



## FANTASIES OF MENSTRUATION IN MEN

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The following observations and comments are presented to suggest the hypothesis that the unconscious idea of menstruating occurs as one facet of feminine identification in the male. This unconscious idea may not be uncommon, but has generally been overlooked.

The feminine counterpart—at least in a descriptive sense—of this phenomenon is the ‘castration complex’ or ‘masculinity complex’ in women. On this subject Freud (1916) made the basic observations. Abraham (1920) contributed his classic paper but emphasized too exclusively the narcissistic implications to women of female genital anatomy. Van Ophuijsen (1924) and many others elaborated what already was known. In particular, Rado (1933) expanded our understanding greatly by pointing to the economic significance of phallic ambitions in women, interpreted by him as a defense against genital-masochistic anxiety.

The ‘femininity complex’ in men has also received attention, yet many simple basic clinical observations regarding femininity in men, and some aspects of their feminine fantasies (mainly unconscious), are as yet unrecorded or have not been paid the attention they deserve.

The facets of femininity in the male are as numerous as are the functions, attributes, and charms of a woman. A man expresses his desire for femininity in all the ways at his disposal—in dreams, in behavior and movements, in the way he dresses, in slips of the tongue and parapraxes (‘doodling’, for example), and in character traits; he may even in conscious fantasies experience the sweet masochistic thrill of being taken. Expressions of femininity are frequent and not difficult to observe. To

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paraphrase Abraham (1920), the extraordinary frequency of these observations suggests that the wish to become female is one common to all men. Direct observation of boys shows that they may envy the female as they are envied by her. Jones (1942), in discussing the natural envy between the sexes in early childhood, remarks: 'The male . . . envy of the female's capacity to give birth to children is less recognized than its counterpart'. Glover (1946) agrees: 'Although less attention is paid to the fact, it is undeniable that the boy's unconscious disappointment at being unable to emulate his mother's feat of baby production is as deep as the corresponding jealousy of the girl that she does not possess male organs'. Certain seemingly simple wish fulfilments dreamed by boys tell the same story. A healthy boy of ten told his mother, 'Last night I dreamed that I was a lady and it felt so good'. It should be added that one motive for a boy's envy of girls may be his regressive needs to be babied and pampered as he imagines his sisters are.

The 'menstruating' male can be directly observed in some primitive cultures. Margaret Mead (1949) mentions 'synthetic male menstruation, bloodletting for males in which they also can rid themselves of their "bad blood" and so be as healthy as females'. I do not know how this ritual is to be interpreted. The *couvade*, the interpretation of which has troubled anthropologists so much, may be an instance of how the man's wish to become woman can be integrated into cultural institutions (Reik, 1914).

Recently Bettelheim (1952) has suggested an interpretation of initiation rites differing markedly from the usual psychoanalytic explanation that circumcision is symbolic castration motivated by the father's envy and hostility directed toward the son's becoming a man. Bettelheim observed a group of schizophrenic adolescents, two boys and two girls, planning the acting out of a fantasy in a ritual. The boys were to cut themselves 'in a secret place of their bodies' every month and mix their blood with that of the menses. It seems from the clinical data that the girls were the instigators of this idea and more enthusiastic about it than the boys. Bettelheim also observed a psychotic

boy of eight with an intense conscious desire to possess a vagina. From such observations and from a study of anthropological literature on initiation and fertility rites, Bettelheim concludes that man envies woman her procreative abilities, and that the central purpose of male initiation rites is to assert that males too can bear children. The aim of subincision in initiation rites is to provide men with a sexual apparatus and abilities equal to those of women. There exists a male jealousy of the woman's ability to show her sexual maturity by menstruating at puberty.

This last conjecture I find hard to understand; perhaps Bettelheim has come closer to grasping the motivating forces behind many rituals in which men are turned symbolically into women when he suggests that '... men were willing to and ready to make themselves into females in order to share woman's superior powers. . . . This desire, incidentally, I have observed in several boys who live in settings in which females are dominant—fathers absent, older sisters who exercise a strong influence, etc. They wish to urinate like girls, to get rid of their penes and in general to be like girls.' One is reminded of the strong emphasis Brunswick (1940) puts on the fundamental primitive identification with the preœdipal, active phallic, and *omnipotent* mother.

Aside from Bettelheim's somewhat speculative study, few psychoanalysts have turned their attention to the man's wish to bear a child. Among them are Eisler (1921), Nunberg (1947), and Jacobson (1950). Recently Evans (1951) has presented an instructive and dramatic case. Macalpine and Hunter (1953) discuss the psychoanalytic literature dealing with fantasies of pregnancy in both sexes. Freud's paper (1908) on infantile sexual theories and Brunswick's (1940) on the preœdipal phase, both theoretical contributions, should be mentioned in this context.

In his paper, *The Femininity Complex in Men*, Boehm (1930) reported many interesting observations, but his article lacks the inspiration and vision that have made its counterpart, Abraham's paper of 1920, a classic. Boehm found in his neu-

rotic male patients the wish to wear women's undergarments, to become pregnant, to give birth, and to simulate anatomical identity with women by hiding the penis between the legs and counterfeiting women's breasts. The identification with women was expressed by one man who compulsively spread his legs apart when attempting heterosexual intercourse. Boehm coined the terms 'vagina envy' and 'parturition envy'. He makes no mention of menstrual fantasies, and overlooks the fact that his male patient, beside being 'pregnant', complains of a premenstrual headache.

For a quarter of a century, Colonel C. D. Daly of the Indian Army wrote about what he called 'the menstruation complex'. His papers, for example, those of 1927, 1935, and 1943, are remarkable for their courageous insistence on the importance of this aspect of the castration complex. Colonel Daly does not, however, deal with fantasies in the male about menstruating. Reik (1931) reports that Abraham observed a neurotic male who imitated menstruation by suffering from severe headaches every four weeks; he could not bear light and was completely incapacitated for work. During these attacks he remained in bed most of the time, getting up on the fourth day. He was imitating his mother's menstrual periods during which the children had not been allowed to disturb her.

Another example of such compulsive cyclic behavior was observed by Bornstein (1949). In her analysis of a boy it was understood, she says, '... after a long period of trial and error ... that ... periodic flare-ups were due to some notion he had about menstruation'. The only other mention of simulated menstruation in a male I have been able to find in the literature is Bryan's (1926) brief clinical communication. The patient, a young man, came to the analytic hour with epistaxis. The bleeding was interpreted as a defense against passive homosexual wishes in his transference: 'If I menstruate, my analyst will not rape me as my father raped my mother'.<sup>1</sup>

<sup>1</sup> Therese Benedek (1925) reported on the analysis of a young woman who when strongly protesting her feminine role had an attack of nosebleed. This was interpreted as being partly a repetition of the trauma of menstruation and partly her becoming accustomed to it.

With regard to nosebleed it should be mentioned that there may exist a physiological connection between the state of the membranes of the female genitals and those of the nose. This view has been widely held (see Havelock Ellis, 1899) and still is held by some. Certain terms have been coined to express it: 'bride's cold', 'vicarious menstruation' and 'genital spots of the nose'. Wilhelm Fliess's *Periodenlehre* and his theories concerning the relationship between the nose and the female genitals are well known. He insisted that 'Woman's menstrual bleeding is the expression of a process which affects both sexes and the beginning of which goes back beyond puberty . . .'.<sup>2</sup> It is beyond doubt that a psychological connection exists between nose and genital organs, the nose having a bisexual significance (Saul, 1948).

Periodicity has had a fascination for mankind from the days when Pharaoh's dream was interpreted by Joseph to modern times when we attempt to foretell economic changes by the pattern of past fluctuations. A Foundation for the Study of Cycles, which includes as members some distinguished American and Canadian scientists, is devoted to efforts to apply a law of cycles to the stock market, commodity stores, battles, weather, solar activities, the frequency of caravan travel, and Chinese earthquakes. How frequently do astronomers in choosing their profession recognize the impetus from an unconscious interest in cycles based on infantile observations?

The only reference I have found in fiction to an acting out of fantasies related to periodicity concerns the eccentric Lord Alconleigh in Nancy Mitford's witty novel, *Love in a Cold Climate* (1949). This gentleman has curious habits; he eats in turn like Gandhi and like Henry VIII, goes for ten mile walks and lies in bed all day. An important part of his rituals is regularly to get drunk at the full moon, never at other times; for he is very much aware of the waxing and waning of the moon.

<sup>2</sup> Freud, quoted by Jones (1953, p. 299), refers to Fliess's obsession with bisexuality in a letter to him: 'With the theory of repression I have run into doubts which a word from you—perhaps on male and female menstruation in the same individual—could resolve'. Freud had episodic doubts about psychological methods and a nostalgic longing for the 'safe' methods of physiology.

He gets drunk to shock his glands and settle them back into youth. This lunar ritual is connected with blood when someone asks, 'Isn't he quite balmy? Doesn't he hunt people with bloodhounds by full moon?'

A friend informs me that, while waiting her turn to give blood to the Red Cross, she overheard a man remark to the nurse, 'I don't understand why more people don't give blood. I have to do it regularly; otherwise I get to taste it in my mouth. It makes me feel better.' Thus can acting out occasionally be of service to humanity.

An intelligent, artistically talented man with good cultural background, began analysis at thirty-three because of severe depression. The depression was precipitated by his wife's decision to divorce him since his ambivalence and moodiness had become unbearable to her. His depression was accompanied by homicidal as well as suicidal fantasies. After partially working through his rage against his wife and his dependence on her, the depression slowly lifted. The next major phase in the analysis was the gradual uncovering of the patient's very strong passive masochistic feminine impulses. This period culminated after fifteen months of analysis with three dreams. In the first of these dreams he was in bed in a maternity ward, being palpated anally, about to give birth. Three weeks later he dreamed that, dressed as a bride, he was married to a man named Tom. His associations were to Thomas Mann and to *Death in Venice*, Mann's novel about homosexuality. The third dream occurred five days later and took place in a voyeuristic setting, an operating room which looked like an observatory with domed ceiling and telescopes. The patient's ex-wife, dressed in street clothes, was lying on the gynecological table with her legs spread apart. The patient palpated her vaginally. Also present were the patient's dentist and a doctor friend, a gynecologist, who used to give the patient prostatic massages when he was said to be suffering from prostatitis. The palpation led to rather profuse bleeding which soiled the patient's left trouser leg. Among his associations was his statement that he enjoyed having his teeth drilled by the dentist and that recently he had been concerned

about a woman friend who had been given a physical examination by her 'analyst'.

It is obvious that the patient was identifying himself with his former wife and that the dream wish was to be treated as a woman. The meaning of the bleeding was not entirely clear. There was a vague association to abortion and another to fibroids. It seems beyond doubt, however, that the patient in the latent dream fancied himself to be a bleeding female rather than a male who bleeds when suffering castration.

A few months earlier this patient had given a hint that unconsciously he was having fantasies of menstruation. Approaching the analytic couch one day, he asked facetiously why the analyst had put a sanitary napkin on the pillow.

His chronic habit of picking his nose was much later analyzed as the displacement upward of anal masturbation that began at six, a year after he had been circumcised and had been dressed in his sister's clothes as a punishment for having defended a little girl against an older girl whose face he had scratched. He had, furthermore, for many years as an adult suffered from rather frequent epistaxis. He himself now suggested that his nosebleeds during the years of his analysis occurred most frequently when he was forced by his anxieties to return to the feminine identification. This may be so. I had not been sufficiently aware of the significance of this symptom to relate its occurrence to definite phases in his analysis. At this point, however, two attacks of nosebleed occurred in a psychological setting that suggested he was correct. Shortly before, he had met a 'nice' woman who fell in love with him. She meant more to him than the many promiscuous women with whom he had short-lived affairs after his divorce. She aroused very strong castration anxiety in him. In the beginning of his relationship with this woman he had a nosebleed and suggested that he was menstruating. I could add only that if this were true, the accompanying pain in his back ought to be due to dysmenorrhea.

A few months later, while he was still in a state of anxiety, he almost went into a state of panic when he was walking in



the street with his mother and she put her arm under his. A few days later, as he was having dinner alone in a restaurant, a middle-aged woman, intoxicated and unknown to him, walked to his table and asked him something. He became terror-stricken and was unable to understand the question or to move or talk. The idea flashed through his mind: 'She will break a bottle and cut my face to bloody pieces'. He went home depressed, and had another nosebleed that evening. Obviously this encounter stood for castration. That it may have involved a fantasy of menstruation is hard to prove, but the idea suggests itself that the mild diarrhea (unusual for him who always took great pride in long, firm, well-formed stools) which he developed at the same time was a conversion symptom meaning 'I bleed as a woman does'. Bertram D. Lewin (1930) called attention to the fact that defecation and menstruation can be equated in the unconscious.

A man of twenty-nine, with a severe 'borderline' neurosis, had failed at college, despite high intelligence, and was leading a parasitic life with his emotionally very unsatisfactory parents. He was an artist who worked in pastel, having an absolute block to painting with oils. He considered himself greatly gifted. He acted out in a compulsive, self-destructive way, was dominated by fantasies, and had a severely impaired sense of reality. The analysis focused attention more on reality testing than on deep interpretations for which he gave little opportunity because he could not bring himself to reveal much about his fantasies. He had instead written some notes that revealed a strong preoccupation with anal subjects and voyeuristic activities. In adolescence he watched his bowel movements in a mirror and also handled his stools. He was fascinated by fat abdomens and buttocks of women and men. Most of his fantasies involved keyhole scenes such as men having anal sexual intercourse with Negro girls after having tortured them in some way, for instance by alternately starving and forcibly feeding them. He had been strongly attracted by the idea of having intercourse with an animal and felt envious of dogs having intercourse.

He suggested that his hemorrhoids, which sometimes bled, were a punishment for masturbation, possibly anal. He had a characteristic postural defense; his arms and legs were held rigidly crossed during the whole session. After this was pointed out to him he realized how uncomfortable an attempt to straighten his legs and let his arms rest on the couch made him feel. At this point he confessed to having the strange and alarming doubt that he might not be a male. That evening or the following day, his hemorrhoids, which had been quiescent for months, started bleeding. A few days later he stated that when he was unhappy and disturbed he had the mildly comforting habit of sitting on the toilet and trying for hours to have a bowel movement without feeling any physical need for it. The anal bleeding thus seemed to be the result of an acting out rather than a hysterical conversion or a symptom of psychosomatic tension.

A third patient, a man of thirty-three, was psychotic. He was a compulsive voyeur of nude women (especially fascinated by female buttocks) and heterosexual intercourse. He told a bizarre story about going into toilets to seek for women's pubic hair which he swallowed. Excessive drinking and his gravely destructive acting out made him as a last resort try psychoanalysis. His work was in the theater.

At puberty he was given injections of hormones because he was of short stature and his physical development was retarded. His father jokingly called him 'a little fairy'. Years later, when drunk, he would occasionally accuse other men of being homosexuals. After a few months of analysis he said facetiously, 'Am I a cannibal?' and seriously, 'I should have been born a shark', both comments being associated to his oedipal conflict and to his passive homosexuality. As the transference became uncomfortably intense, he would refuse to lie down, but wanted to sit close to me and to pat my back. One day he grabbed my necktie. His chief defenses against his sexual passivity in the transference were hypomanic denial, posing as a 'tough guy', and particularly having much more frequent intercourse with his wife.

He had had for several years an anal fissure which occasionally bled. One day he dreamed: 'I was riding a motorcycle on the racetrack. Suddenly I realized that the saddle had hurt my anal region and that there was profuse bleeding from the anus. I was with my wife and went with her to a friend of ours and his wife. I showed them my bloody behind and told them that I could not have dinner with them.' He immediately thought of a male friend who had had psychiatric treatment and had been told by his doctor that a connection may exist between nosebleed and menstruation. In despair he asked, 'Am I a fairy?' Several weeks later, during a period of heavy drinking, he jumped on a chair when leaving the session, resting on his hands and knees with his anal region exposed to the analyst. The following day his anal fissure bled again, the bleeding lasting about two days. A few days later he dreamed he was in an elevator. A big, frightening insect which was hopping on the floor he killed with his foot. Later in the dream he sent his wife to Europe. In the session following, he drew a picture of the insect and then spoke first, in association to it, of a scorpion, then of a lady whom he hated because he was unconsciously attracted to her husband. In a fury he called her 'that cunt'. He had in truth unwittingly made a perfect drawing of the external female genital including the clitoris. On another occasion, in response to anger against the same lady, he dreamed that he was locked in a shack; somebody told him that there were wild beasts outside who would devour him if they were to smell his blood. Observing that he was not only very angry with the lady but that he also feared her, he responded that he had told a friend exactly that the previous night, and later the same night he had asked his wife to leave the house.

This man's intensely ambivalent preœdipal attachment to his mother forced him later to kill in fantasy the rival woman by destroying her genital, hoping thus to be able to take her place; but the identification is masochistic, and painfully he must now bleed as his victim does. His typical defense against his homicidal rage was masochistic identification. When enraged he would frequently experience sudden excruciating pain in

the chest with the fear of dying of a heart attack, as had several of his relatives.

He had a dream in which he was cleaning the toilet in his apartment; his old Negro maid had been menstruating, and there was blood all over. He stated that since the dream he had avoided looking at the maid; also that a week earlier he had cleaned the toilet seat after she had been there. Reminded that as a child he frequently saw his mother sitting on the toilet, defecating, he suddenly became aware of his feminine identification. 'Menstruation', he exclaimed, 'is dirty, disgusting; I hate to see used menstrual pads and also used condoms. As a boy I did not know the difference between the female genital and the rectum and "it" was dirty and disgusting to me. Why have I been taking two showers daily recently? Now I see it. *I am bleeding, that is what my dream means—I am a fag! My anus hurts now, it has been bothering me recently, itch and pain, but no bleeding for some time.*' In another dream he is sitting on the parents' toilet in his father's presence. He refers to it as 'my mother's toilet'.

The dreams make clear once more that the patient is identified with the defecating mother and that his place as the mother's lover has been taken by his father, a change that establishes the negative œdipus complex. The old conviction, never relinquished, that the rectum is the woman's genital organ and that feces is blood determines the type of identification.

A fourth patient was a twenty-eight-year-old man who sought treatment because he wanted to divorce his wife but could not finally make up his mind because of feelings of guilt. He had one undescended testicle and he had had a minor but painful operation for an inflammation in the genital region several years before applying for analysis. Because of his anatomical defect he had been rejected when he tried to enlist in the Marine Corps. On many occasions he acted out the impulse to peep into bedrooms at night from the street or back yards, and was at least once close to being arrested. After a year of psychoanalysis his passive homosexual wishes became manifest

in the transference; he likened the analyst's words to a penetrating penis. In a restaurant he addressed the male waiter as 'darling'. Badly in need of narcissistic satisfaction, he commented about a woman who praised him for his good brain: 'Her flattery felt so good—as a woman must feel when her vagina is being caressed by a man's finger'.

This man remained convinced after puberty that women have penes which are, however, somewhat smaller than the male organ, and he had subscribed consciously or unconsciously to the 'cloacal theory' of feminine sexuality when he entered analysis. At age ten or eleven he several times experienced sexual sensations from rubbing his penis against the buttocks of a governess. Strongly repelled by genital odors, he often preferred to have an orgasm by rubbing his penis against the woman's body. He had no recollection of ever having masturbated. When he was told that the characteristic female odor is stimulating to some men and to all male animals, he was incredulous and annoyed.

While struggling against the realization of his latent homosexuality, he said, 'I hate my wife when she is menstruating. I feel it is her fault. Menstruation is disgusting. In childhood—no, I mean adolescence—I saw bloody pads in the toilet; my mother did not flush them out. She smelled when she was menstruating. One or two days ago I had a hard bowel movement. Suddenly I have the idea that I should have a big penis inserted in my anus. That would make bowel movements easier. I thought that you might be interested in that idea.' His reaction to the bleeding and ill-smelling female genital was expressive of his fear of it and of subsequent identification with the woman. The following day he mentioned having heard about men who had sexual relations with cows: 'They insert their penises in the cow's rectum'. The equating of vagina with rectum is obvious, as is also the corresponding equation of menstrual blood with feces. The fecal odor for which he felt disgust (and fascination too; he often performed cunnilingus) was replaced by the smell of the genital, especially of the menstruating woman.

Thus the train of associations from the menstruating mother and wife to his own bowel movements suggests a fantasy of menstruating himself. The slip of the tongue—childhood for adolescence—was probably the revelation, followed by hasty denial, of actual infantile observation relevant to the menstruating mother. Having heard about a young mother who could not nurse her baby because of an abscessed breast, he recalled a sharp pain in his chest near the nipple when he was hit by a ball there. Later, when talking about his wife's breast, he said 'my breasts'. A few months later he reported a sexual experience performed in a normal manner, and was proud but also concerned that the girl might have found his hips too broad and his whole body too fat. Referring to the scar of a recent operation for removal of an infected pilonidal cyst, he remarked, 'the wound looked so ugly'. Noise in the street caused me to miss a few words and I asked him to repeat. His reaction was embarrassment: 'I understand why you asked me to repeat—you probably thought I said "womb"'. His fantasy about being the receiving partner in anal intercourse, and later fantasies about performing fellatio on a male friend who was in analysis, probably had as their motivating force the wish to acquire a bigger and better penis through anal and oral incorporation. His envy of men he considered sexually superior was intense.

The fifth patient, thirty-one, was overtly bisexual. At six he had insisted on urinating in the squatting position after having been reprimanded by his mother for some harmless sexual activity with a little girl. After years of active homosexuality with no heterosexual activity, he married and was able to make a fairly good adjustment to heterosexuality. Orgastically he was not very potent, although his mechanical potency usually was fairly good with his wife. He did not give up his homosexual activities completely after marriage. He felt uncomfortable in homosexual relationships whenever a man embraced him as a man embraces a woman and began fondling his chest as if he had breasts like a woman. He could tolerate being homosexual, but not being made aware of the desire to

be a woman. An intelligent and industrious man, he acted out his homosexuality in a way that disregarded the most elementary safeguards.

After eight months of analysis he had a dream: He is giving a lecture to a group of people; he speaks well and fluently in a high-pitched, feminine voice; he feels successful and very pleased with himself. In association, he recalled that the day before the dream he had heard a lecture by a man he greatly admired. His narcissistic identification of himself with this man, who was the patient's ideal, was pointed out. He continued: '... my voice in the dream was so feminine. Well, I am feminine in a way; homosexual, but also heterosexual. I was so pleased because I spoke so well, the words came from me in a real stream. That reminds me that when I left here yesterday I went to a men's room in a hotel . . . you had told me that my urge to urinate when coming to and leaving the analytic hour is an excuse for taking a chance in the men's room; but yesterday it was a really copious . . . amount, so you see, I had to go.' After a pause followed the confession, 'I said copious amount. I had first intended to say copious flow, but could not; it suddenly reminded me of my wife's menstruation.'

A man of thirty-six who had an obsessive-compulsive neurosis complicated by anxiety hysteria, drank excessively and had a marked tendency to act out. He was a rather demanding, provocative person with a need to manipulate his environment. He had a feeling of panic about committing himself to appointments, most intense when they involved eating, which often necessitated last minute cancellation of important business engagements. For many years there had also existed an obsessive preoccupation with the possibility that he had hit somebody with his car and the compulsion to turn around for reassurance. In adolescence he acted out a scopophilic impulse to uncover a sister's breasts while she was asleep.

In connection with a dream in which he was given a piece of cloth and a string and later had to hand these articles to some crooks, his associations were that in adolescence he had

masturbated in a handkerchief, and that in childhood he had heard a story, which horrified and fascinated him, about a boy who was tied to a tree by some other boys, his pants were pulled down, and something was inserted in his rectum. The following night he dreamed: 'I came from the bathroom, where I had been defecating, into the bedroom. I could not have wiped myself properly because after lying on the bed a moment I slipped off, leaving traces of feces. A maid was watching me.' The dream recalled that for a long time he had felt uneasy in the street that some man might attack him from behind, rob him, or most probably shoot him. He had to turn around and make sure that everything was quiet. He often had a similar apprehension after leaving an analytic session. The next day he developed diarrhea. Discussion of his symptom showed that his attacks of diarrhea lasted three or four days and occurred approximately ten times a year. This may be another instance of periodic symptomatology ascribable to an unconscious fantasy of menstruation. This case reminds one of Abraham's and Bornstein's observations—the man with headaches every four weeks and the boy with periodic flare-ups. I am indebted to Dr. Richard Karpe for reporting to me his observations of an ambulatory schizophrenic man who was concerned lest a discharge from his anus might be a form of menstruation, and who was fearful that he might turn into a woman.

These seven male patients had psychopathology varying in degree from severe neurosis to perversion and psychosis. Marked narcissism and acting out prevailed over mature object relationships and self-control. The first patient was depressed and had homicidal and suicidal impulses. The second had a severe narcissistic neurosis. The third was psychotic, a pervert, and alcoholic. He committed suicide. The fourth patient was capable only of minimal object relationships, and he indulged in voyeurism in a way that made him subject to arrest. The fifth was an overt homosexual. The sixth was phobic, acutely anxious, and obsessive-compulsive. The seventh patient was psychotic. This brief series suggests that manifest fantasies of menstruation



are encountered in men with severe states of psychopathology.

The chief organ of expression of the fantasy of menstruation is usually the rectum. This is in accordance with the infantile cloacal theory and its unconscious implications. Only in the fifth case does the executive organ seem to be the urethra, urine here being equated with the menstrual flow. In the first case the bleeding was displaced upward as nosebleed. Voyeuristic impulses seem to be strong in most of these men. This fact suggests the occurrence of early visual observations that were both fascinating and horrifying to them. Could they have been of the menstruating mother? It is noteworthy that none of these patients recollect observing menstruation in childhood. To some boys such observations may be so traumatic that they undergo particularly intense repression. Other men I have analyzed in whom I found no indication of fantasies of menstruation could recall memories from childhood of seeing evidence of the mother's menstruation.

I have thus far discussed the masculine fantasy of menstruation as principally a derivative of bisexuality, that is, as the man's *wish* for periodic genital bleeding. This interpretation seems to be in keeping with Freud's (1937) emphasis on the difficulty of analytically influencing a strong bisexual *Anlage*; however, this wish has other determinants too.

It is a fact well established by psychoanalysis that men envy the woman her breasts, vagina, and womb. Many—perhaps all—men wish they could enjoy the woman's passive, receptive genital pleasure and also that they could conceive and give birth to a child.<sup>3</sup> But menstruation is a different matter. Feelings of guilt and demands of the superego for punishment or self-destruction may account for one or more versions of the

<sup>3</sup> It is a fact of interest for the history of psychoanalysis that during the past fifteen to twenty years we have witnessed a sharply increasing number of publications dealing with this envy and wish, so well repressed for so many centuries. We have come a long way since Freud in 1885 and 1886 became convinced by Charcot's demonstrations that there exists a male hysteria. Masculine narcissism dies hard; it has battled long and doggedly against the embarrassing and painful discovery that man is envious of woman, created of his rib, one of his least distinguished bones.

man's 'wish' to menstruate. Castration anxiety may do so too. Phallic masochism, common enough in neurotic men, is in these instances carried to its extreme: not only is there no penis, there is a bleeding opening.

If, however, we bear in mind how heavily cathected is the idea of menstruation and how numerous are the fantasies and rituals concerning it, other possibilities occur to us. I will summarize these briefly. The menstruating woman is dirty, is taboo, must be avoided, is sacred, is dangerous (see, for instance, Devereux, 1950; Benedek, 1950; Bettelheim, 1952). Psychoanalytic observations have shown that among small children who have the fantasy about the menstruating mother 'She is angry', the feeling is not without justification. Silbermann's (1950) observations of one hundred women indicate a statistically significant correlation between menstruation and aggression. Thus infantile observations of the bleeding mother and intuitive comprehension of her pregenital rage motivate a need for defensive maneuvers against the threat from the terrifying witch, vampire, and goddess by identification with this bleeding, potential aggressor. Or the defense may be to meet aggression (by also becoming bloody, powerful, and dangerous) according to the principle that attack is the best defense. This last device was observed by Bornstein (1949) in the analysis of a boy: 'We realized that since bleeding women aroused his fears and distrust he retaliated by attacking all the women in his house'. Bornstein further notes that in the boy's mind the bleeding woman meant the 'crazy' woman. The punning word 'mad' is therefore more apt than 'angry'. The bleeding woman is not only angry, she is 'crazy'. To see the evidence of her bleeding can be a horrifying experience for a child, calling for drastic defenses. A universal fantasy connects the moon not only with menstruation and sex but also with insanity. This is reflected in our language when we refer to the psychotic as a lunatic. Shakespeare (1595) was aware of that connection when he had Theseus proclaim that 'the lunatic, the lover, and the poet are of imagination all compact'. A popular superstition called

'moon madness', designates an affliction that compels a killer to strike again at the next full moon.

### SUMMARY

Psychoanalytic experience has taught us that when a man bleeds, —in dreams and in fantasies, or actually from his nose or anus, or from a wound—he is unconsciously suffering castration. It is my suggestion that after a man has been psychologically emasculated he is not simply a castrated man. He has been turned into a woman and bleeds as the woman does; he menstruates, is deflowered, gives birth. Castration is thus the bloody bridge that leads from masculinity to femininity. It is conceivable that bleeding for a man is always unconsciously experienced as meaning both castration and one or more of the various ways of genital bleeding as a woman.

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## The Mutual Adventures of Jonathan Swift and Lemuel Gulliver

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# THE MUTUAL ADVENTURES OF JONATHAN SWIFT AND LEMUEL GULLIVER

## A STUDY IN PATHOGRAPHY

BY PHYLLIS GREENACRE, M.D. (NEW YORK)

This study has emerged from an interest in distortions in the body image involving sensations of change in size, either of the entire body or some part of the body, sensations which I believe to be of particular significance in fetishism. It is extracted from a book in preparation about Dean Swift and Lewis Carroll, with special reference to their lives in connection with their famous literary masterpieces, *Gulliver's Travels* and *Alice's Adventures in Wonderland*, in both of which such distortions of the body play a noteworthy role.

### I. SWIFT'S LIFE

Swift was a remarkable man of picturesque contradictions. He was secretive, enigmatic, touchy, inordinately power-driven and active; always in the public eye, he was conspicuously afraid of gossip, and had many hiding places. He was a political power in his day in both England and Ireland, and in his activities swung like a pendulum between the two countries during much of his adult life. He rarely wrote or talked directly of his own experiences; yet he celebrated himself flagrantly in poetry and was never modest. He became known for his satirical prose and his obscene verses; yet in speech he was generally charming, immaculate, and witty. He wrote often under pseudonyms, a not uncommon practice of the time; he would wait until he could see the success of his anonymous pamphlet and when it was attributed to someone else, would come forth and angrily claim it, seemingly after having sat back and laughed at the

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commotion it had caused. He was known as a great practical joker too. His political writings especially revealed his unparalleled courage and his great timidity, together with his fierce resentment at what he had himself provoked. Of himself he wrote: 'A person of great honor in Ireland . . . used to say that my mind was like a conjured spirit that would do mischief if I would not give it employment'. The 'person of great honor' seems to have been Swift himself (10).

He came of a Yorkshire family. In his one autobiographical account (8, 22)—which petered out after a few pages—he was inclined to stress the aristocracy of his English forebears, and showed especial admiration for his English clergyman grandfather, in whose honor he erected a tombstone. He had not known this grandfather, nor his father either. The father, also named Jonathan Swift, had come to Ireland with several brothers, and had proved the least successful of them all. This Jonathan died in the spring of 1667, seven and a half months before the birth of his only son on November thirtieth of that year. Swift always spoke of having been 'dropped', not born, on Irish soil, and rather exhibitionistically mentioned that he was wont to read the third chapter of the Book of Job on his birthday—the chapter in which Job curses the day he was conceived. Yet Swift always celebrated his birthday with poetry and festivity as well as curses.

His mother, Abigail, was an Englishwoman of simple background, some eight to ten years older than her husband. They had married three years before Jonathan's birth, and he had a sister Jane, less than two years older. Some considered that Jonathan was illegitimate, others that he was really the posthumous child of the elder Jonathan. Whatever the facts, these two accounts of his birth must have been the gossip of the time and have contributed to the fantasies of the growing boy. The father died leaving many debts, and the records of the time indicate that the mother made great efforts to collect certain money due her husband in order to pay these debts. One is surprised to learn that in spite of this impoverishment the family had an English nurse for the two children, possibly furnished by the

paternal uncle Godwin, a successful barrister and prolific husband and father. He married successively four wealthy wives and had in all eighteen children.

The events of Swift's infancy were more than dramatic and seem to have set an indelible pattern for his restless, driven, divided life. Swift wrote of himself that he had been a frail baby, and that when a year old he had been kidnaped by his nurse 'without the knowledge or consent' of his mother or his uncle, and had been taken by the nurse to the town of Whitehaven in England; further, that his mother, on discovering his abduction and after some delay in learning his whereabouts, sent word that he was not to be returned until he was sufficiently sturdy to bear easily the trip across the Irish Sea. This was accomplished three years later, when young Jonathan was between four and five. The nurse, he says, had been so devoted and careful that she had taught him to read and write so well that he could read any chapter of the Bible. The immediate cause and circumstances of his return are nowhere described. It is rather striking, too, that a few months after his return his mother left him in Ireland with his uncle Godwin and herself returned to her home in England, where she continued to live unmarried the rest of her life, depending on a small annuity of which the source is unclear.

The mysteries of this early career are the more baffling in that, while Swift in the autobiographical fragment records the nurse's devotion to him and attributes to her his early literacy, he mentions her nowhere else, and seems generally to have consigned her to anonymity, which was his way in later life with those who displeased him. (We shall rediscover the nurse in Gulliver's account of *his* life.) The mother, who had apparently deserted Swift twice before he was five years old, was on the other hand described by Swift's second cousin, grandson of uncle Godwin, as 'a woman greatly beloved and esteemed by all the family of Swifts. Her conversation was so exactly polite, cheerful and agreeable, even to the young and sprightly.' He further remarked on her generosity, her decorum, her industrious read-



ing and needlework. Whether this was sincere or a 'face' for the world is difficult to say.

