicating principle in fermented and distilled liquor. I know, further, that the use of the one tends to inhibit aggressive impulses, while the other releases repressed impulses. At this point my knowledge of the two substances is no longer comparable. Of alcohol I have actually experienced the effects; I have knowledge of alcohol by direct acquaintance with the euphoric affective tone produced by its function of release. This is specific knowledge which no amount of discourse on the subject of the effects of alcohol could produce. I have no such direct cognitive experience of the effects of morphine. This quietude or freedom from pathological tensions induced by this opiate is known to me indirectly, if at all, by analogy and by inference.

Knowledge by description transcends the limits of the private experience we have in the cognitive relations of acquaintance. In knowledge by description there is a cognition *that* something is true. Knowledge here takes the form of judgments about an object. The fact referred to by the judgment, and not the object itself, is what is known. This is what constitutes my knowledge of morphine. Knowledge by acquaintance is neither excluded by, nor incompatible with, knowledge by description. The use of this dichotomy should not be oversimplified. Few instances of knowledge are likely to consist of one or the other form alone. But analysis of any instance of knowledge involves the use of these concepts of different kinds of knowledge. No distaste for dichotomy will make knowledge of a given x which we get by description equivalent to the knowledge gained from an experience in which the same x is an actual constituent.

There may be cases, then, in which one has true judgment without acquaintance.

> If I am acquainted with a thing which exists, my acquaintance gives me the knowledge that it exists. But it is not true that, conversely, whenever I can know that a thing of a certain sort exists, I or someone else must be acquainted with the thing *(13)*.

The essential point for our purpose is that any cognition of a subject which is derived by description is knowledge *about* that subject and may be independent of any acquaintance with the same subject. Thus two patients may know that their excessive dependance upon certain forms of emotional reassurance from their wives is caused by repressed œdipal drives. But the insight of one of these patients may be a cognition about these dynamic factors which never themselves emerged into the consciousness of the patient as direct objects of his awareness. The repressed forces, although known in one sense of the term, remain ego-alien to the patient and thus have no effects upon his symptoms. In the other patient, the cognition which is said to be the patient's insight into dynamic forces may consist of a direct presentation of the unconscious emotion to the

patient's awareness. Only when knowledge takes this form is it possible for the cognitive object to receive the necessary integration into the ego. The conscious personality cannot learn to handle a need of which it is unaware. But the awareness must have the need itself as its object, and not merely facts about it, before changes in the distribution of cathexes are to be brought about.

A need may be known to exist without being felt, but this knowledge is different in obviously significant respects from the knowledge we have when the feelings themselves, and not interpretive statements about them, are the objects of our insight. It is well known that there are times in the analytic process when the patient may not be able to handle some facts he learns about himself. What is meant when the psychiatrist talks about patients' 'handling' their insights? We are advised that the therapist employing an uncovering technique may first need to diminish the patient's anxiety by giving him a sense of the therapist's understanding of the conflicting emotions that disturb him. This may make it possible for him 'spontaneously to face the realities of his situation' *(1)*. It is not helpful for us to understand 'handling' insights and 'facing' reality simply as the patient's acceptance of, or willingness to believe, certain truths about himself. For factors other than the truths in question may influence the patient's motivation to accept the insight. 'Handling' an insight involves an actual readjustment of emotions which permits the patient to face not simply the truth about some conflicting drive, but the incompatible feelings themselves which are to be correlated with current symptoms.

The final insights maintained by the ego that enable the patient to develop and sustain adequate control over his instinctual life may consist of knowledge by description; that is, of truths about the emotional constellations against which he developed the original neurotic defenses. But the cognitions that achieve this insight must result from the direct relation between the knower and his feelings. Freud once observed in this connection that one cannot overcome an enemy who is

absent. When our insights are knowledge by description, we have truths about the repressed enemy, not the enemy itself. The latter is known directly only when brought through the psychological barriers of the mind. Our insight is then knowledge by acquaintance.

Reid and Finesinger have oversimplified their distinction between cognition as a 'knowledge-yielding process' and emotions 'which do not, as such, yield knowledge'. The difficulty here rests not so much with the conceptual differentiation itself as with the uses to which it is put; for isolated affective states very probably do not exist in the human organism, at least not in the conscious personality. A conscious drive is a felt drive: here, being and being known are identical. This logically immediate relation between certain objects and the knowledge of their existence is a necessary condition of all knowledge. Russell makes it clear that

> what happens in cases where I have true judgment without acquaintance, is that the thing is known to me by description, and that, in virtue of some general principle, the existence of a thing answering to this description can be inferred from the existence of something with which I am acquainted *(13)*.

Of course, the psychology of cognition is far more elaborate than seems indicated here. Questions pertaining to the development of our knowledge require a complex study of the relations between acquaintance and description as cognitive processes. But it is sufficient here to observe in general terms that the psychology of cognitive processes and the psychology of affective processes have a reciprocal relation; and that this reciprocal relation is pertinent to the distinctions drawn between 'intellectual' and 'emotional' activities in attempts to classify and explain the concept of insight in psychotherapy.

Granted the epistemological distinctions involved in diverse kinds of cognition, how on such a basis should insights be classified in the interest of psychoanalytic theory? Psychiatrists well versed in the literature of their own field will recognize in this kind of question a familiar prelude to the introduction

of some unfamiliar terms. Philosophers share with psychiatrists the strongest conviction that jargon is both unnecessary and undesirable. They share, too, a chronic inability to avoid it. I wish to introduce the term 'ostensive'. It is not an esoteric term. It is a technical term in traditional logic and has a clear use. Its function here will be to replace some unclear and otherwise inappropriate designations currently used to denote various kinds of insights. Its primary importance lies in its connection with the diverse kinds of cognition relevant to our problem.

Something is said to be defined 'ostensively' when the thing defined is actually exhibited. This may be done for convenience, or because linguistic symbolism is inadequate, or because it is desirable to give knowledge by acquaintance rather than by description. This is in contrast to a 'nominal' definition. For example, a systolic cardiac murmur may be defined nominally in terms which describe its area, pitch, volume, duration, and timing in the cardiac cycle, or it may be dealt with ostensively with a stethoscope. Some of the means available to the psychotherapist for dealing ostensively with facts the patient should come to know are considered in a stimulating paper, The Dynamics of Insight, by Alexander Reid Martin *(17)*. We have seen how knowledge may take the form of judgments about objects or events which are not themselves part of a given individual's actual conscious experience. Knowledge ***about*** such referents can be communicated because of other related knowledge which is consequent upon direct personal experience:

> For every work which you can understand must either have a nominal definition in terms of words having an ostensive definition, or must itself have an ostensive definition; and ostensive definitions, as appears from the process by which they are effected, are only possible in relation to events that have occurred to you *(14)*.

We may now refer to insights that provide the patient with

truths about himself by making use of his capacity to comprehend the words employed in any interpretation as 'descriptive' insights. These may or may not be about emotional states. Their classification depends upon the form of knowledge involved in the insight and not upon the characteristics of the object, process, relation, or event which is known.

Insights which incorporate the actual, conscious experience of their referents can be termed 'ostensive' insights. These are obtained through the direct cognitive relations involved in the acquisition of knowledge by acquaintance. The names 'descriptive insight' and 'ostensive insight' are stipulated as terminological conveniences. They entail no judgments about emotions, dynamic mechanisms of defense, nor cognitions which are incompatible with known facts. They are intended to be used with reference to the above exposition of the basic distinction between ways of knowing.

Freud's injunction, 'Where id was there shall ego be', may now be expressed in terms of the connection between 'insight' and the forms of cognition. Analytic cure requires that the ego shall have a relation to repressed forces comparable to their relation to the id in their original unconscious state. Apart from the traditional topographical formulation, we may say that the 'development of insight' as an aim of therapy refers to whatever techniques and relations are utilized by the analyst to improve the capacity of the patient to integrate the proximate causes of his neurotic behavior with his conscious impulses and goals. This requires that the repressed drives of the patient be known by acquaintance, and that the significant facts pertaining to these drives, which psychodynamic theory enables us to discover, be understood through the descriptive insights ultimately gained in therapy. The patient substantiates this when he says, 'I've talked about it, but it's no good talking about it—you have to feel it. This was the first time I really knew.' Martin, who reported the above comment, states that when the conflict 'is brought to awareness and recognized in various levels of functioning and is then relived with the

therapist, some of the most intense sudden insights occur' *(17)*.

The basic distinction presented here between kinds of knowing has been presupposed by many statements in the literature concerning therapeutic insight. Fenichel, for example, noted,

> The fact that the pathogenic conflicts, revived in the transference, are now experienced in their full emotional content makes the transference interpretation so much more effective than any other interpretation *(4)*.

According to Fenichel, psychoanalysis is to be recognized as the only 'causal' therapy of neurosis, for it achieves its goal 'by making the patient's ego face what it previously warded off'. Thus the facing of repressed material is therapeutic when the cognitions involved possess the object of this insight 'in their full emotional content'; that is, when the pathogenic conflicts are known by ostensive insight.

Strachey, in the article referred to at the outset of this paper, called those insights which effect a reduction of the patient's symptoms 'mutative interpretations'. These, he said, could refer only to an id impulse which was actually in a state of cathexis, 'for the dynamic changes in the patient's mind implied by a mutative interpretation can only be brought about by the operation of a charge of energy originating in the patient himself'. He claims that 'every mutative interpretation must be emotionally immediate; the patient must experience it as something actual' *(15)*. This experiencing of cathected impulses as something actual constitutes what is meant in this paper by ostensive insight. It should be recognized as a necessary condition of the subsequent descriptive insights which will provide the patient with the knowledge requisite to an ultimate recognition and continued control of neurotic behavior.

An insight should not be classified according to its subject matter alone, whether conscious or unconscious, or considered in some vague way to be 'emotional', 'intellectual', 'psychological', 'verbal', or 'real'. It is more useful to describe *how* the

insight was obtained, whether by acquaintance or by description, and then in terms of this fundamental classifying principle to arrange instances of insights according to their 'depth' or their contents. To understand *what* an insight concerns does not explain as much as knowing *how* this knowledge is possessed.

In conclusion, the above philosophic analysis may have the following implications for a theory of psychotherapy. It is not alone that 'the voice of the intellect is soft'; it speaks with two voices. Neither of these by itself is likely to produce the final emotional adjustments sought in any form of psychotherapy. There is not some one kind of insight which has substantial therapeutic efficacy. What Reid and Finesinger have called 'dynamic insight', the 'intellectual *summum bonum* of analysis', actually may be achieved by the effective timing of both fundamental kinds of insight in an appropriate order governed by the peculiarities of each case. Without ostensive insights, the referent of interpretations made to the patient will never be known in any efficacious way. And without descriptive insights, the patient may never be adequately prepared to 'face' the necessary emotional contents which must be 'handled' by his conscious personality, nor to understand enough of the facts and relations of his hitherto repressed drives to sustain the personality modifications which herald a final cure.

REFERENCES

1. ALEXANDER, FRANZ AND FRENCH, THOMAS M., ET AL.: *Psychoanalytic Therapy.* New York: The Ronald Press, 1946, p. 127.
2. ARLOW, JACOB A.: Ego Psychology. In: *The Annual Survey of Psychoanalysis, Vol. I.* New York: International Univerisities Press, Inc., 1950, pp. 138-139.
3. AYER, A. J.: *Language, Truth, and Logic.* London: Victor Gollancz, Ltd., 1949, p. 152.
4. FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis.* New York: W. W. Norton & Co., 1945, pp. 569, 571, 573.
5. FREUD: *The History of the Psychoanalytic Movement.* Coll. Papers I.
6. LEVINE, MAURICE: Principles of Psychiatric Treatment. In: *Dynamic Psychiatry.* Chicago: The University of Chicago Press, 1952.
7. MASSERMAN, JULES H.: *Principles of Dynamic Psychiatry.* Philadelphia: W. B. Saunders Co., 1946, p. 163.

8. NOYES, ARTHUR P.: *Modern Clinical Psychiatry.* Philadelphia: W. B. Saunders Co., 1951, pp. 116-117.

9. REID, JOHN R. and FINESINGER, JACOB E.: *The Role of Insight in Psychotherapy.* Amer. J. Psychiatry, CVIII, No. 10, 1952.

10. RICHFIELD, JEROME: *The Role of Philosophy in Theoretical Psychiatry.* Bull. Menninger Clinic, XVII, No. 2, 1953.

11. RUSSELL, BERTRAND: *Introduction to Mathematical Philosophy.* London: Allen and Unwin, Ltd., 1948, chapter 16.

12. ———: *Mysticism and Logic.* New York: W. W. Norton & Co., 1929, p. 209.

13. ———: *Problems of Philosophy.* New York: Henry Holt & Co., 1912, p. 72.

14. ———: *Human Knowledge, Its Scope and Limits.* New York: Simon & Schuster, Inc., 1948, p. 87.

15. STRACHEY, JAMES: *The Nature of the Therapeutic Action of Psychoanalysis.* Int. J. Psa., XV, 1934, pp. 127, 149-150.

16. ZILBOORG, GREGORY: *The Emotional Problem of the Therapeutic Role of Insight.* This QUARTERLY, XXI, No. 1, 1952.

17. MARTIN, ALEXANDER R.: *The Dynamics of Insight.* Amer. J. Psa., XII, No. 1, 1952.

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THE ART OF EDVARD MUNCH AND ITS FUNCTION IN HIS MENTAL LIFE

BY STANLEY STEINBERG, M.D. AND JOSEPH WEISS, M.D.
(SAN FRANCISCO)

Edvard Munch (1863-1944), though scarcely known in the United States, has long been recognized by European art critics as one of the great modern painters and as a leader of the expressionist movement. He is a national hero in Norway and has been described by Stenersen *(1)* as the 'poet-genius of the North'.[1]

Several aspects of Munch's career are of psychological interest. This paper deals particularly with a change in the function of Munch's art in his psychic economy and discusses how this change was reflected in the character of his paintings. The change took place after a psychotic episode which occurred when Munch was forty-six years old (1908-1909). The works of the fifteen-year period preceding this illness are macabre in content and unusual in technique. They often depict scenes of turbulence and anguish which the artist imagined, or scenes of illness and death which he recalled from his childhood. They are harsh and powerful in effect. His paintings after the psychotic break are more tranquil, decorative, and traditional. But the artist developed new attitudes toward his paintings at this time. He became extremely reluctant to part with them.

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[1] Rolf Stenersen, who knew Munch better than anyone else during the last twenty years of the artist's life, kept a diary of Munch's comments and activities and in 1946 wrote an intimate biography of him, a valuable account of his psychopathology and genius. Stenersen made unusual sacrifices to make himself useful enough to Munch to be able to maintain a relationship with the artist. Unless otherwise noted, the information about Munch in this article is from Stenersen's book, *Edvard Munch: Close-Up of a Genius.*

He hated to sell them, and when he traveled he felt lost without them. He called them his children and expressed affection and annoyance toward them, or physically abused them, as if they were living beings.

The changes in Munch's art and his relationship to it correspond to changes in his life. Before the psychotic break, he led an active, turbulent life. After the break, he became more and more a recluse. His relationship to his paintings replaced, at least in part, his relationships to people.

It will be seen that before and after Munch's psychosis his paintings served different functions in his psychic economy. Before the psychosis Munch was attempting to gain mastery of his conflicts by re-creating his disturbing experiences in his paintings. After the psychosis, he sought a solution to his difficulties through his relationship to the pictures themselves. For instance, Munch, who often felt in danger of being overstimulated visually, depicted in numerous pictures of his earlier period an individual overwhelmed by his visual experiences. In his later period the paintings themselves served him as an external barrier against visual overstimulation. He surrounded himself with them and seemed to look at the world through them.

Munch was an unusually lonely man. Closeness, whether it involved friendship with a man, sexual intimacy with a woman, or even looking at a person, was frightening to him. He suspected his men friends of plotting against him. A sustained sexual relationship was impossible for him since he felt it would 'sap his strength'. His concept of closeness between two individuals as revealed in his art was of a destructive incorporation of one by the other.

He felt endangered by closeness to the inanimate objects of nature, which to him were alive. He feared the countryside as he feared a woman. He felt in danger of being enveloped or penetrated by it. Closeness to nature was a threat to his sense of separateness and body integrity. He tended to project

aspects of himself, such as his incorporative impulses, onto his environment, and he was also in danger of bringing disturbing aspects of his environment into himself. Munch believed that human beings are like empty vessels capable of being filled by waves which emanate from everything. By flowing into people, these waves affect their minds and change their bodies.

Munch had a special tendency to introject visually. Unable to keep disturbing aspects of his environment outside himself, he was often overwhelmed or excessively stimulated by the things at which he looked. His relationships with casual acquaintances and with important love objects as well as with his environment were disturbing because of this tendency to visual introjection.

His illness must have been related to his severe deprivations in childhood, of which he often spoke with bitterness. He stated that he never recovered from the death of his mother, who died of tuberculosis when he was five. That he witnessed her death, which followed a pulmonary hemorrhage, gave this trauma a visual quality and may well have contributed to his fear of visual overstimulation. Seven years later, he witnessed the death of his youngest sister, Sophie, who like his mother died of tuberculosis.

He never recovered from his feeling of loneliness. He attempted to resolve it by introjecting his mother, but when he did so he felt dead. His tendency to introject her is revealed by his representations of himself as a moribund old man, even in the self-portraits of his younger years. He said that the smell of death emanated from his self-portrait, Spanish Influenza *(2, plate 53),* painted after his recovery from a respiratory disease. His attempts to resolve his feelings of loneliness through fantasies of reunion with his mother were equally dangerous, for to him the condition of union with her was death. These fantasies of reunion with his mother may have been early determinants of his conception that closeness between a man and a woman is dangerous.

Munch's childhood was bleak. Both his parents expected him to be self-denying and frugal. The family was without adequate financial resources, as Munch's father, a doctor who worked in the slums of Oslo, would not take money for his treatment of the poor.

Little is known about the artist's mother, but her deathbed letter *(3)* which Munch kept all his life, reveals her as a self-sacrificing woman who warned her children against evil and offered them the hope of reunion with her after death if they renounced worldly values and followed the religious teachings of their father.

Of his father, Munch had this to say: 'Father had a difficult temper, inherited nervousness, with periods of religious anxiety which could reach the borders of insanity as he paced back and forth in a room praying to God. . . . When anger did not possess him he could be like a child and joke and play with us. . . . When he punished us, he could be almost insane in his violence. Disease and insanity were the black angels on guard at my cradle. . . . In my childhood, I always felt treated in an unjust way, without a mother, sick; and the threat of punishment in hell hung over my head' *(2)*.

He was cared for after his mother's death by his Aunt Laura. She fostered his early interest in painting and encouraged him to make a career in art even though his father disapproved. Despite his gratitude to Laura for all she did for him, Munch in his later years expressed the feeling that she too had failed him.

During his twenties, Munch studied art in Norway and on the Continent. He traveled a great deal and moved in Bohemian circles. When he was twenty-seven, his father died. For the next two years Munch was bedridden with bronchitis, a disease that had plagued him as a child. When he was twenty-nine, he departed from academic tradition and developed the techniques which characterized the works of his prepsychotic period.

Until his psychotic episode, Munch had numerous stormy affairs with women but always avoided marriage. He was suspicious of women, describing them as vampires and as having 'nutcracker muscles in their thighs'. He believed that only the strongest man could afford to marry. About a friend who had married, he said, 'After a few months he was only soup. It was as if she had pulled out all his teeth. The whole man was only mush. One had to pull him out of her arms as he lay on her bosom. She was terrible, and he was ashen and empty-eyed.'

In 1902, when he was thirty-nine, Munch had an especially upsetting experience with a girl from whom he was trying to separate. She used many stratagems to maintain his interest in her, but when these failed she arranged to have him walk in on her while she lay in bed as if dead. When Munch still refused to marry her, she threatened suicide with a gun. Munch attempted to dislodge the gun from her hand and in doing so had the tip of his left ring finger blown off. After this injury he was ashamed to have his hand exposed and wore a glove to conceal the injured finger.

After the shooting, Munch became increasingly argumentative with and suspicious of his men friends. Between 1902 and 1905, he had a series of barroom brawls. After one in 1905 when he shot at a colleague and missed him by only an inch he became so disturbed that he fled Norway to Germany. In 1907, he received psychiatric treatment in Germany for eight or nine months and was later hospitalized in Copenhagen (1908-1909) for an illness characterized by anxiety, severe agoraphobia, and ideas of persecution.

The poem Alpha and Omega, which he wrote in the sanitarium, reflects the turmoil he felt during this period. The story concerns a man, Alpha, and a woman, Omega, who live alone on an island. Alpha loses Omega's love to the beasts, snakes, and flowers of the field. Omega embraces the beasts, yielding to the allure of their soft fur and their hypnotic, glittering eyes. In a jealous rage, Alpha fights the animals for

Omega's love, but is defeated by them. When Alpha sees the offspring of Omega and the beasts, he is in despair. The sky and the sea change to blood and he turns away in terror from the scene, covering his ears to keep out the 'cries of nature'. He murders Omega and is in turn torn to pieces by her children *(4)*.

The anguish Munch felt in the decade 1892-1902 found expression in his paintings of the period, which were considered by the critics Rudlinger *(8)* and Deknatel *(2)* as Munch's most valuable and characteristic works. These paintings are macabre in content and unusual in technique.