When Swift came to know his mother later in life, he was fond of her and visited her whenever he went to England. According to some accounts, the mother maintained a playful relationship with him, so that when she visited him unexpectedly once in Ireland and found him absent, she succeeded in persuading his landlady that he was her lover. She died when Swift was forty-three. He then wrote that with her passing he had lost the barrier between himself and death, and he put this memorandum away between the pages of an account book.

Swift's relationship to his sister Jane is obscure. She presumably stayed with her mother. The same second cousin who wrote amiably of Abigail Swift noted that she was equally fond of both her children, between whom disagreements often existed. This must have been in their young adulthood, for they did not know each other after the earliest months until then. After his mother's return with Jane to England, Jonathan was placed under the care of his uncle Godwin, who presently sent him to school at Kilkenny, which was considered the Eton of Ireland. At school he was with two of his cousins, while vacations may have been spent among the eighteen children in Godwin Swift's household. Certainly from age five or six until twenty-two the young Jonathan lived an institutional existence which he hated. He later referred to these school years as comprising 'the education of a dog', and described himself as 'discouraged and sunk in spirit'. He was a poor student both at Kilkenny and at Trinity College in Dublin, where finally he got his degree only by a special dispensation at eighteen. He seems to have been compliant and inhibited in his work.

Swift later wrote to Lord Bolingbroke of an incident in his early days at Kilkenny—undoubtedly a screen memory of considerable significance:

I remember when I was a little boy, I felt a fish at the end of my line which I drew up almost to the ground, but it dropped in and the disappointment vexes me to this day and I believe it the type of all my future disappointments.

This incident is told in other terms in the first voyage of Gulliver, in which he loses his hat in the water because the cord has been broken (11). The hat is later retrieved and, attached by hooks on cords, is dragged in by five horses. This screen memory and its later literary elaboration, which we should regard as a corrective or restitutive version of the original screen memory, seems extremely significant, the two forming a picture not unlike the famous screen memory described by Freud.

Swift described another incident from his student days, which he repeated to impecunious young people seeking to marry without adequate savings (8). He so much wanted a horse that he invested his entire capital in a worn-out nag which was the only horse he could afford, only to find that he had no money with which to buy feed for it. The horse finally solved the problem by lying down and dying. That Swift connected this story with marriage is significant, the tired horse quite possibly representing his own improvident father who also lay down and died. The horse was an important figure to both Swift and Gulliver, as we shall observe later.

Only after the attainment of his degree, disgraceful as it was, did the young man rebel, and as a graduate student at Trinity he became known as the writer of a scurrilous harangue which is described by one biographer as showing 'the will and capacity to wound and above all a directness in insolence, a mercilessness in savage laughter' (10). Thenceforward he seemed more or less freed from his intellectual serfdom and from his depressions, which now rather appeared in the form of savage laughter turned to a high moral purpose whenever possible. He left Trinity without a higher degree, ostensibly because of the illness and increasing dementia of his uncle Godwin, whom he hated and whose illness consequently made a deep impression on him. Swift then, at the age of twenty-two, turned to England and his mother, and embarked on his first flirtation with a rather undistinguished young woman named Betty Jones, who subsequently married a tavern keeper. Whatever this affair amounted to, it provoked some self-examination, for he wrote afterward to a friend that 'his own cold temper and unconfined humor were

the greatest hindrance to any kind of folly'. He seems also to have turned to power and pride, for at the same time he wrote: 'I hope my carriage will be so as my friends need not be ashamed of the name'.

After a short time he obtained, through his mother and uncle, a position as a kind of secretary or literary steward in the home of Sir William Temple, who had previously been ambassador to Holland and active in affairs of state but was now retired and wanted the younger man to help him in the editing and sorting of his papers. Swift spent ten years in this household, the decade punctuated by several interruptions and some discontent. During his first year he developed symptoms of dizziness, deafness, and headache, probably Ménière's disease, which was to stalk him the rest of his life. He attributed it to eating too much 'stone fruit' in the Temple garden and sought to cure it by returning to his native Ireland.

The onset of this illness seems to have precipitated a wealth of hypochondriacal fears to counteract which he intensified compulsive walking and exercising, keeping track of the amount of his daily walking and interrupting his work at regular intervals to keep up his pedal score. This continued throughout his life. His return to Ireland lasted only three months, after which he was back in the Temple household, this time not only editing and doing routine secretarial work but also attempting to write poetry. In this he was discouraged by his distant cousin Dryden, but he succeeded at this time in writing some of his famous satires, *The Battle of the Books* and *The Tale of the Tub*, which were not to be published until some years later.

Swift's second interruption of his sojourn in the Temple household occurred at twenty-seven, when he decided to enter the church. He had certainly been restless and resentful, and obviously felt unappreciated. He had obtained his Master's degree at Oxford at twenty-five without difficulty, much to his surprise, and had been busy with his own literary enterprises, but had not yet really tasted the heady wine of publication. The significance of his step in the direction of the church is not clear. He had already attacked religion like an atheist. But he was

without a real home or family, and his position with the Temples was not well-defined. His sister Jane was also a member of the Temple ménage, but he seemed not to care much for her, and she remains throughout Swift's life a shadowy, drab, and disappointing figure at best. It is possible he looked to the church to take the place of a family. (It will be remembered that the ancestor he most admired was a clergyman grandfather.) This position in the church also offered him an excellent rationalization for his neurotic fear of gossip and exposure. But he was again to be disappointed: the prebend of Kilroot which was granted him was a dreary country place near Belfast.

During his stay with the Temples, Swift had become acquainted with a Mrs. Johnson, widow of Sir William's steward. As a lady-in-waiting she was also part of the establishment, together with her little daughter Hester, who was eight years old when Jonathan first came there. The lonely young man took an interest in the child and taught her so effectively to read and write that her evenly formed letters were almost a replica of his own. This little girl was to play an important part in his life and in a most enigmatic relationship which has been puzzling and provocative of fantasy to students of literature throughout the more than two hundred and fifty years since then.

At Kilroot, however, he fell in love with a young lady, Jane Waring, the sister of a college classmate. He wanted to marry her, but his infatuation for her he likened to distemper, and he hoped the marriage would cure him. He renamed her Varina—a Latinized version of her last name—and she became the first of the three important women of his adult life: little Hester Johnson, the second, was to become the Stella who was most in his confidence and his companion until her death; and the third was another Hester whom he nicknamed Vanessa, again condensing her first name Hester with her last one, Van Homrigh. The two Hesters were the daughters of widows; whether this was true of Jane Waring is not known.

The courtship of Varina was an odd affair, in which the tortured man was by turns suspicious and peremptory, obviously frightened, yet driven toward marriage, while the girl wavered

irresolutely. Swift's letters to her, of which he seems to have kept careful copies, were strange mixtures of philosophizing and violence (14). Finally, at twenty-nine, he left and again returned to the Temples. Three years later, when at thirty-two he again visited Ireland, Varina got in touch with him. Hinting then that he felt she valued him for his better worldly standing, he wrote her an angry offer of marriage, in which he adjured her to be cleanly and obedient. This seems to have been the end of his relationship with Varina, and he did not mention her again.

His demand for cleanliness, and especially his fear of dirtiness in a woman, spoke loudly of the core of his neurosis (7). Characteristically he used the word *slut* as a term of endearment, while he called his cook 'sweetheart' when she displeased him with overdone roasts. He was himself more than scrupulously clean at a time when to be so was a luxury and an achievement, and there are stories of his refusing to give alms to old women with unclean hands. In his repeated attacks on whatever seemed corrupt or evil, whether in a woman's body or in a matter of state, his language was itself so violent and foul that presently the stench seemed to come from him rather than from the object of his attack.

Just before his rupture with Varina, he wrote a series of pathetic 'Resolutions when I come to be old'—seventeen resolutions for self-protection and self-strengthening (7). One was not to marry a young woman; another, not to harken to flatterers or conceive 'that I can be loved by a young woman', and another, 'not to be fond of children or let them come near me hardly'. Yet he remained the devoted tutor of little Hester Johnson (Stella).

Swift's thirty-second year (1699) was momentous: Sir William Temple died; Jane Swift married; Jonathan Swift made a final break with Jane Waring (Varina). This seems to have been the closing of an emotional epoch for him. Subsequently he became more cautious, negativistic, and aggressively touchy. He may have realized that he could not love, but was rather one who can feel that he is a person only if he opposes; the more so because he could thus save himself from the counterdemand of his

nature, which was to lose himself completely in another, in the unconditional love of infancy.

His relationship with the Temple family and with his sister Jane fell apart completely. He sought preferment in the church, and being disappointed wrote two of his bitterest and foulest poems, *The Discovery* (27) and *The Problem* (27), which caused one of his biographers to remark that he had behaved like an animal that relieves itself on the despised carcass of an adversary (10). At this time too some of his writings, for example, *Meditations Upon a Broomstick* and *Digression on Madness* (23), showed an unmistakable preoccupation with sexual inversion. He soon obtained a small country church at Laracor, a few miles from Dublin.

Swift had a theory that girls should be trained to be as much like boys as possible, and that only thus could they hope for a secure marriage. His education of Hester Johnson was continued in this way. He demanded great accuracy in spelling, reading, and writing, and he warned continuously against the frivolities of interest in dress, social chatter, or flirtations. He was training the first Hester to be a second version of himself. Two years after the death of Sir William, he persuaded Stella, who was living with a nurse-chaperon, Rebecca Dingley, to join him in Ireland. The great rationalization was that they would have more money because living was cheaper there. It is interesting that this move, referred to as the abduction of Stella, occurred at almost exactly the same interval after Sir William's death as Swift's own abduction by his nurse, traveling in the opposite direction, had occurred after the death of his father.

The life of Stella and Dingley in Ireland was unusual. They lived in a tiny cottage a discreet half mile or so from the rectory at Laracor, and when Swift was Dean of St. Patrick's in Dublin they lived near him there. He schooled them relentlessly to be discreet, meaning secretive. When he went to England they stayed behind in Ireland, but moved into his quarters, and Stella carried on his routine business for him, like a Junior Dean. It is said that he never saw her except in Dingley's presence. For twenty-seven years this strange triangle continued,

with Swift complaining openly of Dingley's stupidity, but keeping her always as a guardian.

Stella's inner relationship to Swift, like so much else, is unclear. Her father had been a steward in Sir William Temple's household. (His father had been steward of the King's Inns.) We do not know the time of her father's death, nor her feeling for him. By some it was said that she was not his child. She was sickly till the age of fifteen, and later developed tuberculosis. Until her death in middle age, she lived in this synthetic family with the brilliant Jonathan Swift as her 'father' (her platonic lover in fact), and Dingley as a nurse-mother. Her own mother remained in England until her death. Swift quarreled with his sister Jane about her marriage, but when she was widowed a few years later he dutifully helped to support her although he did not wish to see or hear much of her, and sent her to live with Stella's mother. It seems amply clear that the Swift-Stella-Dingley ménage was a condensed version of Swift's own early life, with Mrs. Johnson playing the part of Abigail Swift with her daughter Jane in keeping. The real Abigail continued to live in Leicester until her death.

There was nothing to indicate a sexual relationship between Swift and Stella, and much to suggest that for Swift the idea was loathsome and perhaps impossible. He addressed Stella as 'Young Sir'; wrote to her, 'Why are you not a young fellow and then I might prefer you?', and again declared that Stella and Dingley were not women. Swift pictured her as a stern and exacting idealist like himself (14); she was as prudent and frugal with money as he. When another clergyman sought Stella in marriage, Swift was pushed to a declaration 'in conscience and in honor', in which he told 'the naked truth', but proceeded to an appraisal of Stella's fortune and intellect such that the poor man retreated—for Swift seemingly supported the suit of his rival but ended with the pretense that the gentleman would presently be obliged to marry Stella in order to satisfy gossip. Swift's letter on the occasion is extraordinarily cold.

At the time of Swift's mother's death when he was forty-three (1710), he was at the height of his political power in England.

He knew himself to be a genius, and savored his influence with arrogance and sometimes with revenge. Just then he began his famous *Journal to Stella*, a series of letters always frequent and sometimes daily, which continued for three years (1710-1713). This *Journal* is fascinating, for side by side with his account of his political and literary achievements are long chronicles of his complaints and illnesses, together with barely decipherable personal communications written in a kind of baby talk pig Latin, with many abbreviations known between Swift and Stella as the 'little language' (26).

It was in 1710 too that the third goddess, the second Hester, appeared on the scene—the girl who was to be Vanessa (9). Her father had been Lord Mayor of Dublin, and Swift met the widow and her children on the boat from Ireland to England. The new Hester was about seven years younger than the first. Swift frequently and seemingly carelessly misstated the ages of the two Hesters, often making them two or three years younger than they were. It is interesting to note that this is the difference in age between himself and his sister Jane. Hester van Homrigh was older when Swift met her, more worldly, but as direct and intolerant of deception as he had trained Stella to be. Swift once wrote to Vanessa's cousin about her in such terms that it provoked the young woman to protest that he sounded as though he were describing a hermaphrodite. This Hester was said actually to resemble Swift. She was, however, not as docile as Stella, and she was developed as a woman. While she revered his genius, she fell in love with him—a state which became distressing to all three and caused Swift finally to turn on her in coldness and destroy her.

For a time Swift kept up visits and correspondence with the two Hesters, often with amazingly similar expressions. One was in England, the other in Ireland, and for a long time they did not know each other. In these letters he addressed Vanessa as 'agreeable bitch', Stella as 'brat'. His disappointing cook he addressed as 'sweetheart'. There is no doubt that his affection for Stella was more consistent than that for Vanessa. It was Vanessa however who elicited from him an attempt at a passion-



ate response, which he 'half revealed and all concealed' in his famous poem *Cadenus and Vanessa*. What remains of her letters to him is filled with the urgency of her desire to see him and her disappointment at his constantly broken promises. On his side, however, every expression of warm feeling for her is followed by one of coldness and desire to flee.

In 1711 Swift's satirical pamphlets were so successful that his *Conduct of the Allies* (18) was credited with ending the war between France and England. In 1713 he became Dean of St. Patrick's Cathedral in Dublin. But by this time he was caught in the decline of the Tory power, was personally unpopular, and began to complain of being old and to write his epitaphs. Now too Vanessa unfortunately returned to Ireland to live on her family's estate at Celbridge, also a few miles from Dublin. The two young women heard rumors of each other. Swift's relationship to Vanessa progressively declined, and had throughout a desperate, tantalizing quality. Swift, often placating, sometimes sentimentally tender, treated her with what Scott described as 'cruelty under the mask of mercy' (17), and Vanessa complained that he kept her in 'a languishing death' (9). He even twitted her with behaving as though she were in love. Stella however remained generally steadfast but possibly more demanding.

In the years 1713-1718 Swift seems to have written only once to Vanessa, and his correspondence with Stella was not kept. The famous *Journal* stopped in 1713. Swift was personally uncourageous and seemed always afraid of being caught in scandal. In 1716 some event occurred which gave rise to stories that Swift had married or almost married Stella, but with the proviso that they should continue to live apart. There were evidently rumors that the marriage had not been finally accomplished, but the official version for nearly seventy-five years was that it had. Later investigations revealed no documentary evidence of any kind that it had occurred, and some indications that it had not. And so the secretive man who was always so afraid of the nasty tattle of the town succeeded in setting up a

mystery that has stimulated the scopophilia of students of English literary history ever since.

The marriage is said to have occurred in the garden of the Deanery in Dublin. Stella was ill and jealous. The reports come mostly from two clergymen friends, one of whom was said to be the officiating churchman. Just as the marriage ceremony was to have been performed someone, whose identity is not stated, revealed that it could not continue, as Swift and Stella were actually brother and sister, the natural children of Sir William Temple. The occurrence of any marriage was later denied by Dingley and by Stella's executor. That the rumors represent some sort of fantasy—with what grain of truth?—is obvious; but like the stories concerning Swift's birth it is not clear whose fantasies predominated. One may well ask whether it is conceivable that these fantasies sprang primarily from Swift himself, representing some older longing of his own, and were advanced and 'confessed' by him in a way to block the marriage and let the situation remain as it had been. The facts already presented rather clearly suggest Swift's fixation on and identification with the fantasied sister of his childhood, Jane, the child who was absent with the mother and who was actually so disappointing to him in the materialization. Swift's first love affair was with Jane Waring, sister of his school friend. It is my further suggestion that one of the many determinants in the choice of the two Hesters was the name itself, so alliteratively close to the word 'sister'. Both were the children of widowed mothers; one the daughter of a steward, and the other of a more distinguished sire, the Mayor of Dublin.

Eleven years after the supposed marriage, Swift was again writing to a young woman to prepare her for marriage and stressing the need for rational love and intellectual companionship. Always he emphasized cleanliness and avoidance of gossip, and warned the girl not to be sentimental or rapturous, or to taunt a man about his physical deformity or his lack of a family fortune. Of love itself, or of spirituality, he said nothing (7).

A few of Vanessa's letters remain, betraying a pathetic, growing disillusionment and hatred for the man who besought her

to be sincere and was himself so indirect. Her idolatry turned to bitterness. When she wrote to him of the approaching death of her sister, of whom he had seemed to be fond, he advised her to get her friends around her but himself stayed away, writing, 'I want comfort and can give little'. One feels that he could not tolerate being called upon for personal help or being confronted with suffering. Then he felt worse himself, whether out of identification or guilt it is hard to say; but he stayed away, plagued and hypochondriacal, and considered the suffering of others as due to 'unhappy imagination'!

Vanessa died in 1723 at the age of thirty-six. On hearing of her death, he hastened a southern trip which he had planned for some time and, leaving that very night, he stayed away for some months, traveling more than five hundred miles on horseback seeking 'companionship among those of least consequence and most compliance'. He gave no indication of conscious grief or guilt, but spent his energy in riding, even as earlier he had required his compulsive walking. He could not go to England because of his unpopularity. True to the pattern of his earlier life, he climbed out of this period by becoming again politically active, and that in the interest of a noble cause. The next year he was writing the famous *Drapiers Letters* (7, 23), satire which was so successful that it forced the rescinding of a law permitting special coinage for Ireland in a way that would have ruined Irish trade. His popularity in Ireland now rose to new heights. It seems then that what he could not do for Vanessa, who had been emotionally closer to him than anyone else in his life, he did on a grand scale for the suffering people of Ireland. Presently, however, he was playing a practical joke which showed his contempt for these same Irish he had just rescued.

It seems probable that Swift thought much about Gulliver's Travels, but especially of the fourth (and last) voyage, while he was on this journey of concealed mourning. It is known that he had long had the main ideas for the Travels, and had already written much, but the fourth voyage is but scantily mentioned in the earlier drafts. In 1726 Gulliver's Travels was published.

On the whole Swift seems to have been esteemed and feared by his contemporaries. His wit and his intellect won him social recognition and his periodic forays into politics brought great admiration. He could seldom sustain friendships of close intimacy with men, perhaps because of his possessiveness but also because of the interplay between his great charm and his implacably fierce principles. To be sure, Addison wrote of him as 'the most agreeable companion, the truest friend, and the greatest genius of his age'—remarks on the flyleaf of a presentation copy of one of Addison's own books (1705), indicative of considerable enthusiastic respect. Charles Ford was the one man, however, with whom Swift maintained a close and confidential relationship over many years. The full extent of this relationship was probably not recognized by early biographers, as many of the letters between the two men did not come to light until 1896 (19).

Charles Ford was Dublin born and of almost exactly the same age as Stella. Swift probably came to know him about 1707, when Ford was taking his Master's degree and was about to marry. The marriage never took place, however, and as the friendship between the two men grew, Ford became a real confidant, who knew about Vanessa and Stella and offered solace and help rather generally. He is described as gay, joyous, and bright, but never profound. He had Stella and Dingley visit him for months after Vanessa's death, while Swift was galloping along the South coast of Ireland. Sometime later, however, Ford seems gradually to have removed himself from Ireland and Swift, and he spent his last years in London.

The publication of *Gulliver's Travels* reinstated and increased Swift's fame, and somewhat counteracted the ill feeling aroused by the poem, *Cadenus and Vanessa*, publication of which had been vengefully ordered in Vanessa's will but might well have been stopped by Swift. Characteristically he preferred to pretend that it meant nothing to him and was only a bit of a frolic among women, ignoring how much suffering its publication must have caused the faithful Stella.

Stella began to fail in health. Swift absented himself often and began to speak as though she were already dead. He was aware of his profound distaste for seeing her ill and found great difficulty in overcoming this enough to go to see her and comfort her during the last months of her life. He narrowly missed being present at her death in January 1727; she died while he was entertaining friends at dinner. He had been overwhelmingly afraid that she would die in the Deanery. He could not bear to go to her funeral, and sat in an adjacent room writing a long eulogy of her during the service.

By 1730 both Stella and Vanessa were dead and Charles Ford had settled in London. Swift became increasingly lonely and resentful. He spent much time with the erratic and rather dirty but charming Sheridan, grandfather of the playwright, and began to write many things for which he had had ideas for years. He incessantly reviled the body, especially the body of woman; he expressed his resentment of children as dirty nuisances who cluttered the world. Under the strange guise of a savage attack upon conditions of poverty in Ireland, he wrote one of his most dreadful and fierce satirical essays, entitled *A Modest Proposal for Preventing the Children of Poor People being a Burden to their Parents* (7, 23), in which he suggested that infants one year old be roasted and served at the tables of the rich. He wrote both fair and filthy verse, became pugnacious in espousing the causes of the distressed, and took on the minor problems of people who had little or no claim upon him.

During the next decade, he suffered increasingly from attacks of rage and from progressive failure of his memory (25). In 1742, it was necessary to have him declared to be mentally incompetent and to appoint a guardian. He was silent for almost one year. It is reported that before his capacity to think had become quite clouded, he would look at himself in a pier-glass and mutter, 'Poor old man. Poor old man', and again, as though childishly philosophizing to himself, 'I am what I am. I am what I am.' He died in Dublin at seventy-eight, on October 19, 1745. He left his fortune to found a hospital for fools and madmen.

## II. GULLIVER'S TRAVELS

This book is manifestly an adventure story burlesquing the reports of world explorations at a time when new areas of the strange world were being discovered and the explorer was a romantic storyteller, a conqueror, and a kind of amateur reporter of anthropological mysteries (11). Sometimes, as by Defoe, the book of travel was used as an allegorical medium. Gulliver's Travels contains bold satirical attacks upon the political policies of the day, but its enduring popularity as a fairy tale classic for children is obviously not based on its political significance but upon its closeness to profound and unconscious problems of mankind.

Gulliver's Travels was written between 1721 and 1725 and published in 1726. The outline of the voyages had long been cast, having been written but not fully published by Swift as early as 1711-1714, under the title of the *Memoirs of Scriblerus* (7). But the fourth and last voyage seems to have been largely a product of a later time, and its elaboration may have been influenced by the prolonged emotional strain which Swift suffered, culminating with Vanessa's death in 1723. The first voyage was to Lilliput, the land of tiny folk; the second to Brobdingnag, the land of the giants; the third to five places: Laputa, Balnibarbi, Glubdubdrib, Luggnagg, and Japan; the fourth was to the country of the strangest creatures of all, the Houyhnhnms.

Lemuel Gulliver, the traveler, is a young man of Nottinghamshire, England, the third among five sons, recently apprenticed to a surgeon, Mr. James Bates. He has always had an interest in travel, having prepared himself for it by studying navigation, mathematics and two years of physics at Leyden. Bates, his master, recommends him as surgeon on a ship, the *Swallow*,<sup>1</sup> where he serves for three years on voyages to the Levant. Later, again under the influence of Bates, he settles down to the practice of his profession in London and marries a woman who brings him a modest dowry. But his good master Bates dying in two years, Gulliver finds himself failing in his

<sup>1</sup> Swift liked to pun on the names Swift, Martin, and Swallow, all being birds.

profession and has so strong a conscience that he cannot imitate the corrupt practices of his colleagues. He returns to the sea, where his maritime career continues more than fifteen years (1699-1715).<sup>2</sup>

It is interesting to compare the lives of Lemuel Gulliver and Jonathan Swift, his creator, both as to sequence of events and the occurrences at specific dates in the two lives. There are no very full nor reliable accounts of either. Gulliver was born a few years before Swift. Both men were travelers. Though Swift never traveled far, he was a constant voyager between Ireland and England, sometimes dividing the year between the two countries, and many times made plans for foreign travel. Swift was a clergyman, preoccupied with the ills of his own body and with the political ills of the state, but could hardly bear to consider the bodies of others. Gulliver was a surgeon's apprentice who went on to explore the topography of foreign lands and peoples. Gulliver went to Cambridge at fourteen; Swift at the same age had gone to Trinity. While Gulliver was being apprenticed to Mr. Bates, Swift at a corresponding time was doing graduate work for his Master's degree. Both left their native soil at the age of twenty-one, Gulliver going to Leyden to prepare for travel, Swift to England to find his mother. At twenty-seven, Gulliver married and attempted to settle down in London. At the same age, Swift was wishing to marry Jane Waring and settle into the life of a clergyman. Both men lost their benefactors, Mr. Bates and Sir William Temple respectively, at the age of thirty-two. Gulliver then returned to the sea, and Swift to the church. The actual year 1699, in which Gulliver set out on the first recorded voyage, was a landmark in the life of Swift, being the time of Sir William Temple's death, of Swift's rupture with Jane Waring, and of the unapproved marriage of Jane Swift. The date, December 1715, of Gulliver's return from his last voyage, in a state of abhorrence

<sup>2</sup> After the publication of *Gulliver's Travels* Pope wrote humorously to Swift that one Jonathan Gulliver had turned up in Boston as a member of the local parliament; Swift replied in kind, that a Lemuel Gulliver had actually appeared in England, had the reputation of being a liar, but that he, Swift, considered this a coincidence (28).

toward his wife, was only a few months before Swift's supposed marriage to Stella.

If one may summarize the qualities of the voyages in a phrase or two apiece, it may be said that the first two are concerned with size of the body; while in the third, changes of size, and especially the movement of inanimate objects in a land of abstract geometric fantasies not subject to reality testing, are the striking factors. The land of the fourth voyage is inhabited by ideal creatures and foul creatures, and the interrelation of these, and their relation to the traveler, compose the climax of the travels.

The first and best known voyage to Lilliput took three years. The ship, headed for the East Indies, was wrecked and Gulliver was the only survivor. He found himself in a land of very tiny people who, having caught him napping, pinned him to the ground with lacings of rope, attempting so to hold him down. Later they conveyed him to a temple which had been profaned by the murder of a man. There he was placed on view, tethered by a chain. Unable to escape, he defecated once within the temple, but later went into the open air for this purpose. Gulliver tells all this in meticulous detail, much as a child who is striving to be good in a new and strange place. He resembles Swift in his preoccupation with involuntary moral guilt and unavoidable physical dirtiness.

I would not have dwelt so long upon a circumstance which . . . may appear not very momentous, if I had not thought it necessary to justify my character in point of cleanliness to the world, which I am told some of my maligners have been pleased . . . to call into question.

The most pervasive motif of the first voyage is the disparity in size between Gulliver and the Lilliputians who are afraid that Gulliver's need for food and clothing will impoverish them. This seems to reproduce something of Swift's first year of life to which he returns in his horrible satire, *A Modest Proposal* . . . , in which he proposes that the child be roasted at the age of one, the age at which he was kidnaped and taken to England. In



Lilliput, Gulliver pretends to eat up the little folk. Most conspicuous of all is the awesomeness and offensiveness to the Lilliputians of Gulliver's mountainous body: his sneeze produces a tornado, his urination creates a torrent of 'noise and violence', his defecation causes a national problem of health. He brandishes his sword and the sunlight on the blade causes them to kneel down in blinded awe. When he shoots his pistol into the air a hundred men fall from shock. One cannot but think that these experiences correspond in reverse to Swift's own infantile experiences when, still in an era of primary identification, he was transported on *his* first voyage to England, where his stay also lasted three years.

Threads, ropes, and cords play an important part, in many variations, in the game of Gulliver and the Lilliputians, reminding one strongly of the importance of ropes and thongs among fetishists. The interest, awe, and revulsion aroused by the human body is represented actively and passively by both Gulliver and the Lilliputians, with reciprocal exhibitionism and scopophilia, with great attention to the excretory functions. Gulliver plays with the King's cavalry<sup>3</sup> like a child playing with toy soldiers, and in turn is directed by the Emperor to stand, like a colossus, with his legs apart while the soldiers parade under the arch thus formed, stealing covert glances at the torn crotch of the giant's pants.

The problem of size reappears in the Lilliputian religious and political problems, for the country is split into factions: the High-Heelers against the Low-Heelers, and the Big-Endians against the Little-Endians (who dispute the question, which end of a boiled egg is preferred). The Emperor's son wears heels of uneven height, so that he hobbles in compromise, and the country is in danger of being conquered by a neighboring country. But the giant Gulliver rescues Lilliput by dragging the enemy fleet out of the channel, like a child manipulating toys.

His visit to the Lilliputians culminates in his famous exploit of putting out a fire in the Queen's chamber by urinating upon

<sup>3</sup> When King William encountered the young Swift in the Temple household, he taught him to eat asparagus and offered him a post in the cavalry.

it; but the Queen reacts in revenge rather than gratitude.

The system of education among the Lilliputians was certainly founded by the infant Swift. It is based on the principle that parents beget children from purely biological drives and therefore should not be permitted to educate them, nor to visit them for more than two hours in a year. Boys and girls are educated separately, but girls are educated to be as much like boys as possible, on the principle that a wife 'should always be a reasonable and agreeable companion, since she cannot always be young'. Throughout the story morals are valued higher than abilities. Consequently Gulliver finds himself impeached because his abilities are recognized and feared, and he finds it ultimately necessary to escape and return home. Thus ends the first voyage of Lemuel Gulliver and Jonathan Swift.

The second voyage is soon undertaken. Again the ship loses its course and after a year of wandering lands upon a new continent. Gulliver becomes separated from his companions and finds himself among giants in the land of Brobdingnag. This voyage seems but a continuation and reversed version of the first. Gulliver is now afraid of being trampled or eaten. The appearance of the nurse as an important figure is significant. She appears in two forms. In one she is the revolting adult nurse who bares her dry nipple to quiet the baby by suckling it, and in so doing reminds Gulliver that the Lilliputians had found his skin revolting, with its oversized pores and stumps of hairs. In the other she is the little girl nurse who teaches him the language and calls him her manikin. The impression of the disgusting adult woman is later re-enforced by the sight of a woman with cancerous holes in her breast, so large that Gulliver might have crawled into one. The traveler himself suffers passive exhibition, being carried in a kind of doll cage dangling from a cord around the waist of the little girl nurse when she shows him at county fairs.

Ultimately he is protected by the Queen, who prepares a little closet in which he can go riding on horseback strapped to the belt of the rider. It is of interest that he is unimpressed by the tallest tower in the land, computing its height to be less than that

of Salisbury Cathedral. He suffers exposure and mutual exhibitionism at the hands of the Maids of Honor, who use him for their erotic amusement, balance him astride their nipples, and disgust him by their copious urination and the odor of their bodies. This indeed is the first voyage in reverse. Finally he suffers the typical lesson of being brought to witness the beheading, with a dramatic spurt of blood, of a murderer. The Queen now makes a little boat for him, which is propelled down a water-filled trough by the breeze from the ladies' fans.

The common symbolism of the man-in-the-boat as the clitoris suggests the identification with the female phallus thought to be characteristic of the male transvestite. A further incident confirming this occurs when one of the ladies lifts him up between her thumb and forefinger to put him into his little boat, but he slides through and plunging downward is caught by a corking pin in the lady's stomacher. The head of the pin passing between his skin and his waistband, he is suspended in this way more or less attached to the lady's stomacher until rescued by his little nurse.

The theme of the kidnaping appears also, for Gulliver is carried away three times: by a dog, by a kite, and by a monkey. The monkey holds him 'as a nurse does a child she is about to suckle'. The further description of this event specifies that the monkey is a male, who crams food into Gulliver's mouth, squeezing it out from his chaps. This whole experience sickens Gulliver terribly, and the food has to be picked out again by the child nurse. Surely this is a fantasy of fellatio—of being at the mercy of a bisexual adult. Gulliver is forced to recognize his insignificance when the King chaffs him about this disgusting experience. Finally, when the King wishes to find him a mate, it is time for the traveler, who has been away two years, to return home. He cannot bear to propagate a race so diminutive as to be laughable. He escapes by being kidnaped again, this time by an eagle which carries him off in his box, then drops the box with its occupant into the sea. It is noteworthy that, after he is picked up by sailors, his return voyage takes exactly nine months, during which he suffers severe sensory feelings of unreality in

trying to reconcile himself to the normal size of those around him. He has difficulty in focusing his vision.

After this homecoming, his wife begs Gulliver never to leave again, but he has an insatiable thirst for seeing the world and soon is off again. Many critics have thought the third voyage out of place; they feel it does not belong in this sequence. To me it seems an essential link. On this trip, his ship is attacked by pirates and he is cast adrift in a canoe. This leads to his discovery of a peculiar, exactly circular island suspended in the air over the body of a continent, and resting so delicately on a lodestone that a little child's hand can manipulate it; and its inhabitants can thus move it at will 'to raise or sink, or put it in progressive motion'. This is the Island of Laputa, and might be described as the Island of Abstract Fantasy without Reality Testing. The movement of the island, directed by the King, depends much upon mathematics and music. Ideas are expressed in geometrical figures, although there is great contempt for practical geometry. The Laputans are chronically anxious and fearful of total destruction of the earth, the planets, everything. Peculiar marital relations prevail, and the women are mostly restless and unsatisfied, a condition which reminds Gulliver of his home in England. Through the intervention of the stupidest man on the island, Gulliver succeeds in getting away to the adjacent Island of Balnibarbi, a place once rich and substantial, but recently ruined by the infiltration of smatterings of mathematics from the Laputans, which has produced too great a volatility of spirit. The Balnibarbians have attempted to put the ideas of the Laputans to practical tests, and consequently have impoverished their people. Their Institute of Scientific Exhibits, however, would be well worth a visit in our own day. It must have resembled a display of patents. In one place, words are mixed in a kind of grinding machine and then used for poetry, politics, law, and theology. In another, words are abolished, as each word uttered diminishes the lungs by corrosion. Following this, words are supplanted by things, in a kind of symbolic realization, and only the women rebel and insist upon using their tongues; moreover, a kind of lobotomy is performed,

but with the advantage of an exchange of amputated lobes between individuals. In this progressive country, Gulliver recommends the establishment of a governmental department of spies, informers, discoverers, accusers, and witnesses, so that it can first be agreed who shall be accused; the papers of the accused can then be seized, and the anagrammatic method used for evaluating the evidence. This country makes Gulliver homesick for England and he feels, prophetically, that it may perhaps extend to America and the land of California. (Swift only missed using the name McCarthy.)