Munch's fear of incorporating objects and of being incorporated by them found expression particularly in the art of this period. In The Vampire *(2, plate 12)* he showed a woman embracing a man and sucking out his blood. In The Kiss (Fig. I [*Cf. 2, plates 8 and 136*]), closeness between a man and a woman was depicted by a fusion of their bodies into a single form so that their individual outlines were obliterated. In Separation (Fig. II [*Cf. 2, plate 96*]) a woman's long hair was shown coiled about a man's neck, binding him to her. In this and in many other paintings of the period, women's hair symbolized the engulfing, smothering tendencies which Munch ascribed to women.

One technical aspect of Munch's work of this period, his characteristic handling of backgrounds, can perhaps be partially understood in similar terms. During this period Munch usually painted the backgrounds of his pictures in long parallel lines, sometimes straight, sometimes curved to follow the contours of the main figures on the canvas. In his lithographs, he made a similar use of striations. His use in his woodblocks of the parallel lines formed by the grain of the wood was a technical innovation in this medium. A clue to a psychological meaning of these striations is furnished by the observation that hair and striations encompassed the figures of Munch's paintings in the same way. In Ashes *(2, plate 16)* it is impossible to de-

FIG I. THE KISS (1897-1902). WOOD-CUT

FIG II. SEPARATION (1896). LITHOGRAPH

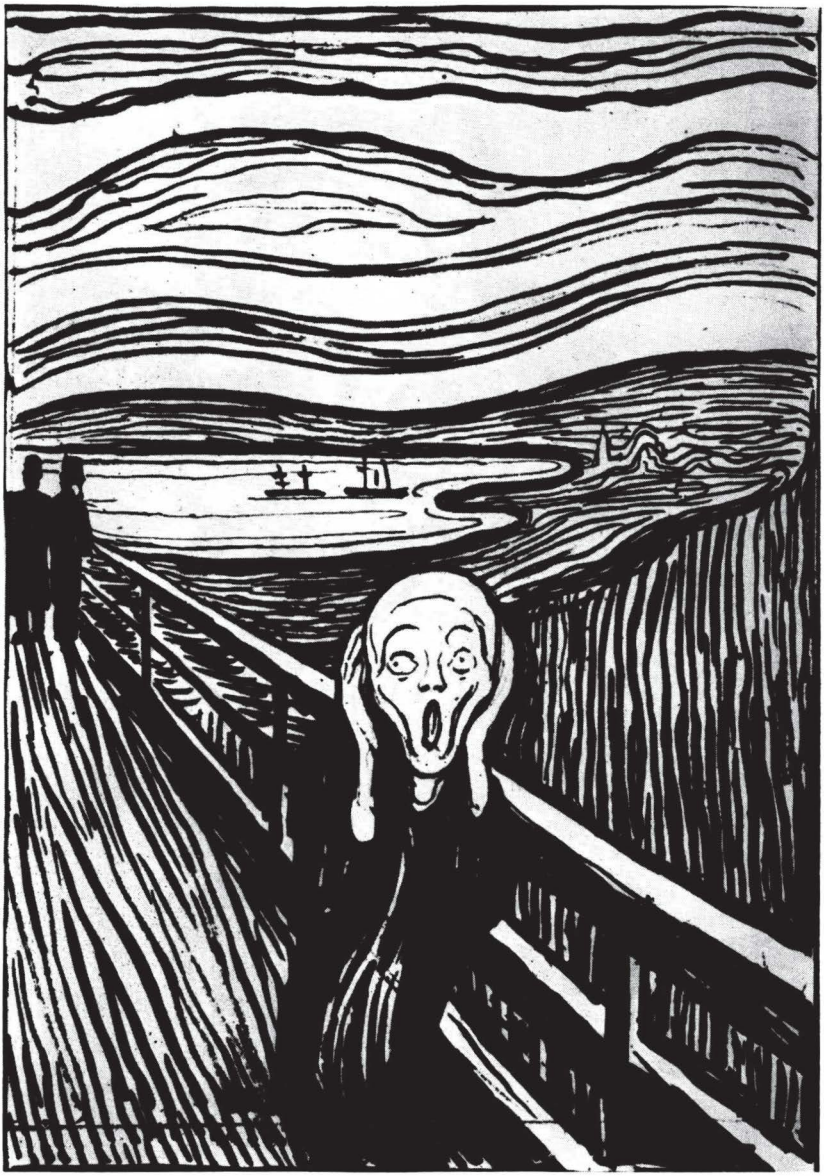

FIG III. THE CRY (1895). LITHOGRAPH

FIG. IV. THE DEAD MOTHER (1901). ETCHING

termine where hair stops and striations begin. In The Cry (Fig. III [*Cf. 2, plates 11 and 87*]), a frightened figure turns from a striated red sky in much the same manner as the child in a later etching (Fig. IV [*Cf. 4, plate 199*]) turns from her dead mother, whose long hair covers the pillow. Just as a woman's long hair represents engulfment by the woman, the striations of the background represent engulfment by the environment. While these striations threaten the individual with engulfment, they accentuate the distinctness of his body outline. They obscure boundaries and they make boundaries. They depict the merging of an individual with his environment and at the same time they protect him from dissolving into it. They represent both the threat of dissolution and a defense against it. Munch did in fact have a fear of dissolving into his surroundings; he stated that he was afraid he would become a gas and float away.

In contrast to the works mentioned in the preceding paragraphs, other works of the period reveal Munch's feelings of loneliness and separation. They show withdrawn individuals, isolated from other people and from nature. Taken together, Munch's works of the period reveal his dilemma: if he became too close to people he was in danger of being incorporated by them, but if he kept his distance he felt alone and abandoned.

Related to Munch's fear of incorporating objects or being incorporated by them was his fear of sensory, especially visual, introjection. He seldom allowed himself to perceive his environment. According to Stenersen, he rarely stopped to look around when he was outdoors. 'He looked as if he walked in his sleep. When he did look up, he commented on the strong impressions he received. He did not seem to be used to looking at things.' Munch perceived visual stimuli as intense and disagreeable and tried to avoid them. It may be said that he had an unusually strong tendency to introject visually and that this tendency was frightening to him. His fear of sensory, especially visual, introjection is expressed in The Cry (Fig. III). In this work a figure, terrified by a land-

scape that swirls around him, covers his ears and turns his head to avoid all perception of the scene, as if to save himself from being overwhelmed by the environment.

It has already been suggested that the swirling red landscape may represent Munch's dying mother. It will furthermore be recalled that in Alpha and Omega the landscape turns to blood and that Alpha shuts his ears to the 'cries of nature' just before he murders Omega. When the poem was published, this murder scene was illustrated by a drawing of The Cry. It may be said then that one aspect of Munch's fear of visual overstimulation by his environment was his fear of re-experiencing the visual trauma of witnessing his mother's death. The bloody landscape which penetrates and overwhelms the observer represents the shocking sight of Munch's dying mother, which could not be avoided or shut out.

Munch attempted to handle the anxieties stemming from his childhood visual trauma by active mastery. He repeatedly painted death and sickroom scenes. He was preoccupied with his childhood memories and said, 'I don't paint what I see, but what I saw' *(2)*. That his childhood trauma had a visual quality may account not only for his fear of visual overstimulation, but also for his attempts to master his fear of such stimulation through a visual medium of expression, painting.

In his later life, Munch had another kind of visual injury to which he again reacted by an attempt at active mastery through painting. After he developed a visual scotoma from an intraocular hemorrhage, he portrayed this blind spot as a dark area of color integrated into the organization of a painting. In fact, he painted a series of pictures each containing this blind spot, so that it is possible to chart the recovery of his vision from a study of his paintings.

This attempt at active mastery of his fear of visual overstimulation is also seen in his painting techniques, particularly in those techniques that produced glare in his canvases, and in his use of jarring subject matter. This glaring quality has been pointed out by many critics. Deknatel *(2)* mentioned that even

Munch's darks glow with light. Munch achieved glare in his paintings by using strident, contrasting colors and sharp contrasts of dark and light. In his graphic works he achieved it by using parallel black and white lines. This glaring quality seems to be Munch's depiction of his feelings of visual overexcitation when stimulated by his environment. Christian Skredsvig *(6),* in discussing how Munch painted The Cry, reports that the artist became frightened after looking at a sunset and then felt depressed by the thought that he might not be able to re-create in paint the horror he experienced in viewing the scene. The artist felt that others would see the sunset only as colored clouds, while he wished to present the viewer with a vision of 'coagulated blood'. Munch spoke of his desire to overwhelm others when he stated, 'I want the viewers of my paintings to have a profound experience, to feel in awe as though they were in church' *(2).*

Munch had a special pride in his vision, which may have been a reaction to his feeling that he had been hurt visually. He believed that his vision was especially penetrating. On one occasion he depicted a model as insane. Later when she actually became psychotic he boasted that he had seen the woman's incipient psychosis before anyone else. He was proud of his photographic memory, stating that objects stuck to his optic nerve. He felt that the way he perceived nature was unique and that his vision was more acute and sensitive than that of others. In a picture of a pine tree on a green slope, he painted the green of the slope traveling up the trunk of the tree. He defended this peculiar effect by maintaining that this was his first visual impression and hence the correct one. He justified his right to remain true to his visual experience by pointing out that before the impressionists discovered the true colors of objects, painters saw in nature only those colors found in the paintings of the old masters.

Munch's pride in the qualities of his own vision was such that in some of his paintings he attempted to project these qualities upon the canvas. For example, he sometimes painted

the objects in the center of the canvas distinctly and those near the edges fuzzy, as if out of focus. Similarly, he painted his own eyelashes as vertical striations on a picture of his sister Sophie. As has been mentioned, he painted his own scotoma. In imposing his own qualities upon visual stimuli, Munch dealt actively with them rather than experiencing them passively, so that he felt less helpless before them and consequently less frightened.

His fidelity to his first visual impression of an object may be understood in dynamic terms as a protection against his fear of destroying by introjection an object which he perceived, and may be understood genetically as a manifestation of a fear of experiencing a sudden loss such as his mother's death. He rationalized his inability to face the loss of his first impression by maintaining that one's first visual impression has intrinsic artistic value. If he first perceived a shadow on a dog as part of the pigmentation of the animal's skin, he could not subsequently visualize or paint the animal without including the 'spot'.

To Munch the moon was circular, and when it appeared in any other shape he failed to recognize it as the moon. To protect himself from a sense of loss when the moon waned, Munch went so far as to maintain that there were two moons, the other moon being out of sight at the North Pole. He felt sexually excited by moonlight and disturbed at night when the moonlight was not present. Stenersen notes that a recurrent motif in Munch's paintings, a tubelike reflection of the full moon on water, resembles the artist's characteristic drawing of the male genitalia. Thus it appears that the image of the full moon (penis-breast) was to Munch a protection against castration anxiety, as though to see or to represent a phallus gave him assurance of possessing one. His fear of castration was a manifestation on the phallic level of his fear of bodily disintegration, which has been previously discussed.

A further expression of Munch's need for a visual representation of the phallus is found in his treatment of women's hair.

There is evidence that the long red hair of the women in his paintings represents not only the incorporating tendencies which he attributed to women but also the female phallus. Phyllis Greenacre *(5)* notes that a woman with red hair often represents a phallic woman in dreams or in fantasies. In some of Munch's paintings, women's hair is depicted as penetrating the man. In others spermatozoa are shown coming from a woman's hair *(2, plate 16)*. Thus the woman's hair and the background striations which are an extension of it, like the stylized representation of moonlight, resemble a fetish and serve the artist as a defense against castration anxiety.

Another characteristic of Munch's art of this period was an absence of atmospheric effects. Vistas and empty spaces, as well as airiness and diffuse light, were avoided. In real life Munch had agoraphobia. He walked close to walls. In many of the paintings of this period he filled the canvas with objects and structures (striations and wood grain) so that scarcely any empty space remained. He sometimes represented shadows as solid objects (Puberty [*1, plate 15*]). Moonlight on water was not represented as a shimmering reflection but as a solid tube of color (Summer Night [*1, plate 76*]).

Munch's avoidance of atmospheric effects was related to his fear of engulfment by the air and dissolution into it, and his fear of respiratory incorporation of objects. Fantasies about the decay of his mother's body, as well as a fear of inhaling her germs, must have been early determinants of Munch's subsequent fear of air. In a painting of his mother entitled Whiff Off a Corpse, he represented a child turning from his dead mother, holding his nose between his fingers. Munch was horrified by the thick smoke at his cousin's cremation. He loathed the odor of hyacinths, which he called the odor of death. He had a hypochondriacal dread of inhaling dust or germs, and he feared drafts and temperature changes.

To summarize, Munch's art in his prepsychotic period was a means whereby the artist attempted to gain active mastery of disturbing material. Many works of the period dealt

directly with the death of Munch's mother, a shocking event which he witnessed at the age of five. Other works dealt with the artist's intense fears of destructive incorporation of objects and of abandonment or loss. Destructive incorporation was represented in works showing a man engulfed by a woman. Frequently the woman's hair or its extension in the background striations surrounded the man. It is probable that the danger of engulfment by a woman represented a projection into the woman of the artist's own incorporative impulses. In other works atmosphere or the landscape took the place of the incorporating woman. Munch's fear of overstimulation by the environment was a manifestation of his fear of incorporation of objects through the senses. He 'took in' objects through his eyes, nose, and ears, and this sensory incorporation was experienced as destructive to himself or to the object. The situation of a person warding off invasion through the senses was frequently depicted. Munch's experience of visual overstimulation was expressed in the bright, strident qualities of some of his paintings. He feared losing part of himself or part of his environment. Genetically this fear may be related to his experience of the loss of his mother, and dynamically to his fear of losing objects through destructive incorporation of them. He feared the loss of external objects (the moon) and even of artifacts of his own perception (the 'spot' on the dog), and by painting these objects he reassured himself that they were not really lost. His castration anxiety was one aspect of his fear of loss. He defended himself against it by repeated inclusion of phallic symbols in his paintings.

After Munch's recovery from his psychotic episode (1909) he led an isolated life. He lived alone but for his housekeeper, whom he locked out of his part of the house. He rarely had visitors. Anyone who did manage to visit him was required to say little and to listen attentively and look at the floor while Munch spoke. He could not bear to talk to more than one person at a time.

After 1909, Munch's pictures were more colorful and decorative than those of his prepsychotic period. He became more interested in formal values and less interested in content. He continued, as he had always done, to copy his old paintings, but the copies, according to Stenersen, do not evoke the macabre emotions of the originals.

Along with the changes in his life and art came a change in his relationship to his pictures. They became his main love objects. He referred to them as his children and could rarely be persuaded to part with them in spite of the fact that they brought high prices and were in great demand. Occasionally if he was dissatisfied with a painting he beat it with a whip, claiming that this 'horse treatment' improved its character. Once when Stenersen persuaded Munch to sell a painting, the artist said, 'Go in and fetch your love. She has been strutting with pride all day because you like her.' Munch could scarcely do anything when he was separated from his paintings. He was restless and bored until he was with them again.

Kepecs *(7)* reports on the analysis of a young man who looked at the world through a kind of screen so that objects appeared hazy to him. After working through oral material in his analysis, this patient began to cook for himself and the screen disappeared. Analysis revealed the screen to be 'a phantom of the mother's breast'. Because of his fear of starvation the patient kept the image of the breast in front of him. The screen, however, was not only a protection against starvation, but also a 'barrier to the perception of reality'. Munch had a relationship to his paintings that corresponds to the relationship of Kepec's patient to his screen. The paintings were to Munch a source of oral supplies and also a barrier against excessive visual stimulation. In his postpsychotic period he found inspiration mainly from looking at his own paintings. Without them he could not paint.

Munch's relationship to his paintings in his later period may explain why the paintings of this period are more tranquil in both content and technique than are his earlier ones. In the

period before his psychotic episode, his fear of visual overstimulation and his conception of the dangers inherent in an interpersonal relationship found expression in the content and technique of his pictures (for example, in The Cry). After his psychotic episode, his pictures themselves protected him against visual overstimulation, and they provided him with objects that he could feed and by which he could be fed without the fears that made his relationships to human beings so turbulent. His paintings gave him a sense of completion and autonomy since through them he re-established a secure mother-child relationship, a relationship without the dangers to his body inherent for him in a real object relationship. Consequently his fear of bodily disintegration that was expressed in his earlier paintings was diminished and was no longer expressed in his paintings.

Munch's pictures were in a sense between himself and the outside world and part of each. They were separate enough from him so that he could project aspects of himself onto them and close enough to him so that this projection was not onto a real external object. For instance, he denied that he was jealous of other artists, but maintained that his pictures were so jealous that they could not bear being exhibited with the works of others.

By painting an object, Munch could retain it as a part of himself yet not have to keep it as an introject. He could project it onto the canvas. One day Stenersen brought a stranger to see Munch. After the stranger had left, Munch said, 'You should not have brought him here. Don't you know that I'll have to take him into my mind and then I'll have to paint him?'.

As Munch became less separated from his art, he became more separated from the outside world. His art, which he felt to be almost a part of himself, became a kind of supplement to his own ego. Through it he was able to handle and assimilate his sensations, and through it he developed a sense of autonomy and identity.

REFERENCES

1. STENERSEN, ROLF: *Edvard Munch: Close-Up of a Genius.* Oslo: Gyldendal Norsk Forlag, 1946.

2. DEKNATEL, FREDERICK B.: *Edvard Munch.* New York: Chanticleer Press, 1950.

3. MUNCH, INGER, Editor: *Edvard Munch's Letters to His Family.* Oslo: Johan Grundt Tanum, 1949.

4. HODIN, J. P.: *Edvard Munch.* Stockholm: Neuer Verlag, 1949.

5. GREENACRE, PHYLLIS: *Trauma, Growth and Personality.* New York: W. W. Norton & Co., Inc., 1952.

6. SKREDSVIG, CHRISTIAN: *Dager og Netter blandt Kunstnere.* Third edition. Oslo: Gyldendal Norsk Forlag, 1943.

7. KEPECS, JOSEPH: *A Waking Screen Analogous to the Dream Screen.* This QUARTERLY, XXI, 1952, pp. 167-171.

8. RUDLINGER, ARNOLD: *History of Modern Painting: Matisse, Munch, Roualt.* Geneva: Albert Skira, 1950.

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CLARENCE PAUL OBERNDORF

1882-1954

The last of the founder-members of the New York Psychoanalytic Society, Dr. Clarence P. Oberndorf, died on May 30, 1954 of cardiac thrombosis at the age of seventy-two. With him during his terminal illness was his sister Mrs. Ernest Wise Keyser of Atlantic Beach, Florida, with whom he shared a home on West 74th Street and West 12th Street in New York City early in his career. It was in his 74th Street residence that the New York Psychoanalytic Society held some of its meetings in its early days, alternating at that time with the home of the Society's principal founder, Dr. A. A. Brill.

Despite his illness, which first occurred two years ago, Oberndorf continued his private practice as well as consultations at Hillside, Pleasantville, and Mount Sinai Hospital. On May 5, 1954, though ill, he attended Anna Freud's lecture at the New York Academy of Medicine. Unable to participate in the reception tendered her afterward at the Lotos Club, he asked this writer to convey a message of appreciation of her lecture. Though an outspoken opponent of lay analysis, Dr. Oberndorf had great admiration for the brilliant work of the daughter of Professor Sigmund Freud; with him he had undergone a personal analysis for five months in 1921.

From 1859 Clarence Oberndorf's family lived in the South. Migrating to the United States at the age of thirteen, his father, Joseph, had established himself as a prosperous merchant in Selma, Alabama. Like his grandfather who had been a teacher in Bavaria, his father was a respected and studious man, devoted to the reading of Shakespeare in his spare time. Oberndorf's mother, Augusta, was a sister of Oscar Hammerstein, the operatic impressario.

Having had five previous difficult labors, his mother came to New York for special obstetrical care at the time of his birth. During the delivery, on February 16, 1882, the infant's skull was crushed by the forceps at the level of the ears. Necrosis of the bone on both sides followed and the wounds took nearly a year to heal, the scars remaining visible all his life; indeed, during the first year of his life he was unable to lift his head. In his recently published A History of Psychoanalysis In America, Oberndorf mentions this severely traumatic experience as contradicting the theory of the trauma of birth as described by Otto Rank.

In Selma, Oberndorf attended the Dallas Academy for his early schooling. Steeped in southern lore — his father, who had lived through the hardships of the Civil War, recounted many of his experiences to the youth—the lad thrived in a normal, healthy atmosphere until a great change occurred in his life just as he was turning eleven. His father died then of cancer at the age of forty-seven, and within a few months the family moved to New York City where the boy entered Public School 69. Crediting the New York City public school system with having done him much good, he says in his autobiographical notes, 'It seems to me that one of the best preparations for life is the rough competition with children from all classes and creeds, tempered by the influence of a home where respect for culture and good manners are inculcated'.

The young Oberndorf next spent a year in Munich studying Latin, French, and acquiring a working acquaintance with German which was destined to be of great value to him especially in psychiatry and psychoanalysis. On returning to New York in the spring of 1897, he entered Morris High School. In 1900, he won a scholarship to Cornell University where his later flair for literature expressed itself in his work on the staff of the Cornell Daily Sun, and his love for athletics in becoming a member of the lacrosse team.

His two years of medical internship at Bellevue Hospital he spoke of as being among the happiest of his life. There

his aptitude won the attention of the distinguished neurologist, Dr. Charles L. Dana. In Europe in 1908 for further study, he was accepted as voluntary assistant at the Charité under Professor Theodor Ziehen; after three months he went to Munich to work under Professor Emil Kraepelin.

Returning to New York in the spring of 1909, he joined the staff of Manhattan State Hospital on Ward's Island, then the center of the most advanced thinking in psychiatry. Adolf Meyer, who was the director of the Psychopathological Institute, was later succeeded by August Hoch. Among those engrossed in the new 'dynamic psychiatry' at Manhattan State Hospital were Doctors Macfie Campbell, David Henderson, Trigant Burrow, John T. McCurdy, Floyd Haviland, George H. Kirby, Clarence O. Cheney, Samuel W. Hamilton, Morris I. Karpas and A. A. Brill, who was visiting psychiatrist.

'The interaction of all these superior minds who were at Ward's Island from 1909 to 1913', writes Oberndorf in his autobiographical notes, 'produced a spirit of zest and enthusiasm from which a novitiate like myself profited enormously'. After serving as a full-time intern for five months, he was permitted to continue on a half-time basis, and established a private practice in New York in 1909 which he was able to limit almost exclusively to psychoanalysis.

In his mind there gradually crystallized the idea of a special out-patient clinic devoted entirely to psychiatric disorders. Though he succeeded in establishing such a clinic at Mount Sinai Hospital in 1913, he found a special type of opposition from Dr. Bernard Sachs, head of the neurological department, who refused to permit it to operate as a separate department.

From 1917 to 1923 Oberndorf was clinical instructor in neurology at Cornell Medical School in New York City, working closely with Dr. Horace W. Frink. In February 1911, Dr. A. A. Brill had meanwhile organized the New York Psychoanalytic Society with a nucleus of four men—himself, and Doctors Horace W. Frink, Morris Karpas and Clarence P. Oberndorf. Acting on the growing conviction that the psycho-

analyst should himself be analyzed, Oberndorf spent five months with Freud in 1921. On his return, the responsibility for the establishment of new courses in America fell largely on his shoulders. In this respect, as in others, Dr. Brill was of great help to him and they remained warm friends in an association that lasted over thirty years up to the time of Brill's death. The educational trust fund they established subsequently grew into the American Psychoanalytic Foundation.

In 1925 Oberndorf was asked to investigate a difficult situation at the Hebrew Sheltering Guardian Society at Pleasantville, New York. His efforts led to the establishment of a Resident Child Guidance Service, headed by Julia Goldman. To the end of his life he continued to direct the psychiatric activities of this organization, now the Jewish Child Care Association.

In 1919 he had suggested to Dr. Israel Strauss the establishment of a Society for Mental Hygiene among Jews. Three years later he proposed a special hospital for this purpose to be staffed by the Society, contending that it would fill a genuine need. With the help of Dr. Brill, Dr. D. D. Shoenfeld and himself, the Society opened a hospital at Hastings, New York, known as the Hastings Hillside Hospital. Thanks to the services of Dr. Louis Wender the hospital thrived. After twenty-five years, it has become a two hundred bed hospital on Long Island, with an excellently equipped plant, and a training center for psychiatric residents.

The fond hope that Oberndorf had entertained for a quarter of a century of establishing an independent department of psychiatry at Mount Sinai came to an end when he resigned in 1938. Ultimately, however, when he was appointed in 1953 as consultant to a newly established separate department, headed by Dr. M. Ralph Kaufman, he called it 'a pleasant if belated recognition of the validity of my early position'.

As far back as 1929, Oberndorf had been elected to membership in the ultraconservative American Neurological Association and eventually he was made president of nearly all the

psychiatric and psychoanalytic associations, including the American Psychoanalytic Association, New York Neurological Society, and the New York Society for Clinical Psychiatry. He became chairman of the Section of Neurology and Psychiatry of the New York Academy of Medicine, and some ten years ago was elected to the New York Psychiatric Society. At the time of his death he was President of the New York State Hospital Medical Alumni Association.

Perhaps Oberndorf was right in regarding himself as a frustrated journalist. In addition to his latest volume, A History of Psychoanalysis in America, his writings include one hundred and twenty-five articles in medical journals. Some of his works were clinical, others historical and literary correlated with psychoanalysis. An example of the latter is The Psychiatric Novels of Oliver Wendell Holmes. He also wrote many book reviews and editorials, having served as associate editor of the International Journal of Psychoanalysis, The Psychoanalytic Review and The American Journal of Psychiatry. He published a series of short stories presenting common psychiatric problems in fictionalized form under the title, Which Way Out.

Among the many honors accorded him were the A. A. Brill Memorial Lectureship at the New York Psychoanalytic Society, 1949, and the Samuel H. Hamilton Award and Lectureship, 1952; the Clarence P. Oberndorf Visiting Psychiatric Program at Mount Sinai Hospital, established May 1954. Up to 1953 he continued as Clinical Professor of Psychiatry at Columbia University, lecturing to graduate students.

No better summation of Dr. Oberndorf's lifework can be given than his own: 'The healing side of medicine, which is both a science and an art, has always absorbed my attention. It seems to me that above all the minister, the teacher and the physician are persons whose aim should be to alleviate suffering expeditiously and gently.'

PHILIP R. LEHRMAN

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BIBLIOGRAPHY OF CLARENCE P. OBERNDORF

1. *Hand Disinfection.* Amer. Med., XI, No. 11, 1906.
2. *The Calmette Reaction as a Diagnostic Aid.* New York Med. J., September 6, 1908.
3. *Der Alkoholismus in New York und München.* Int. Monatschrift für Alkoholforschung, No. 7, 1909.
4. *Constitutional Abnormality.* New York State Hospitals Bull., II, 1909-1910.
5. *A Case of Multiple Exostoses Coupled with Syringomyelia.* New York Med. J., March 5, 1910.
6. (With Foster Kennedy) *Myotonia Atrophica.* J. of Amer. Med. Assn., September 1911.
7. *Constitutional Inferiority and Its Psychoses.* J. of Amer. Med. Assn., 1912.
8. *Case of Hallucinosis Induced by Repression.* J. of Abnormal Psychology, VI, February 1912.
9. *The Sterilization of Defectives.* New York State Hospitals Bull., May 1912.
10. *Disappearance of Angioneurotic Edema After Appendectomy.* J. of Amer. Med. Assn., August 24, 1912.
11. *Cases Allied to Manic-Depressive Insanity.* New York State Hospitals Bull., November 1912.
12. *Sexual Periodicity in the Male.* New York State Med. Record, July 5, 1913.
13. *Scope and Technique of Psychoanalysis.* New York State Med. Record, November 1913.
14. *Slips of the Tongue and Pen.* J. of Abnormal Psychology, VIII, No. 6, 1914.
15. *Substitution Reactions.* New York Med. J., October 1914.
16. *Analysis of a Claustrophobia.* New York Med. Record, August 1915.
17. *Simple Tic Mechanism.* J. of Amer. Med. Assn., July 8, 1916.
18. *Analysis of Certain Neurotic Symptoms.* New York Med. J., July 1916.
19. *Emotional Life of the Child.* Archives of Pediatrics, October 1917.
20. *Reaction to Personal Names.* Psa. Rev., V, 1918.
21. *Traumatic Hysteria.* New York Med. J., CVI, 1918.
22. *Resistance and Transference in Psychoanalysis.* New York Med. Record, September 28, 1918.
23. *Neurotic Symptoms Referred to the Eyes.* New York Med. J., October 1918.
24. *Homosexuality.* New York Med. Record, 1919.
25. *Some Phases of Autoerotism.* New York Med. J., November 1919.
26. *Reaction to Personal Names.* Int. J. of Psa., I, 1920.
27. *Ambivalence in a Slip of the Tongue.* Int. J. of Psa., I, 1920.
28. *Practice of Psychoanalysis.* New York State J. of Med., XXI, March 1921.
29. *Die Rolle einer organischen Überwertigkeit bei einer Neurose.* Int. Ztschr. f. Psa., VIII, 1922.
30. *Ibid.* Trans. in Int. J. of Psa., IV, 1923.
31. *Sex Education in the Light of Analytic Experience.* Mental Hygiene, VII, 1923.
32. *Technical Problems in Psychoanalysis.* Med. J. and Record, January 6, 1924.
33. *The Psychiatric Clinic and the General Hospital.* Med. J. and Record, IX, April 1, 1925.

34. *Castration Complex in the Nursery.* Int. J. of Psa., VI, July 1925.
35. *The Berlin Psychoanalytic Policlinic.* Psa. Rev., V, No. 3, 1926.
36. *Psychiatry and Psychoanalysis.* Amer. J. of Psychiatry, V, 1926.
37. *Discussions of Problem of Lay Analysis.* Int. J. of Psa., VIII, 1927.
38. *How Much Can Occupational Therapy Do for Out-Patient Psychiatric Cases?* Modern Hospital, XXVIII, May 1927.
39. *Recent Trends in Psychoanalysis.* Transactions of Amer. Neurological Assn., 1927.
40. *History of the Psychoanalytic Movement in America.* Psa. Rev., XIV, July 1927.
41. *Castration Complex in the Nursery.* Int. J. of Psa., IX, July 1928.
42. *Submucous Resection as a Castration Symbol.* Int. J. of Psa., X, April-July 1929.
43. *Technical Procedure in the Analytic Treatment of Children.* Int. J. of Psa., XI, January 1930.
44. *Psychoanalysis of Siblings.* Amer. J. of Psychiatry, VIII, May 1929.
45. *Diverse Forms of Homosexuality.* Urol. and Cutan. Review, XXXIII, August 1929.
46. *Recreation Activities for Out-Patient Psychiatric Cases.* Med. J. and Record, CXXXI, February 5, 1930.
47. *Psychoanalysis of Borderline Cases.* New York State Med. J., XXX, June 1, 1930.
48. (With Monroe A. Meyer) *Psychoanalytic Sidelights on Manic-Depressive Insanity.* Assn. for Research in Nervous and Mental Diseases, XI, 1931.
49. *Sublimation in Occupational Therapy.* Occupational Therapy and Rehabilitation, XI, No. 3, 1932.
50. *Analysis of Disturbances in Speech.* Int. J. of Psa., XIII, July 1932.
51. *Kidding—A Form of Humor.* Int. J. of Psa., XIII, October 1932.
52. *Psychoanalytic Factors in Family Discord.* New York State Med. J., XXXIII, July 1, 1933.
53. *A Theory of Depersonalization.* Transactions of Amer. Neurological Assn., LIX, 1933.
54. *Depersonalization in Relation to Erotization of Thought.* Int. J. of Psa., XV, Parts 2 and 3, 1934.
55. *Priapism of Psychogenic Origin.* Archives of Neurology and Psychiatry, XXXI, June 1934.
56. *Folie a Deux.* Int. J. of Psa., XV, 1934.
57. *The Psychogenic Factors in Asthma.* New York State J. of Med., XXXV, No. 2, 1935.
58. *Animating of Symbols.* Transactions of Amer. Neurological Assn., LXI, 1935.
59. *The Genesis of the Feeling of Unreality.* Int. J. of Psa., XVI, Part 3, 1935.
60. *Sigmund Freud: His Work and Influences.* Amer. J. of Psychiatry, XCIII, No. 1, 1936.
61. *Feeling of Unreality.* Archives of Neurology and Psychiatry, XXXVI, No. 2, 1936.

62. (With Monroe A. Meyer and Abraham Kardiner) *Horace Westlake Frink, M. D.: 1883-1926.* This QUARTERLY, V, No. 4, 1936.
63. (With Samuel Z. Orgel and Julia Goldman) *Observations and Results of Therapeusis of Problem Children in a Dependency Institution.* Amer. J. of Orthopsychiatry, VI, No. 4, 1936.
64. Early Treatment of Problem Children. In: *Coping With Crime.* New York: Yearbook of the National Probation Association, 1937.
65. *The Dictaphone as an Aid to Psychiatric Case Presentation.* J. of Nervous and Mental Disease, LXXXVI, July 1937.
66. *Psychoanalysis of Married Couples.* Psa. Rev., XXV, No. 4, 1938.
67. *Time and Purpose.* J. Mount Sinai Hospital, V, November-December 1938.
68. *On Retaining Sense of Reality in States of Depersonalization.* Int. J. of Psa., XX, Part 2, 1939.
69. *The Feeling of Stupidity.* Int. J. of Psa., XX, Parts 3 and 4, 1939.
70. *Voyeurism as a Crime.* J. of Criminal Psychopathology, I, October 1939.
71. *Treatment of Mental Disease in France at End of the Eighteenth Century.* Bull. of the New York Academy of Med., XVI, November 1940.
72. *Co-conscious Mentation.* This QUARTERLY, X, No. 1, 1941.
73. *Time—Its Relation to Reality and Purpose.* Psa. Rev., XXVIII, No. 1, 1941.
74. *Erroneous Recognition (fausse reconnaissance).* Psychiatric Quarterly, XV, No. 2, 1941.
75. *Oliver Wendell Holmes—A Precursor of Freud.* Bull. of the New York Academy of Med., XVII, No. 5, 1941.
76. *Factors in Psychoanalytic Therapy.* Amer. J. of Psychiatry, XCVIII, No. 5, 1942.
77. (With Arnold Eisendorfer) *Anxiety in a Neurosis of Seventy Years Standing.* Psychiatric Quarterly, XVI, April 1942.
78. *Comment on the Emotional Settings of Some Attacks of Urticaria.* Psychosomatic Med., IV, No. 3, 1942.
79. *The Psychoanalytic Insight of Nathaniel Hawthorne.* Psa. Rev., XXIX, No. 4, 1942.
80. *Consideration of Results with Psychoanalytic Therapy.* Amer. J. of Psychiatry, XCIX, No. 3, 1942.
81. *Isador Henry Coriat: 1875-1943.* Int. J. of Psa., XXIV, 1943, p. 93.
82. *Criminal Psychopathology as Observed by Oliver Wendell Holmes.* J. of Criminal Psychopathology, V, No. 1, 1943.
83. *Psychiatry in a General Hospital.* New York State J. of Med., XLIII, No. 15, 1943.
84. *Discussion of Psychic Determinism in Holmes and Freud.* J. of Nervous and Mental Disease, XCVIII, 1943.
85. *The Psychiatric Novels of Oliver Wendell Holmes.* New York: Columbia University Press, 1943.
86. *Results of Psychoanalytic Therapy.* Int. J. of Psa., XXIV, Parts 3 and 4, 1943.
87. *Psychic Determinism in Holmes and Freud.* Mental Hygiene, XXVIII, No. 2, 1944.

88. *Nature of Psychogenic Cure.* Amer. J. of Psychiatry, CI, No. 1, 1944.
89. *Ocular Symptoms of Psychogenic Origin.* Archives of Ophthalmology, XXXII, December 1944.
90. Child-Parent Relationship. In: *Psychoanalysis Today.* Edited by Sandor Lorand. New York: International Universities Press, Inc., 1944.
91. A Story of Hysteria. In: *The Yearbook of Psychoanalysis, Vol. I.* New York: International Universities Press, Inc., 1945.
92. *Smith Ely Jelliffe: 1866-1945.* Int. J. of Psa., XXVII, Parts 3 and 4, 1945.
93. (With Leo A. Spiegel) *Narcolepsy as a Psychogenic Symptom.* Psychosomatic Med., VIII, No. 1, 1946.
94. *Constant Elements in Psychotherapy.* This QUARTERLY, XV, No. 4, 1946, pp. 435-449.
95. Sidelights on Criminality from Psychoanalytic Practice. In: *Handbook of Correctional Psychology.* New York: Philosophical Library, Inc., 1947.
96. Psychoanalysis in Literature and Its Therapeutic Value. In: *Psychoanalysis and the Social Sciences, Vol. I.* New York: International Universities Press, Inc., 1947.
97. *The Literary and Historical Contributions of Dr. Smith Ely Jelliffe.* J. of Nervous and Mental Disease, CVI, 1947.
98. *Psychoanalysis in Psychotherapy.* Amer. J. of Psychotherapy, I, 1947.
99. Introduction to Lectures to the Laity. In: *New York Academy of Medicine March of Medicine, January 15, 1948.* New York: Columbia University Press, 1949.
100. Failures with Psychoanalytic Therapy. In: *Failures in Psychiatric Treatment.* Edited by Paul H. Hoch. New York: Grune & Stratton, Inc., 1948.
101. *Symposium on the Evaluation of Therapeutic Results.* Int. J. of Psa., XXIX, Part I, 1948.
102. *Which Way Out.* New York: International Universities Press, Inc., 1948.
103. *Depersonalizacion en relacion con la erotizacion del pensamiento.* Revista de Psicoanálisis, VI, No. 1, 1948, pp. 147-178. (Translation by Ricardo H. Bisi of Ref. 54.)
104. Psychotherapy in a Resident Children's Group. In: *Searchlights on Delinquency.* New York: International Universities Press, Inc., 1949.
105. *New Possibilities in Private Psychiatric Practice.* Amer. J. of Psychiatry, CV, No. 8, 1949.
106. *Forty Years of Psychoanalytic Psychiatry.* Schilder Memorial Lecture, January 27, 1949. (Abstracted in Digest of Neurology and Psychiatry, 1949.)
107. *Ibid.* Int. J. of Psa., XXX, Part 3, 1949.
108. *Die Entwicklung der Psychoanalyse in Amerika.* Der Psychologe, L, August 1949.
109. *Range of Psychoanalytic Therapy.* J. of Nervous and Mental Disease, CXI, No. 3, 1950, pp. 254-257.
110. (With Phyllis Greenacre and Lawrence S. Kubie) Symposium on the Evaluation of Therapeutic Results. In: *The Yearbook of Psychoanalysis, Vol. V.* New York: International Universities Press, Inc., 1950.

111. *Unsatisfactory Results of Psychoanalytic Therapy.* This QUARTERLY, XIX, 1950, pp. 393-407.
112. *Psychiatry at Ward's Island Forty Years Ago.* Psychiatric Quarterly (Supplement), XXIV, Part 1, 1950, pp. 1-10.
113. *Study of a Case of Suicidal Flight.* Psychiatric Quarterly (Supplement), XXIV, Part 1, 1950.
114. *The Role of Anxiety in Depersonalization.* Int. J. of Psa., XXXI, Parts 1 and 2, 1950.
115. *Lay Therapy.* Amer. J. of Psychiatry, CVII, No. 5, 1950.
116. *Psychopathology of Work.* Bull. of Menninger Clinic, XV, No. 3, 1951.
117. *Psychiatric Incident at Stuttgart.* J. of Hillside Hospital, I, No. 2, 1952.
118. *Historical Comments on Psychoanalytic Teaching.* Bull. of Amer. Psa. Assn., VIII, No. 2, 1952.
119. *Consultation in Psychiatric Therapies.* Amer. J. of Psychiatry, CIX, No. 3, 1952, pp. 148-149.
120. *Autobiography of Josef Breuer (1842-1925).* Int. J. of Psa., XXXIV, Part 2, 1953.
121. Diagnostic and Etiological Concepts in the Neuroses. In: *Current Problems in Psychiatric Diagnosis.* Edited by Paul H. Hoch and Joseph Zubin. New York: Grune & Stratton, Inc., 1953.
122. *Function in Psychiatry.* Amer. J. of Psychiatry, July 1953.
123. *A History of Psychoanalysis in America.* New York: Grune & Stratton, Inc., 1953.
124. *Selectivity and Option for Psychotherapy.* Amer. J. of Psychiatry, CX, No. 10, 1954.

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LUDWIG JEKELS

1867-1954

Ludwig Jekels, born in Austria, graduated from the University of Vienna in 1891. After five years of postgraduate work in the University Hospital, he began his clinical practice in his own clinic for nervous diseases in Silesia in 1897. Vienna at that time being the center of medical development, Dr. Jekels journeyed there periodically to keep abreast with progress in his specialty. What was acceptable in medical science was there completely determined by the opinions of the professors of the University of Vienna. Becoming acquainted with Freud, Dr. Jekels—who like Freud had been profoundly dissatisfied with the inefficacy of the prevalent therapy of the neuroses—turned eagerly to Freud's teaching and became one of his first pupils in 1905. He soon realized that in Freud's conception the whole problem of psychopathology was approached far more promisingly because the nature of pathogenesis was recognized and an attempt was made to establish the significance that the symptom had for the patient. Prompted by his desire to help the sick, and enabled by his courage to disregard the contempt and ridicule leveled at Freud by the professors, Jekels decided to abandon his home and his clinic in Silesia and he moved to Vienna, knowing well that such a move was tantamount to professional isolation and entailed great sacrifices. Scientific work in psychoanalysis under such conditions gave no promise of being recognized as the development of a new science.

Dr. Jekels had a combination of rare gifts. In addition to a very keen intelligence, he had the patience to persevere, and a capacity for laborious work when there was little prospect of any reward in the realizable future. He was imbued with the conviction that he never could pay back what he owed to psy-

choanalysis. Despite the clarity and the originality of his contributions to psychoanalysis, he remained genuinely modest and was very reluctant to take personal credit.