There is still another island, Glubdubdrib, inhabited by sorcerers and magicians, where the servants are ghosts, changing each twenty-four hours and being made to evaporate into thin air by a flick of the Governor's finger. Another stop is at Luggnagg, where he is met by a male interpreter, a contrast to his previous experiences of having been nursed and taught by girls, women, princesses, and queens. Here Gulliver has to lick the dust before the royal footstool and utter words which mean 'my tongue is in the mouth of my friend!'. He makes a final stop in the vicinity of the eerie Struldbrugs, variant creatures, human but undying, and finds them a dejected, opinionated, covetous group of immortals.

After a short stop at home, during which his wife enters her third pregnancy, Gulliver again leaves on the ship *Adventure*, not as a ship's surgeon this time, but as a sailing captain. There is a mutiny, and he is left on a strange, desolate island inhabited by strangely evil and by noble creatures. The evil ones are dirty, hairy, nightmarish animals that scamper about and climb trees, persecuting and tormenting the traveler by letting excrement drop on his head. In contrast to these are reasonable, gentle horses, the natural aristocrats of the land. Soon a pair of the gentle horses take him in hand, teach him the language, and give him a home. From them he learns that they are Houyhnhnms, and that the foul creatures are called Yahoos. From the way the Houyhnhnms look at his face and hands he realizes that they regard him as a special Yahoo, unexpectedly clean and teachable. When they see him at night, partly un-

dressed and with the lower part of his body uncovered, they are sure that he is a Yahoo, and a complete examination of his body brings them to the opinion that he is a perfect specimen of Yahoo—a characterization which greatly displeases him. When he tries to explain to them the laws and customs of his native England, they feel even more strongly confirmed in their diagnosis, but feel also that Gulliver is not quite so hardy as their local members of the species. After a time he decides never to return home, but to stay permanently with the Houyhnhnms. They explain to him that the Yahoos hate each other more than they do any creatures of other species, the reason for this being the odiousness of their shapes which all can see in each other but none in himself. The Yahoos are greedy, lacking in discrimination, and foul in their sexuality, and their system of medicine is founded upon coprophagic practices. Gulliver himself, studying the Yahoos, confirms their unteachability but interestingly attributes it to a perverse, restive disposition rather than to inherent defect.

After three years in this country, Gulliver becomes convinced of his own indubitable Yahoo origin when a Yahoo maiden falls in love with him as she sees him bathing, and is so energetic in her advances that he has to be rescued by his devoted sorrel nag. In contrast to the Yahoos, the Houyhnhnms are reasonable, just, and friendly. In their education of children they depend upon reason rather than love; the marital relationship is one of mutual benevolence and friendship of a standardized communal variety. They train their youth after a Swiftian rule by having them run up and down hills in competitive races.

In this country, the Houyhnhnms embody equable reason and impersonal good will, while the Yahoos are creatures of primordial hate and passion. The former are minute and exact in their descriptions and 'just' in their similes. When they die, by a process of gradual fading, there is no emotion, no mourning. The dead person is said 'to have returned to his first mother', and before taking this final step he pays a last ceremonial call upon his friends, being sure to repay all past visits.

After Gulliver's discovery of his true Yahoo-ness he settles down to stay in this strange country, hating himself in a way unique among them, and trying hard to emulate the behavior of the Houyhnhnms. After five years residence, he finds himself banished by the General Council of Houyhnhnms, who consider him dangerous, perhaps because he is mixing customs so much. He builds a boat and gets away. Ultimately picked up by a Portuguese ship, he is at first judged deranged because of his accounts of his experiences. He wants to isolate himself for the rest of his life on an island. He returns home, however, and finds that he cannot bear his wife for he is still under the influence of Houyhnhnm ideals and cannot endure the thought of having cohabited with a Yahoo and produced Yahoo children. It is more than a year before he can bear to be in the same room with his wife, and never afterward can he bring himself to drink from the same cup as his family or to be touched by one of them. In memory of the good Houyhnhnms he buys a pair of horses with whom he lives in amiable friendship, the smell of their stable being sufficient to revive his sagging spirits.

No account of Gulliver and Swift can be tolerably complete unless it links with these two names that of Martin Scriblerus, later known as Tim. The Scriblerus Club, originally the Tory Club, consisted of Swift, Pope, Gay, Oxford, Parnell, and Arbuthnot, and Swift proposed that all write in collaboration a comprehensive satire on the abuses of learning. They produced the *Memoirs of Scriblerus*, the major part of which was supposed to have been written by Swift. It was openly admitted, furthermore, that Swift himself was identified with Scriblerus, and Swift was temporarily nicknamed 'Dr. Martin' for, as he explained in his *Journal to Stella*, surely a Martin was a kind of Swift, and both were swallows. (Swallow was the name of one of the ships on which Gulliver traveled.) In the early Scriblerus writings, Swift revealed certain fantasies regarding his birth, his grandiose dreams, and his attitudes toward his own genius. He projected the *Travels* (not to be published for another fifteen years) as consisting of four voyages: first to the pygmies; second to the giants; third to the mathematicians

and philosophers; and fourth, one in which a 'vein of melancholy proceeds almost to a disgust of his species'. At this time he was preoccupied with his conservative plan of using cannibalism for the relief of the conditions of the poor. It was certainly a long-standing preoccupation, for the *Modest Proposal* was not published until 1729.

### III. CLINICAL DISCUSSION

Swift's problems of identity and identification, inherent in the strange circumstances of his birth, were again evident at the end of his life, when he addressed the old man in the mirror as 'poor old man', and philosophized 'I am what I am. I am what I am.' The complications of his kidnaping and the return to his mother, followed by her apparent desertion at the very height of the oedipal period, furnished in reality a fateful family romance that might otherwise have been a powerful fantasy. His living almost entirely in institutions from this time until his majority really completed the punishment of fate. Even his vacations were presumably spent among the eighteen children of uncle Godwin, and it is of interest that he mentions no girl among them.

His one attempt to write an autobiography petered out after a few pages, and about the kidnaping nurse we have only the barest statement that she prematurely taught him to read the Bible. Gulliver tells us more, as I have indicated, and splits the image of the nurse into two, the evil, repulsive, gaping old nurse, and the gentle, prepubertal little girl nurse, who protected him and kept him dangling in his cage attached to her belt. I have already indicated, in relating the histories of Dean Swift and Dr. Gulliver, that it is my belief that the infant Swift must have been in close bodily contact with the kidnaping nurse, and almost surely somehow built up a complementary fantasy of the sister from whom he had been separated at the age of one; and that he made a deep identification of himself with both by a direct primary bodily identification with the actual nurse, and with a sustaining ideal image of the sister, which seems to have been a phallic image whereby he became predominantly



identified with the sister's phallus. (Recall the child nurse who has him dangling from her waist, the Maids of Honor who blow him in his little boat down a trough of water, and the incident of his getting impaled on the stomacher of the lady-in-waiting.) That the young adult Swift first sought a girl of his sister's name, Jane, and then formed attachments to two girls named Hester (sister), and that he broke with Jane Waring in bitter disillusionment at the same time that he practically banished sister Jane because he disapproved of her marriage, are not pure accidents. Furthermore, his mutual identification between himself, his sister, and the nurse is consistently re-enacted in his arrangement of his own life as tutor to the two Hesters, whom he would also turn into boys by his education of them. All this seems to me so clinically clear as to need little further elucidation in this presentation.

Swift's physical health and symptoms are worthy of notice. He was said to have been a frail, premature infant, and certainly his mother was under stress during the pregnancy and throughout his first year. One cannot avoid the conclusion that her attitude toward this baby, whose birth caused so many complications in her life, must have been disturbed; but in just what direction is unclear. Swift had two mothers, in fact; and that he had two fathers is indicated by the reports of illegitimacy and remarks that his father never even knew of his conception. This question of paternity was to reappear in the never-solved mystery story of how Swift's marriage to Stella was stopped by the rumor that they actually were brother and sister. It seems to me important that Swift, whether or not he furthered the rumor, must have known of it, and certainly made no move to correct or deny it. It either sprang from his fantasy or closely corresponded to a latent fantasy and served this purpose for him.

In the *Memoirs of Scriblerus* Swift shows again his enormous anality—so evident in his character—and gives a clear picture of the anal birth of genius. Martin Scriblerus's mother, having difficulty in conceiving, was advised to take seven sheets of paper and write upon each with seven alphabets of seven languages in such a way that no letter would stand twice in the

same posture (surely a fantasy of a polymorphously perverse conception); then to clip all letters apart and put them into a pillow which she was to use to support her in a certain position favorable to fecundity. This proved helpful and Scriblerus was conceived. But on the eve of his birth his mother dreamed that she had given birth to a monster in the shape of an inkpot spurting black liquid in rivulets throughout the room. These were interpreted by a sorceress as being symbols of the infant's genius, signifying the variety of the productions of human learning; the spout of the inkpot signified that the child would be a son. When he was born, the infant enjoyed the rattling of paper and dabbling in ink. When the child was thought to say 'Papa' it was determined by the nurse that he had really said 'paper'. Thus was launched the Genius of the Age.

Swift does not seem to have been a sickly child after his infancy. Yet by adolescence he had instituted walking rituals as a way of preserving his health and of showing his strength. In adulthood he was a man of unusually fine physique, but from the age of twenty-two he frequently complained of ill health, weakness, pains, stomach-aches, nausea, and rather diffuse bodily pains. He developed Ménière's disease, which caused him many attacks of dizziness and deafness, and his account of its origin from eating stone fruit in the Temple garden suggests a strong homosexual conflict, which was to appear also in his *Meditations Upon a Broomstick*. He was extremely fearful of insanity from an early age ('dying at the top' he said, likening himself to a fir tree), and his constant reiteration of his defiance of death seems an overprotestation. In the third voyage of *Gulliver*, his meeting with the Struldbrugs condenses these fears.

Swift suffered from severe chronic anxiety and diffuse hypochondriasis of the type that so often accompanies an inordinately severe castration complex, to which his early life inevitably predisposed him. This hypochondriasis always increased when he saw the suffering of another. While some of these situations suggested guilt, so that he turned away in seeming callousness, there is the further question whether the sight of suffering did

not cause him to take it unto himself through a primary identification. In his *Life and Character of Dr. Swift* (1731), Swift states:

I could give instances enough that Human Friendship is but stuff. . . .

. . .

True friendship in two breasts requires the same aversions and desires;

My friend should have when I complain, a Fellow feeling for my pain (27).

What was writ large, vividly, and constantly in Swift's letters was his preoccupation with the lower bowel. He suffered from hemorrhoids, and complained of them in letters to Charles Ford (19), but in general he was personally reticent about this part of his body. Gulliver's concern with the excretions is noteworthy, and Swift's character contained juxtaposed gratification and reaction-formation against gratification from this primitive source. That all sexuality was dirty and confused with excretory functions is amply evident. The fourth voyage of Gulliver portrays the conflicts and attempt at resolution vividly. It is quite clear that the Yahoos represent the dirty, unrestrained sexual parents, while the Houyhnhnms are the idealized, gentle, reasonable ones, the superego ones, possessing all the reaction-formations against the primitive animal instincts. In the second voyage, it is the older nurse who is described as the most loathsome of creatures, with foul and gaping bodily apertures. It should be noted that the sweet, charming, protective little girl nurse was at prepuberty, a period when actually the little girl's body more closely resembles that of the boy than at any other time. Swift made the resemblance closer by endowing her with a phallus, through the diminutive Gulliver. Swift's actual hatred of the adult nurse is large and is nowhere more clear than in the paragraph devoted to nurses in his *Essay on Directions to Servants in General* (7). This, together with certain passages in Gulliver, suggests strongly that his own nurse had a baby during the time of his stay with her (ages one to four), of whom he was inordinately jealous. The constant intermingling

of literary learning and toilet functioning seems to indicate the severe and simultaneous training in these lines that was to leave a permanent mark upon his character and abilities. In the *Memoirs of Scriblerus* are invectives against the 'accursed nurse' who, among other things, made the infant's ears 'lie forever flat and immovable'—surely a reference to the impotence, both genital and auditory, of the writer (7).

Another theme, so often found in Swift's writing and life, is the confusion, determinedly rationalized, between the sexes. It occurs in his frank attempts to make boys of Stella and Vanessa, in his treatises on education, in his descriptions of the bodies of men and women. This naturally was associated with the opposite, a polarization of characteristics between the sexes, so that women became the completely emotional, dirty, unreliable ones, and men were reasonable, just, temperate, and cleanly. In the land of the fourth voyage, the Houyhnhnm horses are both male and female, and so are the Yahoos, yet in spirit the horses are good male, and the Yahoos dirty, seducing female. In a letter Swift even referred to Stella as a Yahoo.

The alternating scopophilia and exhibitionism so much described in the first two voyages (they are inevitably great in a posthumous child), seem to have formed the basis of many of Swift's most charming and penetrating capacities. Physically he was well built and rather handsome, with clear, blue eyes, of which he was so proud that he would never permit himself to wear spectacles, much to the disgust of Samuel Johnson, who wrote one of the biographies of Swift.

Perhaps the most fascinating problem of Swift's development was the configuration of his oedipus complex. He had no real father on whom to play out his oedipal development. Indeed his oedipal crime was accomplished seemingly by his very conception, after which the father died, while the son lived, and possessed his mother, at least in fantasy. Whether he found a substitute father during those years with the nurse in Whitehaven is not clear, but he was again confronted with his actual fatherlessness exactly at the oedipal period. It is apparent that there was an attempt to find a father through his interest in

his English clergyman grandfather, and later in his decade of wavering allegiance to Sir William Temple. The feeling of his œdipal crime may well be expressed in the second voyage of Gulliver, in which he is given as a place to stay a deserted temple which has long ago been defiled by the murder of a man. Gulliver's recalling of the heroic ancestors of history on the Island of Glubdubdrib also belongs here.

Just at the height of the œdipal period Swift's mother left him and he was from then until young manhood almost entirely in a homosexual environment. This may well have heightened and directed his postœdipal idealism by increasing his feelings of guilt and his hostilities in a mutually re-enforcing way. Much of his conflict was played out in his relation to the church, which he seems to have adopted and then to have fought with personal disillusion and bitterness; yet he fell back on it time and again, and finally made it the substance of his career. It is no wonder that having 'killed' his father by being conceived, and lost mothers three times before the age of six, he should have accepted the protection of school with a chronic suppressed rage, low-spirited compliance, and some difficulty in formal learning. This difficulty of learning was further aggravated by the fact that his learning inevitably acquired its pattern from his toilet functions, as is shown by the life stories of Gulliver and Scriblerus. The early death of the father, a prehistoric event for the child, inescapably increased the fear of death for himself—a fear which he met by the repeated denial that life was worth having.

That the lonely and disappointed child should have suffered from worries over masturbation was also inevitable. Swift, the man, wrote seldom of genital sexuality, though through Scriblerus and Gulliver he made extensive expositions of his masturbatory concern and fantasies. Dr. Martin Scriblerus treated a young nobleman for distempers of the mind evident in his affectations of speech and his tendency to talk in verse, to show a whimsicality of behavior, and to choose odd companions. Scriblerus diagnosed his condition as that of being in love, and since no woman was involved he must be in love with himself.

'There are people', says Swift through Scriblerus, 'who discover from their youth a most amorous inclination to themselves . . . [they] are so far gone in this passion, they keep a secret intrigue with themselves and hide it from all the world. . . . This patient has not the least care of the Reputation of his Beloved, he is downright scandalous in his behavior with himself.' Scriblerus then prescribes the remedies which Swift applied to himself and offered to others: to give up extravagance, travel in hardship, look at 'the naked truth and purge himself' weekly. If these did not avail, nothing was left but for the sufferer to marry himself, and when he tired of himself he might drown himself in a pond. What a complete version of Narcissus!

The other traveling surgeon, Lemuel Gulliver, had had his training under a master named Bates. To repeat a quotation from Gulliver:

My good Master Bates, dying in two years after, and I having few friends, my business began to fail, for my conscience would not suffer me to imitate the bad practice of too many among my brethren. . . .

Swift's peculiar relation to words and to punning lends support to the notion that this might be a sly and even conscious trick of self-revelation. The greatest exposition of the masturbation fantasies appears, however, in the third voyage. After a glorious start, Gulliver was much reduced by pirates, set adrift in a canoe, and he fell into a great despondency. He then came to a small, perfectly round island, already described as floating in the air, rising and falling above the body of the continent from which it sometimes shut out the sun. Many of the people here were so absorbed in speculation that they forgot to speak or pay attention to those around them. Consequently they kept 'flappers' who tapped them on the mouth, eyes, or ears, with blown bladders attached like flails to short sticks. These bladders held small quantities of dried peas or pebbles. This island was balanced so delicately on a lodestone that the tenderest hand could move it up and down to a height of four miles. It also somewhat controlled the fate of the continent, Balnibarbi, beneath it; and since it was a place of intense speculation without reality,

it had a deleterious effect on the Balnibarbians, who engaged in feats of scientific magic and concocted marvelous inventions of great intricacy and incompleteness, while the country itself was impoverished and wasted, and the senators suffered from 'redundant, ebullient, and peccant humors, with many diseases, of head and heart'.

Swift's early life certainly predisposed him to a stunting bisexuality which is apparent in the man's later life. That his genitality was impaired and degraded by its amalgamation with anal drives is also indicated in his character and his writings. He moreover tended to absorb friends into his service in a demanding and possessive way,—the infantile oral quality of these relationships being partly obscured by his real genius, which could fascinate and command others so that they wanted to be absorbed by him, only to find themselves intolerably burdened. Two additional developments are of special interest: first, the influence of his special anal character on the texture of the family romance, which determined in reality and stimulated in fantasy; second, the special nature of his relationship to his sister, which left a strong mark on his relations with other women.

There can be little doubt that the young child was aware that he was not the son of the nurse during his early stay in England, and must have had some fantasies about his own family. On returning to his mother and sister in Ireland, he had memories and thoughts about the family in England. Within a few months he had neither of these families, and only memories of both, when he became the peripheral and special child in the enormous family of his uncle Godwin. Later he repeated this in the decade spent with Sir William Temple.

The anal stamp on his character, which must have come from the period with the nurse in Whitehaven, appeared compellingly throughout his life. It is quite clear, too, that to Swift the spoken word and the written word were miles apart. The spoken word was airy, pure, and of the spirit. The vowels, especially, were 'airy little creatures, all of different voice and features' (27). The written word was discharged in secret and

disclaimed until it had proved itself, and was in danger of appearing 'fathered by another' as he once wrote. The spoken word was oral-respiratory; the written word was genito-anal. The consonants too seemed anal in contrast to the airy vowels, and the proper names in *Gulliver's Travels* are heavy with repeated consonants and duplicated syllables: Glubdubdrib, Luggnagg, Traldragdribh, Glumdalclitch, Clumeging, to name a few. These words suggest an onomatopoeic derivation from the sounds of drippings and droppings, possibly owing to the overly intense toilet preoccupation, which seemed to engulf and then to color the important infantile philosophies of the little child Jonathan.

Swift always played with words, with clang and pun, which concealed and revealed simultaneously. The original *Journal to Stella* (1710-1713), which has suffered too much later editing, reveals Swift's language in its most infantile oral qualities, in terms of endearment in which 'you' is 'oo' 'dearest' is 'dealest'; r's and l's get strangely mixed up, and the effect is of a lisping child saying good night. For example, he writes to Stella: 'Nite dealest richar M.D. Sawey dealest M.D. M.D. M.D. F.W. F.W. F.W. M E, Poo Pdfr. Lele, lele, lele.' Swift himself said 'When I am writing in our language, I make up my mouth just as if I were speaking it'. '*Our richar Gangridge*' is our little language. *M.D.* is 'my dears'; *F.W.* is 'farewell foolish wench'; *M E* is (myself and) Madame Elderly—i.e. Dingley; *Pdfr.* is 'poor dear foolish rogue', Swift. The 'little language', as it was called, was baby talk, simple code, and hog-Latin contrivances, the latter so characteristic of prepubertal years. It is possible that the names Yahoo and Houyhnhnm are nonsense words, peculiarly condensing in function, having profoundly to do with Gulliver's efforts to find himself, that is, to achieve some integration of his own identity, and that 'Yahoo' signifies 'Who are you?'; and 'Houyhnhnm', the sound of which is so close to 'human', contains also suggestions of the pronouns *you*, *him*, and *who*, in a jumbled hog-Latin fashion. It is on this voyage that Gulliver is forced to admit his attraction to the primitive and dirty, but attempts to save himself through adopting the



rationality of the Houyhnhnms, and subsequently suffers a powerful increase in his neurosis.

The family romance has been regarded as occurring in sexually active and imaginative children especially attached to the parents, who suffer severe retaliatory resentment toward the parents, especially in the œdipal relationship, when the parents prohibit the child's sexual practices and the child subsequently recognizes that the parents themselves indulge in the very sexuality they have condemned. The child then repudiates the parents and adopts new, lofty and asexual ones, in a revengeful reversal of the situation; but as Freud remarked in his early paper on the subject, the ennoblement of the adopted parents really represents the original estimate of the child's own parents.

It is my belief that the family romance appears in a severe and sometimes malignant form in those children who not only fulfil the conditions stated but also have a special distortion and degradation of genitality and the œdipal situation through severe anal fixations, and also in those who have had such overpowering (usually anxious) mothers that the development of the early ego has been possible only through an organization by opposition, resulting in a diffuse negativism. In many instances this early ego-by-opposition combines with the anal fixation in a constitutionally strong and well-endowed child.

Children with emphatic theories of anal birth and with nursery ethics of approval (counterfeit of love) focused on toilet functions frequently utilize their interest in the stool (the visible material dirt) and its smell or gaseous image (thought or memory) as representatives of such opposites as good and bad, dirty and godly, black and white, and low and high. This dichotomizing joins directly with the family romance. The foundling is either the abandoned child of the gypsies or the royal infant stolen by them. Swift rarely wrote or spoke of his father except to remark that the father lived long enough to secure the mother's reputation, a fantasy of bastardy masked by humor. The father had been unsuccessful and had abandoned the family through death and poverty. Neither did Swift write of the nurse, except indirectly as cited. On the other hand, Sir William

Temple, ambassador and man of the world, emerges quite clearly as the materialization of the noble, illustrious father, with Swift's grandfather as an earlier, less satisfactory version.

Swift's relationship to his mother, once re-established after its long suspension, remained cordial, and he visited her frequently at considerable expense of effort. The one personal anecdote—her pretending to his landlady that he was her lover—is an indication of her reversed œdipal attachment to him. He rarely mentions her in his writings. But the year of her death, when he was forty-two, marked the beginning of his *Journal to Stella*, with its chronicling of events in the world and its feeling expressed in the 'little language' of infancy.

Jane Swift too is very shadowy in the writings of her brother. One of Swift's cousins mentions a chronic hostility between brother and sister, and commends the mother's attitude of fairness. But some fantasied image of the sister, probably from the years of separation following the first year of intimacy, influenced Swift in his selection of and attitudes toward the three women who played such important parts in his life. It is not necessary to repeat the indications that they represented both himself and his sister. He gave them all names of goddesses, and he could not touch them in any intimate way—which to him would clearly have been a despoiling.

Swift showed marked anal characteristics (his extreme personal immaculateness, secretiveness, intense ambition, pleasure in less obvious dirt, stubborn vengefulness in righteous causes), which indicate clearly that early control of the excretory functions was achieved under great stress and perhaps too early. It seems justified to conclude that the kidnaping nurse, however devoted, was in some way overly conscientious and harsh in his early toilet training, and left this stamp of chamber pot morality forever on his character. That she was also ambitious for his intellectual development is clear as well. He must have been a very special child. A kind of linking of the written or printed word with the excretory functions has already been noted. This seemed to extend further into an animation of the word and its endowment with magic personalized meanings. In this set-

ting, then, the functions of speech, reading, and writing tend to become overly emotional and full of conflicts. In Swift the emotional battleground was shifted largely to the written or printed word—the deposited word, one might say. ‘I am very angry’, wrote Swift to Arbuthnot in 1714; ‘I have a mind to be very angry and to let my anger break out in some manner that will not please them, at the end of a pen’. When Swift was angry but trying hard to please, at Kilkenny and Trinity, he did not break out with a pen, but was compliant and depressed and even thought to be a little dull. Later in life, when he sent his manuscripts to the publisher he disowned them to the extent of having them copied by someone else, and sent them by another—often Charles Ford—to be dropped at night. One gets the feeling that he was acting out both his own birth and early toilet accidents of spite.

That the infant Jonathan lived in such close and continuous bodily intimacy with the nurse as to produce a tendency to over-identify with the woman, is strongly indicated; the problem of anatomical differences was never solved in any stable way, but obvious attempts were made to meet the situation by masculinizing the girl. His castration fear of the woman was overwhelming. Every bodily aperture became a threatening vagina-anus. In unconscious or preconscious fantasy Swift tended to phallitize the woman and identify the child, himself, with the female phallus; this is indicated in the passages from the *Travels* already quoted. While we have no knowledge of transvestite tendencies in Swift, it is possible that his accepting the robes of the Anglican priest included such a hidden tendency in an acceptable way that could be integrated into his life.

He was continually obsessed with body imagery which formed the almost too constant backdrop for his moralizing satire. The quotation given by Bullitt at the beginning of his book on Swift’s satire (3) is characteristic:

To this End I have some time since, with a world of Pains and Art, dissected the carcass of Human Nature and read many useful Lectures upon the several Parts, both containing and contained; till at last it smelt so strong I could preserve it no

longer. Upon which I have been at great expense to fit up all the Bones with exact Contexture and in due Symmetry; so that I am ready to show a very compleat Anatomy thereof to all the curious Gentlemen and others.

It is appropriate that Bullitt's book is subtitled *The Anatomy of Satire*. Again Swift wrote satirically to prove that the stomach is the seat of honor.

In the course of the intimacy between the infant Jonathan and the unnamed nurse there was a marked turn for the worse, described rather vividly in the second voyage of Gulliver. He is now no longer the oversized, important, threatening figure, but small, helpless, and endangered among giants. In Brobdingnag the disgusting nurse appears. To quote Gulliver:

She was carrying a child of a year . . . who immediately spied me and began to squall . . . after the usual oratory of infants, to get me for a plaything. The mother [nurse] out of indulgence, took me up and put me toward the child who presently . . . got my head in his mouth where I roared so loud that the urchin was frightened and let me drop. I should . . . have broken my neck if the mother had not held her apron under me. The nurse . . . was [finally] forced to apply the last remedy of giving it suck. . . . No object ever disgusted me so much as the sight of her monstrous breast. . . . It stood prominent six foot and [was] sixteen in circumference. The nipple was about half the bigness of my head; the hue of that and the dug so varified with spots, pimples, and freckles that nothing could appear more nauseous: I had a near sight of her, she sitting down . . . and I standing on the table. [I] reflected upon the fair skins of our Irish ladies who appear so beautiful because they are our own size and their defects not to be seen but through a magnifying glass where we find by experiment that the smoothest skins look rough, coarse and ill colored.

It was after this that he was adopted and protected by the little girl nurse, not yet at puberty, who carried him everywhere with her.

Thus Gulliver bitterly finds the tables turned and himself displaced by the infant who was just the age Swift had been when

he was kidnaped, and the age at which in the Modest Proposal infants of the poor should be eaten by the rich. The picture of the breast certainly contains elements of awe and envy turned to loathing with the aim of degrading it. It seems likely that the nurse became pregnant after her return to England, and this pregnancy, together with the subsequent suckling of the child upset the little boy Jonathan and aroused in him intensest jealousy, biting resentment, and cannibalistic feelings toward the infant—projected by Gulliver as felt toward him by the infant.

The image of the nurse's breast carried with it fear and a sense of its similarity to the pregnant abdomen and to an adult phallus. This combined image is then rendered less dangerous by being made into the female phallus and degraded or fecalized. The word *dug* used by Swift in this context is itself close to the word *dung*. Later in the second voyage the bad nurse reappears in male form as the evil kidnaping monkey who carries the small Gulliver as though suckling an infant and does actually cram his mouth full of vile stuff which must be picked out by the amiable little girl nurse. Here we have clearly the turn to the fully homosexual fantasy of fellatio, the reverberation of which appears in Swift's own life in his sickness from 'too much stone fruit'. In the story the monkey is executed. In the Travels two other assaults on the helpless Gulliver are made by male creatures; one by a deformed dwarf encountered in the Queen's garden, who there knocks Gulliver flat by shaking the apple tree so that the fruit falls on his head, and the second by a huge frog which hops into his little boat and, jumping over him, deposits its odious slime upon his face and clothing. Gulliver finally rids himself of this disgusting animal. At about the same time Gulliver siezes a linnet the size of a swan by the neck with both his hands, causing the enraged bird to beat him around the head with its wings until it is finally subdued and ultimately served for dinner.

#### IV. CONCLUSION

It has been my intention to give the story of Swift based on the known facts and as it is revealed in *Gulliver's Travels*, and not primarily to make a clinical study of Swift's neurosis. Since I begin however with references to changes in body image and to fetishism, and since, in the course of presenting the combined biographies of Gulliver and of Swift, I unavoidably include some pertinent clinical data, it seems appropriate to make a few concluding remarks.

Swift does not seem to have been an overt fetishist, although in the structure of his personality there is much that he shares with the fetishist. One gets the impression that the anal fixation was intense and binding, and the genital demands so impaired or limited at best that there was a total retreat from genital sexuality in his early adult life, probably beginning with the unhappy relationship with Jane Waring, the first of the goddesses. After this, Swift never again seems willingly to have considered marriage, and his expressed demands were that the women who were closest to him should be boys. His genital demands were probably partly sublimated through his writings, but these too bear the stamp of a strongly anal character. He did not need a fetish because he resigned from physical genitality. In a sense, converting the women of his choice into 'boys' fulfilled his fetishistic need.

Lemuel Gulliver went a step further than his creator. He was a married man, but one who was continually escaping from his marriage which was predominantly disgusting to him, though his periodic sojourns at home sufficed sometimes for the depositing of a child with his wife. The *Travels* seem to be largely the projection into activity of Lemuel's masturbatory fantasies which, like the character of Swift, are closely interwoven with anal problems and ambitions rather than with exclusively genital ones.

The problems of changes in body size (based on phallic func-

tioning)<sup>4</sup> are characteristically reflected onto the total body, and much re-enforced by the theme of the reversal of generations. There is much less substitution of different parts of the body for the phallus than is to be found in Alice's Adventures in Wonderland, for example; although there are some disguised references in the third voyage, in which the phallic problems are expressed in the medium of thought rather than that of the body itself. A further discussion of the problems of distortions of body image and changes of size will be more fruitful when it can be combined with a study of Alice and Lewis Carroll.

<sup>4</sup> Greenacre, Phyllis: Certain Relationships Between Fetishism and the Faulty Development of the Body Image. In: *The Psychoanalytic Study of the Child*, Vol. VIII. New York: International Universities Press, Inc., 1953, p. 79.

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## Notes on Oral Symbolism

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## NOTES ON ORAL SYMBOLISM

BY JACOB A. ARLOW, M.D. (NEW YORK)

Despite the recent surge of interest in the clinical manifestations of the oral instinctual drives, the literature of psychoanalysis contains few references to symbols for these drives. Jones (8) has suggested that symbols are the product of intrapsychic conflict; where affective inhibition 'is at its maximum, there arises symbolism in its most typical form'. It is to be expected, therefore, that a wealth of symbolic representation of the oral instinctual drives can be gleaned from the analyses of patients in conflict over such primitive wishes. The oral drives, libidinal and aggressive, may be grouped according to Lewin (9) around a triad of the wishes to eat, to be eaten, and to sleep. In this communication three symbolic representations associated with these drives are discussed: fire, tools, and the fantasy of being crushed.

### FIRE

Since very ancient times fire has symbolized genital sexual passion. In his analysis of the Prometheus myth, Freud (6) demonstrated, through the mechanism of representation by the opposite, that the symbol, fire, is associated with urine. Man's conquest over fire implied an inhibition of his homosexual impulse to extinguish the fire by urinating on it in a (homosexual) group. This interpretation assigns the symbol to the phallic and the urethral drives. In summarizing the literature on pyromania, Fenichel (3) states that in the incendiary perversion intense sadistic strivings govern the sexual life, the destructive force of fire serving as a symbol for the intensity of the sexual urge. In a more recent communication Grinstein (7) emphasizes that among the myths of various cultures, which involve

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fire, there is represented an expression of conflicts over instinctual tendencies derived from other pregenital drives as well as from the urethral libidinal drives. In a study of primitive myths concerning fire-breathing dragons, Róheim (12) related the major emphasis of the symbol of fire to the destructive unconscious threats attributed to the vagina. Almansi (1) has subsequently suggested a fusion of castrating and devouring elements in the primitive's fear of certain gods, Moloch for example, who are depicted as having fire within them.

#### CASE I

A female patient had in common with her father an intense fear of fire, specifically that the fire would get out of control and do tremendous damage, killing people. The father had suffered mutilation of one of his limbs through an accident when he was a very young child. The patient identified herself with the castrated image of her father, nurturing unconscious fantasies of obtaining revenge for him and for herself and achieving at the same time restitution of the corresponding missing organs. She had entertained similar fantasies in childhood and during adolescence concerning the individual who had been responsible for the father's mutilation. These fantasies became associated in her mind with her envious feelings about her older brother. As a little girl she wanted very much to have dark curly hair like his and she had been told by her mother that if she ate lots of raw carrots her hair would curl, an anticipation in which she was sorely disappointed. A compulsion to stare at the genital region of men was analyzed as a displacement into the visual sphere of an oral wish to devour and incorporate the phallus.

During her treatment the patient's husband failed in a crucial professional competition. Through identification with him the patient again felt herself castrated. The analyst now represented to her the smug, successful victor in professional competition and, within this context in the transference, the wish to retaliate by castrating the analyst became very strong. While the

patient was raging, and attributing her husband's professional setback to Jewish competitiveness and favoritism, she had the following dream.

There was a tremendous crematorium furnace. It had a huge oval-shaped opening into which the people had been thrust and two smaller round glass windows through which she could see the flames destroying the victims.

She connected the two round windows with her eyes and with her need to stare at the genitals of men. The huge aperture represented a devouring mouth after the fashion of the well-known posters advertising the Steeplechase. During the session the patient complained of excessive salivation, her stomach 'growled', and she felt, as she put it, an intense 'angry hunger'. The fire in the furnace thus symbolized her consuming oral rage against her husband's castrators and her own.

#### CASE II

Two screen memories frequently recurred in the analysis of a woman, a professional singer. Anxieties inhibited her performances, while guilt over her greedy grandiose expectations made it impossible for her to express herself aggressively to the slightest degree. Her personal relationships were dominated by narcissistic object choices, usually omnipotent mother figures, with whom the patient was dependently attached or identified. She suffered from severe insomnia for which for years she felt it necessary to take either a drink or a pill to get some sleep. The first screen memory consisted of visiting the charred remains of a house, recently gutted by fire. This memory caused her great sadness. The second memory centered about watching a trolley car go up in flames right in front of the patient's house. This memory, the older of the two, was uniformly linked in the patient's thoughts with the recollection of listening to the recording of a lullaby, *The Japanese Sandman*, and was also accompanied by an intense sadness.

The analysis of these two memories led to anxieties concerning fire. From the age of four, she dreamed repetitively of a

fire in the food compartment of the icebox, a dream from which she awoke in great anxiety. She also recalled living in terror lest the furnace in the cellar explode and destroy the house in a roaring conflagration. These anxieties were ultimately traced to two sources, the first being the patient's fear of her psychotic mother who managed for the most part to suppress her paranoia and her violence but who from time to time lost complete control of herself in furious raging outbursts against the patient and her father, outbursts in which she would scream, shout, and on occasion resort to physical violence. The other stimulus to the patient's oral aggressive wishes related to the birth of a younger brother whose passive gratification she envied very much. The inevitable frustrations of these oral dependent wishes, and the need to master the anxiety aroused in the patient by the onslaughts of her mother's oral and other violences, resulted in a system of defensive reaction-formations against her repressed hostile oral wishes. A masochistic pattern of defeating herself in order to spite her mother who was narcissistically bound to the patient's career served to discharge some of her hostility; nevertheless, from time to time, this pattern of oral disappointment was replaced by sudden violent outbursts of oral aggression. On one occasion during treatment she screamed in rage at her mother with sufficient violence to cause a hemorrhage of her vocal cords. When the patient was suppressing her anger, or her fear of the anger of others, she would frequently dream of a battleship, the mouths of its cannons spewing forth fire.

The oral destructive wishes of this patient toward her mother and the fear of her mother's oral destructiveness toward her were uniformly symbolized by fire.

### CASE III

A male patient, a dentist, lost his mother when he was two years and two months old. She was standing with him, her only child, at her dresser which was covered by a cloth on which rested a mirror. The inquisitive child pulled the cloth, top-

pling the mirror onto his face. As it broke, the mirror cut a deep gash into the bridge of the boy's nose. While the doctor was applying a dressing, the mother, according to family tradition, was supposed to have said, 'May I never live to see it if a scar forms on his nose'. While his nose was still bandaged, the mother contracted pneumonia and died. When the dressing was removed there was, on the bridge of the patient's nose, a scar which thenceforth memorialized to him his dead mother. This family legend played a most significant role in the patient's subsequent development, filling him with deep feelings of guilt that in some magical way he was responsible for his mother's death.

At each critical juncture in his life he developed a respiratory infection which, through a direct and literal translation of the Yiddish term for pneumonia (inflaming of the lungs), the patient associated with lungs being on fire. When, for example, he was enrolled in public school at the age of six and was asked about his mother, he said, 'She is dead. Her lungs caught on fire and she died.' In his late twenties his plans to marry a first cousin, whom he unconsciously connected with his mother, were frustrated because he developed pulmonary tuberculosis. Although as a dentist he should have been well aware of the premonitory symptoms of this disease, he assiduously disregarded them until they could no longer be ignored. He spent six years in a sanitarium—several more than the doctors believed necessary—consciously enjoying the withdrawal from life in the cozy hospital room with the passive dependent gratification of being nursed.

During analytic sessions he adopted a characteristic posture: hands clasped behind his head, feet crossed at the ankles. This he called his 'Peter Ibbetson position', one which he had assumed during the years of convalescing from tuberculosis. Whenever he wanted to daydream or to slip quietly into sleep he would assume this position, spin fantasies, and float off into slumber. He was identifying himself with Peter Ibbetson who, during the many years of imprisonment, would, upon assuming

the same posture, be brought into communion with his lost love from whom he had been separated by a cruel fate. According to Du Maurier's story, whenever the hero lay in this position his thoughts and the thoughts of his beloved were identical. In the analysis it was brought out that this identification with Peter Ibbetson was facilitated by the fact that the hero of the novel, like the patient, had lost his mother in early childhood, and that the subsequent love object was an obvious substitute for the mother.

It was the patient's firm belief that this novel, which presumably he had read, ended with Peter Ibbetson engulfed in flames as he stood pressed against the bars of his prison cell. Such an incident does not occur anywhere in the book. The commanding significance of this false recollection was emphasized by an episode of acting out which took place during his analysis. While taking a laboratory course in dental technique the patient became involved in a discussion with several of his professional colleagues. He had turned his back to the laboratory bench at which he had been working and had unconsciously moved into the range of the flame of a Bunsen burner which he had been using. When he sensed the odor of burning wool, he said jokingly to one of his friends, 'It sure smells as if somebody is burning up'. When his friends investigated they discovered the back of the patient's coat enveloped in flames. As he had disregarded the onset of the pulmonary inflammation, so did he ignore the onset of this conflagration.

In reporting the incident in analysis the patient made a slip of the tongue. Intending to say, 'It's my masochism which causes me to set myself on fire', he said instead, 'It's my make-a-schism which causes me to set myself on fire'. Associations to 'make-a-schism' led to the cut on his nose. The self-punishment was apparent, and the patient also recalled that for years he had been intrigued with a passage in the novel, *World's Illusion*, by Jakob Wassermann. In this passage several young couples trapped in a barn which is going up in flames decide that since they are going to die they might as well die together in the

joys of sexual embrace. This reminded the patient of his false recollection of the death of Peter Ibbetson. He associated the flames with his 'inflammation of the lungs', and the bars of Peter Ibbetson's cell with the ribs of the thoracic cage. Thus the hypnagogic fantasy of identification with Peter Ibbetson and the process of being burned to death represented the wish to be united (sexually) with the mother, and a fantasy of being devoured and incorporated into her body.

Fantasies of oral incorporation of the mother and of being orally incorporated by her were related to two other symptoms. For a while he complained of gastric discomfort accompanied by belching, at which time he said he sensed 'the taste of the tomb'. In his associations he spoke of something gnawing him internally, which related the symptoms to the fantasy of a dead, destructive, internalized object. Termination of the analysis precipitated an attack of asthma. The patient had been denying that he would miss the analyst but did admit that he would be yearning for the bakeshop around the corner from the analyst's office where the rolls and cakes had become his delight. During the last week of treatment when, in the transference, his feelings about separation from the analyst-mother were being discussed in the context of the patient's inability to cry or his failure to mourn, he developed his first and apparently only attack of asthma which came to an abrupt termination after a very dramatic and emotional session during which he wept profusely.

The imagery of language demonstrates how fire is unconsciously connected symbolically with the oral drives. In most languages the word for burning is related to the word for devouring or consuming and in some languages, such as the Hebrew, 'to burn up' is identical with 'to eat'. In the English language a fire is fed, is described as possessing tongues which lick, and flames which consume. That most notorious abode of fire, Hell, is described as yawning for its victims who must inexorably pass into its mouth or through its jaws.

Fire as a symbol in religious ceremonials, social customs,



mythology and cultural folklore is so universal as to render impossible anything more than a few suggestions concerning fresh insights which may be gained through an appreciation of the oral significance of this symbol. Myths concerning the fire-breathing dragon represent projected fantasies of overcoming prephallic anxieties concerning the fear (or wish) of being devoured. The same may be said to apply to the big bad wolf in the story of *The Three Little Pigs* and to the witch in *Hansel and Gretel*—both of whom threaten to eat their victims and in the end meet their poetically just fate by being themselves consigned to the fire, that is, by being themselves eaten in accordance with the talion principle. Examples of this sort could be multiplied indefinitely.

In religious ritual, consigning the sacrificial animal to the fire on the altar is suggested as representing a communal re-enactment of the elements of the totem feast. Permission to kill and devour the totem animal is granted the priest and through symbolic identification with him the members of the group unconsciously gratify their parricidal and cannibalistic wishes. In ancient religions the priests had the prerogative of eating the flesh of the animals sacrificed as burnt offerings. By the independent but complementary transformation of the aim and the object, a process common in dream and symptom-formation (2), the fiery sacrifice of the animal evolves into the sacrament of communion. The flesh and blood of the animal are replaced by more remote representatives of the human body, namely, the wafer and the wine, but the element of devouring, heretofore distorted by the act of burning, re-emerges undisguised in the oral incorporation of the host in the sacrament of communion. In funeral rites, the ritual pyre and cremation may be interpreted, as is burial in the earth, as a re-entry into the immortality of the womb; in the former instance, however, the route of oral ingestion is represented by burning.

The oral significance of the symbol, fire, fulfils the typical attributes of true symbolism as proposed by Rank and Sachs

(11) and modified by Jones (8): 'Representation of unconscious material; constant meaning or very limited scope or variation in meaning; nondependence on individual factors only; evolutionary basis as regards both the individual and the race; linguistic connections between the symbol and the idea symbolized; biogenetic parallels with the symbolism as found in the individual existing in myths, cults, religions, etc.'

### TOOLS

In a recent study Lorand (10) reviewed the literature in which the teeth represent symbols. Because the teeth are so intimately related to the discharge of oral drives, especially aggression, symbols for the teeth seem to be chosen primarily according to their functional significance. Tools constitute psychological projections and extensions into the external world of the organs and their functions. Certain tools, therefore, are especially suited to represent the extension of the functions of the teeth in discharging the oral drives.

### CASE IV

A depressed suicidal male patient reported a dream in which he was hacking away with a spade at a mass of spaghetti covered with streaks of tomato sauce. The dream occurred in the context of analyzing the patient's extreme oral envy and intense oral-sadistic wishes. He had had a most traumatic experience of weaning from the breast after a period of gross overindulgence. When, at the age of four, a younger brother was born, the patient tried to tear him away from the breast. He recalled climbing into his mother's bed and attempting to take her breast into his mouth. He was envious of the financial security and the superior knowledge of the analyst whose place he wished to take. Of the pertinent associations to the dream the following may be mentioned: digging with a spade was connected with the idea of digging the analyst's grave; the mass of spaghetti covered with tomato sauce reminded him of the appearance of the human brain streaked with blood. The dream

expressed the wish to take the analyst's place by killing and devouring him, especially his brain. Hacking corresponded to a wish to destroy the analyst's brain with his teeth.

Pronged, wedge-shaped, chopping tools in general may symbolize teeth. The patient who was a dentist dreamed of teeth as meat choppers. A woman's fantasy of combing feces with a pocket comb proved to be a distorted coprophagic wish derived from the impulse to bite and incorporate her brother's penis. The comb represented her teeth, the feces her brother's phallus. The patient who dreamed of the crematorium had a fear of scissors and knives which represented a fear of her own oral castrative wishes. In the fantasy of a male patient the devil's pitchfork was an upward displacement of the teeth of the symbolic *vagina dentata*.

### FANTASIES OF BEING CRUSHED

The fantasy of being crushed as part of a suicidal wish appears in Freud's paper (5), *The Psychogenesis of a Case of Homosexuality in a Woman*. In attempting suicide, his patient threw herself from a height onto the tracks of a railway siding. He interpreted this deed as the acting out of a fantasy of bearing a child, relating the idea of falling to the idea of giving birth. This paper dates from a period before the significance of the preœdipal drives, and especially the oral, was appreciated in the genesis of female homosexuality.

Suicidal fantasies of being crushed by the hoofs of a horse or by the wheels of a subway train were prominent in the analysis of a female homosexual patient, a borderline schizophrenic. Her dreams, symptomatology, and the organization of her life demonstrated the ubiquity of a passive oral wish to be reunited with the mother in a fantasy of being reincorporated into the maternal womb or stomach. In analyzing this specific form of suicide, she associated the clickety-clack of the horse's hoofs and of the subway wheels on the rails with the sound of gnashing teeth. This fantasy of suicide symbolized not having a child but being a child in the most intimate union with the mother

through a wish to be devoured and reincorporated.

The fear of being bitten and devoured figured importantly in the phobia of little Hans (4). During his illness he had obviously been identified with a horse, a substitute for the aggressor. Hans was terrified by the activities of the horse's hoofs and like the horse he 'made a row with the feet'. The sounds of hoofs and the sight of the horse pawing with its foot struck terror in his heart. It would seem probable from these observations, therefore, that these anxieties of little Hans might be explained as a downward displacement to the horse's hoofs of the threatened danger from the horse's teeth.<sup>1</sup>

### SUMMARY

Fire may symbolize activities deriving from various levels of libidinal and aggressive development. In this paper the oral roots of certain significances of the symbol, fire, are demonstrated. Fire may symbolize active and passive libidinal and aggressive oral wishes. The passive oral wish to be devoured or the wish actively to devour may become manifest through various symbolic representations of the teeth. Specific suicidal fantasies centering about the idea of being crushed may represent concrete manifestations of a primitive oral wish to be reunited in sleep and death with the mother in a fantasy of being eaten, swallowed, and incorporated.

<sup>1</sup> For this suggestion I am indebted to Dr. Bertram D. Lewin.

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# A UNITARY HYPOTHESIS OF EMOTION: I. ANXIETY, EMOTIONS OF DIS- PLEASURE, AND AFFECTIVE DISORDERS

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Anxiety is perhaps the commonest of the emotions, yet the theory of its origin and expression is unsatisfactory and its relation to other emotions is indistinct. In his last discussion of anxiety, Freud (19) stated: 'This is the most difficult task that has been set us, but the difficulty does not lie in the incompleteness of our observations, for it is actually the commonest and most familiar phenomena that present us with such riddles; nor does it lie in the remoteness of the speculations to which these phenomena give rise, for speculation hardly comes into the picture in this connection. No, it is genuinely a question of hypotheses; that is to say, of the introduction of the right abstract ideas, and of their application to the raw material of observation so as to bring order and lucidity into it.'

The extensiveness of the literature attests to the wide interest in emotion. Many excellent psychoanalytic reviews of emotion have been presented by Brierley (4), Glover (20), Greenacre (21), and Rapaport (29); other comprehensive reviews are offered by MacCurdy (26), Ruckmick (30), Young (36), and Reymert (27). The outstanding original contributions on emotion are by Spinoza, Darwin, James, Cannon, and Freud.

The purpose of this paper is to offer a hypothesis of anxiety as the primary emotion of displeasure and the basic source of other emotions of displeasure. In essence, the idea was first proposed by Spinoza, and recently many others have been thinking similarly (34, 3, 31). In agreement with Freud, I see our need as not for new observations but rather for a reorganization of what we already know. Much confusion seems to

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arise from a lack of precise designations, concepts, and methods of observation. There is insufficient accord about the meanings of such basic terms as feelings, anxiety, emotion, and affect; inadequate differentiation of the physiological and psychological aspects of emotion; a confusion of the objective and subjective components; and insufficient appreciation of the effect of environment on the development of emotion. When these different aspects are more adequately defined, it seems possible to outline ordered, genetic interrelationships and generalizations which are applicable to both the normal and the clinical phenomena of emotion.

### EMOTION IN GENERAL

We are so accustomed to speaking about emotion in a concrete manner that we often slip into the error of treating it as a concrete object. Emotion is rather an aspect of living behavior. Spinoza points out that emotions are not states but transitions, and always part of a moving, integrated complex of organism and situation. Even though we talk about emotions such as love, anger, and hate, these are abstractions which never exist by themselves. For example, fear does not exist separate from a frightened person reacting to a frightening situation. Emotion always has three facets: the abstract subjective quality which gives the emotion its designation, the specific physiological and psychological reactions of the organism, and the situation in which the emotion occurs.

The word 'emotion' is used here to connote both the subjective aspect and the outward expression. In psychoanalytic writings the terms emotion and affect are often used interchangeably for these two aspects, disregarding the important distinctions between the inner and outer manifestations. For scientific exactness, MacCurdy (26) suggested that *emotional affect* be reserved for the subjective aspect of emotion. For the outward manifestations, we can follow Darwin (6) who used *emotional expression*. This differentiation for these two aspects of emotion leads to much greater clarity.



*The Physiology of Emotion.* All behavior can be analyzed into innate and acquired aspects. The roots of emotion are found in the basic function of survival and the perpetuation of vital activities of the organism. These functions play their part primarily in the visceral sphere. All other activities of the organism, animal or human, are subsidiary no matter how complex they may become.

As demonstrated by Cannon (5), the vital organism is made up of extremely unstable material that must be fed and protected for activity and growth. A fine balance of homeostatic equilibrium is maintained by intricate automatic physiological mechanisms through the vegetative autonomic system. The sympathetic nervous system acts against threats to the basic integrity of the organism and the parasympathetic system serves to store and maintain supplies for current needs and growth. This pair of automatic visceral activities becomes expressed as imbalance and balance, dissatisfaction and satisfaction, displeasure and pleasure. Outwardly these are represented as emotion.

This idea about emotion was probably first presented by Spinoza (33). He states: 'I do not attribute to nature either beauty or deformity, order or confusion. Only in relation to our imagination can things be called beautiful or ugly, well-ordered or confused.' Every organic body endeavors to preserve itself. This endeavor is nothing arbitrary or miraculous; it is merely that equilibrium by which the organism is constituted. Whatever is felt to heighten vital activity gives pleasure; whatever is felt to lower such activity causes pain. Spinoza states furthermore that the goal of conduct is happiness, and happiness is simply the presence of pleasure and the absence of pain. All human feelings are derived from pleasure and pain. Man does not desire a thing because he thinks it is good, or shun it because he considers it bad; rather, he considers anything good if he desires it, and regards it as bad if he has an aversion to it. Spinoza's definition states: 'By emotion (*affectus*) I understand the modifications of the body by which the power of action in the body is increased or diminished, aided

or restrained, and at the same time the ideas of these modifications'.

Before birth the foetus has the benefit of the uniformity of the mother's internal milieu. Effectively protected, it lives a calm parasitic existence with adequate supplies. The question whether emotional states occur before birth is unanswered. Mothers report feeling sudden outbursts of activity by the foetus and one may suggest that some of these resemble the emotional reactions of postnatal life.

In the newborn one can distinguish two opposite reactions, a syntonic and a dystonic state. In the syntonic state, the young infant is placid, and the organism appears to be moving at a steady unperturbed pace in an apparently efficient manner. In a setting of equanimity, the infant sleeps, or when awake kicks its legs, waves its arms, wiggles, squirms, and vocalizes in a relaxed, diffuse, nonspecific manner. These early movements are undirected, purposeless, and haphazard. Nutritive satisfactions and all kinds of supportive and protective stimuli elicit this relaxed state, as do also such vegetative activities as rest, sleep, muscular play, rhythmic motion, and stimuli of stroking, petting, and fondling, especially of the erogèous zones. The syntonic state has a parasymphathetic visceral pattern represented by smooth digestive processes and slow steady pulse.

In contrast, loud noises, all kinds of painful stimuli, loss of support, and firm restriction of the trunk and limbs produce dystonic agitation. The arms and legs make wild slashing movements, the body stiffens, and the infant tends to cry, scream, or hold its breath. This reaction occurs immediately after birth. Later it also arises spontaneously in response to internal stimuli of hunger, thirst, and colic. If the stimulus is not diminished, the reaction increases in tempo and violence to a state of extreme excitement until the infant finally becomes quiet from sheer exhaustion. The visceral concomitants of the dystonic reaction follow the emergency sympathetic pattern of accelerated pulse, disturbed breathing, and perspiration.

*The Psychology of Emotion.* The psychological features of emotion are in an entirely different field from the physiological. Psychology involves the central nervous system, and includes sensation, perception, voluntary motor activities, ideation, and language. While the physiological aspect of emotion is innate and hereditary, its psychology is an individual development influenced by the environment and the culture and having a separate ontogenetic history. The outstanding feature of psychological development is the process of learning<sup>1</sup> by experience and education.

During the first three months of life there is as yet no real psychology of emotion, only a physiology of emotion. Psychology of emotion begins when the integrating functions of the central nervous system and the ego mature sufficiently to link the ego with the inner organism and with the outside world.

The young child learns gradually to perceive and evaluate the possibilities in outside situations for satisfaction or frustration, for pleasure or pain. It also learns various ways of behaving in these situations. The better and earlier these possibilities are recognized, the sooner and more efficiently can it plan for these contingencies. With better perception of inner events, the significance of personal needs is better understood. As motor capacities develop, the individual learns how to use these capacities to increase his field of action. Not only can he then perceive what needs to be done, but he becomes capable of doing it. He learns various ways of acting in unpleasant and pleasant situations; some are conventional solutions found ready-made by his culture, others are personal and original. In human beings the faculty of language spreads intricately into many areas of emotional behavior. The naming of various reactions, for example, becomes useful both for objective designation of emotion in others and for subjective ideational manipulation inside oneself. In this manner a multitude of

<sup>1</sup> I use the term 'learning' here in the broadest sense to mean all acquired developments—conscious and unconscious, overt and tacit, intellectual and motor—resulting from the interaction and adaptation of the individual with his environment.

separate emotional reactions, both *affective* and *expressive*, are acquired as variations in reaction to different situations.

Cultural variations account for much of the specificity of emotional expressions characteristic of different cultures (23) and for the differences between languages that often make translations inadequate. Landis (24) and others proved that emotion as it is observed in facial expressions is not an innate pattern. Wide individual differences occur and there are no uniform characteristics for separate emotions. The common names of emotions refer typically to the situations that induce them rather than to the facial responses. The familiar emotional expressions assumed by actors, portrayed in paintings, or shown by people in everyday life, are conventional forms derived from the cultural background and need for communication much as is the spoken word.

As emotional expression matures, many intricate combinations develop and it is not always possible to classify a complicated emotion as distinctly displeasurable or pleasurable. These qualities may be blended and the stronger will color the emotion. Painful hunger is displeasurable but a moderate appetite in expectation of a good dinner is pleasurable. Extreme sexual tension may be painful and disturbing even when pleasurable gratification is in the offing. Such combinations of opposite emotions may account in part for the apparent inconsistencies of physiological and other reactions in certain emotions.

*The Detailed Composition of Affect.* We are all familiar with the difficulty of communicating the phenomenon of affect. Because affect is a personal and often elusive experience, it is difficult to describe. Its components however are well understood.

Affect consists of inner kinetic perceptions of a pleasant or unpleasant quality. It is not localized to one part of the body, but colors the whole personality diffusely. Involving all aspects of behavior, it may be mild and negligible, or powerful and obtrusive; but always it is a shifting kinetic background to conduct. Unpleasantness is associated with pain, tension, and

reactions of avoidance, withdrawal, and rejection. Pleasantness is connected with relaxation and reactions of seeking, approach, and desire. The painful state of tension is more provocative of change, while pleasure is conservative and conducive of acquiescence.

Since only human beings have communication through language regarding subjective reactions, our knowledge of affect is limited to man. A common error is to confuse affect with its expressive counterparts. For example, an actor may act as if angry, afraid, or depressed, but not feel so. Affect exists only when he feels or perceives it. One can no more harbor a perception of fear of which one is unaware than an unrecognized pain. A man blanches but denies a sense of fear to the disbelief of observers; yet he may be quite truthful because he is the only one who can speak authoritatively about his perceptions, and this is probably the only subject in which dogmatism is both justified and inevitable.

Indeed affect can be comprehended by one person in another only in a coarse, general way. Certain gross affects, such as fear, anger, love, have apparently similar forms of expression and are presumed to be experienced by all in a similar way. We assume that we feel when angry the same as another angry person. This is all presumption. When we go further and assume that a dog feels anger and a rabbit fear, we are only speculating. The fact is that even with simple sensations, such as the pain of a pinprick, there is no assurance that the feelings in any two people are the same.

Affect may be divided into three components: interoceptive, proprioceptive, and verbal. *Interoceptive affect* is an awareness of visceral reactions, such as accelerations of the heart rate, muscular tension, or a feeling of faintness. Although it is perceived, it may not always be possible to verbalize this experience. It is a sort of private personal perception of the vegetative changes; moreover these visceral tensions become more poignant when appropriate expression toward the outer environment is blocked. The visceral perceptions are probably the earliest and most basic components of affect. Young children are

unfortunately restricted to this one form since their capacity for language is yet undeveloped and motor expression is limited by their immaturity and the many cultural restrictions imposed on them.

*Proprioceptive affect* is an awareness of an action or an impulse for some motor action. The perception is of a muscular sensation or an ideational representation of a motor action. Desire, wish, inclination, and want are more or less synonymous verbal designations of this pressure to action, or conscious impulse or movement toward an object or experience. When the perception of the impulse is associated with pleasure, it has the coloring of a desire. If the impulse is one of avoidance, of escape or flight, the affect is one of displeasure. The well-known James-Lange-Sergei theory of emotion postulated that the action produces the affect, 'that we feel sorry because we cry, angry because we strike, afraid because we tremble' (22). More correctly, affect and expressive response may be regarded as related aspects of one process, with the idea of motion certainly part of the perception of the affect.

The perception of affect in terms of speech is a third component which is an acquisition that appears relatively late. *Verbal affect* consists of identifying in words the interoceptive and proprioceptive reactions. With some of the most poignant affects such as evoked by thoughts, dreams, a sunset, listening to a symphony, or reading a book, there may be no discernible expression of the emotional responses. Often during such experiences not a muscle may move to betray to an observer the ecstasy or torment occurring within the individual; what is more, the affect is often beyond the individual's capacity to express in words or other actions should he wish to do so. In fact, the best descriptions of affect are in the writings of literary artists and, except for the cruder emotions, even these artists find direct language deficient and must resort to metaphors and similes.

*The Expression of Emotion.* Only a small portion of objective emotional behavior is innate; this includes visceral responses such as pallor, perspiration, and tremor. For the most part, emotional expression is acquired by learning certain reactions

of the skeletal motor system, of language, and of ideation.

A child conforms to the standards of emotional behavior of its group, just as it acquires speech, skills, and other characteristics of its culture. It learns what to fear, when to weep or laugh, and how to show its love. Coincidentally, it also learns how to interpret the conventional facial and other signs of emotion in others; this learning is part of its formal and tacit education to become a member of society.

### EMOTIONS OF DISPLEASURE

Starting from the hypothesis that emotion is a reaction to visceral balance and imbalance, we can classify all emotions as arising from pleasure or displeasure. Wishing here to discuss only the displeasurable emotions, I regard anxiety as the primary innate emotion of displeasure from which the great variety of displeasurable emotions have evolved. As the child develops, reaction patterns of aggression, evasion, or submission are formed into the *secondary displeasurable emotions* of rage, fear, and depression. Still later, *tertiary displeasurable emotions* become manifest and these include guilt, shame, and disgust.

*Anxiety—The Primary Displeasurable Emotion.* Little understanding of the nature of anxiety existed before the beginning of the present century. Freud (11) in his description of 'actual anxiety neurosis' suggested that the symptoms of anxiety were due to a deficient discharge of sexual excitement. Later Freud related anxiety to the instinct of self-preservation, an idea which he discarded with the development of his concept of narcissism (13). In 1926 he showed that anxiety developed as a defensive reaction signaling danger (18).

Anxiety occurs at times in all people. It is a physiological response to disturbances in balance of the basic visceral economy. Anxiety is normal when stirred up to an appropriate degree by reasonable stimuli, whereas pathological anxiety is excessive, out of order, or excited by inconsequential provocations. When we speak of normal, neurotic, or psychotic anxiety, we refer chiefly to the quality of the individual's reaction to a particular provocation.

Anxiety, like all emotion, has many facets: physiological and

psychological, subjective and objective, affective and expressive.

We can know of anxiety in the infant only by observation. Freud called attention to its first appearance in the diffuse dystonic reaction immediately following birth. A similar total and overwhelming reaction involving the entire organism occurs whenever an infant's homeostasis is disturbed by hunger, thirst, inner discomfort, or outside stimuli that interfere with its balance.

All that we can know about the subjective experience of early infantile anxiety is based on the resemblance of its outer manifestations to later anxiety reactions. The infant's capacity for inner perception is undeveloped and, as we have shown, there is as yet no psychology of emotion or affect, merely a physiological response. Only as the perceptive capacities evolve, can an inner awareness of unpleasantness become associated with anxiety and then there begins for the first time a full-fledged reaction with affect comparable to the adult reaction. Some observers may object to the term anxiety for the primitive undifferentiated reaction and prefer to designate it as *unlust*, unpleasure, or excitement. This is certainly not a disagreement but a question of semantics and perhaps a finer degree of subclassification. The neonatal reaction is unquestionably the anlage of later anxiety which retains many similar basic features. The latter is merely more differentiated and, to my mind, different designations obscure the genetic relationship. It seems better simply to qualify the former as 'primary infantile' or 'primitive' anxiety and retain for the latter its well-established designation, 'anxiety'.

The physiological expressions of anxiety are adrenosympathetic and are known clinically as *anxiety equivalents*. These include, among many others, palpitation, dryness of the mouth, and gastrointestinal hyperactivity. These visceral responses change very little after birth except that they acquire a somewhat favored localization in one system of organs. One person may react most intensely by cardiovascular, another by gastrointestinal, a third by respiratory reactions. The reason for the special localizations of the reaction in one organ system in dis-



cordant isolation from the rest of the body is not as yet well understood; it often produces chronic effects which form the basis of so-called psychosomatic conditions. Probably the localization is due to an infantile trauma and fixation.

The cardinal feature of anxiety is its vagueness. This quality characterizes both its affective and expressive aspects. The *affect of anxiety* is perceived as an uneasiness of varying degrees of painfulness and pressure, together with a quality of uncertain foreboding. The *expression of anxiety* includes diffuse activity from mild excitement to extreme restlessness. But like its affect, the activity is objectless and undirected. Extraordinarily alert and expectant, the individual is ready to adapt to changes in the outer situation.

The wide range of responses to anxiety is well known. For example, mild anxiety is felt in reading stirring passages of a book, or just before the trigger is pulled in hunting. At such times the person is on the *qui vive*, with no definite purpose other than the most general one of being ready for anything. Similar reactions, but with greater urgency and restlessness, occur in more disturbing situations. Extreme degrees of anxiety, apparently out of proportion to the external stimulus, occur among neurotic and psychotic individuals. Regression to extreme anxiety, duplicating the anxiety of birth, may appear when the stimulus is great, sudden, and overwhelming. A sudden exposure to great danger catches the organism unaware and unprepared. This widespread diffuse paralyzing reaction of disorganization is known as *shock* or *panic*. Rational conduct is paralyzed; fragmentation and shattering of habitual reactions occur and there is regression to infantile reactions: the individual is said to 'lose his head' or 'go to pieces'. Inhibitory learned processes are detached and the person says and does things that under normal circumstances he would avoid. Prolonged states of anxiety may occur in continuously difficult situations which cannot be resolved, such as the maladjustment of some men in military service. Free-floating anxiety with no apparent cause results from unconscious conflicts.

What is the significance of anxiety? It is generally accepted

that anxiety is associated with danger to the integrity of the organism and that it is related to defensive reactions. Two components can be distinguished: a direct defensive reaction against immediate danger, and a more remote signal reaction against forthcoming danger. Although these reactions are often mixed, the defensive reaction includes the innate physiological features described by Cannon, and the signal reaction is the psychological one studied by Freud. Freud (13) distinguished the two phases in these words: 'To anxiety in later life were thus attributed two modes of origin: the one involuntary, automatic, economically justified whenever there arose a situation of danger analogous to birth; the other produced by the ego when such a situation merely threatened, in order to procure its avoidance'.

Thus the defensive reaction of anxiety is concerned with the basic visceral economy. It includes many autonomic, involuntary responses such as tachycardia and a release of glucose into the blood stream. The danger that anxiety counteracts is a disturbance of homeostasis that ultimately threatens survival; hence, in states of severe anxiety the individual appears to be contending with a matter of life or death.

The signal of anxiety increases with the growth of perceptive and executive capacities of the ego as it becomes able to recognize anxiety-producing stimuli at a distance in space and time, the true beginning of the psychology of anxiety. Forewarned becomes forearmed, immediate danger changes to possible danger, time is available for preparation, and the stimuli have less immediacy; accordingly, a modified reaction is called for, with smaller anticipatory changes in the visceral sphere and more alert searching in the intellectual and motor organization. In addition to learning these attenuations in response, the ego also learns to react to many new provocations of anxiety. Both these modifications of response are parts of the process which Fenichel (10) aptly named 'taming'.