In 1935 Dr. Jekels moved to Sweden and in 1938 he came to the United States. In New York, at the age of seventy-one, he resumed without interruption, and with undiminished skill and vigor, his clinical work with patients, participation in the scientific meetings of the New York Psychoanalytic Society, and the publication of contributions to the literature of psychoanalysis.

This is a great loss of one of the rapidly diminishing number of those few who participated in the heroic phase of the development of psychoanalysis.

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BOOK REVIEWS

HEREDITY IN HEALTH AND MENTAL DISORDER. Principles of Psychiatric Genetics in the Light of Comparative Twin Studies. By Franz J. Kallmann, M.D. New York: W. W. Norton and Co., Inc., 1953. 315 pp.

In this book the author brings together the results of many years of intensive research into various aspects of human genetics, in particular into the question of inheritance of a predisposition to psychosis. The first part, Heredity in Relation to Mental Health, introduces the reader to the basic elements and current developments in the field of genetics so that he may be sufficiently conversant with the subject to understand the author's later description of his studies. Kallmann has used what he describes as the twin-family method, since this provides 'six categories of genotypically dissimilar sibship groups which can be compared under similar conditions of culture and home milieu'. The six categories are monozygotic (one-egg) twins, dizygotic (two-egg) twins of the same sex, two-egg twins of opposite sex, full sibs, half sibs, and step sibs.

From his studies of more than two thousand twin pairs in the age group over sixty years, the author describes a number of striking cases to prove that similar environments do not result in similar variations in health and adjustment in genetically unlike twins, or dissimilar environments in corresponding dissimilarities in genetically like twins. There is no doubt that he presents sufficient evidence to warrant this conclusion, although one may question his evaluation in individual cases. One might take exception, for example, to his arbitrary assumption, in the discussion of a particular case, that the years between eighteen and sixty-five in 'different' environments would unquestionably be expected to have more influence on personality than the first eighteen. From this premise he deduces that the striking similarities of the now eighty-five-year-old identical twin sisters must be the result of heredity and not environment.

Bringing together evidence from many other workers in the field, Kallmann concludes in this first section of his book that 'human

individuality and health are no chance phenomena reflecting only the degree of cultural pressures or the extent of instinctual drives. The capacities for health and adequate adjustment are fundamental biological properties with the common denominator of hereditary potentiality. . . . Heredity creates the basis of, and produces many variations in, all the potentialities of physical and mental health in man. The total range of human personality integration rests in some way upon the actions of gene elements, which direct the specific and general patterns of human behavior.'

In Part II, Heredity in Relation to Mental Disorder, Kallmann describes his investigation of homosexuality and suicide, various types of psychosis, and finally convulsive disease, gene-controlled neurological disorders, and various types of mental defect. Having established in Part I that certain factors in personality are hereditary, he continues:

> The genetic hypothesis is that only the carriers of a specific type of predisposition or potential vulnerability have the biological capacity for reacting to precipitating environmental stimuli with a schizophrenic or other type of psychosis. In order to substantiate this theory, geneticists have to demonstrate that the tendency to develop a given type of psychosis increases in proportion to the degree of blood relationship to an affected family member. It also has to be shown that the incidence of schizophrenia, rather than another type of psychosis, is increased in the relatives of schizophrenic index cases. If there is adequate evidence for a sliding scale of specific morbidity rates, correlated with the degree of consanguinity, no further explanation is required for the observation that the majority of these relatives develop no psychosis under conditions of stress. According to the genetic theory, many members of psychotic index families are protected against a psychosis-producing environment by their lack of a specific genetic predisposition, without which they cannot react with such a psychosis.

Kallmann's long-term study of the distribution of the psychoses in the families of a consecutive series of psychotic twin index cases—a total of nine hundred fifty-three schizophrenic, seventy-five manic-depressive, and ninety-six involutional twin index families—appears to prove the above hypothesis. By means of a strict classification, under which 'only cyclic cases which showed periodicity of acute self-limited mood swing before the fifth decade of life, and no progressive or residual personality disintegration before or after such episodes, were included', it was possible to make a clear distinction between manic-depressive psychosis and schizophrenia. Although it has often been reported that members of the same

family may either develop schizophrenia or manic-depressive psychosis, Kallmann did not find this to be true.

In both the manic-depressive and schizophrenic psychoses, it was found that the percentage of expectancy for the disease increased with the degree of consanguinity, in all instances being a much larger percentage than in the general population. This expectancy reaches 86.2% for one-egg twin partners in the case of schizophrenia and 100% in the case of manic-depressive psychosis. (This high percentage, as Kallmann points out, is in part due to selection, as only hospitalized cases were used.) Of the twins who were found to be concordant for schizophrenia, about one-fourth of the one-egg pairs had dissimilar environments. In the case of two-egg pairs who remained discordant one-half of them were found to have similar environments. These facts could only be explained on genetic grounds.

Involutional psychosis presents a more complex picture. The available evidence does not support a specific or single-factor type of genetic mechanism. Some of these psychoses may be late-developing and attentuated schizophrenic processes, precipitated only by the impact of involutional changes; or a few cases may be related to the emotional vulnerability of aging persons with cycloid personality features.

Where monozygotic twins were found to be discordant for childhood schizophrenia it was usually the physically weaker twin who was psychotic. Kallmann postulates that an individual may inherit a resistance to the illness, 'a genetically nonspecific constitutional defense mechanism', by means of the 'mobilized counteraction of a number of modifying genes'. Just why this might be inherited by one of a pair of monozygotic twins and not the other was not explained.

Another indication of a relationship between physical condition and psychosis is the effect of obesity on manic-depressive disease and schizophrenia. In manic-depressives the more obese twin was found to be more likely to have the more severe symptoms. In one instance, one twin was thirty-five pounds heavier than the other. The stouter twin continued to be subject to depressions, while the slimmer twin was free of attacks from the time when her weight curve began to recede. In contrast to this, a drastic reducing diet has been considered one of the factors that diminish resistance to

the manifestation of schizophrenic phenomena or 'may threaten the adequacy and permanency of a spontaneously or therapeutically established remission. . . . It may be assumed, therefore, that concomitant disturbances in affective and metabolic regulations tend to arise from the same basic dysfunction.'

These findings are only a few highlights of a book that encompasses the whole field of human genetics and presents massive evidence for the existence of specific predisposition to a given mental disorder. It thus seeks to explain why individuals vary in the degree to which they are vulnerable, and why some become ill while others seem capable of adapting themselves to any combination of distressing circumstances without developing a progressive psychosis. As Kallmann points out, knowledge that inheritance plays a part in illness does not at present affect the treatment of patients. The ultimate goal, he believes, is the development of a therapy directed at causes by the use of the steadily expanding field of biochemical genetics. This would effect counteraction of the pathological effect of a given mutant gene through some substitutional procedure. Kallmann discusses this possibility in the third and last section of his book, which is devoted to Contributions of Genetics to Mental Health Planning. Here he also stresses eugenic factors, mental hygiene, and public health policies.

Since the major portion of this book is based on the study of monozygotic and dizygotic twins, it must be pointed out that Kallmann appears to be completely unaware of the manner in which the fact of being a twin can influence development of personality. One-egg twins have a relationship to each other quite different from that of two-egg twins. Irrational attitudes about twins are more pronounced the greater the similarity between them. They are expected to have identical personalities, to have extrasensory means of communication, and never to have feelings of envy or jealousy. Although none of this is true, people respond to twins as though it were true; this increases the pressure on the twins toward maintaining the similarities that already exist. This pressure intensifies the tendency to identify with each other, and it causes retardation in differentiation of the ego. That this identification can frequently develop to abnormal proportions is seen in the many cases described elsewhere of *folie à deux* in identical twins.

This specific relationship of twins, which differs from every other existing human relationship, should not be overlooked in any study that concerns twins. The interaction between society and the twins creates an environment not conducive to the development of ego strength necessary for resistance to psychosis. Is it not possible that Kallmann's figures, which show such high concordance in monozygotic twins, reflect the influence of this specific environment of twins? A number of instances of concordance which he believes to result from consanguinity may actually be a consequence of the twins' relationship to each other.

His failure to give consideration to this point is in line with Kallmann's whole approach; he omits any consideration of 'cultural pressures, postnatal maternal imperfections, or other universal shortcomings of human status'. These he feels are the consequence and not the cause of maladjustment. 'The key to certain persisting obscurities of mental disorder lies in disturbances of those numerous intricate biological functions which secure the maturational integration of a human organism. . . . We must understand the biology of human health.'

In contesting this point of view there is no intention to reopen the nature-nurture controversy. Why should there be any controversy? Clinicians have long sought to learn why some individuals are able to withstand much greater frustration than others; they have sensed that a constitutional factor must exist. Kallmann would be more convincing in his claim to have found the answer to this question if he did not entirely discount the effect of environment.

Erikson has pointed out that from the very beginning the human infant is a social being, and he has indicated the importance of the relationship between the infant and the mother. The child guides the mother, and the mother guides the child. If the child is unable, because of certain inherited deficiencies, to respond to the mother, the mother will also fail to respond to the child in the normal way. This pattern would substantiate Kallmann's theory that the inherited defect causes maternal imperfections. But there have been many clinical cases in which the reverse was true; the 'clue-blindness', the inability of the mother to respond to the child, has resulted in grave emotional disturbance.

Using Hartmann's terminology, one might postulate that the hereditary factor may affect the primary autonomy of the ego

apparatus, while the secondary autonomy is influenced by environment. Who can claim that one is more important than the other to the eventual development of an adequately functioning ego, the essential of mental health?

MARJORIE R. LEONARD (LOS ANGELES)

ON THE BRINGING UP OF CHILDREN. By Susan Isaacs, Melanie Klein, Merell P. Middlemore, Nina Searl, and Ella Freeman Sharpe. Edited by John Rickman. New York: Robert Brunner, 1952. 243 pp.

This little book draws upon psychoanalytic psychology and findings from the psychoanalysis of adults and children. It is unique in that it puts such great emphasis on the infant's and child's point of view in child rearing, taking into consideration the fact that the child makes much greater use of the primary process in its thinking than do adults, that it suffers from feelings of helplessness, and that it passes through a succession of psychosexual stages.

Each of the five authors emphasizes that one difficulty in growing up is due to the fact that the child's fantasy life and emotional responses are based on archaic thinking. Another difficulty is that adults function mainly according to the reality principle, while children function according to the pleasure principle. The two generations, therefore, are essentially speaking different languages without realizing it.

Ella Sharpe refers to the unconscious motivations of parents, pointing out, in the chapter on Planning for Stability, the importance of the adult's acceptance of his own possible unconscious hostility to his child. She warns that parents, before insisting that their children conform implicitly to their demands, need to be aware of their own unconscious motivations. This implies that the parent has accepted the idea of an unconscious, and makes one ask which parents and professionals will best profit by this book.

The chapter on Habit, by Susan Isaacs, illustrates clearly the emphasis throughout the book on the fact that any process of rearing children must have several determinants, for it must take into account the physical and psychological maturation of the child, the significance of bodily processes for the child, and the attitude of the parent. The author discusses how each of these factors should be managed so as to give the child the best oppor-

tunity of moving on to the next stage of development. She approaches the problem by presenting the psychological growth of the so-called 'well-adjusted child'. The following quotations concerning sphincter control illustrate this approach.

> In the first place, if the child has the ordinary opportunities for bodily movement, running and jumping and climbing, crawling, swinging and balancing, throwing and kicking, it becomes more and more secure in the poise and control of its body. The purely technical problem of raising and lowering its body in an appropriate position, keeping some muscles taut and relaxing others at the right time, thus becomes easier and easier for it, and as it becomes easier it becomes less frightening. . . .
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> But we cannot force skill to appear, or accelerate the natural growth of nervous coördinations. . . .
>
> In such a helpful atmosphere of encouraging love, the child learns that its fantasies about the harm that its bodily products may do are not based upon reality. . . .
>
> Sphincter muscles of bladder and bowel do not function as a simple local mechanism. These bodily processes are part of its emotional expression toward other people. . . .
>
> But these strong feelings of fear and shame and indignation are by no means so justified as might appear at first sight. They arise to a greater extent from the mother's own unconscious fantasies than they do from the objective facts of the child's development. . . .

The authors reiterate that in 'normal' development the child must cope with its own aggression, sexuality, guilt, and anxiety, and therefore it cannot be all the parents' fault if the child has problems; it would have some problems even if the parents were perfect. It is most refreshing and encouraging to find earnest attempts being made to relieve parents of the guilt that has been aroused by so many modern discussions of the rearing of children.

The authors point out the dangers of the misuse of analytic insight by the uninformed; yet they feel that the increasingly sound use of such insights more than outweighs its attendant dangers. Analysts will agree with the warning but they may not subscribe to all the theoretical concepts the authors present.

As is true of all analytic books for lay readers, it is difficult to know which groups will profit most from this volume. Probably it will be most helpful to parents who have been analyzed and to all workers such as pediatricians, nurses, and teachers who deal directly or indirectly with children.

MARGARET E. FRIES (NEW YORK)

THE THERAPEUTIC COMMUNITY. By Maxwell Jones, M.D. New York: Basic Books, Inc., 1953. 186 pp.

This small volume was published in England under the title Social Psychiatry. It is based on experience in the rehabilitation of various kinds of psychiatric 'invalids'. Some were treated in Ministry of Health hospitals at Mill Hill and Dartford, both during and after the war. The latter group consisted of former prisoners of war, with their special and illuminating problems. The report includes additional data from a unique experiment in returning to employment patients who had been unemployed because of a variety of neurotic disabilities. This work was carried on in the Industrial Neurosis Unit at Belmont Hospital, under the Disabled Persons Employment Act of 1944. In all these activities the author has played a creative, imaginative, and leading role; certainly few could write about this field from so rich a background. There are also chapters by several of his associates: Special Problems of Psychotherapy on In-Patients in a Neurosis Unit, by Dr. Thomas Freeman; Techniques in Group Formation, by Dr. B. A. Pomryn; Follow-up Inquiry, by Joy Tuxford; Statistical Analysis and Vocational Guidance, both by Joseph Sandler; and a foreword by Goodwin Watson.

This reviewer has no doubt that the neurosis treatment center is here to stay, that in many instances it can improve general adjustment, and that it will ultimately prove to be not only an essential adjuvant to individual psychotherapy and psychoanalysis but also a rich source of data on many psychotherapeutic and psychonoxious processes. He must add, however, that he was convinced of these facts before studying this volume, and that Dr. Jones's report does not present informative data on clinical successes and failures, on the practical problems of techniques, or on the underlying theoretical concepts basic in all such work. As a result, although this reviewer is wholeheartedly in sympathy with its high purpose and practical value, he is disappointed in the volume itself. It does not serve as a general sociological report, a precise scientific documentation, or a practical guide for the many who will surely want to explore the same fields. Since it serves none of these three purposes adequately, Dr. Watson's uncritical encomiums are remarkable. My suspicion is that Dr. Watson shared the good fortune of this reviewer in having an opportunity both to observe

at least some fragment of the work and to come to know the men who carried it on. If my surmise is correct, then his foreword is a deserved tribute to the men and to the work they did, rather than a tough-minded appraisal of this report.

Because this reviewer has such positive feelings toward the job that was done, he hesitates to detail his criticisms; yet it would hardly be fair to limit this review merely to general statements. Therefore he will try to itemize some of his major objections.

In the first place, he can find in the volume no adequate discussion of the factors which determined when individual methods and when group methods are best, or when ambulatory and when in-patient life is helpful. Does this depend on age? Or on sex? Or on the kind of home in which a patient spent his childhood? Or does it depend on specific elements in his identifications with adults of the same or opposite sex, or on the current milieu and stresses of his life, or on the presenting symptoms of his neurosis and the degree to which these symptoms cripple his life and make normalizing gratifications and compensations unattainable? Or is the extent to which his neurosis has distorted the patient's whole life-pattern the determinant, or is it the kind of personality distortion that underlies the presenting symptoms? Furthermore, how long does it take to answer such questions as these about individual prospective patients? None of these questions is discussed in this volume. Nor is there any indication which questions can and which cannot be answered. Except on the jacket, we are told nothing of the nosological composition of the population, nor of the relative proportions of successes and failures within each nosological category.

Several basic technical problems are not presented fully, and some not at all. For example, how are the transitions effectuated from out-patient to in-patient status, and back to out-patient again; how are transitions accomplished from individual to group treatment and back to individual treatment? What are the effects of group treatment on transference manifestations, transference insight, and in general on the acceptance of interpretations? What is the role of insight, both when it is something the staff gains but does not share with the patient, and when some effort is made to communicate insight to the patients themselves, whether individually or in groups? What of the many complex issues that arise out of the lessening of the therapist's incognito in in-patient psycho-

therapy and the special problems that arise where both disciplinary and custodial roles are assigned to a therapist in this type of community? Many of these complex issues are touched upon by the several writers but they are not well thought out, and documented answers are not offered.

There are obvious statistical lapses in a follow-up survey that could not extend beyond a few months, that had to be geographically circumscribed, and that was limited to single unannounced interviews. I believe, however, that the authors themselves realize that the value of their work does not stand or fall with their statistical data; it depends rather on the many dynamic facts they learned about themselves and about their nurses and aides and patients while operating this new instrument of human healing, the 'therapeutic community'. Consequently this reviewer regrets the lack of detail about these human qualities far more than he regrets the statistical deficiencies. It makes him impatient to read that a nurse *'must* understand patients' problems', or *'must* guard against satisfying her own needs'. Surely something more than homilies and exhortations could be offered about how these ever-pressing problems of psychiatric nursing are met.

I will not cite further examples of the deficiencies of the report, lest in doing so I obscure its value. For it leaves me with no doubt that human relationships can often be profoundly altered by group pressures and group-directed education, which allow new identifications to form, and which give group sanctions to these new attitudes.

In the 'therapeutic community' the group is a living force which through conscious and unconscious dramatizations reactivates the situations of early life that shaped unconscious forces. Consequently, for the in-patient group the unit furnishes a new set of parental and sibling surrogates with whom the patient lives out and acts out his problems under the corrective influences of responses that emanate from these surrogates. In certain instances at least this can produce profound changes and not merely superficial adjustment. All this is latent in this volume. One must wait hopefully for a more detailed and precise study of this work, which must surely appear someday. In the meantime, the volume will stimulate others to plant their seeds in these same fertile fields.

LAWRENCE S. KUBIE (NEW YORK)

THE INTERPERSONAL THEORY OF PSYCHIATRY. By Harry Stack Sullivan, M.D. Edited by Helen Swick Perry and Mary Ladd Gawel. New York: W. W. Norton & Co., Inc., 1953. 393 pp.

This book is essentially the refinement of a recorded series of lectures given at the Washington School of Psychiatry in 1946-1947. According to the editors, it is the finest and most complete presentation available of Sullivan's later conceptions. It is divided into four parts: the first deals with introductory concepts; the second with developmental epochs in the life of the individual; the third with patterns of inadequate interpersonal relationships, including schizophrenia and paranoid conditions; and a fourth in a class by itself, entitled Toward a Psychiatry of Peoples.

To discuss this book intelligently, Sullivan the author must be distinguished from Sullivan the legend and figurehead; for the discrepancy between the two is considerable. A series of apparent paradoxes has helped to create this condition. Sullivan stressed interpersonal relationships and social interactions to such a point that he developed an animus against individuality in any form; yet he was essentially an isolated, lonely person, dwelling in a world of his own unique jargon which he jokingly called his 'neologisms'. Semantics and problems of communication were always uppermost in his mind; yet no psychiatrist has ever been more difficult to comprehend. He used scores of new, ill-defined Greek and Latin terms, and he made peculiar use of well-known words such as 'euphoria' and 'dissociation'. The difficulty was compounded by his refusal to employ words with a psychoanalytic taint; for example, sublimation was called 'the outcome of referential processes in the parataxic mode in the service of minimizing anxiety'. Even here one must remember that 'anxiety' to Sullivan had a meaning all its own.

There are more serious difficulties. Sullivan was a man of many ideas who talked easily and at great length, imbuing his spoken words with a personal magic which became lost as they were recorded or written down. Without this magic, even condensations of his remarks appear redundant. The discrepancy between what he appeared to say and what was really said was as much a disappointment to Sullivan as to his devotees; it led to Sullivan's writing very little and his admirers' continually asserting that what had been written so far was but a paltry outline of the real thing.

Although he is regarded by most nonanalytic psychiatrists and laymen as analytically oriented, Sullivan dispensed with the great majority of psychoanalytic concepts and distorted the remainder until they are difficult to recognize. The concept of infantile sexuality was especially ignored. Phenomena such as regression and the return of the repressed were by-passed and such concepts as unconscious, preconscious, repression and suppression became 'selective inattention' and 'dissociation'. Even the word 'conscious' became 'discriminating awareness', without any gain in clarity. The psychoanalytic concepts of transference and countertransference were replaced by what was called 'the field theory concept' plus 'the therapist as a participant observer' and 'the operational approach'. These terms have the advantage that they can be easily revised and expanded, for they were never well defined; description of them is usually given in negative terms. The pitfalls inherent in the problem of anxiety and the instincts were avoided either by ignoring them or by stressing part aspects which could neither be proved nor disproved. The difficulty is enhanced by the fact that a few analysts became his apologists.

Sullivan's concepts were developed in the early and middle twenties when ego analysis was in full development. Up to this time he had apparently been acquainted with the writings of Freud and presumably with the already voluminous psychoanalytic literature, but it is highly doubtful whether he familiarized himself with the later writings, as the psychoanalytic concepts he so frequently attacked as incomplete became well-established in the following period. His ideas had to be constantly reformulated, not so much because of expanding clinical horizons but mainly in order to justify their exclusion of vital psychoanalytic concepts which had been evolving at a phenomenal rate. To do this without using analytic terminology led inevitably to complexity and confusion.

The main sources of Sullivan's metapsychology are the cultural relativism of the social psychologists and anthropologists, and behaviorism; however, these are well padded with material from neurophysiology, semantics, and the psychobiology of Adolf Meyer. Behavioristic fallacies are numerous and vary from the obvious to the most subtle. According to Sullivan, we are always interacting with the world and undergoing experience, so *ipso facto* we *are* experience. This play with words was not meant in a mystical sense. Describing the origin of tenderness, he states, 'the mother

behaves tenderly because the infant is practically absolutely dependent upon the intervention of others for survival', or more 'scientifically' speaking, 'the observed activity of the infant arising from the tension of needs induces tension in the mothering one which is experienced as tenderness'. Crying is simply an activity of the infant to relieve anoxia, thirst, hunger, or other needs. Sullivan's ignoring the self had many results, the most important of which is the omission of the body image in its libidinal aspects and the substitution of pseudoexplanatory anatomical and neurophysiological fallacies.

The belief of the semanticists that mental illness was chiefly a problem in communication was enthusiastically taken over and expanded by Sullivan. That problem, he felt, arises because anxiety inherent in the present situation is distorted by projections of the past. This was all very well as far as it went, but subject to complications because of other aspects of his theories. The past interpersonal anxieties spoken of by Sullivan are ultimately those 'empathized' from the anxious mother and never those of the child projected upon the mother, or arising from the child's own dangerous wishes, or from the danger that the 'self' will be overwhelmed by immediate and contradictory needs. The positive aspects of anxiety as a warning signal were ignored. Here let us return to Sullivan's neglect of the self and the inner world. In this respect, he can be considered the reciprocal of Melanie Klein, as he took over her good-bad object world in a fascinating, yet totally different, manner. Although in later years the catch phrase 'interpersonal relations' became expanded to include objects and parts of people, it has chiefly come to stand for a turning to the sociological structure of the outer world and the relationships of a patient to people in the present and past, including the therapist, to explain one's difficulties.

Omitted, unfortunately, are the multiple intra-ego states and relationships which are the connecting links between the past and present interpersonal relationships and which are expressed so frequently, perhaps always, in terms of the libidinized body image. The lacunae in Sullivan's psychology resulting from his resistance to the concept of infantile sexuality made this omission certain and forced him ultimately to be unable to comprehend how and why the part can substitute for the whole and the whole may become a part. He was finally led to the position of championing the

lability of the instincts but was unwilling to use such a term at all because of its sexualized psychoanalytic connotations.

The deficiencies in his understanding of psychoanalytic concepts led Sullivan to be largely dependent for his ideas on the social psychologists, especially for those ideas connected with the developmental epochs and modes of experience. Lack of understanding of the role of the body image here led to a complete misunderstanding of the relationship of medicine and psychiatry and was responsible for the following fallacy: 1, psychiatric illness is concerned with interpersonal relationships; 2, social psychologists deal with interpersonal relationships; ergo, 3, psychiatry is ultimately the locus and province of social psychology.

Sullivan was overly intellectual rather than practical. He leaned toward behaviorism and cultural relativism more than toward psychoanalytic thinking. One example of these tendencies will suffice: 'mothers do not get anxious when the infant feels his umbilicus because by the time the infant has sufficient dexterity of the upper extremities to do so the umbilicus will be nicely healed, and there is no risk of fatal infection. The anxiety of the mother whose child is exploring his own anus is due to the great development of the doctrine of germs and doubts about physical purity and cleanliness which are written into the so-called Christian underpinnings of Western culture.' This is a fair sample of the profundity of a book supposedly addressed to psychiatrists concerned with the dynamics of personality.

The tragedy of Harry Stack Sullivan lies in the fitful flashes of brilliance that illuminate the more obscure and banal aspects of this book. Although there is little clinical documentation, some of the material suggests that he was a sensitive clinician, especially alive to certain aspects of the schizophrenic puzzle. Apparently he understood how to translate symptoms into terms of personal relationships, and he correctly condemned the ridiculous oversimplification of many of our concepts. Unfortunately he found it difficult to understand the value of topographical abstractions and was unable to comprehend the meaning of such maligned terms as 'projection' and 'introjection', and apologized when even a term like 'sublimation' had to be used. Because he comprehended so much, he tried to solve the problems inherent in our possession of an unconscious and in the process of learning by impatiently aban-

doning all the old words and substituting new ones. Such peddling of new lamps for old does not brighten our understanding. In this book, in describing his average reader, he rather neatly, perhaps with tongue in cheek, described himself: 'he is bitterly paranoid, a very brilliant thinker and at the same time an extraordinarily wrongheaded imbecile. Thus when I attempt to use the written language to communicate serious thought, I am unhappily under constant harassment to so hedge the words around that the most bitterly critical person will be unable to grossly misunderstand them, and at the same time to make them so clear that this wrongheaded idiot will grasp what I am driving at. The result is—I usually give it up in the process of revising it.'

WILLIAM F. MURPHY (BOSTON)

PSYCHOANALYSIS AND PERSONALITY. A Dynamic Theory of Normal Personality. By Joseph Nuttin. New York: Sheed and Ward, Inc., 1953. 310 pp.

Father Nuttin is Professor at the Catholic University of Louvain, Belgium. He attempts in this book to give his Catholic students a version of psychoanalytic psychology which does not conflict with their spiritual orientation. While selecting and bending and resetting analytic terms and theories, he makes the well-disposed analytic reader feel awkward, as if eating a familiar food with chopsticks for the first time.

Joseph Nuttin describes psychoanalysis as a philosophy, as a system of psychology, and as a therapeutic method. In the second part of the book, a dynamic theory of personality is developed, aiming at a spiritual integration of analysis with traditional concepts of Christian asceticism. The text, the case material, the denial of the libido theory and of repression, the assumption of special, metaphysical, 'constructive' tendencies, make the word 'psychoanalysis' appear out of place. To an analyst, it seems that a more straightforward, courageous and independent way could have been found to integrate psychoanalytic science with humanistic Christian ideals.

MARTIN GROTJAHN (BEVERLY HILLS)

THE TROUBLED MIND. A Psychiatric Study of Success and Failure in Human Adaptation. By Beulah Chamberlain Bosselman, M.D. New York: The Ronald Press Co., 1953. 206 pp.

Dr. Bosselman is a psychoanalyst and Associate Professor of Psychiatry at Illinois Medical School. Her book is written for parents, teachers, physicians, and students. Psychoanalytic concepts have influenced her, but technical terms are avoided and there are relatively few references to Freud or psychoanalysis. A pragmatic common-sense approach is used. The style is plausible and lucid. The chapters are headed by quotations from classical authors, many poetical, such as Housman, Shakespeare, James, and Marcus Aurelius.

Part I gives an account of the process of development from infancy to old age, with particular attention to the specific problems that must be solved at each age level. In the chapter, Infancy: The Attainment of Self-Realization, the author notes that feeding problems arise when the child experiences coercion, in the interests of correct nutrition, and makes use of this issue as an opportunity for resisting authority. Toilet training becomes the focus of much rebellious feeling against demands of conformity of attitude and routine. 'By the end of the second or third year the child should have established a workable and realistic balance between self-assertion and conformity.' Writing of Later Childhood: Adaptation Within the Peer Group, Dr. Bosselman says that to adults rebellion may be worth the sacrifice it involves, but children should not be expected to suffer for causes which they cannot comprehend. In the adult 'the personality traits which we call immature are those which are concerned with *taking* rather than *giving*. The emphasis is still on achieving a "build-up" of self rather than on a more objective activity in the larger world.' In old age, good health and true love can help one bear a great deal of disappointment; the actualities of success or failure are relatively less important. An index of poor adaptation is excessive demand for reassurance of acceptance by others.

Part II deals with neurosis and psychosis, designated as faulty adaptations. Neurosis is unrealistic and inefficient; psychosis attempts adaptation by distortion and denial. In neurosis, the person blindly tries to resolve internal and external conflicts in a repetitive compulsive way, unable or afraid to face real issues. Three overlapping groups of neurotic reactions are the neurotic

character, somatic neurosis, and symbolic symptoms (the neurosis per se). The distinction between psychotic and nonpsychotic is both quantitative and qualitative. The psychotic judges reality according to his symptoms. There are only three clinical syndromes: the manic-depressive, the schizophrenic, and the paranoid.

Part III is concerned with the problem of treatment and is called Agencies of Health. It includes discussions of mental hygiene, social agencies, types and techniques of psychiatric treatment, better parenthood, the psychologist's role, psychiatric social work, and psychiatry and religion. Supportive treatment emphasizes repression and relies on 'borrowed' strength from the therapist. 'Uncovering' forms of treatment, such as psychoanalysis, encourage the patient to bring the repressed into consciousness. Reference is made to transference phenomenon, free association, resolving neurotic resistance, and dream analysis. In conclusion, the author sees need for a multiple approach in therapy, including prevention and more clearly defined relationships among the auxiliary treatment groups.

The emphasis of the book is on adaptation; problems are posed by the environment acting on an individual in various stages of maturity. Such an emphasis has some value for the beginning student, to help him correlate behavior with the determinants of age and environment, but it slurs over psychological problems which impress the professional analyst and more penetrating observers of human behavior. The discussion of instincts and their vicissitudes is inadequate. The emphasis on molding of character by environmental forces will be considered excessive by some analysts. Exception may also be taken to the almost exclusive goal of adaptation; it seems to make the goal of treatment conformity rather than optimum realization of self, the lifting of repression, and liberating of energies. One is reminded of Riesman's comment, in The Lonely Crowd, on the changes that have taken place in the American ideal. The model used to be the 'inner-directed' person, whose values furnished him with a built-in psychological gyroscope; the model now is the 'other-directed' person, whose goal is to get along with his peers and be 'well-liked'.

GEORGE FRUMKES (BEVERLY HILLS)

CHILDREN OF DIVORCE. By J. Louise Despert, M.D. New York: Doubleday & Co., Inc., 1953. 282 pp.

This reviewer has always maintained that psychiatry is the science of common sense. Dr. Despert's is an eminently sensible, that is, psychiatric book. She makes two things clear from the beginning and throughout her volume: first, that it is not legal divorce as such which harms children. The best proof of this is that children of actual divorces are harmed in a relatively low percentage of the cases. She stresses that it is emotional divorce, as she calls it, the emotional rifts between the parents, which precede every divorce for a long time, that are so harmful. Therefore, in speaking of 'children of divorce' she includes the large number of children where one of the parents has deserted the family; and also the still larger number of marriages in which neither divorce nor desertion is resorted to, but where a continuous emotional dissension between the parents poisons the atmosphere for the child. Second, she makes it clear that in our divorce proceedings each of the parents is protected by his attorney, while the interests of society are looked after by the judge. The one person who has no protection in a divorce case is the child.

After discussing the various aspects of divorce and the personal maladjustments which lead to the failure of marriage, the author shows the effects of such disharmony at different age levels of the children. She then proceeds, since unsuccessful marriage cannot be wished out of existence, to give specific instructions how some of these harmful experiences can be spared the child.

The author has had a vast experience, well above a thousand cases, with children who were suffering from the consequences of both legal and emotional divorce. She draws freely on these cases to illustrate her statements. She singles out three of the reactions of the child to discord between the marriage partners; they are hostility, guilt, and manifestations of anxiety. She shows both the evil consequences of discord between parents and how they can be overcome, and proves conclusively that children of divorce can become well-adjusted citizens, good marriage partners and good parents, provided they are properly treated. Her case histories show convincingly that the effect on the child at different age levels will be different, but that even at the preverbal level the children communicate the consequences of parental dissension

in their play, in their attitudes to eating and sleeping, and in their troubled dreams.

In the second part of the book the author discusses the problem presented by the complexities of the law in dealing with divorce and its sequelae, such as custody of children. She outlines the various movements to reform our divorce laws, and that the premise for such reform should not be punishment but prevention. In the same chapter the author provides parents with practical advice in their problems by discussing the role which agencies, marriage counselors, the church, the school, and the use of the boarding school can play in helping them.

The problems of social organization and legal procedure are treated on a popular level, though it is obvious that the author has much more to say about it. Likewise, psychoanalysis is not mentioned in the book—yet the whole is permeated with a psychoanalytic point of view. The author's approach is based on the emotions of parent and child; in her warm-hearted and unpretentious way she shows that in all these problems understanding the parents, understanding the child, tact, honesty, and consistency are essential. Probably without even realizing it herself, she has applied the quality of tact in her book—in the way in which she clarifies the roles of guilt and aggression, both conscious and unconscious; in the way in which she stresses that it is not a question of which of the parents is guilty, but how to salvage from a disaster as much as can be saved.

Dr. Despert has succeeded in writing a thoroughly practical, readable book. She addresses herself to parents, including the three hundred and fifty thousand couples who are divorced every year in the United States, and will be readily understood by them. Yet the psychiatrist will read her book with profit, as will the judge, the lawyer, the marriage counselor, the agency worker—and all those who concern themselves with the problems that trouble children because of their parents' dissensions.

RENÉ A. SPITZ (NEW YORK)

THE PSYCHOANALYSIS OF ARTISTIC VISION AND HEARING. By Anton Ehrenzweig. London: Routledge & Kegan Paul Ltd., 1953. 272 pp.

Many analysts have been tempted to apply psychoanalytic knowl-

edge to the elusive problems of æsthetics. Freud, Sachs, Reik, Klein, Sharpe, Ernst Kris, Harry B. Lee, and others have concerned themselves with the puzzling concepts of beauty, the creative process, æsthetic expression, and appreciation. But although major problems become more clearly defined and unconscious factors are investigated, the overall problems of æsthetics have never been adequately treated.

Ehrenzweig deals with what he calls the 'inarticulate' form elements hidden in the unconscious structure of a work of art and with the unconscious perceptions by which we actively create or passively enjoy these elements. In order to become aware of and understand these inarticulate forms, we must adopt an attitude similar to that of the analyst when he deals with manifest and symbolic expressions of the unconscious, a diffuse attentiveness mindful that these manifest expressions are only signals, signs, or substitutes for deeply repressed but highly significant impulses and thoughts.

The book is subtitled, An Introduction to a Theory of Unconscious Perception, and in the preface it is said to attempt a synthesis between psychoanalysis and the many superficial psychologies of perception such as nineteenth century introspectionism and the Gestalt and eidetic theories. The author explains that his 'attempts at psychological theory cannot claim to be more than an introduction to a new and practically unexplored field of psychology', and general problems of unconscious perception are examined only as they relate to æsthetics.

Since modern art has cut away the ground under traditional æsthetics, which had been mainly concerned with the artist's quest for beauty, Ehrenzweig proposes the thesis that the need for beauty —the tendency toward an æsthetically 'good' Gestalt—belongs to the surface layers of the mind, and is foreign to the 'Gestalt-free' deep mind. The break-through of the deep mind in modern art has done away with the æsthetic surface of art and has revealed the unbeautiful Gestalt-free vision of the unconscious. For this reason modern art together with some examples of primitive art are considered by the author to provide the most direct evidence for the irrational and unæsthetic modes in which our unconscious deep mind creates and perceives form.

The author's uncertainty—whether to address himself to persons

interested in art or to theoretical psychologists—he resolved by attempting to reach both. But for those interested in art he has assumed a far greater knowledge of unconscious mechanisms and psychoanalytic concepts than they commonly possess; there is danger that such readers will be engulfed in technical terms. On the other hand, theoretical psychologists and psychoanalysts would, no doubt, have welcomed additional supporting evidence for the neat and precise formulas proposed for æsthetics in terms of unconscious processes. 'Unfortunately, unconscious processes cannot', as Reik has said, 'be as adequately expressed in formula as a principle of mathematics in algebraic symbols'.

The book suffers from an inadequate and capricious index in which such topics as 'Freud' and 'repression' are omitted though frequently referred to in the text.

JACQUES SCHNIER (SAN FRANCISCO)

THE MUSE AT LENGTH. A Psychoanalytic Study of the Odyssey. By Arthur Wormhoudt, Ph.D. Boston: The Christopher Publishing House, 1953. 159 pp.

In his analytic studies of the Odyssey, the Œdipus plays, and the Agamemnon plays, Professor Wormhoudt follows Bergler's analysis of the writer as a masochistic character. He considers Homer such a character, for whom writing the Odyssey was an attempt at self-cure. The ways by which self-cure occurs and their relationship to the artist's life are not explained. The problem was to depict a hero whose self-destructive tendencies could be expiated so that they should not cause the hero's death; and the task of both Homer and his hero Odysseus was, in the author's opinion, to free themselves from intense masochism. He describes the masochistic strivings for self-injury in the various characters and their guilt about their masochism. Many instances of œdipal and inverse œdipal situations are also noted.

Professor Wormhoudt evidently believes that these interpretations of unconscious conflicts and symbolisms increase the understanding of the reader, who in turn gains the same sort of self-healing as did the artist in creating the work. The author implies that the analyses also produce æsthetic understanding, and he claims that direct evaluations of the æsthetic or moral values of a work describe the preferences of the critic rather than the work itself.

The reader will not receive from this book any convincing explanation of the æsthetic, moral or other value of the works discussed, nor an understanding of the relationships of these works to the personalities of their authors.

BERNICE ENGLE (SAN FRANCISCO)

A MANUAL OF PSYCHIATRY. Second Edition. By K. R. Stallworthy. Christchurch, New Zealand: N. M. Peryer Ltd., 1953. 314 pp.

From New Zealand comes this book, concise and yet quite complete, lucid and well-organized, a manual admirably suited to the needs of most psychiatric nurses, first year residents, and non-specialists. Details of such procedures as electroshock and insulin therapies, tube feeding, and postleucotomy care are included, features unusual in psychiatric texts. A general acceptance of psychoanalytic concepts evident in discussions of etiology and symptom-formation contrasts sharply with an apparent reservation regarding the efficacy and value of analytic treatment.

Of the two major weaknesses in this book, the first is its inadequate treatment of the subject of psychotherapy. At times this amounts to an almost casual and indifferent attitude; thus, 'It is relatively infrequent for an anxiety state to require expert psychiatric treatment'. The treatment of hysteria is undertaken 'with little certainty of success'. Obsessive-compulsives 'are interesting to analyze but analysis often continues . . . with no benefit to anyone but the analyst'!

The second weakness is the absence of a bibliography, which might have helped the reader to become acquainted with less nihilistic attitudes toward psychotherapy.

Despite these shortcomings, this is a good book. It is especially gratifying to learn of the enlightened attitude of New Zealanders toward certification and other psychiatric legal problems.

ROGER C. HENDRICKS (SEATTLE)

CASTE IN A PEASANT SOCIETY. A Case Study in the Dynamics of Caste. By Melvin M. Tumin. Princeton: Princeton University Press, 1952. 300 pp.

This monograph deals with a rather isolated village in Guatemala inhabited by twenty-four hundred Indians and eleven hundred

Ladinos. The latter claim to be of Spanish descent and maintain a position as the ruling caste. Although there is some agreement among the Indians (and a few Ladinos) that it is possible to rise from the lower caste, no known case exists in the village, and only a handful of persons living away from the pueblo have 'passed'. Professor Tumin is concerned with the equilibrium between the members of the two castes, and while he regards the eventual modification of the system as probable, he emphasizes the stability of the present adjustments despite various internal stresses.

The report faithfully presents the results of patient field-work in the light of present-day anthropological theory and knowledge. The monograph is of little direct interest to psychoanalysts, however, since no consideration is given to the perpetuation of adult types by the practices of child and youth care current in the culture. Nor are the dynamics of personality development considered in relation to the points of stress. Professor Tumin has however published a valuable article in Character and Personality (1945) presenting 'some fragments from the life history of a marginal man'.

HAROLD D. LASSWELL (NEW HAVEN)

HUMAN BEHAVIOR IN THE CONCENTRATION CAMP. By Dr. Elie A. Cohen. New York: W. W. Norton & Co., Inc., 1953. 295 pp.

The bloody bestiality of the Third Reich, its nightmarish but efficient brutality, the sadism disguised as medical research, and the unassuming heroism of its eight million victims are here coolly and carefully described and documented. The author—he is the sole survivor of his family, killed at Auschwitz—writes because he must, and even today prefers to quote the experiences of others rather than his own. His quotations from psychoanalytic literature show little analytic understanding, and his attempts to explain the behavior of the prisoners and the monstrous cruelty of the S.S. remain unconvincing. The collection of material, however, is unsurpassed and concerns the concentration camp, particularly its medical aspects, and the extermination of human beings by gas chambers and death marches. Special chapters describe the medical experiments which involved high altitudes, freezing, infection with typhus or malaria, gassing, bone transplantation, exposure to sea water, sterilization, and 'euthanasia'.