The more organized and voluntary defensive reactions that follow anxiety are not part of the emotion of anxiety itself but part of the more advanced secondary and tertiary displeasurable

emotions, of which anxiety may be a momentary or prolonged precursor. Nevertheless, pure anxiety, mild or great, normal or pathological, remains a frequent occurrence throughout life. Until it gives way to the more expanded emotions or until the stimulus for it is removed, it is one of the most painful and intolerable forms of displeasure. Most anxiety reactions are normal everyday occurrences and are relieved spontaneously and individually; a smaller number call for assistance by friends, physicians, social workers, or others who help people in situations of disturbing reality; and probably the smallest group, despite the frequency of anxiety as a disturbing symptom among psychiatric patients, comes to the attention of psychiatrists.

*Secondary Emotions of Displeasure.* We can now trace the development of the secondary and tertiary emotions which have organized patterns of reaction. These I do not regard as innate reactions like anxiety, but as learned responses evolving from anxiety. The emotion of displeasure assumes significance for the ego in aggressive, evasive, submissive, and other kinds of behavior. Patterned into specific voluntary motor behavior, linguistic symbols, ideational terms, and affective reactions, a new quality of control and mastery by the developing individual becomes apparent. By contrast, the physiological reactions of anxiety continue as more or less unmodified components underlying these emotions.

The secondary differentiation of displeasurable emotions may be divided into three categories: rage—patterns of aggression; fear—patterns of evasion; and depression—patterns of submission.

Watson of the behaviorist school of psychology (35) described three innate primary emotions, love, fear, and rage, in the newborn. However he was clearly making the mistake of reading into the infantile reactions a meaning as yet beyond the infant's capacity. The young baby is capable only of experiencing primitive anxiety and primitive pleasure. If the baby was free to move when a stimulus of noise or dropping was employed, Watson interpreted the muscular activity as the 'withdrawing movements' of the emotion of fear. If restraint was the stimulus, he

interpreted the identical pattern of visceral and muscular movement as the 'struggling' of rage. At this early stage it is most questionable whether the infant has any response to displeasure other than anxiety and can really differentiate between fear and rage.

The helpless baby can do very little at first about its anxiety except cry and make wild purposeless movements. Little by little it learns to anticipate discomfort or danger by lesser indications and also how to undertake defensive action. Fenichel (10) demonstrates how the sense of danger becomes elaborated from visceral discomfort into the recognized, the remembered, or the anticipated situation of helplessness which makes one liable to injury or loss. With the advantage of this knowledge, the danger is anticipated before its real appearance so that the organism can prepare itself. Anxiety is felt before the actual danger and, as we have shown, then assumes its second role of warning signal.

The child learns to make distinctions and vary its responses to diverse situations. Separate muscular and ideational patterns are gradually developed. For example, it learns to distinguish disturbing situations that are best met by aggression from those that require running away. Numerous discrete reactions are delineated from the diffuse anxiety responses to form directed patterns appropriate to each situation. Thus responses of displeasure plus learned aggressive movements are stereotyped as the rage response. Eventually, too, word symbols or names are associated with both the affective and expressive features. In this manner, a great variety of secondary emotions of displeasure are developed, some distinct, some showing only fine nuances of difference from others.

In *rage*, the child tries to attack and destroy the threatening agent, often a frustrating one. The early rages are violent, savage, and extreme, the typical temper tantrums of infancy and childhood and the outbursts of temper in later life. Since the mouth is one of the first organs to gain voluntary control, children, like animals, use it for aggressive purposes. The extremes of rage are slowly modified into many lesser responses, such as

anger, resentment, and irritation; also as hatred, hostility, and jealousy. Among these the corresponding motor and ideational behavior is subdued to milder forms of aggressiveness that are more appropriate to the stimulus (8). Acts of physical violence are the most obvious form of aggression. Fantasies of 'getting even' as a detailed plan of revenge may take the place of overt acts.

A common way in childhood of expressing animosity is by negativism which is probably the first effective means of aggression possible. It assumes many forms, such as stubbornness and perverseness.

As in all accultural behavior, aggressiveness is molded into defined patterns, some prohibited, others tolerated, and a few rewarded by social approval.

It is often difficult to say exactly where rage ends and fear begins in the secondary reactions of displeasure. Frequently there is considerable vacillation between these two attitudes. Even an adult when confronted by an unexpected opponent may waver between fight and flight, between rage and fear, without any observable change in his visceral state as he shifts from one to the other.

In *fear* the initial reaction is to flee from the danger. Whether we are frightened by a real robber at night or by the illusion of an intruder, the fear is always a psychic reality, no matter what the provocation. This statement disagrees with the differentiation often made that fear is a reaction to an external danger and that anxiety is a threat from within the individual. In my opinion, the distinction between anxiety and fear rests rather in the undifferentiated or differentiated form of the reaction and each may result from either real or fantasied stimuli. In the preceding example, although the intruder is in one case real and in the other fantasied, the fearful reaction of apprehensive flight is similar. The principal difference lies in the specific means that must be used to resolve each situation. The one distinguishing feature of fear is the pattern of evasion. As with rage, there are many nuances in the range of reactions to fear, including dread, timidity, and shyness.

*Depression* is considered to be the displeasurable emotion of defeat. When flight from danger or fighting rage are impossible, failure must be accepted, and depression follows. Such failure, as we know, is caused by the loss of a highly cathected object, or gratification. Depression is associated with lowering of self-esteem and apprehension of a complete breakdown of the subject's adequacy. It may appear after an actual loss as in mourning, or it may be the emotion that warns of a threatened loss. The suffering felt by an infant in early separation from its mother at a time when it is yet unable to distinguish temporary absence from permanent loss is considered by Freud (18) the prototype of depression. He describes how the child learns by repeated consoling experiences and play involving separation to suffer longing without despair.

Various modifications in degree and quality of depression include sadness, discouragement, and disappointment. In its more fully developed forms, depression is complicated by mixtures with tertiary emotional states, particularly shame and guilt. Combinations with rage and fear are also common.

Expressed by retardation of thinking and acting, depression may go on to near paralysis and even stupor. Crying is an acute reaction more common among children and women in our culture. With apprehension of inadequacy, hopelessness, and impending death, suicidal acts may occur either overtly or covertly in such forms as anorexia, inability to work, and withdrawal of interest from the environment. Defensive aggressive components may emerge as significant associated reactions combined with rage.

The common occurrence of depression in children from earliest infancy has been overlooked by many observers, partly because our culture has a tendency to prolong the myth of the blissful happiness of childhood and partly because the reactions of rage and fear are so much more striking than the inactivity and frustration of depression. Submissive depression is often the sad fate of children in the face of difficulties too great for their biological and psychological weakness.

*Tertiary Emotions of Displeasure.* The third stage of emotional development comes with fuller maturation of the personality. The expressions of displeasure assume more elaborate forms as the child develops. It learns to take personal responsibility for its behavior as its ego ideals and prohibitions become organized into the superego and the total personality becomes more complicated by higher standards. Instead of being a mere pawn moved by the whim of parents and other adults and by the pressures of the physical environment, the child learns for itself what are acceptable and unacceptable patterns of behavior. Three groups of tertiary emotions of displeasure—guilt, shame, and disgust—may be taken as the prototypes of the tertiary reactions. Frequently these combine with rage, fear, and depression to form even more complicated combinations. The tertiary emotions of displeasure, because of their complexity, cannot be delimited as clearly as the relatively more simple secondary emotions of displeasure and probably more groups than three might be distinguished.

*Guilt* is the emotion of displeasure associated with a sense of wrongdoing and a fear of punishment by another person or by one's own ego or superego. Guilt is a self-condemnatory painful judgment which has a quality of remorse and penitence. In attenuated forms, it can have anticipatory and warning functions to direct future actions. Reactions varying in degree and quality are numerous, including a sense of culpability and delinquency.

*Shame* is the emotion of displeasure associated with a painful sense of being deficient or unworthy. It is associated with ideas of inferiority and a sense of dishonor or discredit. Persons who feel ashamed have impulses of avoidance and concealment. Children may close their eyes or avert their faces, with the magical superstitious belief that anyone who does not look cannot be looked at. Paradoxically, blushing is commonly an associated reaction. Shame includes an apprehension caused by being despised or punished by another person or one's own superego; in this sense it is related to disgust and guilt. Frequently it also has a strong component of depression.

A closely related reaction is *disgust*, the reaction of displeasure accompanying a painful sense of intense dislike of an outer object or of an inner quality. It seems to be associated originally with repugnant food and is often connected with an urge to spit or vomit. It represents an apprehension of contact or association with disagreeable ideas or objects. It is often mixed with feelings of guilt, shame, fear, and depression.

### DISCUSSION

A theory of emotion must meet certain criteria. Descriptive and dynamic features must receive equal consideration and be correlated. The physiological and psychological aspects must be distinctly separated and yet related to each other. In the psychological sphere, the subjective and objective must be separated and integrated. On the subjective side, both the pleasant and the unpleasant aspects must be explained. A general principle and classification is necessary to bring cohesiveness to the myriad forms in which emotion is observed. And finally for clinical purposes both the normal and abnormal manifestations must be accounted for.

The descriptive theories of early philosophers and psychologists presented long lists of separate emotions which were supposed to be independent inherited faculties of the mind. Similar ideas still appear in discussions of emotion. Until psychoanalysis showed that personality is largely determined at an unconscious level, psychology was at a loss to account for many of the features of emotion.

Modern dynamic theories, of psychoanalysts and others, introduce many interesting ideas. Some connect emotion solely with extreme states such as passion or excited 'hysterical' behavior with acute inner turmoil. Another theory, first proposed by Dewey (7) and followed by many analysts (4, 9, 29), gives importance to the existence of some inner conflict, variously expressed as between instincts, drives, attitudes, levels of personality, ideas, affects, states of tension, ego boundaries, and so on. According to these ideas, uninhibited free activity, no matter how vigorous,



is not emotional; only blocked, inhibited, or delayed activity is supposed to produce tension and emotion.

The dynamics of emotion are often confused in that sometimes the reference is to physiological dynamics in Cannon's sense, and at other times to psychological dynamics in Freud's terms. Clinically the term 'emotional disorder' is sometimes used broadly as synonymous with mental disorders in general and at other times as referring specifically to the disturbances of the emotions. Similarly, emotion is often not distinguished from motive, particularly from intellectualized motives; thus a teleological quality is attributed to emotion. But is not motive also a product—a rationalized ideational consequence—of emotion?

*The Systematization of Emotions.* By placing them in order, the great variety of emotions of displeasure becomes less chaotic. Many emotions differ from each other only in degree, not in quality. Moods have prolonged duration and low intensity. Temperament is the persistent type or chronic form of the emotional reaction. Furthermore the multiplicity of emotions with similar visceral responses is readily explained as representing variations in outer activities and semantic designation. We are frequently confronted by what appears clinically to be rapid change from one emotion to another, from fear to anger to depression, running a course with the mystifying variability of a chameleon. These changes do not indicate basic biological variations, but rather psychological differences in the approach to the threatening situation.

Unconsciously veering in one direction while consciously moving in another may occur in apparent contradiction. A person may be afraid but act aggressively, like the proverbial barking dog. Children and even adults in uncomfortable situations often say they hate a person or a thing when they really are afraid. The coward runs away while the courageous person faces the situation aggressively. The visceral response is the same in both, but the ideational interpretation and subsequent course of action are different. In psychoanalytic practice we must frequently pay more attention to the affective tone than

to the verbal productions. The verbal statements often represent groping attempts to explain the puzzling affect and are often merely rationalizations.

*Abnormal Emotions.* Emotions which are called abnormal do not essentially differ from normal emotions. Abnormal emotions are inappropriate—in quality, location, or degree—to the situations that provoke them. Anxiety, for example, is never abnormal, although many writers refer to true, objective, or normal anxiety, morbid anxiety, neurotic anxiety, psychotic anxiety, free-floating anxiety, castration anxiety, homosexual anxiety, and other types. As a physiological and psychological reaction, all kinds of anxiety have the same nature. The difference lies in the individual's personality, the particular provocation, and the total situation in which it occurs. Freud (18) wrote, 'A *real* danger is a danger which we know, a true anxiety, the anxiety in regard to such a known danger. Neurotic anxiety is anxiety in regard to a danger which we do not know. The neurotic danger must first be sought, therefore; analysis has taught us that it is an instinctual danger. By bringing into consciousness this danger of which the ego is unaware, we obliterate the distinction between true and neurotic anxiety and are able to treat the latter as we would the former.' The essential difference between these two forms of anxiety is not in the manifestation of the anxiety but in the perception of the danger. The anxiety is real in either case. Better to say it is reasonable, logical, and normal when provoked by an understandable outside reality, and psychoneurotic or psychotic when it is based on unreasonable, fantastic inner perceptions or illusory distortions of external conditions.

The same principle applies to the more complicated emotions. The composition of the emotion is identical in normal and abnormal instances and only the causes are eccentric or not transparent. Our task in psychoanalysis is to uncover these causes, even though they may be hidden in the unconscious. Then they appear more reasonable, at least from the point of view of the suffering patient. Thus despite the suggestion of difference implicit in the special names for so-called abnormal emotions,

careful examination shows that there is no difference. Paranoid and other similar hostile responses are essentially illogical rage; phobias are unnatural fears; and pathological depressions are unduly prolonged, inappropriate, or exaggerated emotions of depression. Behind the phobia one finds fear in relation to a tabooed instinctual drive, frequently sexual attraction with œdipal overtones. Similarly euphoria hides depression and guilt, and melancholia covers guilt, ambivalence, resentment. It is the total setting and not the emotion itself that makes the distinction.

*Unconscious Emotion.* Emotion is an automatic physiological phenomenon not under voluntary control. A person can avoid a particular emotion only by avoiding its excitant. In the face of the automatic occurrence of the emotion, his only recourse is to experience it fully or to deny it so as not to perceive it. When it occurs, the emotion is said to be preconscious or unconscious because he is unaware of its occurrence. Under the apt title *Anxiety Without Affect*, Zilboorg (37) discussed the analysis of a man who had clearcut episodes of visceral discharges of anxiety without affective awareness. Examples of this are common. A patient is tense with a flushed face and beads of perspiration dripping from his forehead and yet denies that he is anxious or feels uncomfortable. Another talks about very disturbing events in his life without appropriate visible emotion and even denies any affect when questioned.

Emotion is remarkably susceptible to repression. Because emotion is so complicated, isolating one or more parts can easily serve to obscure the whole. Thus if the affect is denied it does not exist because by definition affect implies awareness of the subjective responses. Nevertheless not the whole, but only a part, of the emotional reaction is absent. Confusion occurs in the literature because the word 'affect' has been used synonymously with emotion as a whole rather than with distinct reference to one division of emotion, as is here recommended. In discussing unconscious emotions, Freud (14) recognized the looseness of this phraseology: 'there are no unconscious affects in the sense in which there are unconscious ideas. . . . If we

restore the true connection, we call the original affect "unconscious", although the affect was never unconscious but its ideational representation had undergone repression.' The essence of an affect is that we feel it. Only the ideational representations or voluntary motor component of the emotion can be repressed.

The function of many psychoneurotic and psychotic defensive mechanisms is to distort the ideational content so as to protect the ego from unbearable affects and impulses. Emotional reactions may be displaced or denied. Among the best known examples are the *belle indifférence* of conversion hysteria, the apathy of schizophrenia, and the euphoric denial of depression in mania. Similar emotional distortions result from the spacing or crowding of emotions described by Sperling (32). A chain of reactions may occur, as in somnambulism or automatic behavior, with little or no conscious awareness of affect related to this behavior.

Apathy, the apparent absence of emotion, involves an insensibility or apparent inability to experience affect or to show appropriate reactions in stimulating situations. Apathy is commonly associated with schizophrenic states but also occurs in neurotic and normal states. Apathy is clinically often a defensive reaction in which certain perceptions or painful associations are repressed so that emotional response is blocked. Some forms of what appear to be apathy or indifference occur in everyday living: the surgeon is often accused of being heartless in the face of obvious suffering in a fellow man, but this apparent apathy is necessary for objectivity in his work; many persons are unmoved by paintings and music, while others are deeply stirred.

Abreaction is the disruption of a circumscribed apathy, with consequent expression of repressed emotions, often associated with memories of a previous experience. The original repression, caused by unbearable anxiety, required a defensive psychoneurotic block. It is commonly assumed that the release of the repressed pent-up emotion has therapeutic effect; however, emotional catharsis in itself is now believed to be of doubtful

ultimate value in therapy. Psychoanalytic theory today recognizes that abreaction is the result, rather than the cause, of therapeutic progress. Apathy serves as a screen to block painful perceptions. Under therapy the ego is strengthened and can react appropriately to a memory or situation. The fog of apathy is lifted, so to speak, and there is a more complete emotional response.

At the opposite pole to apathy stands emotional lability, which is characterized by undue emotional reaction to minimal or moderate stimuli. Early untrained infantile responses are of this type. Faulty ego development resulting from infantile fixations or faulty training account for the persistence of emotional lability into later life. The 'spoiled child' has not learned to modify its anxiety, to tolerate frustration, or to postpone immediate gratification for future gain. Emotional overreaction also arises from individual psychoneurotic and psychotic distortions of the perception of stimuli.

*Actual-Neurotic or Aftereffect Symptoms.* The direct sequelæ of emotion have considerable clinical significance. Fenichel (10) devotes a chapter of his book to these consequences, which he calls 'actual-neurotic symptoms'. These are not psychoneurotic symptoms, like compulsions or phobias, but direct consequences of emotional disturbances which have a physiological, not a psychological, basis. Fenichel classifies these disturbances into positive forms which are exaggerations, and negative forms which are inhibitions, of functions. The positive forms are essentially equivalents of anxiety, or visceral physiological parts of anxiety, and include vasomotor disturbances, diarrhea, and tension. The negative forms are interferences with established functions and include inhibitions of partial instincts, such as eating, and interference with aggressive, intellectual, and occupational functions. In chronic cases, symptoms of general physiological impoverishment are outstanding features and include fatigue, inability to concentrate, and insomnia. They are direct aftereffects of emotions of displeasure, and their relief comes only by amelioration of the emotions.

*Therapy.* The diagnostic differentiation of emotional reactions and their sequelæ from psychogenic symptoms such as conversions, obsessions, and delusions is especially important for treatment. Freud recognized very early that symptoms of anxiety are not analyzable in the same sense as are psychoneurotic ones. He said, 'Anxiety does not originate in a repressed idea, proves not reducible further by psychological analysis, and is also not amenable to psychotherapy' (11). He noted the physiological and neurasthenic nature of the symptoms of anxiety and their distinct difference from psychoneurotic and psychotic symptoms. Looking for a biochemical explanation, Freud speculated that these symptoms are caused by sexual inhibition and a damming back of libido. The incorrectness of this early speculation regarding causation gives us no reason to doubt his astute clinical observation.

Ordinarily when a person is faced by a disturbing situation that generates anxiety, he responds with the appropriate emotion and activity to attain a solution. He readjusts in a reasonable time by himself, or he knows where to get help. The functions of the secondary and tertiary emotions are essentially spontaneous attempts by the individual to alter the real situation so as to obtain relief from anxiety. If these emotions continue unabated, it is *prima-facie* evidence that there is a failure of restorative functioning. The psychoneurotic, psychotic, or otherwise inadequate individual in such a situation is more or less helpless.

Symptoms of anxiety, secondary and tertiary emotions, and their physiological aftereffects are prominent in 'actual' anxiety neurosis. I have shown elsewhere that the syndrome of 'actual' anxiety neurosis is common under a variety of designations (2). At the origin of every psychoneurosis and psychosis, there is a core of anxiety neurosis. Every active psychoneurosis and psychosis also includes fragments of decompensated anxiety neurosis. Commonly, it is these disturbing emotional outbreaks of anxiety that bring the psychoneurotic sufferer to psychoanalytic and other treatment.

The emotional disturbances and the psychogenic distortions are in entirely different classes. The former are straightforward physiological reactions with superimposed psychological significances, while the latter are psychological misdirections of ideation which lead to psychoneurotic and psychotic behavior. The psychoneurotic process involves distortion by mechanisms of repression, regression, and primitive 'primary process' ideation. Its purpose is to deny an unpleasant reality which cannot be handled realistically. Since it can be denied only in fantasy, the perceptive or executive capacity must give way. In one way or another, awareness of the perception is partially or fully obstructed by neurotic and psychotic mechanisms of defense. These are manifested as obsessions, delusions, and other psychogenic disturbances of behavior. The psychoneurotic symptom is a consequence, but a roundabout one, of anxiety.

What is the relationship of the emotional symptoms to psychoneurosis and functional psychoses? We may need to revise some of our concepts about affective psychoneuroses and psychoses. Emotional and psychogenic disorders often coexist and each has a reciprocal influence on the other. The affective or emotional component of these mixed disorders is probably best grouped with the actual anxiety neuroses. A personality is certainly rendered more susceptible to anxiety by psychoneurotic or psychotic processes. The emotional component, however, must be differentiated from the psychogenic one and for immediate relief straightforward measures of direct help, reassurance, or environmental changes are needed (2).

For more permanent results in affective disorders, psychological investigation, especially of the unconscious, is indicated. This is a long-term project and is of two types. One is psychoanalysis of the basic character neurosis (the defenses and psychogenic symptoms) in order to strengthen the ego so that it may independently cope with everyday problems. This involves the resolution of hysterical, obsessive, schizophrenic, and other mechanisms in the traditional psychoanalytic sense.

The second type of exploration is concerned with the emotion itself and the attempt to ferret out what irrational factors

are disturbing the individual and why he is responding with this particular emotion. Though the emotion may appear illogical at first, it becomes more understandable to the patient when his unconscious psychological processes become known. The aim of such investigation is to find the provocation, usually unconscious, in its total setting. We try to discover what the patient is really angry at, afraid of, or depressed by. If the stimuli are uncovered and modified, either by their removal or by a change in attitude, relief from the emotion is attained. This type of special psychological investigation of emotional disturbance is probably a tacit part of psychoanalytic practice, but its difference from analysis of psychoneurotic symptoms is usually not distinctly formulated. Perhaps the treatment of some unresolved emotional disturbances would yield better results if a more deliberate analysis of the background of the emotional symptoms were carried out. In the actual practice of psychoanalysis both types of analysis are carried on concurrently for there is obviously a reciprocal relationship between the psychoneurotic personality (character) structure and the course of the anxiety. Basically, the whole therapeutic process is supported emotionally by the transference, which gives the patient temporary real help against his anxiety. In this way, he gains time and objectivity to work through the modifications that he learns are necessary.

### SUMMARY

It is proposed that emotion is derived from two sorts of autonomic visceral response and is represented psychologically as pleasure and displeasure. The psychology of emotion has two distinct facets: affect, the inner kinetic reaction, and emotional expression, its outward manifestation. The component parts of affect are enteroceptive, proprioceptive, and verbal. The expression of emotion is a faculty acquired under environmental and cultural influences.

Anxiety is the primary emotion of displeasure. Basically an innate reaction which undergoes various modifications in degree



and according to the kinds of provoking stimuli, anxiety is a diffuse undirected response. Originally its function is defensive in the visceral sphere. Later, anxiety also acquires a signaling function that calls forth the more directed and more highly organized secondary and tertiary emotions of displeasure.

The secondary emotions of displeasure are rage, fear, and depression, which are associated respectively with reactions of aggression, evasion, and submission. These evolve out of anxiety as the ego matures and are acquired by learning various behavior patterns to cope with various life situations. The tertiary emotions of displeasure are exemplified by guilt, shame, and disgust. These more complicated emotions evolve with more complex integration of the personality, including development of the superego.

This theory helps to systematize the many manifestations of emotion. The essential difference between normal and abnormal emotions is chiefly in the relative quality, degree, and appropriateness to the provocation from which each arises. 'Unconscious' emotion refers to repressed emotion, but affect as defined is never unconscious. It is suggested that the emotional component of affective disorders is related to actual anxiety neurosis. This emotional component calls for special understanding and treatment of the symptom in addition to psychoanalysis of the psychogenic mechanisms.

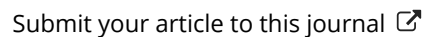
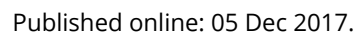
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- \* I am indebted to the editor, Dr. Raymond Gosselin, for drawing my attention to Carl M. Herold's studies on *Critical Analysis of the Elements of Psychic Functions*. (This QUARTERLY, X, 1941, p. 513; XI, 1942, p. 59 and p. 187). I am glad to add this reference because Dr. Herold not only anticipates my approach to a great extent but also applies it broadly to other psychic functions.

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# THE FAVORITE JOKE IN DIAGNOSTIC AND THERAPEUTIC INTERVIEWING

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## INTRODUCTION

The literature of the psychology of wit and humor has aimed chiefly to answer such general questions as, what constitutes the essence of wit and humor, why do we laugh when we do, and why do groups of persons at certain ages and of certain cultures develop a characteristic humor? The motivations and psychological economy of wit and of laughter have been studied, and a number of psychoanalytic writers refer in passing to the relationship between wit and the personality of its author. In discussing wit as a social process, Freud (5) speaks of the subjective determinants of one of Heine's witticisms and states, 'Only now and then do we succeed in proceeding from the understanding of a single witticism to the knowledge of the subjective determinations in the mind of the wit maker'. Arieti (2), writing recently of witty expressions of mental and neurological patients, relates specific types of wit and humor to specific diagnostic entities among the psychoses and neurological disorders without, however, analyzing the dynamics of the witty and humorous productions of individual patients except by inference. Redlich and his co-workers (8), noting that the appeal of humor is related to the dynamics of personality, have developed a psychodiagnostic technique in which the subject selects his likes and dislikes from samples of cartoon humor.

A patient's favorite joke is assumed to be related to some central emotional conflict which can be of use in diagnosis and in therapy. Four of the five patients described here were asked to recall a favorite joke which they were likely to tell on appropriate occasions. One patient spontaneously told a joke early in therapy. Limiting the applicability of this method, many patients have no favorite jokes, and some patients resort to the

latest joke they have heard which, nevertheless, is not entirely without value. In the instances here reported, the joke was truly an old favorite. Another limitation arises from the fact that jokes are learned and repeated in social situations. Like all other social learning, they may achieve that independence termed by Allport (*1*) 'functional autonomy'. It is likely that a joke may be learned, then told with repeated success several times, ultimately achieve the status of a 'favorite' joke, and yet not necessarily bear any important relationship to the critical problems of its teller. Jokes may, moreover, reflect the characteristic social problems of a particular cultural group rather than represent the specific conflicts of the individuals who repeat them; or a patient's neurosis may be so complex that a great variety of jokes seem to reflect some aspect of the structure of his personality.

The relationship between the interviewer and patient may help to determine the choice of the joke recalled and the resistance to telling it. While in some methods of therapy such a technique may be inappropriate or irrelevant, it should be useful in any system of therapy that recognizes that the personality is a unit in which every part is related to the whole. Study of the patient's favorite joke does not necessarily afford us information undiscoverable by other means, such as analysis of dreams or of early memories, but jokes are concise and pointed, and may be particularly useful when a light touch is valuable for a tentative approach to a troubled area.

# I

A twenty-one-year-old unmarried college student complained principally of a tendency to exhibit himself to women and of inability to use a public urinal. He was also troubled by his poor school work, his indecision in choosing a vocation, and his obsessive concern with the question of whether or not to engage in premarital sexual relations. The exhibitionism began at about age fourteen after an episode at an outdoor basketball court where the patient, a girl of the same age, and a middle-aged man were shooting baskets. While the man was taking his

turn, the patient would rub his penis against the buttocks of the girl. The inability to use a public urinal began earlier, with a vaguely recalled discomfort at age ten when sharing the bathroom at home and in school. The patient was the older of two boys. He recalled vivid early memories of wrestling with his mother while his father watched, and of his father retracting the patient's foreskin periodically, a painful procedure the purpose of which was still obscure to the patient at the time therapy began. In discussing the wrestling, the patient recalled also that his mother often kissed him in a very unmotherly fashion, and that on several occasions he entered her room and found her dressing or undressing. He reported several dreams in which he was engaged in sexual play with a woman, always with a man watching. He had dates with girls like other young men, but did not permit himself to go beyond kissing them.

In his third interview, while discussing his mother's vivacity, he recalled hearing her tell a joke when he was about eleven which became his favorite joke.

A man married a prostitute who wanted to conceal her past from him. On their wedding night, she stuffed rags in her vagina. He tried to have sexual intercourse with her, but could not get his penis in. She sent him into the bathroom with instructions to put some of her cold cream on his penis and meanwhile she took out the rags. The man, a telephone repairman, was bothered next day by a gnat while at work atop a telephone pole. After several unsuccessful attempts to shoo away the gnat, he said, 'If you don't stop bothering me I'll get some of my wife's cold cream and shove this telephone pole up your rectum!'

The patient's problems seemed to have arisen from the mother's sexual seductiveness, and from the repeated retraction of his foreskin by his father, which the child had interpreted as punishment. Sexual guilt and fear of punishment led to his fear of mature sexuality, to his need to convince himself of his masculinity by exhibiting himself to women who by their reaction would assure him that his genitals were intact, and also to his fear of exhibiting a functional genital to men in a

public urinal. The joke alerted the therapist to the patient's strong latent fear of homosexual assault. In the course of therapy the exhibitionism was soon abandoned; the fear of using a public urinal was more stubborn, and it was not until the fear of attack on the unprotected rear while he was urinating (first suggested by the joke) was brought into analysis that the symptom disappeared. The joke was not discussed with the patient.

## II

A twenty-six-year-old college student entered therapy because he was increasingly unable to concentrate on his studies. Shortly before applying for treatment, he became engaged to a young woman with whom he agreed to abstain from premarital intercourse. He had first attempted intercourse at nineteen and found himself unable to maintain an erection which had been present during the preceding sexual play. Similar episodes recurred some ten times before he came for therapy. He had been successful in winning the affections of a series of girls with whom he enjoyed companionship as well as petting. He lost interest in each of the girls after failing at intercourse with her. He maintained a relationship for over a year with one who brought him to orgasm by manual manipulation of his penis. He broke off the relationship when she encouraged him to try intercourse after they had both been drinking immoderately. He recalled childhood fears that he would not mature sexually and of being excessively afraid that he had damaged his father's belongings. During adolescence he dreamed repetitively that he was walking down railroad tracks. Some girls walked ahead of him. His penis almost touched the tracks. He ejaculated, then looked back over his shoulder at the pool of ejaculate on the tracks.

He recalled on request, in the fifth hour of therapy, a favorite joke.

A man arrived early for the opening of a movie to be sure of a good seat. He was first in line, and took a seat in the first row



of the balcony. By the time the movie began he had to urinate but feared to leave his seat lest it be taken by someone else. Finally he could stand it no longer and urinated over the balcony. A bald-headed Englishman below stood up and called, 'I say there, old chap, won't you wobble it a bit; I'm getting all of it'.

The patient had spoken of his problem as simply a fear of intercourse and had repeatedly asked what the therapist felt to be the 'real' thing he feared. When the joke was told, it was pointed out to him that the essence of his story was the hostile, soiling use made of the penis. The patient was then asked whether it seemed significant to him that this should be his favorite joke. He exclaimed, and recollected his great concern, when he was masturbated by the one girl, whether he would be able to return his penis into his trousers before ejaculating all over her gown. This association to the joke proved a valuable aid in subsequent treatment.

### III

A forty-two-year-old man came to therapy because of chronic severe alcoholism. Two years before treatment, an important promotion he had hoped to receive was given instead to a relative of the president of the firm. At almost the same time his wife became head of a major department in a large local enterprise in which she had been rapidly promoted. He then began to drink continuously and had in effect been drunk for two years when he was hospitalized after having been placed on probation in custody of his wife. His mother was an extremely dominating woman who talked incessantly. His father was described as a 'Casper Milquetoast' who worked hard, said nothing, and had a 'nervous breakdown' when the patient was eight or nine years old. The patient's earliest memory was of being neatly dressed by his mother for a trip to town and warned by her to keep clean; he nevertheless had a bowel movement in his pants and was waddling back to the house as his mother came out, all dressed up. Other memories were of spankings by his mother for a variety of aggressive acts—smoking, fighting,

playing rough games with other children. He left his first job in what appears to have been a panicky retreat from a threatening marriage. He was deprived of a sizable inheritance when an uncle was induced to change his will in favor of the church. The patient then married, but a year later his wife 'unaccountably' left him for another man. He was an active participant in sports until his second marriage. He habitually showed little vigor or interest in sexual activity. He told proudly of never having made any amorous advances toward his present wife until on their tenth date she forcibly kissed him. She underwent a hysterectomy one month after their marriage, an elective procedure planned prior to the marriage.

When the patient was asked for a favorite joke, he stated, 'There's only one joke I know', and told the following.

John and Fred went to a stag banquet at which a trophy was to be awarded to the person offering the most original saying. John won with, 'The happiest moments I've spent in my life are the hours I have spent in bed with my wife'. John arrived home late, and his wife scolded him. He told her he was late because he had won the trophy for her by offering the best saying of the evening: 'The happiest moments I've spent in my life are the hours I have spent in church with my wife'. She forgave him and they went to bed. The next day his wife met Fred and said to him, 'I'm proud of John for his saying. Fred, I'd even like you to try it with us sometime. But you know, it's the strangest thing that John should have thought that one up—we've only tried it twice and both times I had to wake him up and tell him it was out!'

This story represents the patient's masochistic acquiescence to his emasculation despite his boastful overcompensation. Alcohol was his 'solution' when his pride was shattered because it both helped him to escape from the bitterness of reality and punished his wife (mother). The joke reflects his duplicity in relation to men in positions of authority as well as his sexual inadequacy.