Of the unexpected power of human adaptation, both physical and mental, the author states: 'I would have pronounced this incredible if I had not experienced it in my own person. I do not believe that this can be explained as a survival of the fittest.' The lack of neurotic sickness and psychosomatic symptoms is explained by the peculiar structure of the prisoner's ego, which is exclusively directed toward survival. No energy and no psychic or human trends are left to form conflicts. Such sicknesses as occur are the ills of beasts. Hunger seems to be the most vital of all human drives. Those possessed by it become mere creatures, cowardly, hard, cruel, selfish, egocentric. Only the remnants of former character may restrain them temporarily. As to the prison guards, the structure of their consciences is explained as the result of systematic German education; to follow a command is the supreme duty and no revulsion against cruelty can stand in its way.

MARTIN GROTJAHN (BEVERLY HILLS)

IT'S NOT ALL IN YOUR MIND. By H. J. Berglund, M.D. and H. L. Nichols, Jr. Greenwich, Connecticut: North Castle Books, 1953. 343 pp.

This is a book written for a public indelicately known as 'the drugstore trade'. The authors are a wife, who furnishes the content, and a husband, who supplies the style. Dr. Berglund, now an allergist, began her medical career as nurse for a 'glandular specialist and family psychiatrist'. Her husband, an excavating contractor specializing in swamp reclamation, according to the publishers did most of the writing.

Their purpose is 'to assemble in one place a simple explanation of the mechanisms of mind and body which are involved in personality and its effect on disease, the nature of psychoanalysis and psychosomatic theory and practice, and the undeniable physical basis of allergy, glandular difficulties and back pain'. An extensive discussion of allergy is intended 'to lift the stigma of neurosis from these disorders'. The authors did in fact start with the excellent intention of indicating that certain psychiatrists and pseudopsychiatrists have oversold the idea of psychotherapy for various psychosomatic illnesses. Dr. Berglund, however, appears to commit in her practice of allergy all the faults of which she accuses the

psychiatrist in practicing psychosomatic medicine. Her basic thesis is that the list of possible allergens which can cause psychosomatic disease is so large that negative tests are meaningless and 'in the final analysis, the mind which causes either mental or physical illness is a sick mind and cannot be sick unless the body—its physical stuff—makes it so'.

The 'psychoanalytic schools' of Freud, Jung, Adler, Rank, Sullivan, Fromm, and Horney, are explained in twenty pages with the conclusion that they all produce equally good results with neurotic problems. Psychoanalytic concepts are interestingly expressed. 'If the ego is smashed so that the id takes full charge, the result is raving insanity. If it is captured by one or more of the id drives so that it loses contact with reality, it can give an appearance of plan and consistency to its captors.' The medical therapy is equally interesting: 'Sex hormones in proper amounts seem to keep the brain sharpened up'. Ailments are mentioned that were treated for years as psychogenic hypochondria and 'cleared up as a result of minor hormone therapy, increase of vitamin intake, or simple improvements in home hygiene'; but on the same page we learn that 'even cure by psychotherapy does not prove that the ailment had a mental origin'. Some interesting, though simplified, theories are offered concerning psychosomatic disorders which appear every now and then. For instance, it is obvious that the function of nervous diarrhea is 'lightening the body for a quick getaway'.

This book is an excellent example of the horrors of applied common sense in the field of psychosomatic medicine.

WILLIAM F. MURPHY (BOSTON)

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Joseph Lander

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ABSTRACTS

The Psychoanalytic Review. XL, 1953.

Modified Psychoanalytic Therapy in Senescence. George J. Wayne. Pp. 99-116.

Neurotic reactions in the aged are genetically related to the conflicts and experiences of earlier life, to which are added the problems of depreciated status in the community, and perceptible evidences of organic decline. Earlier methods of handling life situations are no longer available in old age, and regression occurs, with anxieties frequently showing themselves in somatic concerns. Previously adequate integration can no longer meet the individual's needs. Given proper limitation of goals, treatment can be highly successful; structural character change, however, and modification of various problems of personality are frequently outside the scope of such therapy. The therapist needs to be more active than in conventional analysis, more informal, more supportive.

Gentlemen, the Queen. Kenneth Mark Colby. Pp. 144-148.

Chess apparently originated in Indo-Persia in the seventh century, and was introduced into Europe by the invading Moors about 1000 A.D. The Queen was a relatively late innovation. About 1500 her power in the game was quite suddenly and very sharply increased, with universal acceptance of that spectacular change. This is all the more striking in view of the relative roles of man and woman in the culture, and the fact that in this warlike game she is the only female. It is suggested that man's unconscious need for a powerful and protecting mother figure played a role in this change and that this was enhanced by the coexistence, toward the end of the fifteenth century, of a group of Amazonian women: Lucrezia Borgia, Isabella of Spain, Beatrice d'Este, but most of all a warrior countess, Caterina Sforza, whose husband may well have been the prototype of the weak King in chess. Her exploits, widely celebrated in poems, plays and ballads, may have served as the stimulus to the chess theoreticians and innovators of the period.

The 'Primary Constellation' in the Structure and Treatment of Psychoses. Joachim Flescher. Pp. 197-214.

The favorable results of electroshock therapy result from discharge of destructive energies, pent up on a very primitive level. Only disorders in which such a dynamic need exists are benefited by this treatment. The improvement in psychotics depends on a change in the dynamic relationship between the erotic and the destructive (death) instincts, in favor of the former. The term 'primary constellation' refers to the quantitative relationship between these two instincts. The main problem in the treatment of psychotics is that the transference reaction is predominantly aggressive. This explains why manic-depressive psychosis reacts so favorably to shock: depression is the condition, par excellence, in which

destructiveness is turned inward. The discharge of destructive energies brings improvement without dynamically influencing the interrelationships between superego and ego. Psychoses are interpreted as the result of traumas which strike the individual at such early and vulnerable developmental stages that they affect the dynamic interrelationship between the two primary instincts, augmenting the nonsexual drive.

Interrelationships Between Unconscious Fear Patterns and Function of Repression. Harry C. Leavitt. Pp. 218-224.

The classical conception of repression as a dynamic banishing from consciousness of ego-dystonic impulses is examined. Fear, anxiety, and guilt all produce psychic pain. The precœdipal child is exposed to a very considerable variety of fear-provoking experiences, but is incapable of guilt. Many fears become entrenched by conditioning. The child lacks the adult's ability to remove himself from or to overcome the source of fear, or to ignore some stimuli which are only apparently dangerous. Precœdipal repression is therefore viewed as a necessary means of augmenting the forgetting mechanism, in order to protect the child from the innumerable fear-provoking experiences of early childhood. Without such a protective mechanism, the young child's ego would have great difficulty in surviving the bombardment of experiences that beget conditioned fear.

Ego Development Through Self-Traumatization. Marie L. Coleman and Joel Shor. Pp. 225-241.

The child may provoke traumatic postœdipal experiences of frustration by the parents in order to make conscious the unconscious awareness of the parent's hostile attitudes. This type of self-imposed trauma can strengthen the child's defenses and lead to stronger ego development. Working through of this problem in analysis clarifies the connection between such postœdipal acting out and preœdipal fantasies. The gain stems from the harmonizing of unconscious fragmentary impressions of hidden parental attitudes with conscious recognition of these attitudes. The gain outweighs the suffering and disillusionment which accompany the self-provoked traumatic experiences.

The Structural Analysis of Transvestitism. Thomas Hora. Pp. 268-274.

Male transvestitism, a complex and overdetermined symptom, is a combination of fetishism and female identification. The fetishism denies castration by refusal to acknowledge that the woman has no penis. The female identification means 'I love my mother in me'. The transvestite therefore represents a woman under whose clothes a penis is hidden. The need to display the clothes (exhibitionism) represents the need to display the penis, thereby relieving castration anxiety. The character deviations depend on the concept of femininity, essentially an imitation of the mother.

Organized Qualities of the Id Structure. Harry C. Leavitt. Pp. 295-303.

Freud's comments on the question of whether there is an organized quality to the id, as opposed to a state of chaos, are inconsistent. Dr. Leavitt examines the question, with special reference to the transitional area between id and preconscious where repression operates. This transitional area renders it difficult to determine precisely what qualities are intrinsic to the preconscious and what to the id. Conditioned reflex mechanisms and 'learning' appear to operate at the level of the id, serving to deter the organism from activities that produce pain. The author disagrees with Freud's formulation that the id knows no precaution to insure survival and no anxiety. He believes, on the contrary, that the systems id, preconscious, and conscious form a continuum, each subject to the same endopsychic laws and consisting of analogous organizational structures, differing chiefly in architectural and functional complexity.

Prophylactic Psychopathology: The Rationality of the Irrational in Psychodynamics. Iago Galdston. Pp. 304-318.

Just as antiperistalsis with vomiting represents pathological physiology that produces health by ejecting noxious substances, so also some pieces of behavior are pathologic but have the unconscious purpose of achieving a higher level of health or maturity. Several illustrations of such distinctly pathological behavior are given, with the distinction drawn between those manifestations that are prophylactic and those that are merely outcroppings of faulty psychodynamic processes without such therapeutic goal. The grossly irrational behavior of such patients, when properly analyzed, clarifies the deeper dynamics and allows the analysand to comprehend what must otherwise seem to him thoroughly 'stupid' behavior calling for severe and enduring self-recrimination.

JOSEPH LANDER

American Journal of Psychiatry. CX, 1953.

A New Look at Freud's Dream, 'The Breakfast Ship'. Leslie Adams. Pp. 381-384.

The author makes an interesting attempt to correlate Freud's well-known dream with news reports describing the decisive naval battle in Manila during the Spanish-American War. The dreamer identified himself with the victorious American commander, according to Adams, and drew upon his own more pleasant maritime experiences to supplement the scene.

Dynamics and Classification of Disordered Behavior. Sandor Rado. Discussion by Karl A. Menninger. Pp. 406-421.

Rado offers a new etiological classification of psychiatric disorders based on 'adaptational psychodynamics of behavior', which in turn are rooted in the efforts of the organism to survive. Utilizing the concepts of 'emergency control' and 'emergency dyscontrol' as guides, he undertakes to set up a list of forms of

disordered behavior in a manner consistent with the increasing complexity of their psychodynamic mechanisms. Most neuroses are included in the category of 'overreactive disorders'; 'moodcyclic', 'schizotypal', extractive, lesional, narcotic and war-adaptive conditions constitute other categories.

Karl Menninger, in his discussion, points to intellectual and emotional resistances that crop up when modernized nosologies are proposed; he believes that even a discussion of these attendant problems may be useful. He subscribes in principle to the idea of a dynamic approach to classifying mental disorders. Properly descriptive terms of generalization and classification must be forthcoming, however, before present attitudes of reserve can be overcome.

MARK KANZER

American Journal of Psychiatry. CX, 1954.

The Diagnosis and Therapy of Health. Abram Blau. Pp. 594-598.

Diagnosis and treatment should be based on concepts of health as well as of disease. Descriptively the concept of health is synonymous with that of personality or constitution; all three involve the total psychophysical organism in its various manifestations. Despite the seeming paradox, health may have its own pathology. Inherent defects and limitations abound in everyone but need not be regarded as disease so long as functioning is satisfactory. Therapy directed at symptoms of illness differs from therapy directed at a restitution of healthful activities. Psychoanalysis in particular, with its alteration of neurotic personality traits, serves the latter purpose.

Psychiatric Disturbances Following Amputation. Douglas Noble, Douglas B. Price, and Rodman Gilder, Jr. Pp. 609-613.

Among the mental reactions to amputation, denial is especially prominent. The mental equivalence of the lost limb with the genital is often apparent. Phantom limb phenomena are important defenses; in one case the phantom appeared in conjunction with sexual excitement. In dreams, the body image was usually intact. Psychological reactions may intensify and prolong the physical disabilities arising from the amputation.

Some Antecedent Factors in the Family History of 392 Schizophrenics. C. W. Wahl. Pp. 668-676.

The author seeks, through statistical studies, to achieve an understanding of antecedent factors in the development of schizophrenia. He is impressed particularly by the high percentage (four times that in the general population) of loss of one or both parents before the age of fifteen. Somewhat surprisingly, loss of the father seems to be of even greater significance for both sexes than loss of the mother. The age of orphanhood before fifteen makes little apparent difference. The author speculates about the meaning of these findings.

Schizophrenia and Social Structure. A. B. Hollingshead and F. C. Redlich. Pp. 695-701.

The authors continue previous studies that sought to correlate mental illness with social background. They conclude that 'class differences in the incidence of acute schizophrenia are so marked that the chance is that these differences are not fortuitous'. Better opportunities for treatment and rehabilitation play a significant role in these findings—a factor of prime significance for psychiatry and public health administration.

MARK KANZER

Psychiatric Quarterly. XXVII, 1953.

Factors Involved in the Genesis and Resolution of Neurotic Detachment. Montague Ullman. Pp. 228-239.

The author describes detachment as a defense mechanism characterized by extraordinary disregard for, and unconcern about, others. It is a way of defense against one's environment based on the delusion that it is both possible and necessary to disregard the real needs of people and to exist in a state of isolated independence. This mechanism of defense is developed in children whose parents regard them as things rather than people. The parental demand is for automatic conformity. When the pressure for conformity becomes too great, the child attempts to adjust by giving up human feelings. Since this is impossible, it simulates by disguising, ignoring, and restraining all impulses incongruous with its goal. Detachment is the characterological defense designed to establish and maintain the profound degree of self-alienation necessary to this type of adjustment.

When the child is involved tangentially and its existence is not significant to the neurotic drive of either or both parents, its defense is not crippling and is compatible with some degree of adjustment and accomplishment. A case illustrative of this type is presented. Where the child's existence forms the focal point of a destructive neurotic need of its parents, the defensive structure is rigid and its breakdown results in paranoid hostility. This type is seen among psychotics and borderline cases.

Dream Life in a Case of Hebephrenia. Ben Karpman. Pp. 262-316.

The article consists mainly of a rather lengthy and repetitious case history in which the author, without much assistance from the patient and with rather superficial and direct interpretation of the material, supports his hypothesis that in hebephrenics certain dynamics are present. These dynamics differ substantially from those found in the usual neurotic. 1. The ego in the hebephrenic constructs a many-layered defensive system. The patient is in continuous conflict between his incestuous wishes, his polymorphous sexuality, and his guilt and anxiety. He fears his aggressive destructive impulses reflected in phallic wish-fulfilling fantasies, which in turn are defenses against castrative inferiority feelings. 2. Delusions perform the same function for the hebephrenic that

fantasies do for the neurotic. They are a defense against committing or becoming aware of socially prohibited acts—incestuous wishes, in the case of the hebephrenic. 3. Symbolization and the primary thought processes are florid and extravagant. 4. Sense of reality is substantially lost. 5. The dreams are in marked contrast to those of the average neurotic, in which the manifest content is full of inhibited impulses that offer a clue to the psychological conflicts. The conscious thoughts of the neurotic reflect the prevailing cultural pattern, whereas those of the hebephrenic are full of regressive fantasies and all manner of sexual perversions. At night, the hebephrenic dreams for the most part of normal relationships or of situations free of sexual elements. His dreams are a kind of wish fulfilment and a defense against antisocial tendencies.

The case presented illustrates this dream material and is compared with two other cases of hebephrenia previously published by the author which do not contain dream material.

Female Transvestitism and Homosexuality. H. S. Barahal. Pp. 390-438.

The treatment of a case of female homosexuality is described and the dynamics discussed. Transvestitism was a prominent symptom. The neurotic conflict and infantile neurosis which led to the homosexuality were overdetermined. The homosexuality was a means of 1, gaining mother's love; 2, dominating mother; 3, making mother jealous; 4, masochistic submission to mother as a repetition compulsion and as a punishment for feelings of guilt; 5, defense against mother's aggression; 6, removing the rival for father's love. The author concludes that tender feelings play a minor role in at least this case of homosexuality. Hostility, and defense against anxiety and frustration, seem to be the principal motivations. Transvestitism is a symptom manifesting the need to be a man, a more obvious exhibition of masculine attitudes and behavior common among women in our culture, which is oriented and directed toward masculinity.

The Concept of the Unconscious. Ludwig Eidelberg. Pp. 563-587.

This article is a chapter from Dr. Eidelberg's forthcoming book, An Outline of a Comparative Pathology of the Neuroses. It is a fairly classical presentation of freudian metapsychology and therapy. For the moderately advanced student it is a good condensed review; to the advanced student it offers nothing.

Involutional Melancholia. J. Barnett, A. Lefford, and D. Pushman. Pp. 654-662.

The authors describe certain agitated depressions occurring in anal-compulsive characters during their middle years and compare them to reactive depressions in normal individuals. In agitated depression, the hostility of the ego is directed against an object incorporated in early childhood; in reactive depression, against an object currently lost and then incorporated. The ego of the anal character has been successful in meeting the demands of a severe superego until the failure that precipitates the depression makes it impossible to continue to

do so. The agitation is due to the inability of the ego to bind anxiety in expectation of punishment, and to the consequent release of the anxiety in motor activity. Two case histories are presented illustrating the authors' thesis.

The authors unfortunately seem to be merely working over Freud's Mourning and Melancholia and Abraham's Manic-Depressive States and the Pregenital Levels of the Libido.

Childhood Schizophrenia. Lauretta Bender. Pp. 663-681.

Dr. Bender presents a review of her work with schizophrenic children at Bellevue Hospital over the past twenty years and the theoretical conclusions as to etiology, course, prognosis, and treatment to be drawn from it.

Childhood schizophrenia is a clinical entity occurring before the age of eleven. It is a disease, resembling an encephalopathy, to which persons are predisposed by heredity. The high degree of plasticity in the schizophrenic process gives rise to a variety of clinical pictures and to precocious intellectuality. The schizophrenic infant shows the behavior pattern of an early fœtal infant as described by Gesell, characterized by torpor, flaccidity, and primitive homeostatic and muscular control. Anxiety is excessive and easily evoked and gives rise to secondary neurotic defense mechanisms. The precipitating factor of the acute illness is a physiological (not a psychological) crisis, such as birth, especially birth with anoxia, severe illness, accident, and prepuberal and puberal stresses. The relationship between parents and child and the emotional climate of the family help determine the mechanisms of defense and the ability to handle regressive tendencies, impulses, anxieties, and so forth.

It follows that therapy aimed at giving insight is contraindicated since the ego, which is from biological causes weak, can never become normal and so requires neurotic defenses against the anxiety so easily evoked. Treatment should aim at strengthening the defenses. Shock therapy may stimulate processes of maturation. Education may also be of value.

JOSEPH BIERNOFF

Bulletin of the Menninger Clinic. XVII, 1953.

What Is a Supervisory Analysis? N. Lionel Blitzsten and Joan Fleming. Pp. 117-129.

The supervision of the psychoanalytic student is not merely an opportunity to teach technique but is much more valuable as an opportunity to provide knowledge of the student's unresolved neurotic difficulties and how they interfere in his work with his patients. This can best be seen in the problems of transference and countertransference that occur during the student's work with his patient. Supervisory work is therefore not primarily a didactic procedure, but is a continuation of the student's personal analysis. The authors believe that the supervisor should take an active part in interpreting the manifestations of countertransference to the student, and should also see to it that the student makes an effort to work through those reactions with his personal analyst. In addition to all this, the supervisory situation offers a very important opportunity

for the student to develop multiple and varied relationships, in contrast to the relatively isolated relationship with his personal analyst.

Problems of Organization. Norbert Wiener. Pp. 130-138.

Norbert Wiener, who is Professor of Mathematics in the Massachusetts Institute of Technology, discusses in this presentation mental disease as a breakdown of organization. He begins by describing briefly some of the pathology and physiology of homeostasis, which he designates as vicious and virtuous circles. He considers the pathology in the functional disorders a result of some breakdown in the system as a whole rather than in one localizable element. There is either too little equipment to handle the stimuli or the demand on the available equipment is too great. Another possible explanation for the breakdown is in a disturbance of the 'servo-mechanism': the feedback leads to a condition of uncontrollable oscillation instead of stabilization. Wiener believes that there are three general methods of attempting to repair the broken down organization: 1, to use the psychiatrist and his judgment as a homeostat attacking each departure from the norm; 2, to put the patient into an environmental situation which itself is more or less automatically homeostatic; 3, the most difficult but the most hopeful, to try to locate the particular links in the homeostatic chain that have become ineffective and to find a way to bolster them or replace them.

Management and Psychotherapy of the Borderline Schizophrenic Patient. Robert P. Knight. Pp. 139-150.

The crucial factor in determining the kind of therapy best for the borderline schizophrenic is a careful appraisal of the patient's ego-functioning with regard to its external adaptive and internal defensive aspects. This will indicate the advantage or danger in using exploratory techniques, deep interpretations, permissiveness, restrictiveness, and so forth. Decisions about status as out-patient or in-patient and about open or closed hospital facilities are also based on this same appraisal. This appraisal of the functions of the ego can best be made from several consultations, from objective history, from reliable informants, and from psychological testing. The strengthening and rebuilding of the ego should receive prior consideration over exploration until the therapist is sure of his ground with respect to the patient's ego strength. Knight believes that open hospital treatment, which makes maximum use of group psychological forces combined with individual psychotherapy, may make it possible for the borderline schizophrenic to hold himself together while he works toward reintegration. Ideally, a therapist should be capable of considerable flexibility in his responses so that he can adapt himself with genuineness and spontaneity to the widely varying therapeutic situations that occur in borderline cases.

The Role of Supervision in Psychiatric Training. Joan Fleming. Pp. 157-169.

It has long been recognized that supervision of clinical work is an essential part of a psychiatric training program. Dr. Fleming believes that this kind of

instruction involves three types of learning. The first type she designates as imitative learning; it is based on learning by identification. There are disadvantages in this type of learning, since without the appropriate clinical and theoretical understanding it can lead to difficulties. Corrective learning deals with the recognition of blind spots in the therapist's technique, which includes confronting the student with his problems of countertransference. A third type of learning is creative learning, in which the student learns to use his own free associations in combination with his understanding of the dynamics and structure of the particular patient.

Psychiatry and the Practice of Medicine. William C. Menninger. Pp. 170-179.

Dr. William Menninger summarizes what he considers to be the basic principles of psychiatry necessary for the practice of good, scientific, comprehensive medicine. In order for the physician to treat the patient as a whole and not as a collection of separate organs and functions, he must accept the concept of personality, its anatomy, physiology, development and pathology. The physician must respect the role of the environment, the importance of interpersonal relationships, and the secondary gains involved in all illnesses. Every physician, whether he knows it or not, uses psychotherapy. It is important therefore that all physicians and medical students be well grounded in the basic concepts of psychiatry.

Child Psychotherapy Without Interpretation of Unconscious Content. Hans Zulliger. Pp. 180-188.

This paper is an English translation of a paper published in the German journal Psyche in January 1952. The clinical material concerns a ten-year-old girl who came for treatment because of an irrepressible compulsion to eat. Therapy with the child consisted mainly of playing with puppets. By this method the child was able to express the various events that caused the furtive eating. Zulliger was able to formulate to himself the determinants he believed responsible for the patient's symptoms. However he did not interpret or verbalize this material to the patient. Zulliger believes that it was necessary only to indicate to the patient that he understood her problems. He calls this kind of therapy 'pure play therapy'. His rationale for this procedure is the fact that the unconscious of the child is 'magical, prelogical, and not yet intellectual or rational', and we therefore do not have to verbalize our interpretations to a ten-year-old child. Apparently 'pure play therapy' is very different from child psychoanalysis.

RALPH R. GREENSON

American Journal of Orthopsychiatry. XXIII, 1953.

The Impact of the Shift in the Psychological Constellation of the Family on the Treatment of a Stuttering Boy. Helen M. Glauber. Discussion by I. Peter Glauber. Pp. 755-774.

In accordance with Glauber's concept of stuttering in the child as an extension of the conflicts of the narcissistically attached mother, treatment of the stutterer must reach a point where his reactions involve her increasingly and where the possibility of future progress depends on the direct resolution of her own tensions. This fact is illustrated by the experiences of a therapeutic team described by the Glaubers. It must be recognized that in bringing the child for treatment, the mother is indirectly asking for aid herself; if correctly handled, she will in time permit her own difficulties to receive attention.

Utilization of the Psychiatric Caseworker as a Consultant During the Psychoanalytically Oriented Therapy of a Patient. Paul A. Dewald and Marjorie Harle. Pp. 785-791.

Problems in psychoanalytically oriented treatment are illustrated in this paper. Efforts in working with a mother were directed to maintenance of a superficial transference and circumscription of topics of discussion. When it became apparent that problems relative to her child required attention and threatened to broaden the scope of treatment, she was referred to a caseworker for a single consultation about the boy. The value of this procedure to the treatment program is discussed; its use in appropriate instances is recommended.

MARK KANZER

Psychosomatic Medicine. XV, 1953.

Ulcerative Colitis: The Psychoanalyses of Two Cases. Aaron Karush and George Daniels. Pp. 140-167.

This is a detailed report of two cases of ulcerative colitis, studied psychoanalytically, which showed genetic and dynamic similarities. The struggle with anxiety and rage was prominent from early childhood. Mature, adaptive behavior yielded to infantile dependency in the pursuit of security and gratification. Threats to self-esteem precipitated attacks of colitis three or four weeks later. The loss of successful mastery coincided with depression, somatic symptoms, and overwhelming anxiety and rage. The meaning of the physical symptoms accompanied by regressive phenomena is elaborated; certain sexual deviations of these patients are also discussed. The authors believe that it is easier to speak of the perpetuating psychological mechanisms of such an illness as this than of the initiating ones. They are aware that the relation between the psychological and physiological remains a problem. The psychological mechanisms suggest that this is a disintegrative illness; physiological research should be pursued with this fact in mind.

Dynamically-Oriented Brief Psychotherapy: Psychocutaneous Excoriation Syndromes. An Experiment. Philip F. Durham Seitz. Pp. 200-242.

This paper reports an experiment in therapy with twenty-five patients who had skin lesions considered to be the result of rubbing, scratching, and picking

at the skin. The therapy was direct and directive; the patients were induced to ventilate anger over their current preoccupations. The therapist then attempted to redirect the anger and rage into different channels. The rationale of this experiment is the so-called dynamic formulation that these patients are sensitive and have feelings of inferiority and an excessive need for love; the frustrations caused by such threats as loss of love and of status are reacted to with rage followed by guilt. The skin lesion is a masochistic hysterical symptom. In the thirteen pages of the article, the author gives his clinical material, his dynamic formulation, his method, results and criteria, several tables, and his discussion, while the appendix of twenty-eight pages gives an account of each of the twenty-five patients and his therapy. This abstracter is impressed by the format of the paper and the cautious, scientific account of the experiment, with a self-critical attitude which warns against the indiscriminate use of the method. There nevertheless seems to be no awareness that the dynamic formulation of the problem, the basis upon which the experiment was undertaken, is inadequate.

Emotions and Hydrochloric Acid Secretion During Psychoanalytic Hours. George F. Mahl and Richard Karpe. Pp. 312-327.

This paper is an extension of previous work done by Dr. Mahl. In this study, which the authors describe as crude, an effort is made to study the hydrochloric acid secretion and emotional state simultaneously in two patients undergoing psychoanalytic treatment. The authors describe their methods and results; they recognize the limitations of their physiological and psychological studies and of their judgments about them. The data show that anxiety, regardless of its origin, is accompanied by increased hydrochloric acid secretion. Anxiety, therefore, rather than oral dependency or some specific conflict, is the basis of peptic ulcer. Dr. Franz Alexander in his discussion of this paper states that Mahl misinterprets both his own material and the theory of the role of frustration of oral dependency. Dr. Alexander believes that the material presented by Mahl and Karpe confirms his theories.

Development of New Symptoms Following Medical and Surgical Treatment for Duodenal Ulcer. James S. Browning and John H. Houseworth. Pp. 328-336.

The authors report a study of thirty patients treated surgically and thirty patients treated medically for duodenal ulcer. Neither group had psychotherapy. Those treated surgically who lost their ulcer symptoms tended to develop other symptoms. Those treated medically had persistent ulcer symptoms but did not tend to develop new symptoms. This fact perhaps implies that duodenal ulcer is an adaptive response. The findings suggest that successful removal of duodenal ulcer symptoms by gastrectomy may result in the development of new symptoms unless associated psychic conflicts are resolved.

VICTOR CALEF

Archives of Neurology and Psychiatry. LXIX, 1953.

Psychotic Reactions in Problem Drinkers Treated with Disulfiram (Antabuse). Edward A. Macklin, Alexander Simon, and G. Hamilton Crook. Pp. 415-426.

Of ninety-six alcoholic patients treated with antabuse, thirteen (13.5 percent) had psychotic reactions; ten of these cases are reported in detail. A review of the literature on this subject reveals reports of forty-seven other such cases and shows a divergence of opinion as to the cause of these psychotic reactions.

The authors feel that in general the psychogenic element in the development of psychosis under antabuse therapy has been understressed in the literature and too much attention paid to the possibility of a toxic origin. In support of this thesis, they point to the fact that in many cases recovery from the psychosis occurs while the patients continue to receive the drug, while in other cases no recurrence takes place when medication is continued later. The authors believe that a psychogenic explanation fits the facts better, and explain the psychotic episode as a reaction to the sudden interruption of the alcoholism which had served as a defense for the patient. Proper recognition of the psychogenic factor will prevent an unnecessary removal of the drug and will make possible more specific treatment for the psychotic reactions with consequent speedier recoveries. It will also enable more to have the continued benefit of antabuse treatment.

Intellectual Functions in Myxedema. Ralph M. Reitan. Pp. 436-449.

Reitan studied the state of intellectual functioning in myxedema by means of Rorschach testing. Three groups of patients were tested, one of neuroses, one of myxedema, and one of organic brain disease, each composed of fifteen subjects. The test results showed a general diminution in intellectual functions in myxedema as measured by the Rorschach. In general the performance fell to a level between that of the neurotics and those with organic brain damage. The specific nature of the intellectual impairment varied, resembling in some respects those of the neurotic subjects and in others resembling more the findings in patients with brain damage. The findings are relatively nonspecific with regard to the myxedematous process.

Study of Adrenocortical Physiology in Normal and Schizophrenic Men. Hudson Hoagland, Gregory Pincus, Fred Elmadjian, Louise Romanoff, Harry Freeman, Justin Hope, James Ballan, Austin Berkeley, and James Carlo. Pp. 470-485.

Hoagland and his colleagues compared adrenocortical physiology in normal and schizophrenic men by studying two groups, one of seventy-two normal men and one of sixty-seven schizophrenic men patients in the Worcester State Hospital. Each group was divided into a younger (age twenty to thirty-nine) and an older (age forty to sixty) group and various indices of adrenocortical function were tested. The reactions were studied at rest, after subjection to three stress tests, and after injection of corticotropin.

At rest both the older and younger schizophrenic patients showed evidence of hyperadrenalism or hypoadrenalism. The older schizophrenic patients, like the younger ones, showed less adrenal response to the stress tests and to the injected corticotropin than did normal subjects. However, the older schizophrenic patients were considerably more responsive to the corticotropin than were the younger patients. Adrenal responses to stress are in general therefore subnormal in schizophrenic patients. The relatively greater unresponsiveness to corticotropin in the younger patients may be due to there being more acute cases in that group, corresponding to a state of exhaustion of the adaptation syndrome. On the other hand, this finding may be explained as a genetically determined factor, which is itself predisposing to the development of the psychosis, or else it may be due to a larger concentration in the younger patients, as compared with the older ones, of enzymes which inactivate corticotropin.

An Extralemniscal Sensory System in the Brain. J. D. French, M. Verzeano, and H. W. Magoun. Pp. 505-518.

A Neural Basis of the Anesthetic State. J. D. French, M. Verzeano, and H. W. Magoun. Pp. 519-529.

These studies continue a series of papers from the University of California School of Medicine at Los Angeles which relate to the central reticular activating system in the brain stem and its effects on states of sleep and arousal. In the first of these two papers, French, Verzeano, and Magoun, working on monkeys, describe and delineate a medial extralemniscal sensory system in the brain stem which conducts afferent stimuli to the cortex in pathways distinct from the well-known classical sensory routes. While both systems conduct afferent impulses simultaneously to the cortex, the classical lateral pathways subserve perception and discriminatory functions while the medial system serves to arouse consciousness or alertness without which the above-mentioned sensory discrimination, and effective responses to it, would be impossible. Information delivered over the lateral system is essential for the perception and recognition of stimuli and for their localization. The medial system maintains the state of consciousness and may be involved in management of gradations of attention superimposed upon inattentive wakefulness.

In the second paper, the authors study the effects of ether and pentobarbital sodium on conduction in this central system in order to help in understanding the anesthetized state. In these experiments, performed on ten macacus mulattus monkeys, potentials were compared in both medial and lateral conduction routes under various states of wakefulness and sleep induced by anesthesia. The medial system was seen to be affected earlier than was the lateral system by the administration of ether or pentobarbital sodium. The evidence suggests that the central brain stem system is more susceptible to anesthetic blockade than the lateral pathways, and that depression of activity in these areas participates to a considerable degree in production of the anesthetic state.

Cutaneous Perception in the Aged. Martin A. Green and Morris B. Bender. Pp. 577-581.

Green and Bender continue their studies on double simultaneous tactile stimulation, extending it to a study of older persons. The subjects consisted of three hundred forty-two normal adults from forty to ninety-six years of age; those under sixty were compared with those over sixty. The method of double stimulation used in this investigation was the same as that employed in previous studies.

The results indicated a marked increase in the percentage of error with increasing age. Ninety-six percent of the subjects between sixty-five and ninety-six years of age gave incorrect responses on the initial trial and 54 percent continued to make errors during the entire series of ten tests. The errors consisted of extinction or displacement of one of the two stimuli; the face was dominant over the hand, and the foot dominant over the thigh. The persistent errors in older persons were similar to those demonstrated in normal children under six years of age, so that, just as with other measured functions of the nervous system, this function is most 'faulty' at the beginning and at the end of the life span. Most probably these phenomena in aged persons are a reflection of structural vascular alterations in the brain which accompany the normal aging process.

LEO RANGELL

Revista de Psicoanálisis. IX, 1952.

Transference in Child Analysis With Special Reference to the Beginning of Treatment. Arminda A. de Pichon-Riviere. Pp. 265-310.

The author selects from her detailed records material evidencing transference for the purpose of demonstrating that 'play . . . shows in an immediate and spontaneous way the positive and negative feelings of the child', and that such play should always be interpreted. 'If the child's behavior in the first session and the most urgent material it presents in that session are interpreted to it in a manner that takes into account the whole situation and not merely the symbolism of the play, transference is established' (pp. 266-267). Everyone develops in infancy certain characteristics and certain ways of approaching love and hate which are repeated in later life. The child has intense libidinal expectations, and an intense, repetitive need for its libidinal object; it therefore suffers more intensely from anxiety. This fact makes easy the access to its mechanisms of personalization and symbolization. The situations relived in its acting out derive from preverbal events and material belonging to a time prior to conscious remembering. Two clinical descriptions illustrate the author's point of view.

Martha, a girl of six, suffered from anorexia, enuresis, and severe speech difficulties (her only words were 'papa, mama, *atá*'), and tended to fall and to be easily hurt. She was seen four times weekly for two-and-one-half years; she remains improved six months after termination of treatment. A two-and-one-half-year-old boy who suffered from anorexia, night terrors, urinary and fecal incon-

tinence, and frequent sore throat with high fever, was also treated for two-and-one-half years, five times weekly, and remains improved about four years after the end of treatment.

This reviewer feels that the author should have explained in more detail the rationale of dealing with transference by its direct interpretation at the very start of treatment. For instance, the analyst interpreted to the little girl Martha in the first session, on the basis of a game played by the child, that Martha 'closes the hole in Mama to prevent things from going in or out; that is why Martha needs to watch Mama'. 'These games', says the author, 'allowed Martha to symbolize the reason for her being incomplete and insufficient and her consequent jealousy and fears of the transference'. But in the tenth session the analyst is still interpreting 'that she wanted boys and girls to be equals'; this time the child answers 'yes' to the analyst. Does not the contrast between this yes and the earlier response to similar interpretations express something significant? Do not these different reactions suggest that timing is important in correctness of interpretation? How the author evaluated interpretations is not clear. The article nevertheless deserves thorough study.

Contents and Defense in Artistic Creations. Alcyon Baer Bahia. Pp. 311-341.

The author demonstrates, using Camus's *L'Étranger* and three movies by John Huston, that in artistic creation one may speak of 'schizoid work of inspiration' just as one speaks of 'work of mourning'. The artistic production must then be an effort by the ego to protect itself from schizophrenic dissociation. It results from feelings of depression caused by expectation of abandonment by the loved object; this depression the ego attempts to deal with by means of depersonalization. Indifference and weakening of self-perception occur together with increased sadism and interest in the internalized object imagoes.

This abstracter can add that one of the movies discussed, We Were Strangers, is based on real happenings during a Cuban dictatorship. The alterations of fact introduced by Huston add significance to the author's postulates; for the true story bears more resemblance in several details to Camus's plot than does the movie version.

Observations on Countertransference as a Technical Device: Preliminary Communication. Enrique Racker. Pp. 342-354.

This preliminary report illustrates with three clinical descriptions the use of countertransference in psychoanalytic treatment. The author feels that hate or anger in the analyst is usually an indication that aggressiveness and anxiety are present in the patient. Boredom of the analyst approximately mirrors criticism of the analyst by the patient's superego. In brief, the countertransference illuminates the transference. Countertransference can also be used to indicate what part of the material should be used by the analyst. The intensity of the analyst's feeling shows what is important. A more complete study of this subject by this author has since appeared (Int. J. Psa., XXXIV, 1953, pp. 313-324).

Two Dreams of Analysts. Marie Langer. Pp. 355-358.

The Interpretation of a Storm Phobia. Miguel Sesser. Pp. 359-363.

These are sketchy communications. The first describes two types of nightmare found in analysts who are themselves undergoing analysis. These dreams show the problems encountered by two student analysands in dealing with introjection.

The second presents briefly the clinical history of a woman whose anxiety over storms could be shown to arise from four sources: 1, alterations in temperature of the atmosphere; 2, changes in the patient's psychological state, vegetative functions, and motility accompanied by great anxiety; 3, the rain, which was pleasant and was associated with physical lassitude; and 4, the annoyance the patient felt at being so disturbed. These manifestations are correlated with the patient's disturbing œdipal fantasies involving primal scenes, and with the voyeuristic and sadistic impulses mobilized in her during storms. The phobia permitted her to gratify her œdipal regressive wishes in relation to an ambivalent object love.

Psychoanalysis of Melancholia and Hystero-Epileptic Attacks in a Female Patient. Fidias R. Cesio. Pp. 389-412.

The patient described in this article was treated for two years nine months, first at home, then in the office by face to face psychotherapy, and finally on the couch. The clinical and analytical material is divided into five stages. In the first stage, the patient was listless, mentally and physically retarded, unable to leave her bed, and suicidal; she also suffered from 'visions' of her daughter who had died in an accident. After learning of the tragic death of this girl, her only child, the patient appeared to be identified with her daughter. The second stage was primarily devoted to stimulating the patient to speak (her speech was impaired), and during this period she had epileptiform fits upon leaving the doctor's office, at her home, and elsewhere. In the third stage, the patient was able to establish a relationship with the therapist mainly by projecting upon him her own internalized object imagoes. She showed complete dissociation of her transference feelings—love for her father and conscious rejection of him; hatred for her mother and for her father's attacks upon the mother. The patient's feelings were strongly ambivalent. The fourth stage showed a patient more capable of handling her conflicts verbally and emotionally, without the need for conversion symptoms such as skin rashes and metrorrhagia. In the fifth stage she made many gains, some of them dramatic, by her psychological understanding and acceptance of facts.

The author further describes the dynamics and structure of the patient's personality. He discusses the countertransference and its therapeutic value, the method of interpretation, and the reasons for the lack of dream material.

Fragment of an Analysis of a Paranoid Psychosis. David Liberman. Pp. 413-454.

The author presents in the best psychoanalytic tradition his understanding of

the hallucinations and delusions of a deeply regressed schizophrenic. Such restitution processes of the ego as delusions were traced historically to the patient's background. Her traumatic childhood and her fantasies were finally uncovered; they correspond in minute detail to many of her symptoms. It was possible to corroborate Freud's idea that a delusion contains a factual statement about the patient's life. The ideas of reference and persecutory delusions, for instance, were understood in terms of a sadistic primal scene (the patient's mother was killed by her father when she was nine months old). The parents' coitus could only lead to her destruction. Hence the persons who 'talked about' her and those who later 'persecuted' her were always plural, because 'the persecutors are formed by the parents' being together, and against her, in a [sadistic] primal scene'. The primal scene led to her actually losing both parents at once: mother died because father shot her, and father went to prison. These feelings about the parents were later elaborated into 'a beast' of dual character, having 'a good penis' which gave pleasurable masturbatory sensations, and 'a bad penis' which terrorized the patient at night. The hallucination also represented her father's incestuous approaches. The father, after completing his sentence in prison for the 'crime of passion', forced the patient to live with him. When she was eleven she deserted him because he had twice approached her sexually while drunk. The delusional system based on these traumas was worked out in the 'narcissistic transference' of the patient. The article shows a healthy understanding of the countertransference.

This patient had been psychotic for the eight years preceding treatment. At first the therapy resembled Rosen's 'direct analysis', but with more attention than Rosen accords to the primary thought processes and the approach from the ego. As the end of treatment approached, the author followed increasingly closely standard psychoanalytic procedure. The patient recovered from the acute delusional syndrome.

Observations on the Simultaneity of Emotional Muscular Reactions. A. Tallaferro. Pp. 455-478.

This article is the first to appear in a new department of the Revista de Psicoanálisis devoted to 'Psychosomatic Medicine'.