## IV

A twenty-nine-year-old married woman sought therapy for rather vague complaints of sexual frigidity, hostility toward her husband which was reaching a critical point, and inability to establish a satisfactory relationship with her daughter. She was characterized by an interviewer as 'the most overtly masochistic person I have ever seen in this clinic'. At the time she was completing graduate study for a profession and living with her husband and her daughter by a previous marriage. She described her husband as coarse and brutal, socially and culturally beneath her, less well-educated than she, and limited to his work as a shipping clerk. She, on the contrary, could look forward to unlimited opportunities for responsible professional work in the future. She could feel no closeness or warmth for her daughter, and felt inadequate as a mother. She had never been able to experience strong sexual feelings or to achieve orgasm. The older of two daughters, she described her father as a man of puritanical ideals and harsh discipline who expected artistic or professional careers for his daughters. She had almost nothing to say about her mother except that she was devoted to the children and hard-working. The patient readily supplied a favorite joke.

I have always had to laugh at the one in which a man is asked, 'Who was the lady I saw you with last night?', and he answers, 'That was no lady, that was my wife!'

When the patient had told the joke, the therapist asked, 'What then happens to a woman when she becomes a wife?' The patient, always readily brought to tears, began to cry and for the first time spoke with feeling about her mother. She told of the abjectly dependent role her mother always had played, summarizing it by recalling that her most vivid early memory was of mother cleaning the toilet bowl. She proceeded with a bitter denunciation of her mother for accepting this role and a forthright acknowledgment of hatred for her. This permitted discussion of the patient's irrational fears of sharing her

mother's fate and her current behavior as designed to protect her from this fate.

## V

A thirty-four-year-old married woman appeared to present an example of 'pseudoneurotic schizophrenia' (7). Her principal complaint was of phobias of some six years' duration, which had begun as fears of riding on buses and of being alone. Her fears had rapidly increased so that she was virtually imprisoned in her home. When first seen in therapy she was in a chronic state of acute anxiety. She also complained of obsessive and compulsive behavior which caused her to fear that she was losing her mind. This fear was heightened by the coexistence—to her, quite incomprehensible—of frigidity with her husband and strong sexual desires for almost any other man. Her behavior was strongly paranoid and she feared that she would lose her temper and perform some violent act. Fifteen years earlier she had come close to killing her infant child by beating her. She was the fourth of seven children born to a woman who never married. She was raised in a jungle atmosphere in a small backwoods community amid rampant sexuality and violence associated with illiteracy, idiocy, and indescribable filth. She was asked whether she could recall a favorite joke.

The only one I ever tell is about a minister and a priest who collided at a crossing. The minister got out of his car and said, 'If I weren't a minister, I'd cuss you out'. The priest answered, 'If it weren't Friday, I'd eat your tail out'.

Here we see some of the limitations of the use of the favorite joke in psychotherapy. It is difficult in schizophrenia to assign a central role to any one area of conflict; moreover, in a patient with such variegated pathology, almost any joke must relate to a 'central' area of conflict. Yet this joke does indeed seem to reflect the patient's basic fear of being literally eaten. The joke was not however directly utilizable in supportive therapy.

Additional illustrations from a series of twenty-five patients may be cited briefly. A man whose favorite joke concerned a

soldier who missed everything back home, including a 'pottie' kept under his bed, revealed that he had been enuretic during childhood and had left a conservation camp because of homesickness. A minister who fairly bristled with diffuse hostility against persons in his environment, and who felt himself losing control despite an almost crippling array of compulsive defenses, told a joke about a farmer shouting into a telephone, 'No, I don't think you're Superman. I said *ship* me a carload of manure.' An unmarried man of forty-three, who had since childhood dreamed repetitively about snakes in his bed, reported as his favorite joke the story of a woman whose fondest wish was for a bucket of erect penises but whose friend's wish was for a bucket of flaccid penises because she could then have two buckets full when they became erect.

### DISCUSSION

In the five cases the favorite joke appears to serve to master anxiety by denial. The very themes most provocative of anxiety are precisely the subjects of the jokes, as though to laugh at something is to deny that it arouses anxiety. In some instances several such mechanisms are at work simultaneously in a single joke. In the first example, depreciation of women, the enormous size of the vagina relative to the penis, the threat of a small 'problem' (the gnat) for a man in an insecure position, and the danger that a massive cylindrical object will be forced into a small anal aperture are all subjects which might well cause anxiety to this patient.

No particular theory of humor is essential to the thesis here presented. Psychoanalytic theory ascribes this psychological economy to wit and humor. Freud (6) wrote, 'the essence of humor is that one spares oneself the affects to which the situation would naturally give rise and overrides with a jest the possibility of such an emotional display'. Fenichel (4) remarks that 'the motive for telling a joke always consists of an attempt to get the approval of the audience for the underlying guilt in the offensive impulses concealed in the joke'. Allport (1) writes, 'for the most part the comic consists in the degradation of some

imagined opponent. . . . Or it consists of the abrupt and sly release of some suppression, as in the case of risqué stories. There may be other thematic elements (fear, aggression, hate) which cause laughter when people are permitted by the joke to vent some troublesome and semiconscious tension.' And in his purely descriptive analysis of humor, Eastman (3) notes that 'when we are in fun, a peculiar shift of values takes place. Pleasant things are still pleasant, but disagreeable things, so long as they are not disagreeable enough to "spoil the fun", tend to acquire a pleasant emotional flavor and provoke a laugh.' It is in agreement with all these views to suppose that a favorite joke may master a 'favorite' anxiety.

The precision of this technique of determining a patient's central conflict has not been proved. A number of problems remain. We need to know what factors determine the selection of the favorite joke, why some patients have no favorite joke, and how favorite jokes are related to dreams and early memories.

### SUMMARY

A favorite joke may serve to reveal anxiety related to a central conflict in the personality. A useful technique in diagnostic and therapeutic interviews is to ask the patient to tell his favorite joke. The joke may provide direct insight into an area of conflict otherwise obscure. It may lead lightly and naturally to discussion of such areas of conflict. The favorite joke offers insights in the same way as do such productions as dreams, early memories, and responses to projective tests, with the advantage of being more concise and pointed. The technique has several limitations. Some patients fail to report a favorite joke. A joke may become a favorite simply because the patient has elicited a favorable response by repeating it to others. Some jokes may arise from the social problems of a cultural group rather than from the conflicts of the individual. Some patients have so great a variety of problems that virtually any joke seems to be related to some essential conflict. The technique is limited to certain types of therapy.

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## On Aphasia (A Critical Study). By Sigmund Freud. Translated by E. Stengel. New York: International Universities Press, Inc., 1953. 105 pp.

Charles Davison

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## BOOK REVIEWS

ON APHASIA (A Critical Study). By Sigmund Freud. Translated by E. Stengel. New York: International Universities Press, Inc., 1953. 105 pp.

Freud's neurological training and his contributions to neuro-anatomy and neurophysiology cannot be disregarded as an influence on his psychoanalysis. On Aphasia was first published in German in 1891. Four years later Freud<sup>1</sup> was attempting to explain mental functioning by a reconciliation between psychology and neuro-anatomy and neurophysiology. As Kris points out this effort was 'a coherent attempt to describe the functioning of the psychical apparatus as that of a system of neurons and to conceive of all the processes concerned as in the last resort quantitative changes. These processes are not confined merely to perception and memory but include thought, emotional life, psychopathology and normal psychology, as well as a first restricted but in some respects well-rounded theory of dreams.' The seventh chapter of *The Interpretation of Dreams* (1896), which is the first psychoanalytic exposition of mental functioning, could not have been written had Freud not first written these two other works. This fact is made clear in a letter to Wilhelm Fliess (letter 6-12-96). ' . . . Our psychical mechanism has come about by a process of stratification: the material present in the shape of memory traces is from time to time subjected to a rearrangement in accordance with fresh circumstances—is, as it were, transcribed. Thus what is essentially new in my theory is the thesis that memory is present not once but several times over, that it is registered in various species of "signs". (I postulated a similar rearrangement some time ago, in my study of aphasia, for the paths leading from the periphery.)'

On Aphasia briefly reviews Wernicke's contributions (1874) to the understanding of so-called sensory aphasia. Broca had previously suggested that motor aphasia is caused by lesions of the left frontal convolutions. Wernicke showed that in sensory aphasia

<sup>1</sup> Freud: Project for a Scientific Psychology. In: *The Origins of Psychoanalysis. Letters to Wilhelm Fliess*. Edited by Marie Bonaparte, Anna Freud, Ernst Kris. New York: Basic Books, Inc., 1954.

there is loss of understanding of speech with preservation of the ability to use articulate language. This he attributed to lesions of the first temporal convolution. Wernicke distinguished between speech centers and fiber tracts; he considered the centers storage places of impressions. He indicated that the motor and sensory speech centers are linked to each other by fibers located in the island of Reil. The function of the island he believed to be the association of 'words-sound-image' and formation of 'kinesthetic word impression'. Wernicke postulated a third kind of aphasia, which he called 'conduction aphasia'. It is characterized by paraphasia, confusion of words and uncertainty in their use with preservation of normal comprehension and articulation. He attributed it to destruction of the white fibers only of the insula. Lichtheim elaborated Wernicke's scheme by further subdividing motor, sensory, and conduction aphasias into seven groups and attempted to classify disorders of speech as subcortical and transcortical aphasias.

Freud indicated that the paraphasia observed in patients with aphasia does not differ from the incorrect use and distortion of words by healthy persons in states of fatigue or divided attention or under the influence of disturbing affects. Freud states: 'It is tempting to regard paraphasia in the widest sense as a purely functional symptom, a sign of reduced efficiency of the apparatus of speech associations. This does not exclude that they may occur in most typical form as organic focal symptoms.' He further states that consideration of all 'conduction aphasias' leads to the conclusion that '... the destruction of a so-called center comes about only through simultaneous interruption of several fiber tracts'. He reiterates that mental activity should not be attributed to this or that part of the brain, but must be regarded as the outcome of processes spread widely over the entire brain.

Freud also reviews Grashey's theory of the amnesias. Grashey completely discarded the basic explanation by localization and attributed a certain type of disorder to alteration of a functional constant in the speech apparatus. He believed that disturbances of speech fall into two groups, one due to localized lesions, and the other (the amnesias) due to functional change not localized. Although he explained the cortical aphasias as partly functional, Freud was unable to accept Grashey's explanation of his case of amnesia by functional changes only and concluded that in Grashey's

case a localized lesion must have been present in addition to the general impairment of memory. Here Freud postulates the idea, in accordance with Bastian's essential formulation, that 'the so-called speech centers as wholes reacted to partial damages with a modification of function'. He points out that topographical and functional factors manifest themselves in the disorders of the speech apparatus.

In chapter five Freud discusses Meynert's theory of organization of the brain. Here he uses terms later adapted to psychoanalysis, some of them—such as projection, representation, psychic apparatus, and cathexis—being terms originally used by Meynert, his old teacher. He is in complete disagreement with Meynert's doctrine of the organization of the brain and of the localization of concepts in the cortex. According to Freud, the apparatus of speech consists of an ill-defined continuous cortical area in the left hemisphere which is connected with the cortical field of the right hemisphere via the corpus callosum. He proposes to show that the representation of the periphery of the body in the cerebral cortex is not topographical but functional. He also points out that the 'relationship between the chain of physiological events in the nervous system and the mental processes is probably not one of cause and effect. The former do not cease when the latter set in; they tend to continue. The psychical is therefore a process parallel to the physiological, a "dependent concomitant".' Here he follows Hughlings Jackson's warning against a confusion of the physical with the psychical in the study of the function of speech. Freud states, 'Our consciousness contains nothing that would, from the psychological point of view, justify the term "latent memory image". Yet whenever the same cortical state is elicited again, the previous psychic event re-emerges as a memory. . . . We cannot have a perception without immediately associating it. Perception and association belong to one single process which, starting from one point, spreads over the whole cortex. . . . With this refutation of a separate localization for ideation and association of ideas we have disposed of an important reason for differentiating between centers and pathways of speech. In every part of the cortex serving speech, we have to assume similar functional processes, and we have no need to call on white fiber tracts for the association of ideas within the cortex.' He thus refutes the localization theory of Meynert, Wernicke and others, and supports

Hughlings Jackson's point of view that 'even in normal persons, as common in aphasias, . . . [a vigorous curse] belongs to the emotional and not to the intellectual language. . . . We refuse to separate the process of the idea from that of association, and to localize the two in separate parts.' Freud, always cautious when he elaborated a new idea, here too subjects his own hypothesis to severe criticism.

In chapter six, Freud explains in greater detail why he refuses to localize the psychic elements of the process of speech in specific areas of the speech centers, which he believes to be parts of the cortex that have a pathological, but no special physiological, significance. He adopts as a guiding principle Hughlings Jackson's doctrine that all reactions of the apparatus of speech to pathological conditions are instances of functional retrogression of a highly organized apparatus, and 'therefore correspond to earlier states of its functional development'. He rejects Wernicke's, Lichtheim's, and Meynert's differentiation between so-called central or cortical aphasias and 'conduction' (association) aphasias, and maintains that all aphasias originate in interruptions of associations, that is of conduction. According to Freud, the word is, from the psychological point of view, the functional unit of speech; it is a complex of auditory, visual, and kinesthetic elements which are connected with another complex of object associations. He states, 'The safeguards of our speech against breakdown appear overdetermined'. The process of learning to read, according to Freud, is very complicated and entails a frequent shift of the directions of the associations. The word acquires its significance through its association with the idea.

Freud concludes that lesions of the apparatus of speech can result in three types of aphasia: purely verbal aphasia, asymbolic aphasia, and agnostic aphasia, in which objects can be recognized through tactile associations only. Freud's term 'agnostic aphasia' is employed in modern neurology.

As in his theory of dreams, Freud emphasizes in this book that 'the most important source for the association of symbols is the visual area of the cortex, because the visual images usually play the most important part among the object associations'.

In his concluding remarks, Freud characteristically says, 'I am well aware that the considerations set out in this book must leave a feeling of dissatisfaction in the reader's mind. I have endeavored

to demolish a convenient and attractive theory of the aphasias, and having succeeded in this, I have been able to put into its place something less obvious and less complete. I only hope that the theory I have proposed will do more justice to the facts and will expose the real difficulties better than the one I rejected.'

This important little book written at the age of thirty-five received little or no attention although many of its conclusions were accepted. Henry Head in his massive book on aphasia does not even mention Freud; Goldstein (1910), Nielson (1944), and Needles and this reviewer (1933) are the only writers on aphasia to do so. Jones in his biography of Freud states, '... of eight hundred fifty copies of this book printed, two hundred fifty-seven were sold after nine years, when the rest were pulped. There is no copy in any library in Great Britain.' (The New York Academy of Medicine has one copy.)

On Aphasia, the first link between neurophysiology and psychoanalysis, will remain a monumental work in the development of psychoanalysis.

CHARLES DAVISON (NEW YORK)

**FEMALE SEXUALITY.** By Marie Bonaparte. Translated by John Rodker. New York: International Universities Press, Inc., 1953. 225 pp.

This English translation of Marie Bonaparte's book was published at approximately the same time as Kinsey's report on women. The publisher placed around the jacket a band which reads as follows: 'The Kinsey Report gives the facts—this book explains the *why* and *wherefore*'. Marie Bonaparte, for reasons of scientific integrity, might have qualified this statement. Indeed, she explicitly and implicitly mentions in her book the many things we do not know about the development and the disturbances of sexuality in women. Nonetheless, we believe the publisher's statement is justified; what the author says about female sexuality is certainly much more than any nonpsychoanalytic publications, such as the Kinsey report, are able to describe. It is, moreover, a most searching and thought-provoking psychoanalytic study of this important subject.

The author divides her book into four main chapters: I. Female Sexuality; II. Passivity, Masochism and Femininity; III. Some

Palæobiological and Biopsychical Reflections; IV. Notes on Excision. Chapter I is by far the longest and most important part of the book. Chapters II and III, which had previously appeared in the *International Journal of Psychoanalysis*, are closely related to the main topic. The last chapter, despite its brevity, is highly interesting: clinical examples are presented and discussed of the effect of excision of the clitoris on female sexual life. These are, we believe, the only examples described in psychoanalytic literature.

The major interest of the book resides in the first chapter; it consists of three parts, entitled *Bisexuality in Woman*; *The Erotic Function*, a *Biopsychic Function*; and *Evolutionary Perspectives*. These headings reveal the angle from which the author approaches the subject matter; namely, the biological point of view. This does not mean that she neglects the psychological problems involved in the sexuality of women; but she never omits to stress the point of view, shared by Freud and many other analysts, that biological considerations are fundamental in matters of sexuality. The emphasis thus laid upon the biological aspect will undoubtedly be criticized by some, but even extreme 'culturalists' will find the book both challenging and highly instructive.

The great value of this volume is enhanced by John Rodker's excellent translation from the French and by the attractive presentation given to it by the publisher. It will be of great interest not only to psychoanalysts but also to psychiatrists, sociologists, anthropologists and all those who are interested in human problems.

RUDOLPH M. LOEWENSTEIN (NEW YORK)

THE COLLECTED PAPERS OF OTTO FENICHEL. First Series. Edited by Hanna Fenichel and David Rapaport. New York: W. W. Norton and Company, Inc., 1953. 408 pp.

This substantial volume contains thirty-four articles originally published between 1922 and 1936, carefully edited by Dr. Hanna Fenichel with the help of Dr. Rapaport. A number of the articles have been translated from the German by James and Alix Strachey.

For a contemporary reviewer who has witnessed the development of psychoanalysis since 1921 as an active participant, it is not an easy task to evaluate Fenichel's contributions. Much of our present state of knowledge has been acquired by overcoming some of the defects inherent in previous approaches. This of course is true

for every field of knowledge. There is much that one could consider outdated in these writings, but the author's scholarliness, great sincerity, and understanding of the complexity of unconscious processes can never become outdated.

One could characterize Fenichel's clinical approach as atomistic, stressing content and detail at the cost of a comprehensive dynamic picture of the total person. This however characterizes the approach not of Fenichel alone but of the whole era in which these papers were written. In these case histories the patients do not appear as living personalities but rather as lists of libidinal strivings and diversified neurotic conflicts. A good example is a case history presented in Fenichel's *Introjection and the Castration Complex* in which present and past are never connected comprehensively although the infantile origin of isolated reactions is often convincingly traced. The organizing principles by which the component parts are combined into a total individual which differentiates him from all others are lost. Fenichel senses this when he says that psychoanalysis has 'so far of necessity neglected the fine differences in the conscious of man' (p. 348). This period of psychoanalysis can be compared with that of organic chemistry before the discovery of stereochemistry. The same elements are found in all organic compounds but the differences in their qualities depend upon their molecular organization around the carbon ring.

Fenichel is primarily not an innovator but a codifier and systematizer. He is likely to become outdated before lesser authors of his time because he codified not only the concepts that have survived but also those that later had to be modified or discarded. This is particularly clear in such papers as that on *Identification*, in which the structural abstractions of Freud, new at that time, are taken too literally (an error of which this reviewer was equally guilty). These abstractions begin to live their own lives independently of underlying observations and lead to more or less arbitrary formulations which cannot be checked against clinical experience.

Instead of ego and superego *functions* the personality becomes departmentalized into structural units, which in reality do not have the static quality we attributed to them in the beginning of ego psychology. The result is that these abstractions are too static to be useful in explaining clinical observations. A similar trend toward overschematization appears in delineating the phases

of personality development, particularly in trying to draw too sharp a chronological line between pregenital and early genital attitudes. This often leads to such pseudo problems as, in *Further Light Upon the Preœdipal Phase in Girls*, the seeming contradiction that vaginal masturbation is observed *before* the œdipal phase whereas clitoridal masturbation is quite common *during* the œdipal phase.

Fenichel's great contributions to psychoanalysis were, however, his comprehensive and critical appraisal of contemporary writings, and his elucidation of the innumerable details of unconscious mechanisms while enriching our knowledge of the vocabulary and grammar of the primary processes.

The reviewer values most, among Fenichel's contributions, his fine analysis of the dynamics of screen memories, the description of some infantile sexual theories, and such observations as exemplified by *Fear of the Dead* and, above all, *Examples of Dream Analysis*. These short papers belong among the best of psychoanalytic writings. The dynamic reconstructions derived from the associations and previous information concerning immediate events and early history in the analysis of the dream of the 'bees' reveal the author's unusual ability to follow the complex pathways of unconscious thought. These clinical studies are free from an overabundance of theoretical abstractions, are more readable, and do more justice to Fenichel as a psychoanalyst than do his theoretical discussions.

Probably the most lasting contribution in this volume is the article on transvestitism. Fenichel convincingly demonstrates by concisely presented case material the central and specific meaning of this perversion, by which the patient attempts to master his castration fear intensified by his feminine identification. The similarities and differences between fetishism and transvestitism are meticulously worked out in this article.

In rereading Fenichel's publications, it is interesting to find that in *The Scopophilic Instinct and Identification* (1935), Fenichel anticipated a concept which later proved most successful in psychosomatic research: the concept that chronic hyperactivity of an organ for the sake of libidinal gratification—in this case the excessive use of the eyeball in *scopophilia*—may eventually lead to organic changes. Fenichel suggested the possibility that in certain cases of myopia this may be one of the etiological factors. At about



the same time, it was suggested by research workers in the Chicago Institute of Psychoanalysis that organic disease results from the psychogenically conditioned hyperfunction of an organ system in peptic ulcer, essential hypertension and later in thyrotoxicosis.

As a whole this volume cannot fail to impress the reader with two outstanding trends of the author: the one toward careful observation and interpretation of unconscious processes in the clinical studies, while the theoretical papers and the theoretical discussions in the clinical papers are often repetitious, involved and sometimes lack cogency.

It can be justly said that in Fenichel's work both the strength and the weakness of the psychoanalytic era in which he grew up come to full expression. He became active in the twenties, in the era in which Freud first began the arduous task of constructing a more comprehensive theoretical framework around the rich observational material unearthed by his method. It is customary to refer to this era as the beginning of ego psychology. This era of superabundance of theory had various effects upon writers of the time. Fenichel, the codifier, became the victim of a too precipitous urge for systematization. This however did not interfere with his great ability to comprehend the language of the unconscious, which after all is the basis and the most lasting contribution of psychoanalysis.

The development of ego psychology will follow the course of all scientific theories from an abundance of partially overlapping and even contradictory generalizations toward greater clarity, inner consistency, and above all greater economy of theoretical abstractions.

FRANZ ALEXANDER (CHICAGO)

THE YEARBOOK OF PSYCHOANALYSIS, VOLUME IX. Edited by Sandor Lorand, M.D. New York: International Universities Press, Inc., 1954. 350 pp.

'To bury . . ., not to praise' is the intent of this review. Credit for the spadework must go to the reviewer of Volume VIII.<sup>1</sup> In noting the technical character of that volume, he observed that the editor had deviated markedly from his original purpose to provide a 'Reader's Digest' for nonanalysts. The present volume is no dif-

<sup>1</sup> Heilbrunn, Gert: This QUARTERLY, XXIII, 1954, pp. 108-109.

ferent. For whom then is *The Yearbook* issued?

Can we not assume that those sufficiently interested in psychoanalysis to wish to be better informed will turn to those well-known psychoanalytic publications from which these excellent papers are derived? Accessibility is no problem since this is an age of relative ease in the physical communication of scientific matter. Can we not further assume that those attracted to such a volume as this are interested in reading some particular paper, and that they are therefore likely to seek that paper in a periodical index?

The desirability and value of communicating to other sciences the contributions made annually by psychoanalysis is not questioned. I do doubt that *The Yearbook* as now constituted satisfactorily fills this need. An annual on the order of Lorand's *Psychoanalysis Today* more nearly meets the intent of *The Yearbook*, but the editing of even that appears to be a Herculean task.

ROGER C. HENDRICKS (SEATTLE)

THE PSYCHOLOGY OF THE CRIMINAL ACT AND PUNISHMENT. By Gregory Zilboorg, M.D. New York: Harcourt, Brace & Co., 1954. 141 pp.

Those who can recall the pioneer excursions of psychoanalysis in the field of sociology will find Dr. Zilboorg's book more than a little nostalgic. Whereas in the case of anthropological essays the earlier analysts could bring to their self-appointed task a substantial number of analytic formulations, to which they had little difficulty in finding anthropological parallels, their essays on sociological subjects were based largely on the application to the more sophisticated end products of modern society of a few simple psychoanalytic generalizations regarding group structure and function. Hence no doubt some of the depreciation, scepticism, and occasional ribaldry with which their *ex cathedra* pronouncements were greeted in the academic groves of sociology.

This state of affairs is well illustrated in the history of forensic psychoanalysis. In the first place the approach of psychoanalysis to criminology was extremely tardy and continued so to lag for many years; and in the second, psychoanalysts failed for a long time to recognize that within this field lies a rich vein for clinical exploration, to wit, a varied assortment of 'pathological' crimes—antisocial or asocial manifestations which are either symptomatic of mental disorder or the psychic sequelæ of organic disorders. Indeed, it is

only recently that psychoanalysts have bestirred themselves to mind their own business in this particular field, and to recognize the fact that it contains virgin evidence regarding the early development of the ego.

For these among other reasons earlier psychoanalytic essays on criminology were confined to suggesting that factors of unconscious infantile development, such as oedipal disappointment (which is, incidentally, nowadays disguised under the misleading captions of 'lack of love', 'separation anxiety', etc.), rivalry, ambivalence, projection or perhaps one should say reversal of guilt mechanisms, symbolisms and the like, played a significant part in various types of crime. Freud's paradigmatic description of the 'offender motivated by unconscious guilt' was constantly quoted, and frequently re-enforced by the sweeping generalization that the penal measures adopted by the law represent likewise a reverse action of conscience dictated by the unconscious guilts of the community.

These were the salad days of applied psychoanalysis when no doubt the joys of applying a psychoanalytic touchstone to the social amalgam which had previously been the exclusive preserve of academic sociologists were re-enforced by a secret urge *épater les bourgeois*, without any of the tedium incident to detailed clinical investigation and statistical control of cases. There was, in fact, a distinctly propagandist flavor about analytic essays on crime which, added to the occasional undisciplined or partisan utterances of over-enthusiastic psychiatrists in the witness box for the defense, produced a counterreaction in the judiciary that sometimes did not stop short of personal abuse. The jousting between psychiatry and the law got off to a fanfare of prejudice. To be sure it had existed in a less violent form from the time the McNaughten rules were formulated, but now the range of the conflict had widened from the degree of criminal responsibility in cases of murder to that existing in cases of theft, forgery, fraud, assault and battery, sexual misdemeanors, in a word to the full gamut of criminal offense.

These early days are vividly recalled by reading Dr. Zilboorg's book. Indeed, but for the fact that it received the Isaac Ray Award<sup>1</sup> and has presumably been rated as 'the most worthy contribution

<sup>1</sup> The Isaac Ray Award was granted to Dr. Zilboorg by the American Psychiatric Association in May 1953. The *Psychology of the Criminal Act and Punishment* represents a series of lectures subsequently given by Dr. Zilboorg to the students and faculties of law and medicine at Yale University. [Ed.]

[of the year] to the improvement of the relations of the law and psychiatry', one might have conceived that the author's main object was to recapitulate those earlier psychoanalytic arguments about the nature of crime and punishment which passed muster as revolutionary in the nineteen-twenties but have nowadays no more to do with practical forensic psychiatry than Victorian physiology has to do with modern biochemistry. Current clinical work on 'pathological' crime, together with its ramifications in the fields of educational psychology, social psychology, electrophysiology, and modern penal method would seem to have left Dr. Zilboorg solidly entrenched in his study armchair, that latter-day equivalent of the ivory tower, ruminating about first causes of crime and only occasionally emerging to fulminate against the obscurantism of both psychiatry and the law.

To be sure many of the subjects with which he deals are still living issues: the McNaughten rules governing criminal responsibility, the failure of retributive punishment, the nature and function of psychiatric evidence, the confusion of aims to be detected behind penal methods or, for that matter, behind psychiatric approaches to criminology. But these issues can be dealt with efficiently on the basis not of a few psychoanalytic generalizations but of actual teamwork on the diagnosis, etiology, and classification of pathological criminals, to say nothing of various experiments in treatment from ambulant therapy at outpatient clinics, to institutional rehabilitation and aftercare. Dr. Zilboorg, it would appear, is still living in 1930, a date which marks the expansion of modern criminal psychiatry.

Under these circumstances, and in view of Dr. Zilboorg's avowedly crusading aim, it would be manifestly unfair to review his book as a scientific contribution either to law or to psychiatry or to criminology. It is essentially an essay in diplomacy and all one can reasonably ask is whether its publication will succeed in improving the relations between the law and psychiatry.

This question, I fear, must be answered in the negative. It is much more likely to provoke the same reactions in judicial circles as those earlier 'reports to the Court', presented sometimes by a psychoanalyst, sometimes by an analytically-minded psychiatrist, neither of whom had had the advantage of working at organized delinquency clinics or observation centers, consisting of some vague psychiatric generalizations padded with descriptions, mostly unin-

telligible to the Court, of unconscious motives and constellations held to be responsible for the commission of the offense. These jejune productions were the joy of the die-hard antipsychiatric judge, a source of exasperation to those openminded magistrates who were ready to adopt any reasonable course of action provided it took cognizance of the needs of the community and the resources of the Court as well as of the mental state of the individual criminal, and a disappointment to those rare but devoted members of the bench who were sympathetic to a psychiatric approach to their more puzzling cases. Dr. Zilboorg's animadversions on the legal approach to crime set in a compost of psychoanalytic *aperçus* regarding the unconscious factors affecting judge, jury, criminal, and forensic psychiatrist alike are not calculated to appease the die-hard; nor are they close enough to the practical problems of the Court to satisfy the working magistrate. Like many writers on the psychology of crime, Dr. Zilboorg concentrates his attention mainly on notorious cases of murder, in which a psychotic or psychopathic element is not hard to detect; consequently it is easy for him to make a case against the one-sidedness of the law. But it is scarcely fair to criticize officers of the law for putting into effect the sanctions of the law which after all spring ultimately from the unconscious and conscious codes of the community and, in democratic countries at any rate, are approved by the local witenagemot. A better case can be made by penal reformers against lawmaking, and the most practical correlation is not between psychiatry and the law but between lawmaking and lawbreaking. And in any event it is just as important and more frequently in point for the psychiatrist to be able to uncover the motivations of petty larceny where this is a manifestation of mental disorder.

One cannot but regret that the author was carried away by his moral indignation for there is certainly room for a reasoned, analytical exposé of the sociological motives that animate the law and of the psychiatric principles that regulate the clinical approach to the criminal; and Dr. Zilboorg is admirably equipped to produce the psychiatric section of such a twin volume. But it is vain to expect to bridge the gulf between psychiatry and the law except at those points where their respective aims are not mutually contradictory, where in fact the diagnostic and therapeutic procedures of the psychiatrist can satisfy at the same time the law's regard for the safety of the community and its demand for prophylaxis, that

is to say, deterrence of crime. The only convincing way to present this case is to document with clinical records the progress of forensic psychiatry from its first almost intuitive beginnings down to the statistically controlled team researches of the present day.

This is only another way of saying that the psychiatrist in the law court should stick to his last. As a titular expert in the diagnosis and treatment of mental disorder it is no part of his duty to enter into considerations which are more properly the concern of the social psychologist. To the social reformer this may appear an overtimid and conservative attitude. And it is certainly true that when the sociologist engages in penal reform he is much more sweeping in his approach than the psychiatrist: he takes all varieties of crime in his stride, irrespective of whether or not they are 'pathological' in type. Nevertheless, the sociologically-minded psychiatrist can find ample outlet for his public interest in delimiting the boundaries of criminal psychopathy, a clinical group that straddles the frontier between pathological crime and ordinary lawbreaking. When this task is accomplished it may be possible to extend the scope of the psychiatrist to include so-called 'normal' cases of lawbreaking. In the meantime propagandist efforts in this direction may well be left to the sociologist who indeed can follow no other course.

EDWARD GLOVER (LONDON)

**THE PSYCHIATRIST—HIS TRAINING AND DEVELOPMENT.** Report on the 1952 Conference on Psychiatric Education, at Ithaca, New York, June 19-25, 1952. Organized and conducted by the American Psychiatric Association and the Association of American Medical Colleges. Washington: American Psychiatric Association, 1953. 214 pp.

This volume is the second in a series of reports of conferences on psychiatry in medical education. The first, held in 1951, considered the role of psychiatry in undergraduate medical education, and this one is concerned with the training of the psychiatrist.

Chapter I traces the development of the principle and practice of residency training in medicine and psychiatry. Chapter II discusses the teaching of psychodynamics. The succeeding chapters discuss general ideals and practices, the resident and his experience, a descriptive comparison of training centers, the role of psycho-

analysis in residency training, the role of child psychiatry, the position of other special fields, and psychiatry in relation to other specialties and in relation to the health of the nation as a whole. Finally after a discussion of the organization and operation of the conference itself, individual participants make supplementary statements on the content and method of training. This broad survey condenses a great deal of varied and careful thought. It is a valuable contribution, which consolidates and makes articulate the advance in recent decades over earlier concepts of training for psychiatry.

Unfortunately, however, several vital problems are not considered adequately and others are not mentioned at all. It will be useful to list a few of these. 1. The challenge those students present who are drawn to psychiatry by their own neurotic difficulties. 2. The practical and theoretical problems that center around the role of psychotherapy in psychiatric training, whether as an occasional component in the curriculum or as a universal and essential ingredient. 3. The techniques by which the slow process of maturation can be accelerated for student psychiatrists, to help them to achieve maturity in their views of life in general, in their clinical acumen, and in their teaching and research. 4. There is no discussion of methods by which to counteract the effects of the slow pace of all psychiatric work, which has as one consequence the fact that even many years of psychiatric practice may not cover a statistically adequate random sample of the clinical problems in the individual psychiatrist's field. 5. Linked to this omission is the absence of any consideration of the disadvantages of placing responsibility for teaching and research on immature shoulders. 6. It is particularly regrettable that there is no discussion of how to bring back into full-time teaching and research a leavening of psychiatrists who have had experience in private practice, nor, 7, of how to integrate private practice and hospital psychiatry more closely. 8. There is no consideration of the critical shortage of personnel for research, which is increasing year by year as a direct consequence of the rapid expansion of the demands for psychodiagnosis and psychotherapy in the community, and of the rapid simultaneous increase and expansion of departments of psychiatry in medical schools. These demands are drawing into superficial therapy, into administrative tasks, and into the elementary teaching of secondhand psychiatric lore most of our best young psychiatric brains.