The author attempts in this paper to validate clinically the theories of Wilhelm Reich. He employs Reich's method of study of character to explore the conversion of emotion into muscular tension because the method permits thorough understanding of repression and muscular activity 'without need of investigating pathological phenomena'. Character-armor results from conflict between instincts and environment; reactions to environmental stimuli at this boundary resemble membrane-reactions in an amœba. The author offers 'brief discussions and superficial interpretations' of some psychosomatic syndromes, including hypertension in muscles, asthenia, headaches, rheumatism, and disturbances of hearing and of vision. These brief formulations are poorly supported by such clinical examples as the following. 'A patient who had suffered from otosclerosis for several years had been examined by prominent specialists; only after a month of treatment by Reich's technique did the hearing improve

notably.' It is very difficult for this abstracter to evaluate the author's almost dogmatic assertions since the clinical material is so meager.

GABRIEL DE LA VEGA

Psyché. LXXXIII, 1953.

Psychoanalytic Profile of Charles Baudelaire. N. N. Dracoulides. Pp. 461-485.

In this article Dr. Dracoulides interprets a number of Baudelaire's poems, dramatic drafts, and other writings with the help of the poet's life history and his letters. In Baudelaire's childhood there stands out a cluster of events centered around the child's desertion by the mother. But it is the sequence of events leading to this desertion that is significant. It began with the loss of the father in the œdipal stage. The boy was thereafter indulged for a full year, sleeping in his mother's bed. This happy period was cut short by the mother's remarriage. The child manifested hostility and hate against the stepfather from the beginning. He became increasingly unmanageable and was boarded out a year later. Charles remained in exile until the age of eighteen and was intensely unhappy and jealous of his stepfather. His behavior in the school was scandalous and led to his removal. When he finally came home at this time, the conflict between Baudelaire and his stepfather exploded and he had again to be removed from home and remained in exile anew until the age of twenty-one.

Dracoulides points out two consequences of this early history. One is the intense hate-love of Baudelaire for his mother—his wish to murder her was sublimated in the form of poetry as well as in a dramatic sketch in which the woman is actually murdered.

The second consequence is Baudelaire's complete sexual incapacity in regard to women with the exception of one mulatto prostitute, who is described by contemporaries as obese, loathsome, and hideous. With his mulatto mistress, Baudelaire appears not only to have been potent, but also able to act out both his masochistic desires and, in a symbolic manner, his matricidal wishes. The latter culminated in an attack on the mulatto with a piece of furniture. He broke her head and after that he attempted suicide. The matricidal wishes in regard to his real mother found their symbolic expression in his poetry and in the draft of a play. The whole picture is rounded off by a description of Baudelaire's narcissistic and homosexual behavior.

A parallel is drawn between the childhood of Baudelaire and that of two famous matricides, Orestes and Nero. But while Orestes and Nero actually did commit matricide, Baudelaire was capable of sublimating it in his poetry. In the lives of all three the father died early, the child stayed with the mother but was deserted after one or two years, and the mother remarried. In all three this cluster of events took place in and around the œdipal period.

This reviewer believes that the decisive factor in this cluster of events is the overgratification of the œdipal child's desire after the father has disappeared; this overgratification, which amounts to a seduction in the case of Baudelaire

and which is understandable in terms of the frustration of the mother's libidinal desires through the loss of her husband, will lead to a re-enforcement of the final frustration of the child when the mother remarries.

Dracoulides expresses succinctly the psychoanalytic profile of Charles Baudelaire in his statement that the young boy discovered 'forbidden paradise' in the arms of his mother, only to proceed to 'paradise lost', and that it was this road that ultimately led him to the 'artificial paradises' which poisoned his life.

RENÉ A. SPITZ

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Meetings of the New York Psychoanalytic Society

Morton M. Golden & David L. Rubinfine

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NOTES

THE NINETEENTH INTERNATIONAL PSYCHOANALYTIC CONGRESS will take place in Geneva, Switzerland, from July 24th through July 28th, 1955. The Program Committee, under the chairmanship of Dr. Phyllis Greenacre (211 Central Park West, New York 24, N. Y.) and Dr. Ernst Kris (135 Central Park West, New York 23, N. Y.), requests that all papers to be submitted be received not later than February 20th, 1955.

On the anniversary of the birth of Sigmund Freud, May 6th, 1954, in the presence of about two hundred guests, who included the two Deputy Mayors of the city of Vienna, the Rector of the University, and the Dean of the Faculty of Medicine, a memorial plaque was unveiled on the outer wall of 19 Berggasse, Vienna.

During the Sixth Annual Meeting of the WORLD FEDERATION FOR MENTAL HEALTH in Vienna in August 1953, a number of people who made a pilgrimage to see this house discovered that it was not marked in any way, and spontaneously made the suggestion that the whole group should subscribe toward the cost of a commemorative tablet. The Austrian Society for Mental Hygiene contributed the balance of the funds and made all the arrangements for the erection of the plaque. The inscription on it reads:

In diesem Haus lebte und wirkte Sigmund Freud, in den Jahren 1891 - 1938, der Schöpfer und Begrunder der Psychoanalyse. Gestiftet von der 6. Jahresversammlung der World Federation for Mental Health im August, Wien, 1953.

Professor H. C. Rümke, of Utrecht, President of the World Federation for Mental Health, attended the ceremony and gave the first address, followed by Professor Hans Hoff, Professor of Psychiatry in Vienna and Chairman of the Austrian Society for Mental Hygiene. The wording on the plaque had been submitted beforehand to Miss Anna Freud, who had given her full approval to it.

On the evening before the unveiling, Dr. Winterstein, President of the Austrian Psychoanalytic Association, at a special meeting, read a paper on the relation between Freud and Goethe.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 12, 1954. PSYCHOSIS AND PSYCHOSOMATIC ILLNESS. Melitta Sperling, M.D.

Dr. Sperling discussed the development and interrelationship of psychosis and psychosomatic illness. The pathogenic conflicts providing the basis for

the somatic reactions originated in the precœdipal or pregenital phases. The basic instinctual conflict between the child's destructive and libidinal impulses during these phases is reflected in its primary object relationships with people. The development of the psychosomatic pattern of response is rooted in a specific mother-child relationship which determined the outcome of the struggle between the two primary instincts. The outstanding feature of the mother is her need to keep the child in a lifelong dependence for the gratification of important bodily and emotional needs. The mother may complain about the burdens imposed upon her by the illness of the child, but she can give love and care only to the sick child. The child's dependence upon the mother, cemented by illness, creates a sort of magical relationship between them with reassurance to the child that it will not suffer a loss of the mother as long as it remains ill and dependent. The illness of the child provides the mother with a setting for acting out repressed unconscious impulses, often polymorphous-perverse, through physical ministrations to the child. The mother rejects the child when it is healthy and evidences strivings toward independence, encourages its illness and rewards it when it is sick. In cases of psychotic development, Dr. Sperling has found outright rejection of the child by the mother. In the psychosomatic illness, being sick means to re-establish the conditions for the immediate gratification of infantile libidinous needs and for the release of destructive impulses through bodily symptoms. The repressed destructive impulses and rebellion against the mother are discharged through the somatic illness. Another important gain is the appeasement of the severe superego of such a patient through bodily suffering.

Whereas many authors have warned that psychotic episodes are regular occurrences in the course of psychoanalytic treatment of some psychosomatic disorders, Dr. Sperling questions this belief. If the disappointment in the mother (or her substitute) is so severe that the patient is unwilling to accept another object, then he will withdraw his libidinal cathexis from real objects. This step ushers in the psychotic break with reality. The withdrawal of the libido from the real object constitutes an attempt of the patient to deal with his destructive impulses. This 'psychotic defense' differs from the 'psychosomatic defense' which uses repression as its main mechanism in dealing with the destructive impulses. The withdrawn object libido serves to mitigate the destructive impulses, a process which is essential for the preservation of external objects and of the self. The most desirable outcome of such instinctual conflict would be for the patient to renounce the psychosomatic object relationship and to accept a more mature one. By means of the analytic transference the patient is able to resolve successfully, on a conscious level, the struggle between destructive and libidinal impulses.

Dr. G. Bychowski, Dr. B. Mittelmann, and Dr. O. Knopf concurred that a better understanding of the genesis and interrelationship of psychosis and psychosomatic illness will relieve anxiety in psychotherapists, and make available the full benefits of psychoanalytic therapy to a greater number of psychosomatic patients. Bychowski spoke about the analysis of latent psychotics who had somatic complaints. In these patients, the psychosomatic symptoms are an expression of the struggle against parental introjections. During analysis, the

introjections are released, become externalized, and are projected into a paranoid episode. This must be developed in the transference and handled very carefully for treatment to be successful. Dr. Mittelmann believed that there were no evidences of specificity in psychosomatic disorders. He claimed that there was a multidimensional determination of psychosomatic syndromes, one of them being the somatic potential. Dr. Sperling concluded that a modification of psychoanalytic techniques similar to those used in child analysis should be employed in the treatment of psychosomatic illness.

MORTON M. GOLDEN

February 9, 1954. WIT AND PARANOIA. Mark Kanzer, M.D.

Beginning with the observation that in at least three different cultures and periods of impending social upheaval, revolution sounded its warning through the appearance of a major humorist, the author suggests that an interplay between paranoid traits in the individual and discontent in the population contribute to the genesis of this phenomenon. Commenting briefly on Cervantes and Voltaire, the major portion of the paper is devoted to a study of Gogol and his role as a harbinger of the Russian Revolution. Kanzer believes Gogol's literary career was an outgrowth of an advanced schizoid process. Evidence is advanced to show that Gogol, a sickly child, was infantilized by an adoring, possessive mother only fifteen years his senior, and that his world was that of the Ukranian peasant, filled with local myths in which a clownlike Devil is the central figure, a merry individual who plays tricks on others and is tricked in return. Upon leaving home Gogol embarked on a series of psychopathic adventures including fraud, lying, and embezzlement of funds from his mother. Kanzer suggests that this behavior was symptomatic of schizophrenia.

It was after he left home that he discovered his genius. At his request his mother had supplied him with 'home atmosphere' by including in her letters local stories, myths, and fairy tales. It occurred to Gogol that he might have literary success with them, and their publication made him famous overnight.

These stories re-created his mother's image for Gogol, when longing for her had made him anxious and melancholy. The image banished the anxiety partly by allowing him to identify with his mother in the role of story teller; also by a mechanism of projection and identification with the audience which is cheered and uplifted by them. The ambivalence in these identifications is clear from the fact that the stories always verge on becoming terrifying. The remainder of the paper is devoted to an analytic study of Gogol through biographical data and detailed consideration of two stories, The Vij and The Nose.

Kanzer interprets the latent content of The Vij as a fantasy of the son's destruction of the mother by a sexual attack followed by his own destruction by the father. Gogol's fetishistic preoccupation with the nose is then scrutinized. Comparing the story of The Nose to a dream of nakedness in which the subject scurries around in embarrassment while the spectators remain frighteningly indifferent, the author interprets in the light of Freud's three-persons formula-

tion of wit: the first person is Kovalyev, the hero, who has lost his nose; the second person, the indifferent officials equivalent to the spectators in the dream; the third person, the Russian public, is invited to laugh not at the exhibitionism of the hero, but at the stupidity of the second person. While noting the political satire, the author finds in Gogol's interest in noses the substratum of the story and the mainspring of Gogol's wit. The deepest layer of the joke is an outwardly displayed castration and an inwardly retained penis and presents similarities to transvestitism, itself a form of burlesque humor. Wit accomplishes the task of weakening and deflecting the criticisms of the superego (father) of the son's instinctual aims toward the mother. This is accomplished by evoking in, and attributing to the third person, the audience, aggression against the witch (mother). The stupid officials, symbolizing mother, are made the butt of scorn, and Kovalyev is protected from castration anxiety by the alibi of noseless innocence and the apparent rejection by the mother.

Outwardly an instrument of social protest, Gogol inwardly was an exhibitionist inhibited by castration anxiety. His prerevolutionary audience, ostensibly approving his political satire, granted him indulgence for his unconscious fantasies. This permissiveness encouraged more direct expression of his instinctual aims, and Gogol proclaimed himself a moral and political leader, and became overtly megalomanic in his writings. This 'break-through' caused a complete repudiation of him by the Russian people. This complete and sharp rebuke from his former status as an idol indicates certain paranoid tendencies in the group corresponding to similar processes in Gogol. His tenuous object relationships devastated by this repudiation, he plunged rapidly into a psychosis after much humiliating self-abasement. His end came amid hallucinations that the Devil was going to get him at last, and the terror aroused by leeches which were applied to his nose!

Gogol's wit and terror alike had their origins in his own body image. He has been described by biographers as a lifelong masturbator who may never have had sexual contact with a woman. He attempted to ward off autoerotic activity by detaching his nose and utilizing masturbatory fantasies to concoct ridiculous adventures for this organ. This play, however, threatened to escape control of the ego and the disclaimed phallus became a persecutor. The clown had become a devil, both being different aspects of the phallus. Noting Freud's distinctions among wit, the comic, and humor, Kanzer suggests in passing that the manic-depressive disposition is more closely allied to the comic in its simple two-person relationships, and its economy of thought and freedom from cultural inhibition. In contrast, wit with its distorted three person relations, subtle intellectual mockeries, and sensitivity to the social scene, is like paranoia.

The cultural aspects of wit call for inclusion of social factors in the metapsychology of wit. Kanzer hypothesizes an indirect pathway in which the first person projects his censorship to the audience, successfully modifies the censorship and then by identification shares in its instinctual release. Wit is a social device for weakening the superego. Gogol's success as a wit stemmed from paranoid empathy with the unrest of the Russian masses and his ability to voice this unrest despite official censorship. The unconscious wishes of the

people acted upon him with hypnotic force so that he was impelled to represent the latent drives. His comic figures coalesced tendencies from what was both personally and politically repressed. The paper concludes with comments on the deliberate as well as the unconscious use by governments in power of methods for permitting comic outlets for rebelliousness.

Dr. Louis Linn described a sequence of events in patients with organic brain disturbances which parallels and repeats for the individual what Dr. Kanzer described for society. This sequence could be produced at will in patients suffering from reactive depression as a result of physical illness. Intensive electroshock produced in these patients a manic state which started with the feeling that they were well. If shock was stopped at this point, as the organic brain disturbance subsided cues from reality pressed more insistently for attention and disrupted denials. A paranoid reaction then emerged: 'I would be well if my enemies were not poisoning me'. With further improvement the depression would re-emerge. The relationship between the paranoid reaction and the wit and humor of the manic phase was that the former was the product of a less successful denial and both were way stations along the road of denial. Dr. Paul Friedman could not agree with the view that Gogol was a political and moral prophet of the revolution. He was a marked reactionary and it was precisely the liberal Russian intelligentsia that turned against him. Friedman reiterated Freud's warning against a hasty use of concepts taken from a study of the individual and applied to social phenomena. He suggested that wit is not used as a defense in extremely threatening reality situations where there is a disorganization of the ego's synthetic functions and abolition of the superego with regression to an oral infantile state; thus the jokes used as defenses by Jews in the initial period of Nazi oppression were no longer current among inmates of concentration camps. Dr. Harkavy stressed the differences between wit and paranoia and emphasized that wit is not merely defensive. Dr. Weyl drew attention to the related metapsychology of political cartoons and pointed out that they are a part of our daily life rather than limited to revolutionary periods. Dr. Meyer presented examples from the writings of Dostoevski and Robert Benchley in which manifestly paranoid ideas are presented in a humorous setting, allowing the ego to keep them at a safe distance by laughing at them. The paranoid content in these instances contributes to the charm of the story. Dr. Tarachow cited historical instances of the use by authority of comic productions to deflect and discharge aggression harmlessly. He then advanced the hypothesis that in a particular society comedians will be found to arise from minority groups while the more sadistic wits originate in the prevailing majority group of the culture. Dr. Hartmann raised the question of the nature of the relationship between the defensive function of wit and its other ego functions. He then suggested three possible levels on which the interrelationships between a given historical situation and the individual who utilizies it occurs: 1, a certain ideational content is made available by a historical situation; 2, certain attitudes and ways of defense are facilitated by the situation (social compliance); 3, the structure of the personality is formed by cultural factors, i.e., the choice of methods of problem solving, and the choice among defenses is limited and

determined by cultural factors. Dr. Kanzer concluded the discussion by emphasizing that there is much more than speculation in our formulations concerning the forces underlying social phenomena. He also stated that he did not regard wit as paranoid but rather as a sublimation which wards off paranoid trends; indeed, Gogol's wit receded as his psychosis advanced. In reply to Dr. Hartmann, he observed that beginning at the breast society makes its influence felt in all psychic spheres through instinctual gratification or frustration, through ego formative devices, and through the superego.

DAVID L. RUBINFINE

John Biggs, Jr., Chief Judge of the United States Court of Appeals, Wilmington, Delaware, has been given the American Psychiatric Association's ISAAC RAY AWARD for 1954 for his notable contributions to legal problems connected with mental disorders. As recipient of the award, Judge Biggs will deliver a series of six lectures on legal aspects of psychiatry in November and December 1954 at the University of California Medical and Law Schools. The lectures will be published in book form by Harcourt, Brace and Company.

Judge Biggs, a graduate of Princeton University and Harvard Law School (1922), was appointed to the Circuit Court of Appeals by President Roosevelt in 1937. He has been Chief Judge for the Third Circuit since 1939. He is the author of two published novels, Demigods (1924) and Seven Days Whipping (1927), as well as several short stories and a play. He is also a contributor to the Proceedings of the American Philosophical Society. He was executor of the estate of the late famous novelist, F. Scott Fitzgerald. He has served twice as Chairman of the Delaware Delegation to the Democratic Party National Convention. He is on the Executive Committee of the Judicial Conference of the United States and has an honorary LL.D. degree from Lafayette College. He is a member of the Philadelphia, New York City, and American Bar Associations.

The Isaac Ray Award is given annually to a lawyer or a psychiatrist in the interest of furthering understanding between the two professions. The award is commemorative of Dr. Isaac Ray, a founder and early president of the American Psychiatric Association, whose Treatise on the Jurisprudence of Insanity (1838) was a pioneering work in this field. The winner of the award is asked to deliver from three to six lectures at a university which incorporates both medical and law schools. Judge Biggs is the third winner, Dr. Gregory Zilboorg and Dr. Winfred Overholser being the other two.

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BOOKS RECEIVED

PARSONS, TALCOTT: *Essays in Sociological Theory.* Revised Edition. Glencoe, Illinois: The Free Press, 1954.

JERSILD, ARTHUR T.: *Child Psychology.* Fourth edition. New York: Prentice-Hall, Inc., 1954.

ODLUM, DORIS M.: *Psychology, the Nurse and the Patient.* Second edition. New York: Philosophical Library, 1954.

FINK, HAROLD KENNETH: *Long Journey.* A Verbatim Report of a Case of Severe Psychosexual Infantilism. New York: The Julian Press, Inc., 1954.

BURT, SIR CYRIL: *The Causes and Treatment of Backwardness.* New York: Philosophical Library, Inc., 1953.

FROSCH, JOHN; ROSS, NATHANIEL; TARACHOW, SIDNEY; ARLOW, JACOB A., Editors: *The Annual Survey of Psychoanalysis, Volume II, 1951.* New York: International Universities Press, Inc., 1954.

GILL, MERTON; NEWMAN, RICHARD; and REDLICH, FREDRICK C.: *The Initial Interview in Psychiatric Practice.* With Phonograph Records. New York: International Universities Press, Inc., 1954.

Studies in Schizophrenia. A Multidisciplinary Approach to Mind-Brain Relationships. Reported by: Robert G. Heath, Chairman. Cambridge: Harvard University Press, 1954.

LEWIS, NOLAN D. C. and ENGLE, BERNICE, Editors: *Wartime Psychiatry. A Compendium of the International Literature.* New York: Oxford University Press, 1954.

FULLER, JOHN L.: *Nature and Nurture: A Modern Synthesis* (A pamphlet). Garden City, New York: Doubleday & Co., Inc., 1954.

BARRELL, JOSEPH: *A Philosophical Study of the Human Mind.* New York: Philosophical Library, 1954.

HIMES, JOSEPH S.: *Social Planning in America. A Dynamic Interpretation.* Garden City, New York: Doubleday & Co., Inc., 1954.

BECK, SAMUEL J.: *The Six Schizophrenias. Reaction Patterns in Children and Adults.* Research Monographs No. 6. New York: American Orthopsychiatric Assn., 1954.

BRAATOY, TRYGVE: *Fundamentals of Psychoanalytic Technique.* New York: John Wiley & Sons, Inc., 1954.

ITTELSON, WILLIAM H. and CANTRIL, HADLEY: *Perception: A Transactional Approach* (A pamphlet). New York: Doubleday and Company, Inc., 1954.

BISCHOF, L. J.: *Intelligence: Statistical Concepts of Its Nature* (A pamphlet). New York: Doubleday and Company, Inc., 1954.

ENGLISH, O. SPURGEON and FINCH, STUART M.: *Introduction to Psychiatry.* New York: W. W. Norton & Co., Inc., 1954.

PEARSON, GERALD H. J.: *Psychoanalysis and the Education of the Child.* New York: W. W. Norton & Co., Inc., 1954.

SULLIVAN, HARRY STACK: *The Psychiatric Interview.* Edited by Helen Swick Perry and Mary Ladd Gawel. New York: W. W. Norton & Co., Inc., 1954.

NEUMANN, ERICH: *The Origins and History of Consciousness.* Translated by R. F. C. Hull. Bollingen Series XLII. New York: Pantheon Books, Inc., 1954.