9. This reviewer finds it disappointing that the volume does not include a full and critical re-evaluation of those inherited conventions that for so many years have governed the sequence of courses in the psychiatric educational meal. These conventions have decreed that we begin with the psychoses and end with the neuroses. I should have liked to see several alternative curricular sequences outlined and compared with respect both to their educational values and to the practical problems they would create: for example, (a) a chronological sequence beginning at childbirth and progressing through infancy, the toddler, prepuberty, the school ages, puberty, adolescence and on into old age; (b) another curriculum which might begin in the obstetrical and pediatrics services, move on to home and school visits with the medical social worker, then to the study of the neuroses in the outpatient department, with the psychoses reserved for the end of the educational road. (c) I should have liked to see the outline of another curriculum that would begin with the universal problems of neurosis in general medical and surgical services, progressing to the psychiatric outpatient services of a general hospital (both child and adult), and ending with the psychoses. (d) Still another curriculum could begin with intensive training in clinical psychology and the use of testing devices, progressing to psychiatric social work, then on to the neuroses and finally the psychoses. The absence of a more imaginative consideration of such alternatives gives to the volume a pedestrian pace and limits its value as a ferment.

10. Finally, from the point of view of the analyst the chapter on the role of psychoanalysis in residency training also leaves something to be desired. This chapter gives an accurate picture of the difficulties and problems that psychoanalytic training can create, and certainly no one should minimize these. But the chapter gives meager consideration to the vital contributions that psychoanalytic training can make to the resident, not merely from the point of view of his acquiring therapeutic techniques, but also from the point of view of his awareness of what is going on in the human psychological system on all levels.

In reviewing a volume that represents a useful forward step, it seems ungrateful to pick on its sins of omission. Nevertheless it is necessary to point them out if we are to continue to advance toward a future beyond the limitations of the present.

LAWRENCE S. KUBIE (NEW YORK)



**SHAME AND GUILT.** A Psychoanalytic and a Cultural Study. By Gerhart Piers, M.D. and Milton B. Singer, Ph.D. Springfield, Illinois: Charles C Thomas, 1953. 86 pp.

This essay comprises two studies devoted to closer understanding of the psychological meaning of 'shame' as contrasted to 'guilt'. Dr. Piers's metapsychological study describes in dynamic terms shame and guilt and defines them in structural and genetic language. Dr. Singer's methodological study examines psychoanalytic and anthropological theories of the roles which shame and guilt play in the formation of various cultures. The ambiguity in the clinical and anthropological use of 'shame' links the two essays. Among anthropologists the phenomenological distinction between shame and guilt is commonly used as a criterion for classifying cultures as depending on external or internal sanctions. Shame cultures are largely dependent on external sanctions, whereas guilt cultures are regulated by internalized sanctions. In these cultures the fear of being shamed is not internalized to the same degree as guilt.

The title of this treatise suggests that guilt and shame are regarded as having equal importance, a deviation from previous views. Dr. Singer points out that it is impossible to distinguish whether behavior is motivated by feelings of shame or by a sense of guilt merely by criteria which determine the degree of internalization,—such criteria, for instance, as the presence of an audience, real or imaginary, or whether the actual threat to the person is a present or past one. As an example he cites a case in a paper of Margaret Mead, in which shame has been 'internalized to such an extent that an Indian alone in the middle of a lake could be so shamed by his paddle breaking that he would commit suicide'. This failure to develop adequate criteria for distinguishing shame and guilt creates confusion and leads to oversimplification in attempts at classification. Dr. Singer assumes that there exists an 'unconscious' sense of shame just as there is an 'unconscious' sense of guilt, and that it is possible to differentiate shame from guilt at different topographical levels. This is the theoretical task which Dr. Piers has undertaken.

In his contribution two questions arise. First, what are we to understand by 'shame'? Second, what relation does it have to the structure and formation of the ego? If we regard it as a function of ego formation, in what manner is it influenced by different

patterns of child rearing, and above all in what way does it differ from guilt?

In regard to the first question, the customary analytic attitude is that shame is a defensive reaction-formation against specific component drives. This reaction-formation is presumably based on an innate physiological reflex or behavior pattern, which the ego has learned to use for its own purpose in a way analogous to that of disgust. In *Three Contributions to the Theory of Sex*, Freud recognized it as one of the barriers against the sexual drive which are organized during the latency period. Overt manifestations of shame, for example covering one's eyes with one's hands, or hiding one's face, occur at an earlier age, two or two and a half; 'shyness' — turning away the head or body from a stranger—may occur still earlier. The component drives against which this force is directed are scopophilia, exhibitionism, or urethral eroticism. Dr. Piers, on the contrary, considers shame very similar if not identical to the more inclusive concept of inferiority, a feeling of insufficiency caused by narcissistic inadequacy which tends to bring about a pathological regulation of self-esteem through overcompensation. In this sense feelings of inferiority may be contrasted with feelings of guilt. In 1938 Alexander emphasized the clinical importance of distinguishing between these two emotional attitudes as types of defense which are often confused, showed how they might evoke opposite types of behavior, and referred to them as 'dynamic antagonists', but did not attempt to distinguish them in terms of superego structure. He described the feeling of inferiority rather loosely as originating in conflicts arising at different periods of development between a tendency to regress to 'dependent forms of infantile existence' and a 'biological' tendency toward maturation. Piers defines shame as 'a distinctly differentiated form of inner tension which, as such, is a normal concomitant of ego development and superego formation' and more specifically as a tension between ego and ego ideal. In reducing the concept of shame in this manner to an abstraction he brings it into a more direct opposition with guilt than the use of the word ordinarily permits. This paves the way to the theoretical task but, it seems, at the risk of oversimplification.

The second question is that of differentiating between the 'two aspects of "superstructure"'. Ever since Freud published *The Ego and the Id*, attempts have been made to distinguish between the

'two aspects' of the superego, between the terms 'superego' and 'ego ideal' which—as Dr. Piers points out—Freud used in this work more or less interchangeably. The concept of the ego ideal first described in his paper, *On Narcissism: An Introduction*, on the basis of the libido theory, differs in certain respects from that of the superego. Though these differences have never been fully clarified, it has been suggested that the earlier concept involved very primitive identifications which were integrated more completely into the ego, and whose purpose it was to undo the hurt to the child's original narcissism rather than to master libidinal or aggressive impulses.<sup>1</sup> Influenced perhaps by Freud's earlier ideas, Piers suggests that the superego and ego ideal not only have different functions but different genetic roots. The ideal has its origin in an earlier period. It 'contains a core of narcissistic omnipotence' and 'draws its terror from the earlier established and probably ubiquitous separation anxiety'. It includes positive identifications with loving (or 'narcissistically expecting') parents and later identifications with siblings or peers. Consequently it undergoes formation at both an earlier and a later date than does the superego.

Into this consistent though somewhat arbitrary theoretical framework Dr. Piers introduces his distinction between 'unconscious' shame and 'unconscious' guilt. Shame is due to tension between the ego and the ego ideal; guilt represents the tension between ego and superego. In Dr. Singer's words, 'He distinguishes them in terms of a difference in the kind of internalized norm violated and in the kind of unconscious threat activated: unconscious guilt is aroused by impulses to transgress the internalized prohibitions of punishing parents, and the unconscious threat is mutilation; unconscious shame, on the other hand, is aroused by a failure to live up to the internalized ideals of loving parents, and the unconscious threat is abandonment'.

The rest of the study is taken up with the description of clinical syndromes which illustrate how the anxiety produced by shame can serve dynamically to mask tendencies toward unconscious guilt, and vice versa. This undoubtedly is important in the study of pathological defense, but hardly adds to the elucidation of the formation of the superego or ideal formation. The propositions

<sup>1</sup> Reich, Annie: *Early Identifications as Archaic Elements in the Superego*. J. of the Amer. Psyc. Assn., II, 1954, pp. 218-238.

put forward deserve consideration. They call attention to matters of considerable clinical importance and to a phase of instinct development and ego psychology of which relatively little is still known. The style is concise and the references well-selected.

In Dr. Singer's interesting essay, entitled *Shame Cultures and Guilt Cultures*, the interest of the analyst will probably focus on the section that deals with Psychoanalytic versus Cultural Interpretations of Guilt Cultures. It is based on recent studies of five American Indian tribes and makes use of standardized psychological tests and data. Dr. Singer believes that the prevailing classification of cultures into shame cultures and guilt cultures is an oversimplification, that there is no simple correlation between guilt cultures and moral and technical progress, that there exist no valid criteria for distinguishing guilt from shame, and that adequate criteria are lacking for identifying 'latent' and 'unconscious' processes in cultural and social data. He contrasts Freud's theory that progress in civilization is increasingly weighted down by a burden of unconscious guilt with other cultural interpretations which depend to a greater extent on conscious explanations. He concludes that the moral and technical progress characteristic of Western civilization is not dependent on repression, but may be the product of a tendency toward specialization of moral responsibility and is due to the growth of knowledge and contact with other cultures. There is no evidence to indicate that civilized peoples are more burdened with 'unconscious guilt' than precivilized peoples.

SYDNEY G. BIDDLE (PHILADELPHIA)

**THE HAUNTING MELODY.** Psychoanalytic Experiences in Life and Music. By Theodor Reik. New York: Farrar, Straus and Young, Inc., 1953. 376 pp.

Reik defines the problem he proposes to treat as follows (p. vii): 'What does it mean when some tune . . . occurs . . . again and again, so that it becomes a haunting melody?' Ferenczi answered a related question in more specific form: 'I wonder whether there are tone associations that are *not* determined by verbal contents. . . . A rhythm that corresponds to an affective state is probably sufficient to produce the associative emergence of a tune without text.'<sup>1</sup> Freud,

<sup>1</sup> Ferenczi, Sandor: *Zur Deutung einfällender Melodien* (About 1909). In: *Bausteine, Vol. III*. Bern: Hans Huber Verlag, 1939, pp. 23-25. (The quotation from Ferenczi is translated by the reviewer.)

quoted by Reik, also touches on the problem: 'The tunes which suddenly come into a man's head can be shown to be conditioned by some train of thought to which they belong, . . . without his knowing anything about it. . . . The connection with the tune is to be sought either in the words which belong to it or in the source from which it comes: I must, however, make this reservation, that I do not maintain this in the case of really musical people of whom I happen to have had no experience; in them the musical value of the tune may account for its suddenly emerging into consciousness.'<sup>2</sup>

Freud here implies three separate problems in the question of the haunting melody: 1, its emergence from the unconscious; 2, the extramusical context that lends it its obsessional significance; 3, the question whether an intrinsically musical factor, alone or combined with extramusical factors, can account for the sudden emergence of a tune.

Reik's interest embraces all three components of the problem; his major contribution, however, lies in his rich anecdotal exemplification of the first two points. 'Every analyst can contribute numerous instances that prove the unconscious motivation of the haunting melody' (p. 246); yet certainly nowhere else is an example as exhaustively reported as the piece of self-analysis concerning the tune that recurred to Reik after he had received news of Karl Abraham's death. The tune, from Mahler's Second Symphony, arose unmistakably out of unconscious ambivalence to the father-*imago*. The context, however, was extramusical; it was determined by Reik's knowledge that the composer too had been in conflict over his ambivalence toward a father-figure during the time of composition of the tune.

The question of the emergence of tunes from predominantly musical contexts remains, however, the most difficult one. Freud without affirming it positively granted such a possibility in 'really musical people'. Ferenczi supposed from self-observation that there was a connection between the rhythm of the emerging tune and his mood of the moment. Hardly any of Reik's examples are unequivocal in this respect. The fact that a tune emerges before a verbal or other extramusical context reaches consciousness proves only the presence of isolation, a mechanism which is clearly not restricted to musical obsessions. A claim to have discovered the origin of the

<sup>2</sup> Freud: *A General Introduction to Psychoanalysis*. Trans. by Joan Riviere. New York: Liveright, 1935, p. 97.

musical impulsion seems vaguely implied in such statements as, 'Human speech denotes the material reality, music is the language of psychic reality' (p. 8); or 'The tune expresses . . . the immediate quality of experience. It is an emotional expression much more adequate than words' (p. 249); or 'When I am singing a melody that haunts me, I am expressing emotions. It has the same meaning as when I am laughing, crying, sighing or sobbing' (p. 250). Such descriptions are however only a little more definite than Mahler's declaration (quoted by Reik) that his need for musical expression 'starts only where the dark emotions begin, at the "other world", the world in which things are not any more separated by time and place'. Similar statements about music have been made frequently; they appear to be motivated not by the recognition of its extraverbal nature but by the wish to exalt its primitive, infantile, narcissistic (objectless), and preverbal nature. Reik gives, however, a more precise example of one kind of relationship between the musical and extramusical contexts of an emerging song (p. 21). As he listens to a woman's complaint about her husband's impotence, the ditty Three Blind Mice occurs to him, words and tune, anticipating perfectly his later judgment regarding her character. Reik's thought concerning her unconsciously 'castrating' attitude as expressed by the verse ('She cut off their tails with a carving knife . . .') is covered up by the internal humming of the gay and playful tune which corresponds to his perception of her cheerful external attitude. This example seems to corroborate Ferenczi's conclusion that it is a *rhythm* corresponding to an affective state that determines the associative emergence of a tune. The rhythm of the ditty becomes especially cheerful where the words are most threateningly close to the unconscious meaning, which is exactly what Reik's verbal formulation about the defensive significance of the woman's external cheerfulness would be.

Reik's book discusses a variety of other topics only loosely connected with the main theme. Among them are Freud's defensive attitude toward the emotional lure of music; a study of the Austrian dramatist Grillparzer, who through piano playing—for him a mourning equivalent—cured a work inhibition after his mother's death; and a letter by Freud, describing briefly his single therapeutic session with Gustav Mahler during the last year of the composer's life.

The easy flow of the author's style is a pleasure throughout.

The absence, however, of a clear order of presentation, the lack of summarizing chapters and an index, and the tendency to indulge in lengthy descriptions of self-analysis make the reader's task unnecessarily difficult.

HEINZ KOHUT (CHICAGO)

EXISTENTIAL PSYCHOANALYSIS. By Jean-Paul Sartre. New York: Philosophical Library, Inc., 1953. 275 pp.

'We have seen that human reality, far from being capable of being described as being *libido* or will to power, is a *choice of being* either directly or through appropriation of the world' (p. 164). 'When he puts his fingers in his mouth, he tries to wall up the hole in his face; he expects that his finger will merge with his lips and the roof of his mouth and block up the buccal orifice as one fills a crack in a wall with cement; he seeks again the density, the uniform and spherical plenitude of Parmenidean being; if he sucks his thumb it is precisely in order to dissolve it, to transform it into a sticky paste which will seal the hole of his mouth' (p. 193). 'The obscenity of the feminine sex is that of everything which "gapes open"' (p. 193). Such statements taken out of context but with no violence to it are fairly typical of the translation called Existential Psychoanalysis which is a fragment of Sartre's book, *L'Être et le Néant*.

The third chapter, entitled Quality As a Revelation of Being, is one of the most remarkable examples of literary orgasm the reviewer has encountered. The various sensual qualities which author and translator set down reveal such a crescendo of intensity that one realizes more clearly than ever that Sartre's true medium is to be found in his plays and poetry.

A study of existentialism from Kierkegaard, through Heidigger, Jaspers, and Marcel, to Camus reveals that Sartre is a very small pebble on this extensive beach and it is largely because of the unusual publicity he received through his plays and poetry that his philosophical writings attracted the attention they did in this country. This volume is scarcely representative of Sartre's best efforts. Psychoanalytic thought in psychiatry, anthropology, and philosophy will find little or nothing familiar in this very confused book.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

THE SELF IN PSYCHOTIC PROCESS. By John Weir Perry, M.D. Berkeley: University of California Press, 1953. 158 pp.

The jacket of this book states, 'This is a Jungian analysis of material from a case of acute catatonic schizophrenia with paranoid trends . . . in which the self emerged as the central dynamic factor. The concept of self cannot be understood unless the analyst considers not only problems of psychosexual and interpersonal nature, but all the material that a thoroughgoing investigation of the unconscious must necessarily uncover.' The book is divided into two parts: the first deals with the data and material presented by the psychotic patient and the author's interpretation of this material. The second part deals with the symbolism of the quadrated circle, which is the mandala of the East or the symbolic representation of the self. An appendix contains a detailed account of the patient's history, with notes and bibliography. The author's conclusions about the patient's psychic process are drawn largely from a series of drawings that she made and some of her comments about them. The format and artistic productions are attractive and clear, and the written material is presented in a style interesting and easy to follow.

Apart from the usual arguments and criticisms that might be aroused by Jungian theory, the author leaves himself open to a number of possible criticisms. In the first place, the selection of a case that is to be the *pièce de résistance* of a monograph should be considered with utmost care. We might, since symbolism is so obviously the central theme, be happier if the author had chosen a patient who had not been previously interested and schooled in religion, especially someone who was an active Christian Scientist and not a mere passive churchgoer. In addition, the author saw this patient for only nine weeks, and he made practically no follow-up study. Since he maintains that the understanding of universal symbols is of benefit in therapy, he might have selected a patient with whom he had worked intensely and continued to follow for a long period. Needless to say, the tremendous amount of electric shock and insulin this patient received throughout the time her psychotherapy was in progress and after its termination adds only confusion to our evaluation of the therapeutic process. A further difficulty that weakens the author's arguments is his claim that he remained a neutral figure to the patient during the course of psychotherapy. This is hardly in



keeping with the patient's statement that she is in love with her therapist, or with her marked setback when he terminated the treatment. It is difficult to see how the allegorical nature of his remarks and his obvious interest in her drawings and productions could fail to be perceived by this lonely, frightened, psychotic woman.

Probably the central theme of the book is an attempt to prove the existence of Jung's concept of the 'individuation process'. The psychotic process is really made analogous to a religious experience; this puts the author in a somewhat difficult position since he has to be careful lest his observations are justifications in an attempt to unite science and religion. Further, there is an unfortunate implication in the stressing of the 'individuation process', since the psychosis is seen almost solely as a 'rebirth phenomenon' and in that sense a 'good thing'. Although we know something about adaptive and restitutive phenomena in schizophrenic symptoms, we also know that the type of social recovery apparently made by this patient is often accompanied by little insight and has a certain tightness or frozen quality because of the strong repressive forces. The suspicion that this was not a healthy reintegration but a covering over is not refuted by the material presented. Actually, the data that the author presents to support the central concept of the 'self' and the 'individuation process' could be equally well described in terms of such concepts as archaic love objects, identification, and incorporation. The conclusion of the first part of the book shows rather clearly the possible fallacy the author is facing. After making a good case for the mandala as a universal unconscious symbol, he unfortunately jumps into a kind of psychic geometry and psychic physics that do not seem to follow even if the universality of the symbol is accepted. From these he argues that 'such phenomena urge the acceptance of the concept of an unconscious psyche with autonomous propensities toward self-representation, self-organization and self-structuring. The inevitable conclusion is that the self is a psychic center that is autonomous and nonego—an archetype that represents the organizing focal point of the total psyche.' It seems that the author's interest in the many comparable symbols used by different people leads him into a picture of the psychic apparatus that somehow looks like one of the symbols.

The second portion of the book is an interesting, well presented

development of the symbolism of the quadrated circle. The author has a wide acquaintance with religious, anthropological, and ethnological works as well as with the literature in general.

In conclusion, it would seem that the selection of material with which to bolster Jung's much debated theory should require the utmost care to protect against possible weaknesses that might offer points of attack to disbelievers. Unfortunately, after a careful perusal of the book this reviewer remains unconvinced.

DON D. JACKSON (PALO ALTO)

**GROUP WORK WITH THE AGED.** By Susan H. Kubie and Gertrude Landau. New York: International Universities Press, Inc., 1953. 214 pp.

This book, unpretentious in title, size, and style, is an inspiring document which the reviewer recommends unreservedly. It reports the first nine years of operation of the William Hodson Community Center, a day center for old people, which was set up as an experiment to determine what could be done by professional recreational group work to meet the problems of the aging. The success of this project is shown by the establishment of other centers patterned upon it throughout the country. The authors are case workers who have an excellent grasp of psychoanalytic principles but refreshingly do not indulge in 'psychoanalese'. They present a remarkably lucid picture of their early trials and repeated frustrations, the development of new insights and techniques, and the transformation of collections of old people into integrated groups. This integration was accompanied by the unpredictable improvement of many of the previously 'hopeless' individuals in the groups. The brief histories of some of these people, the accounts of their acting out and their reactions to the therapeutic influence of the group, and the descriptions of techniques used by the group leader are models of writing which might be studied most profitably by anyone.

The authors' awareness of socioeconomic factors, while not specifically expounded, gives their presentation a balance conspicuously lacking in the writings of those who cannot see beyond biology and psychodynamics as determinants of human development and behavior.

The reviewer's enthusiasm cannot do justice to the book without extensive quotation; the following specimens give a fair picture of

the authors' philosophy, method, and style.

'Above all the staff members came to see that old people react in the same way to gratifications and frustrations, to needs and to opportunities for social development as do all human beings whatever their age. . . . It is significant of the specific factors which affect their status in our culture that this obvious fact has not been clearly anticipated. Moreover, it seems to be the fate of most explorations into new fields of social welfare that the unique features of the new problems are more apparent than the universal similarities and that basic principles, formulated in one field, are only slowly rediscovered behind the unfamiliar features of a new one.

'Years ago a meeting which lasted an hour was invaded in the second half by restlessness. People began talking to each other and many left the room. Today a two hour meeting is not unusual and there is sustained attention throughout. We have therefore had to revise our idea that old people's span of attention is short, realizing that it lengthens as interest increases. . . .

'Confronted with the many characteristics common to old people—intolerance of others, envy, suspiciousness, fear of competition, timidity, and general insecurity—we assumed that they were not constitutional personality traits, but might be the results of cumulative and prolonged frustrations, and that they could be altered by offering new opportunities for satisfaction and personalized help in adjustment. . . . The conspicuous traits commonly attributed to old people . . . [include] also self-centeredness, a tendency to complain or the passivity which indicates resignation, hopelessness, and a loss of interest in life. Most of these traits have been assumed to be the inevitable symptoms of old age without any further examination of why this should be so. But all psychological manifestations have causes and it is only because we have ignored the aged for so long that now some of the causes of these manifestations should seem a discovery to us. . . . Our observations, focused on the reactions and changes in reaction of old people within a community setting, gave us new insights into the importance of social frustrations in explaining their behavior. It drew our attention to the dynamic effects of the social environment in fostering changes in behavior and made us realize that the uniformity of some behavior traits were due to the uniformity of the social situation toward which these symptoms constitute a defense.

'There can be no question that ambivalence of feeling is a

problem. The traits ascribed to the aged are negativistic ones—expressions of insecurity toward life. But if these traits are reaction-formations, which, as we have been assuming, stem in part from the trauma of losing status in the community and from being progressively isolated, then being restored to a community of other old people will not transform these defensive attitudes as though by magic. Only by the slow process of resocialization through satisfying interactions within this new community will attitudes against others change into attitudes of coöperation with others.'

Among other noteworthy things too numerous to mention, I was particularly impressed by the examples of skilful blending of individual case work with the group work.

Psychoanalysts can benefit from reading this book because few of us have studied aging and the aged, and as a consequence we tend to retain the prejudices and misconceptions which Susan Kubie and Gertrude Landau refute so effectively.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

THE UNCONSCIOUS ORIGIN OF BERKELEY'S PHILOSOPHY. By John Oulton Wisdom. London: The Hogarth Press and the Institute of Psychoanalysis, 1953. 244 pp.

Mr. Wisdom's aim is to interest psychoanalysts in philosophy and philosophers in psychoanalysis, a truly formidable task. Had he the persuasiveness and wit of a Bertrand Russell and the lucidity of a William James, he might have coaxed these ill-assorted bed-fellows to show more interest in each other. Unfortunately Mr. Wisdom's prose is more likely to cause the average analyst to take to his heels at the approach of a philosopher. When he is in top form he writes such a sentence as this: 'Theocentric Phenomenalism, according to which thing-ideas display a sensory-idea caused by God in appropriate circumstances, or the *percipi posse* part of it, certainly means that, in the basic sense in which a sensory-idea "exists", nothing "exists" when no human observer perceives it (a thing-idea "exists" only in the derivative sense that sensory-ideas can become existents in the basic sense); in other words, in this basic sense of "exist", there is intermittent existence of sensory-ideas'.

This, it seems, is the way philosophers write nowadays. Professor Blanshard of Yale has recently published an entertaining book, *On Philosophical Style*, in which he points out that philosophers

could be more interesting if they paid more attention to the art of writing. If the reader gets the impression that he does not exist for Mr. Wisdom, let him take comfort in Bishop Berkeley's philosophy and remember that he exists in the mind of God.

After giving an account of Berkeley's life and philosophy the author presents his analysis. This is arranged in the form of about fifty interpretations often interspersed with a commentary, thus: 'Interpretation XXXIX: Berkeley wanted, when a baby, to incorporate his father and his father's good feces'. This interpretation is linked with Berkeley's philosophy of *esse percipi*. 'Interpretation XL: God cemented the world together or created it by means of pure feces, acting always with regularity.'

The numbering of the interpretations may strike many analysts as unusual, but as Mr. Wisdom is seeking to interest philosophers in psychoanalysis he is probably to be defended: philosophers like to impose order on chaos and evolve systems. Are the interpretations correct? It all depends on one's theoretical point of view. Theories may depend (to some extent) on facts, but one's theoretical point of view often dictates what facts one will see.

Mr. Wisdom has set himself a formidable task and of course he is very much a pioneer in this field. As to whether philosophers will become interested in psychoanalysis, time alone will tell. But some analysts will probably have much affinity with the celebrated Mr. Edwards, who told Dr. Johnson that he had tried hard to become a philosopher and did not know how 'because cheerfulness was always breaking in'. 'An exquisite trait of character' was Boswell's comment.

WILLIAM N. EVANS (NEW YORK)

THE PSYCHOLOGY OF PERSONALITY. By Bernard Notcutt. New York: Philosophical Library, Inc., 1953. 259 pp.

The various theories of personality are 'brought into order' (says the blurb) and arranged under three heads: trait theories, environmental theories, and interaction theories. Psychoanalysts will be interested to hear that they have at times been contented with standards of evidence that would hardly have satisfied anyone more critical 'than a palmist or a teacup reader'. It is also the author's opinion that if Freud 'had been more fussy about his evidence, more insistent on the objectivity of his results, the whole enter-

prise would have been slowed up in about 1886'. Notcutt covers every field of psychology and warns us all against dogmatism: 'We are on the boundary of knowledge, and the hills are hidden in mist'.

WILLIAM N. EVANS (NEW YORK)

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## ABSTRACTS

*International Journal of Psychoanalysis*. XXXIV, 1953.

**On the Psychoanalytic Theory of Affects.** David Rapaport. Pp. 177-198.

A systematic statement of the psychoanalytic theory of affects would be most useful for the development of psychoanalytic technique. Such widely various phenomena are labeled affect that we are in danger of being led astray by the term.

One of the obstacles to a systematized theory is the survival of overlapping formulations from three phases of the development of psychoanalysis. In the first phase the theories of catharsis and psychoanalysis were not sharply separated. Affect was equated with the quantity of psychic (drive) energy, which was later described as cathexis of the drives. It was believed that in the formation of symptoms, affects prevented from discharge remain fixed to the pathogenic idea or fantasy and find outlet in conversion. In therapy, it was thought, the discharge of the dammed-up affect drains the pathogenic idea of its force and influence. Anxiety was explained as affect or libido (the terms were still interchangeable) transformed by being repressed.

In the middle phase, which began with *The Interpretation of Dreams*, the id was the center of interest. Rapaport classifies Freud's theoretical formulations of this period into metapsychological structural categories, as follows. 1. An economic or cathectic theory according to which discharge of affect serves to diminish tension resulting from drives. This discharged affect is called 'affect-charge'; it bears some of the cathexis of the drive. 2. A dynamic or 'conflict' theory. When discharge of the cathexis of drives meets opposition, either because the drive lacks an object or because it is checked by internal controls, the discharge of affect-charge serves as a safety valve. 3. A topographic theory. Affect-charge is regarded as representing a drive in much the same way as an idea can. Affect-expression and affect-experience arise from discharge of cathexis; ideas arise from cathecting of memory traces. The distinction is made that when ideas are repressed they persist as actualities (memory traces), while repressed affects remain only as potentialities. 4. A rudimentary structural theory. According to this, affect-expression is discharge into the interior of the body in contrast to action, which is discharge into external reality. This theory deals only with primary affects and fully mobile drive cathexis which seek to discharge with full intensity. The theoretical implications and limitations of these theories are discussed.

In the third phase, which began with *The Ego and the Id*, theories concerning the ego were elaborated. As the secondary process and reality testing develop, discharges of affect are 'tamed' by the ego and changed into anticipatory signals. Gradations exist between affects as signals in the service of the ego, automatic affective phenomena that occur regardless of degree of ego control, and attacks of affect caused by failure of ego control or 'regression in the service of the ego'. Defense against affect and defense against drive are independent of each other.



Defense against affect may appear as a layering of gradually 'tamed' affects in which 'secondary' affects are formed by defense against some other affect. Affect-experience may be the result of tension, or of fluctuations in the level of tension, or of discharge phenomena; the greater the degree of ego mastery, the greater the tension. Affects may arise from tensions within the id or ego, or from tensions between id or ego and superego. Continuous states of affect are complex integrated formations. Innate and acquired channels for discharge of affect come progressively under control of the ego.

In the closely reasoned and detailed final part of the paper Rapaport offers an admittedly incomplete formulation of a theory of affects, '... the bare outlines of which seem to emerge. [It] integrates three components: inborn affect discharge-channels and discharge-thresholds of drive-cathexis; the use of these inborn channels as safety valves and indicators of drive-tension, the modification of their thresholds by drives and derivative motivations prevented from drive-action, and the formation thereby of the drive-representation termed affect-charge; and the progressive "taming" and advancing ego control, in the course of psychic structure formation, of the affects which are thereby turned into affect-signals released by the ego.'

This important and erudite contribution to psychoanalytic theory deserves close study. The bibliography contains over seventy references.

ALFRED J. SIEGMAN

**A Note on Transference.** Melitta Schmideberg. Pp. 199-201.

All phenomena of the transference need careful restudy. We are not justified in referring everything we observe in the transference to the patient's childhood and his unconscious. We must endeavor to untangle (as in the analysis of dreams) what are stimuli from current situations and what is repetition of infantile experiences. We should moreover bear in mind that the transference in the course of an analysis is determined by reality more than is the dream, and that therefore reality is bound to play a greater role. Above all, we must pay closer attention to the distortion and elaboration brought about through the normal functioning of such mental mechanisms as projection, displacement, and reaction-formation.

Classically, analysis aims at development of transference unhampered by current reality. To this end the analyst endeavors to efface himself as much as possible, to be detached, objective, emotionally antiseptic. The analyst prepares himself for this by undergoing during his training a personal analysis which should reveal to him his own complexes.

It is of clinical importance to discover how far one is likely to achieve this objective. I believe that it is not possible for the analyst to be the same all day and every day for years, blotting out all that befalls him in his private life. However well he has been analyzed, it is unlikely that he can become and remain free from the biases of his complexes. Nor is it possible for him to denude the physical surroundings of his office of all significance.

I therefore cannot accept the view that the analyst functions only as a mirror. The patient's reactions in analysis are influenced by his expectations of what analysis is; by his awareness beforehand of how he will be expected to conduct himself; by the behavior and personality of the analyst; by the patient's expecta-

tions of magical, parental help from the therapist; by the enforced temporary regression and detachment from ordinary reality; by neglect of the conscious ego in favor of the unconscious elements; and by emphasis on free association and the uncensored, uninhibited mental processes.

## AUTHOR'S ABSTRACT

**Trauma and Symptom Formation.** Max M. Stern. Pp. 202-218.

This paper is an attempt to elucidate neurosis by delineating the nature of trauma and its role in the development of the mind.

Primary traumata, which are physiological conditions that result from failure of homeostasis in a situation of stress, are normal occurrences in development. They are responsible for the development not only of neurosis and psychosis but also of such functions specific for the human being as anticipation, which by mastery of reality serves to avert trauma and is the basis of fantasy and thought. The prototypes of the primary trauma are the shock reactions of the postnatal phase, when the infantile organism is not biologically prepared to meet the demands of the world. This homeostatic deficiency is met by primary defenses, including aggression, identification, hallucination, projection, introjection, and primary repression. More severe frustrations are answered successively by agitation and catatonoid reaction, the latter characterized by general slowing down of vital functions and stupor. Primary defenses are by nature pathogenic, threatening loss of love or loss of contact with reality.

The oedipal trauma of a somewhat later period is another consequence of the vulnerability of the infantile organism. Sexual overstimulation during sleep or half sleep seems, during the first two years of life, to reproduce the economy of the postnatal trauma: the infantile organism is overwhelmed by sexual excitations which cannot find discharge in an adequate reaction, that is, in full orgasm. Clinical findings suggest that this condition leads to the primary attacks of pavor nocturnus, which are catatonoid reactions under the conditions of sleep. These primary attacks seem to be the core of what is usually understood as the primal scene. They represent the infantile sexual trauma. Succeeding attacks of pavor nocturnus are more or less attenuated repetitions of the original attack resulting from failure to master by dream the infantile trauma. The severity of the oedipal trauma is determined by the pretraumatic disposition, which results from all those factors formerly recognized as causes of neurosis, such as severe frustration, overindulgence, and excessive stimulation. All these experiences seem to acquire their permanent effect only by transforming the normal primary traumata into morbid pathogenic traumata, a transformation caused not only by injurious environmental influences but also by constitutional factors, which make pathogenic such normal vicissitudes as frustrations.

The infantile oedipal trauma reflected in the primal scene and pavor nocturnus incites the formation of the castration complex, the extension of which is also determined by the pretraumatic disposition. The oedipal trauma leads to amalgamation of sexual instincts and fear of trauma (castration fear). It is responsible for the role of sexuality in the formation of neurosis.

A number of psychic phenomena such as dreams, fantasies, children's games, works of art, as well as behavior patterns, contain attempts at reparative mastery

of the œdipal trauma, that is, of primary attacks of pavor nocturnus in which appear reminiscences of the postnatal trauma.

Neurosis is not caused by the normally occurring childhood traumata, but by their having assumed an excessively morbid character.

The genesis of neurosis may be understood as follows. Certain situations in life—such as re-enforcement of libido in puberty, or frustration—revive the threat of past traumata. When the past traumata were morbid or were excessively libidinized, the renewed attempts at integration and mastery fail, thus causing regression to pathogenic primary defenses (regression of the ego). This pathogenic regression has to be warded off by additional secondary defenses. The manifest defenses in neurosis are principally directed against the regressions to pathogenic primary defenses. These primary defenses, together with a renewed attempt at magical mastery, constitute the specific form and function of the symptom. The stronger the underlying trauma, the more extensive the regression of the ego; this fact explains the increasing prevalence of magical thinking and of acting out.

In psychosis, the alarming character of the infantile trauma is due to the morbidity of the underlying anxiety (insufficiency of anabiotic defenses). The reparative repetition of the trauma is an exorbitant threat and elicits extreme irrational responses involving an extensive invasion by the primary process; there are incessant attempts at reparative magical mastery with hallucinations, identification, projection, introjection, repression, and denial, and there is a desperate acting out of all available defenses, discharge reactions, and counterreactions, such as clinging, perversion, agitation, catatonoid reaction, depersonalization, and depression.

AUTHOR'S ABSTRACT

**Twin Relationship and Womb Fantasy in a Case of Anxiety Hysteria.** Hilda C. Abraham. Pp. 219-227.

A thirty-one-year-old woman with anxiety hysteria suffered for ten years from fear of insanity, fear of blushing, inability to eat with or mingle with other people, especially men, and occasional moments of depersonalization. The clinical observations selected for the report were chosen with the intention of emphasizing the remarkable conscious and unconscious relationship between the patient and her twin brother, the strength of her wishes for identity, and her resentment at being different.

In childhood her œdipal wishes had been strongly stimulated, and she had sought to gratify them in her relationship with her twin. Their sex play was chiefly anal and phallic, however; she thus expressed a narcissistic preœdipal wish for the penis as a valuable possession rather than as a means to genital object relationship.

In her adulthood the desire for a penis represented more than the usual penis envy; it symbolized her wish to be exactly like her brother. She fantasied sometimes that she possessed him as in her childhood play when they had a pact that his penis 'should be hers to touch and handle every other day'; at other times she felt that he was her property, that her sister-in-law had no right to him. The wish to be a boy was strengthened by her mother, who took

every opportunity to emphasize the 'weakness and ineptitude' of the girl compared with her twin brother.

The patient believed that her brother was tall and she weak because he had not given her sufficient room in the womb and had nearly squashed her, getting out first. The womb was fantasied as a padded cell and symbolized in a dream by a small house in which the rooms were lined with books and connected only by holes. Speaking of a love affair, she equated twin beds and twin bags—the amniotic bags.

A large abdominal cyst removed from the patient stimulated the fantasy of a Siamese twin growing out of herself. This fantasy fulfilled three wishes: 'that she had after all been born with a penis of her own; that she could produce her own twin as part and supplement of her body; and that she could compete with and emulate her mother'.

The author concludes: 'In her association, and in the fantasy material dealing with her relationship to her twin, the patient seemed to have found three possible solutions: 1, that she should have been born alone, and as a boy; 2, that they should have lived on as intimately together as Siamese twins do, one being the complement of the other, thus carrying on the relationship she imagined to have existed in the womb; 3, that she should have been Jacob to her brother's Esau, that is, a twin boy who—though younger and weaker—became the first-born and the favorite in the end'.

Interesting as this report is, it would have been even more valuable had the author indicated to what extent being a twin contributed to the development of the patient's anxiety hysteria. Any woman with a brother a few years younger or older might conceivably develop symptoms like those of this patient. The reader is left with many questions.

Although the patient's need for identity with her twin is much emphasized, the author avoids the use of the term identification. This omission seems strange; identification has been considered of great importance by many writers (some of them quoted in this paper) on neurosis in twins.

We know the crippling effect constant confrontation with one's mirror-image can have on ego development of identical twins. In this patient the reverse seems to be true; awareness of being different was the disturbing factor. Yet she also suffered from moments of depersonalization and showed other effects of disturbed development of the ego. Again the reader is left in the dark as to whether the author considered these disturbances the result primarily of being a twin, or whether some other factor in the environment was equally important.

MARJORIE R. LEONARD

**The Metapsychology of the Hypnotic Dream.** Mark Kanzer. Pp. 228-231.

The defenses operating in hypnosis are compared with their counterparts in sleep and in the transference. The hypnotist acquires his authority by voicing the wishes of the 'compliant' subject; his commands are interpreted or misinterpreted accordingly. A comparison of hypnotically induced dreams with subsequent spontaneous dreams reveals the latent negative feelings that are obscured during hypnosis. The good hypnotist is introjected, the bad hypnotist projected. A study of the imagery of the hypnotic dream shows dominant pre-

conscious elements which are important in the construction of the dream and help us to understand problems of therapy and of the working of imagination. Preconscious fantasies are directed to libidinal objects and serve principally for reality testing; the creative imagination stems from deeper layers of the ego and serves to gratify the unconscious wish.

AUTHOR'S ABSTRACT

**On Street Fear.** Milton L. Miller. Pp. 232-240.

The analysis of a woman's fear of the street revealed that impulses to promiscuity experienced when she was in the street caused her to fear pregnancy and, as restitution, to determine to bear a child. Her symptoms began shortly after the birth of her daughter a year after marriage and for a short time confined her to her room. The death of a previous analyst had made her symptoms worse.

At the age of four she saw a man visit her mother in the room next to her own. She was intensely seductive toward both her analysts. She feared loss of her mother's love, however, and therefore for a time was unable to talk in the analysis. She unconsciously thought of her husband as like her mother and tried to make him jealous, just as she had herself been jealous of her mother's relationship with the other man. She wished to have an illegitimate child; this wish was derived from the mother's affair and also from the birth of a baby sister when she was four or five. The emotions she had had then contributed to the outbreak of her neurosis when her own child was born. She fantasied that an illegitimate baby might come from the union of her mother and the stranger. Her wish to have a child from her father was increased but her sense of guilt necessitated repression of this wish. The analysis helped to rid her of her symptoms.

The defense mechanisms of this and another patient are described. The wish of both patients to have a baby by a stranger expressed the œdipal rivalry with the mother and the urge to make restitution to her. This type of nuclear conflict is compared with those in neurodermatitis and asthma.

AUTHOR'S ABSTRACT

**Some Observations on a Case of Vertigo.** Charles Rycroft. Pp. 241-247.

This paper purports to be 'an essay on the presentation of clinical material'. It consists of several general comments on vertigo, a very sketchy history of a neurotic man of forty-five who had recently acquired Ménière's syndrome, and a number of deductive statements that describe the patient's character and demonstrate the psychodynamics of the attacks of vertigo. These statements are as follows: 1. Certain psychological conditions made it possible for the attacks of vertigo to occur. (What the conditions were is not clear.) 2. There were strong counterphobic defenses against locomotor anxiety. 3. The patient's compulsive masturbation was related to his interest in motion. 4. The neurosis was a passive defense against sadistic wishes, with fantasies of oral incorporation and expulsion of the bad internal mother. There were also defenses against passive dependent oral wishes for union with the breast. 5. The attacks of vertigo gave vent to repressed aggression against the internal mother by a 'black-out' of rage.

Specific attention is directed only to primitive orality, although the author

hints at the existence of œdipal conflicts. (He attributes the onset of the attacks of vertigo to a conflict over aggression against the father.) He offers no clinical evidence to connect the primitive oral ambivalence and the forces opposing it, or to support the contention that the oral sadism was primary and independent of real objects and experience. He does not discuss the possibility that the patient produced the guilt-free oral sadistic and oral dependent fantasies and dreams partly to please the analyst.

The nature of psychoanalytic evidence makes it difficult to present convincing clinical evidence to support any hypothesis. In this paper the clinical material is particularly scarce. The connections between theory and data are loose and unclear, and there is no follow-up report.

SAMUEL P. HUNT

**Psychodynamics and Treatment of Petit Mal in Children.** Melitta Sperling. Pp. 248-252.

Psychoanalytic insight gained in the analyses of seven patients with epilepsy was applied to the treatment in a clinic of children with petit mal. A seven-and-one-half-year-old boy suffered his first attack of petit mal when, at the age of four and one half years, he was frightened while crossing the street and had to hold on to his mother to keep from falling. In play sessions he would shoot at others, then pretend to shoot and kill himself. Discussion of a recurrent nightmare about a murderer coming into the house revealed the boy's jealousy and hostility against his brother, his resentment of his mother, and his conflict over whether to submit to her passively or to free himself from her by overcoming her or leaving her.

His sensation of falling in the street was related to unconscious suicidal impulses; the attack of petit mal expressed his wish to fall and be run over, and his defense against the wish. As analysis proceeded, the attacks became shorter in duration but the boy became more aggressive, developing tantrums and a tendency to use bad language. At this time it was necessary to give therapy to the mother to prevent her restricting the boy too severely.

He now drew pictures of devils, telling the therapist, 'The devil is dead. I have killed him and now he does not bother me any more.' He complained outspokenly about his mother, and his sexual wishes and fantasies began to emerge. Homosexual impulses, mobilized in defense against his intense castration anxiety, appeared. The petit mal now disappeared, replaced by 'headaches' described as waves of dizziness.

Psychogenic headache is related to petit mal and other forms of epilepsy; both conditions are derived from the reaction in childhood to overwhelmingly strong destructive impulses. The transformation of the patient's symptoms from petit mal to 'headaches' indicated a change in attitude toward his 'unconscious' and a consequent change of his mechanisms of defense against dangerous and objectionable impulses. Instead of blocking out consciousness altogether, as he had done in the attacks of petit mal, he was now blocking out only the dangerous impulses.

The basic conflict between extreme passivity and extreme aggression is not specific for petit mal but the attitude of the patient toward this conflict, either

outcome of which is associated with death, seems to be a specific cause of this condition.

Petit mal is an instant cutting off from functioning of those parts of the mind that serve the perception and execution of stimuli from within and without. This cutting off occurs because perception of certain stimuli might lead to an explosive reaction endangering the lives of the patient and those near him.

AUTHOR'S ABSTRACT

**The Scapegoat Motif in Society and Its Manifestations in a Therapeutic Group.** F. Kraupl Taylor. Pp. 253-264.

The author discusses psychological and sociological implications of the scapegoat. Today we often use the term for someone who is the butt of displaced aggression but originally it was a person who was made to suffer as the bearer of displaced guilt which was often unconscious. Use of such a scapegoat not only helps to rid one of guilt feelings but also leads to satisfaction of unconscious scopophilia and aggression and gives narcissistic satisfaction to the ego. The need for scapegoats is most often met with in conservative, self-righteous, chauvinistic people. As a result most scapegoat persecutions are against deviants, outsiders, and minorities; the victims are charged with crimes that reflect the repressed desires of the group. The author discusses the use in ancient societies of 'engineered' scapegoats; certain persons were forced to do the forbidden, then given punishment which provided expiation for the group. The oedipal and parricidal elements in these ceremonies are clear. An example of an 'engineered' scapegoat occurred in a therapeutic group. A half-willing masochistic person was in effect forced by the group to have illicit intercourse. After the act she was roundly condemned. The episode was therapeutically helpful in revealing the guilt of the other members of the group.

MARTIN H. ORENS

**The Boy and the Dike.** Alexander Grinstein. Pp. 265-270.

The familiar story of the boy who put his finger into a hole in the dike and thus saved Holland from being inundated by the ocean has been shown to be fictitious. It is a variation of one of the flood myths that abound in folklore of many cultural groups. Comparative study of some of these myths suggests that various versions allude to psychic controls derived from various levels of libidinal development.

In this little myth, the struggle that takes place in the individual between gratification of his instinctual tendencies and their renunciation is compressed into a single night, for dramatic effect, instead of lasting the very many months required in actuality. The heroic action of the boy consists in his triumph over his father, represented by so powerful and formidable an opponent as the ocean. His triumph, on another level, represents his ability to overcome his infantile instinctual wishes. By accomplishing this, he becomes the object of general love, admiration, and honor. These magical triumphs over his father and over his instinctual impulses give the story its great appeal and emotional conviction.

The story is believed so readily, in spite of all evidence that it is untrue, because in reality we too have had to acquire the same controls over our own instinctual impulses as this hero won in so dramatic a fashion.

AUTHOR'S ABSTRACT

**Psychosomatic Medicine. XV, 1953.**

**Animal Research and Psychiatric Theory.** Frank A. Beach. Pp. 374-389.

Beach points out the crucial issues in the relationship between psychiatric theory and research using animals. He is objectively critical, even of his own excellent work in the field; yet he is hopeful that research in animal behavior will in future be correlated with theories of human behavior. The article presents a highly condensed survey of the subject under five headings: 'neurotic' behavior in animals, personality and temperament, social interaction, ontogenesis of behavior, and physiological mediators of behavior.

**Emotional Elevations of Blood Pressure in Trained Dogs: Possible Relation to Origin of Hypertension in Humans.** C. M. Wilhelmj, Terence F. McGuire, John McDonough, E. B. Waldmann, H. H. McCarthy. Pp. 390-395.

Blood pressure determinations were made over a period of two and a half years in specially trained dogs. Readings were taken under varying conditions, such as presence of strangers in the laboratory, changes in experimenter, noise and presence of strangers in the kennels, changes in established routine, and exposure to a bitch in heat. The responses varied greatly according to two factors, the natural emotional reactivity of the animal, and the degree of training. Highly trained and conditioned animals showed much greater variations in blood pressure in response to minor changes in the environment. Possibly the vasomotor system of these dogs had become irritable, for the change in blood pressure was grossly disproportionate to the trivial emotional stimulus. A similar sensitivity perhaps results in man from modern living. It is also possible that repeated emotional cardiovascular responses produce secondary changes in the kidneys and cardiovascular system, causing essential hypertension. 'These studies show that many common laboratory procedures, usually considered innocuous, may engender marked emotional disturbances which are not grossly evident in trained dogs.'

**The Role of Olfaction in Normal and Neurotic Behavior in Animals: Preliminary Report.** Jules H. Masserman and Curtis Pechtel, with the assistance of Leon Schreiner. Pp. 396-404.

A series of experiments on the olfactory responses of various animals showed that olfactory stimuli are less important determinants of behavior in normal monkeys than they are in animals experimentally conditioned to frightening stimuli. Odor becomes relatively unacceptable when it is associated with an unpleasant experience. The aversion may become more intense and persistent than similar conditioned responses in other sensory modalities. Bilateral lesions of the dorsomedial nucleus of the thalamus in fifteen cats produced amnesia



for preoperatively learned normal and conditioned behavior, with greater impairment of olfactory responses than of responses to any other modality. The animals operated upon showed impaired capacity to learn and to remember.

**Experiments in the Substitution of Symptoms by Hypnosis, II.** Philip F. D. Seitz. Pp. 405-424.

Seitz reports twenty hypnotic experiments on two patients. He concludes that psychodynamically equivalent symptoms can be substituted under hypnosis for the presenting symptoms of patients. To be psychodynamically equivalent, symptoms must be similar in symbolic meaning and in the depth of regression they represent. These observations and hypotheses are of interest to the psychoanalyst. 'Vegetative neurotic symptoms may replace conversion reactions. When this occurs, the vegetative symptom often appears to subserve symbolic functions similar to the conversion reaction which it replaces. The symbolism of vegetative neurotic symptoms is seldom, if ever, as specific ideationally as that of conversion reactions.' Some of the hypotheses are restatements of familiar psychoanalytic concepts.

**Some Patterns of Somatic Displacement.** Joseph G. Kepecs. Pp. 425-432.

Somatic manifestations shift from one location to another. Although these pathways are frequently peculiar to the individual, they seem to fall into three well-defined classes. 1. The well-known hysterical displacement (for example that 'from below upwards'), in which the symbolic significance of the parts involved is the principal determinant. 2. Displacements in which physiological events are predominant; for example, in which muscular tension is eliminated by autonomic discharge. 3. Displacements from the center to the periphery, and from the periphery to the center, along three axes of displacement: the head and the body, the interior of the body and the body surface, and secretion in skin and other nonvoluntary organs in reciprocal relation to muscular activity. Kepecs's article is important because it demonstrates patterns of shift in somatic expression and presents clinical examples. This abstracter, however, believes that to describe all the phenomena as 'displacement' is misleading. Kepecs states that physiological as well as psychological forces are important in the shifts from the center to the periphery and from the periphery to the center. He believes that the shifts have a directional function; for example, by the shift from the body to the head, feelings and ideas come closer to consciousness and to volitional activity. His topographic and economic interpretations need more proof.

**The Physiological Differentiation Between Fear and Anger in Humans.** Albert F. Ax. Pp. 433-442.

Forty-three subjects were studied by a multiple-variable recording of physiological data during fear and anger. The experimental data show that the physiological responses to fear and anger differ. Anger produces a response like that to injection of epinephrine combined with norepinephrine, and fear a response like that to epinephrine alone. The physiological response in anger seems to be a more integrated reaction.

**Panel Discussion: Psychophysiological Properties of the Adrenal Cortex: Recent, Unpublished Advances.**

**Introductory Remarks.** Sydney G. Margolin. Pp. 563-564.

**General Concepts of Adrenocortical Function in Relation to the Response to Stress.** Frank L. Engel. Pp. 565-573.

**Relation of Adrenocortical Activity and Adaptive Behavior.** I. Arthur Mirsky, Robert Miller, and Marvin Stein. Pp. 574-588.

**Psychic Effects of ACTH and Cortisone.** Paul Goolker and Joseph Schein. Pp. 589-613.

**Psychological Responses to ACTH and Cortisone: A Preliminary Theoretical Formulation.** Henry M. Fox and Sanford Gifford. Pp. 614-631.

This entire number is devoted to a panel discussion at the tenth annual meeting of the American Psychosomatic Society in Atlantic City, New Jersey, on April 19, 1953. Dr. Sydney G. Margolin introduces the subject with a brief account of how the adrenal glands first became clinically important a century ago.

Dr. Frank L. Engel discusses the nature of the stimulus for secretion of ACTH, the mechanisms of pituitary-adrenal stimulation, and the response of the adrenal cortex to stress.

Mirsky and his co-workers describe experiments on the effects of ACTH on the behavior of animals conditioned to respond in various ways to frightening stimuli. This abstracter feels that the authors have mistranslated the psychoanalytic meaning of 'trauma' and 'defense'. The conditioning of the animal is not analogous to the traumas described in psychoanalysis; a monkey's avoidance of a painful stimulus by an appropriate gesture is not a defense in the psychoanalytic sense. The attempt to translate the experiment into psychoanalytic terms, calling the learned response of the monkey a 'truly neurotic symptom', is specious. To call this type of defense a neurophysiological model for defense in the psychoanalytic sense would be more accurate. It is therefore incorrect to conclude that 'The data suggest that adrenocortical hypersecretion may influence the organism in such a manner as either to decrease the effectiveness of an anxiety-producing situation or to eliminate a poorly integrated defense against the anxiety provoked by the persistence of a traumatic memory'. Other observations and experiments lead the authors to the conclusion that adrenal insufficiency is a situation of stress which 'may activate the hypothalamus to release a neurohormone which affects emotional expression through stimulation of parasympathetic center and of anterior pituitary secretion. The neuroendocrine activation, in turn, may influence the character of the adaptive response to the noxious stimulus.'

Goolker and Schein report on eighty patients with somatic illnesses such as chronic ulcerative colitis, lupus erythematosus, and asthma, treated with ACTH for the somatic illness and studied psychiatrically for the effects of ACTH. Fifty-four percent of the patients showed no reaction and fifteen percent showed abnormal psychic reactions which were transient, self-limited, and mild. The psychic reaction to the drugs was usually benign but was unpredictable. A discrepancy existed between the dosage, the state of the patient before treatment,

and the psychiatric result. Some deductions reported in this paper are of great interest because they contradict the findings of other investigators. For example, it was found that disastrous consequences did not follow the removal of affective symptoms. The authors believe that the psychic disturbance produced by the drugs is largely confined to the area of the ego that regulates reception of stimuli and the perception of affects. Lability of affects was an important effect of the drugs.

Fox and Gifford examine the physiological power of ACTH to produce a state of disequilibrium. They explain the psychological changes produced by equating the biological disequilibrium induced by ACTH with increased instinctual energy; they state that this instinctual energy is psychological instinctual energy as defined by Freud and Fenichel. They cite a clinical example to demonstrate that the reaction to ACTH is dependent upon 1, the pharmacological effect of ACTH on the total organism; 2, the meaning to the patient of an alteration in the symptoms of the disease for which he is treated; and 3, the nature of the patient's fantasies about the action of the substance he has been given. This hypothesis leads the authors to some deductions about the clinical use of ACTH quite opposite to the deductions of Goolker and Schein. The clinical observations of both pairs of workers coincide in many areas but differ markedly in some.

Each of the papers is followed by an excellent critical discussion which enhances its value.

VICTOR CALEF

*Journal of the American Psychoanalytic Association.* I, 1953.

*The Present Status of Organized Psychoanalysis in the United States.* Robert P. Knight. Pp. 197-221.

In this presidential address delivered before the American Psychoanalytic Association in December 1952, Dr. Knight sketches the history of the Association and of the principal problem that has confronted it, the problem of training and its control. He discusses current questions of administration and practice, and recounts in detail the events that led to new by-laws which in 1946 established the Association as a national federation of individuals. Statistics show the growth in membership and its geographical distribution.

The author presents his own cogent reflections on standards and training and on the interpenetration of psychoanalysis, psychiatry, and psychotherapy. He discusses the difference in personality and attitude of the students of the last decade from those of an earlier generation. He urges coöperation of all members in the pooling of data concerning clinical practice.

Dr. Knight is convinced that the 'prognosis' for the Association is good.

*Studies on the Nature of Suggestion, Part I.* Charles Fisher. Pp. 222-255.

The author investigates by psychoanalytic technique the nature of suggestion, and compares hypnotic and analytic methods especially as to the degree of regression that occurs in each.

To six patients in psychoanalysis, all rather severely ill, it was suggested that they would dream certain things; the patients' responses to these suggestions were studied in succeeding sessions. The suggestions were always formulated in terms of the central conflict at the time of the suggestion, and the suggestions concerned significant events or people, previous dreams, physical symptoms, the transference, or instinctual wishes.

Control studies made use of these and other patients and were of three types.

1. 'Pretend' suggestions were contemplated; that is, the investigator made a note of a suggestion for a dream that he might have made to the patient but did not make and the subsequent sessions were studied for any dreams that might be related to the 'pretend' suggestions.
2. One patient was given dream suggestions while under hypnosis.
3. Five persons not in therapy were given dream suggestions under ordinary conditions of social contact.

Eight categories of results are described: dreams in which the suggestion appeared in the manifest content, or in the latent content; delayed dreams; the development of amnesia for the suggestion; dreams which could not be related to the suggestion; acting out; symptom-formation; and failure to dream or forgetting the dream. These results are discussed as compromises between unconscious impulses activated by the suggestions and defensive functions of the ego. The failure to dream results from overt or latent hostility, especially from oral sadism. Suggestions to dream are accepted by patients in analysis and the content of the suggestion influences the content of the dream produced.

The analytic and hypnotic transferences are compared. The capacity of patients in analysis to accept dream suggestions is great; it approaches that of hypnotic subjects. Increased suggestibility is one of the properties of states of induced regression including both hypnosis and the analytic relationship. There is nothing specific about the hypnotic state. The relationship of hypnotist and subject is discussed in terms of ego function and defenses.

**Psychoanalysis and Members of Minority Groups.** Viola W. Bernard. Pp. 256-267.

Countertransference may be stimulated if the patient and analyst belong to different racial or social groups one of which is a minority group. The personal 'training' analysis provides the major safeguard against hazards of countertransference. Yet often the unconscious foundations and mechanisms of prejudice have not been worked through in the analyst's own analysis. Dr. Bernard discusses the attitudes a white analyst might have toward a Negro patient and urges that in the analysis of a member of a minority group the analyst seek greater knowledge of the patient's racial and cultural environment. More 'transcultural analyses' and a greater cultural diversity among analysts in training can help us pay closer attention in the 'training' analysis to cultural differences in personality.

**Countertransference and Counteridentification.** Robert Fliess. Pp. 268-284.

Dr. Fliess discusses countertransference and counteridentification as undesirable elements in the analyst's relationship to his patient. Ideally, countertransference should not occur; certainly it must always be analyzed. If it has

become apparent to the patient, part of the analyst's self-analysis may have to be communicated to the patient. The damaging effect of countertransference upon the progress of analysis is illustrated by three examples. In each case self-analysis by the analyst led to the castration complex, which Freud called 'the rock bottom of all psychological stratification'.

The analyst aware of the problem may console himself with the knowledge that interminable analysis of his countertransferences affords him an exceptional opportunity for resolution of his conflict. Counteridentification is more difficult than countertransference to understand because identification is less fully understood than transference. Identification may be active or passive. Fliess compares it with projection and considers the problem of where the object of identification lies in the ego. Countertransference is regressive; it is in part counteridentification. The analyst's involvement in counteridentification is similar to *folie à deux*: the identification is mutual. The analyst is responding to the patient's identification with him. Both are re-enacting an early 'constituent identification', an identification which the ego does not merely contain but of which it consists.

This regressive identification interferes with nonregressive identification or 'empathy' by which the analyst is enabled to subject the utterances of the patient to an unconscious elaboration without thereby causing regressive change in his own ego.

Empathy requires that the constituent elements of the ego be well organized; they otherwise cause malformations of the ego and make the analyst respond to the patient's identification by counteridentification. The result is a 'blind spot'; the analyst does not see an important part of his patient. The object of counteridentification is not the patient but rather a constituent identification in the patient's ego. Counteridentification occurs in the same way in the patient.

Counteridentification interferes permanently and severely with analytic work; ordinary identification does so only temporarily and often mildly. One effect of counteridentification is to obscure the differential diagnosis of psychosis and psychoneurosis. Most psychotic patients seen by analysts are ambulatory and not in need of confinement. They are ambulatory because they are able incessantly to enact identifications. They therefore invite counteridentification, and this causes failure in differential diagnosis.

**Fetishism.** Robert C. Bak. Pp. 285-298.

Freud raised the question of why most persons master the trauma of seeing that women are without penes but in a few this discovery leads to fetishism or homosexuality. Bak describes two patients and emphasizes the following facts about the development of fetishism. 1. Weakness of the ego structure, inherent or secondary to physiological dysfunction or to disturbances in the relationship of mother and child, endangers survival. There is excessive separation anxiety and clinging to the mother or to a substitute part of her; this clinging may contribute to erotization of the hands and a predilection for touching. 2. Fixation occurs in pregenital phases. Anal eroticism and interest in smell are employed to maintain the unity of mother and child. 3. The symbolic significance of the fetish corresponds to pregenital phases and thus

may represent separately or in condensation breast and skin, buttocks and feces, and female phallus. 4. Simultaneous and alternating identification is made with the phallic and the penisless mother. These identifications correspond to the 'split in the ego' described by Freud. 5. The identification with the penisless mother leads to a wish to give up the penis, and thus creates conflict.

The pregenital identification with the phallic mother cannot be given up in the phallic phase in spite of the realization that the mother has no penis, for separation from the mother seems to be as great a danger—perhaps greater—as loss of the penis. Both dangers are defended against by the fetishistic compromise. The apparent insistence on the maternal phallus is a protection against the wish to lose the penis in order to maintain identity with the mother. The intensity of the castration fear may depend on the inner wish for identity with the mother as well as on the fear of an external threat.

MILTON GRAY

**International Journal of Group Psychotherapy.** III, 1953.

**Common Sources of Error and Confusion.** S. R. Slavson. Pp. 3-28.

Difficulties arise because patients are grouped together on the basis of similar symptoms, though their basic pathologies differ. The author discusses variations in practice of group therapy and difficulties that have resulted from them.

Mixing the sexes in a group does not lead to promiscuity among the members unless the tendency was already present, though often the frustrated erotic transference to the therapist becomes displaced to another member. Therapeutic groups in wartime for service personnel dealt with the specific threat of war to the members of the group; in peace the aim is to strengthen the individual to face future crises by improving his psychic balance.

Other questions discussed are the advisability of using an assistant therapist, the members' social contacts outside meetings, the presence of visitors, the addition of new members, and the comparison of group therapy with counseling, guidance, symptomatic treatment, and social gatherings.

**Acting Out in Group Psychotherapy.** Thea Bry. Pp. 42-48.

Acting out is an obstacle to insight in individual therapy but reveals unconscious motivations in a group, where it appears in the relationships between the members. These relationships are especially valuable for diagnosis and working through when recognized by other group members. Some control must be exercised lest such interactions cause disintegration of the group as a whole.

**Varieties of Group Therapy Patterns in a Child Guidance Service.** Kate Friedlander. Pp. 59-65.

The importance of selection in making up therapeutic groups for children is illustrated by groups of girls less than eight years old and of boys more than eight years old. In the former, the most suitable subjects were cases of social disturbance, with one inhibited and one seriously disturbed child in each group.

During spontaneous activity with individual and communal games, interpretations of one another were given by the members, who thus became auxiliary egos for their fellows. These groups achieved their goals, in contrast to the groups of boys who were hampered by inability to verbalize their problems and by excessive hostility to their families, which became transferred to the groups.

**Phases in Group Development in the Treatment of Drug Addicts.** James J. Thorpe and Bernard Smith. Pp. 66-78.

Male adult drug addicts, through group therapy, changed from a 'conglomerate of chaotic individuals griping' about the bad treatment they received into a group of people who accepted each other and who recognized that their problems were individual rather than social and that the addiction was a symptom of their problems. The authors concluded that while the culture of the institution where the addict is confined is important for his progress, the current hopeless attitude toward psychiatric treatment is not justified and group therapy can be profitably used for addicts. To many addicts drug addiction is an alternative to psychosis or suicide.

**Comparison of Dreams in Individual and Group Psychotherapy.** Eva Klein-Lipshutz. Pp. 143-149.

Patients treated by individual and later by group therapy by the author had dreams which were much less distorted and much easier to interpret in group therapy than in individual therapy.

**Group Psychotherapy with Institutionalized Senile Women: Study in Gerontologic Human Relations.** Maurice E. Linden. Pp. 150-170.

The wards for aged patients, who constitute about one third of all inmates of mental institutions, have an air of disillusionment, melancholy, and hopelessness. Marked improvement in the general atmosphere as well as in individuals was noted when therapeutic groups were introduced. About fifty selected chronologically senile women were treated at one time by so many different approaches that the term 'opportunistic group therapy' was used to describe the meetings.

**An Analysis of Co-Therapist Interaction in Group Psychotherapy.** Adrian Solomon, Frank J. Loeffler, and George H. Frank. Pp. 171-180.

The co-therapist method of group psychotherapy is advocated. It reproduces the family situation, in which there are two parents, better than therapy by only one person. It provides two styles of verbalization; this often facilitates understanding by group members. It diminishes the intensity of transference in psychotic patients, assists the working through of negative feelings, and provides training for therapists. The relationship between the therapists may be a source of difficulty when they have differences in theoretical orientation or when they are mutually aggressive or too passive, if these characteristics become evident in the therapists' behavior during sessions.

**Leadership Among Patients in Group Therapy.** Richard Sears. Pp. 191-197.

Comparisons were made between patients judged leaders and nonleaders in ten psychotherapy groups in a Veterans Administration Mental Hygiene Clinic. The leaders had a tendency to be the sicker people and to externalize their anxiety.

**An Experiment in Group Psychotherapy with Members of Mixed Minority Groups.** Vita Stein Sommers. Pp. 254-269.

A therapeutic group was started in a Veterans Administration Mental Hygiene Clinic for veteran members of minority groups consisting of two Chinese, two Negroes, three German Jews, and two white Americans considered social isolates. The experiment showed that these people used their minority status to conceal and to re-enforce their basic personality difficulties.

**Group Techniques in Overcoming Medical Students' Resistance to Learning Psychiatry.** Anthony S. Votos and Jules Glenn. Pp. 293-301.

Medical students often resist accepting psychodynamic understanding and show anxiety because of identification with patients. Fourth-year medical students not intending to become psychiatrists were offered clinical clerkships of eight weeks which included groups for discussion of their interviews and the emotions these interviews aroused. For the first two weeks the students were defensive, tense, and oversympathetic to patients. They neglected to ask about sexual and childhood experiences, tending to attribute much of the illness to cultural causes. In the next period they could discuss their own anxieties, were less tense with patients, and less fearful of their instructors. They identified themselves with the instructors but felt themselves in need of analysis. Finally their ability to interview and to diagnose, and their personal anxieties and relationships, improved.

**Therapeutic Group Work with Tuberculous Displaced Persons.** Jack Adler. Pp. 302-308.

The writer, a social worker, points out the difficulties of combining in one person therapeutic or permissive and supervisory or authoritative functions. In spite of these handicaps and the distortion of character in tuberculous patients resulting from life in concentration camps, the author by group treatment was able to alleviate the patients' anxiety, to further a better understanding of the illness and its implications, and to improve their relationships with others.

**Potential of Group Practices in Mental Hospitals.** Donald M. Carmichael. Pp. 309-314.

For the inmates of mental hospitals group psychotherapy probably surpasses 'any other single contribution to our therapeutic armamentarium', especially when combined with individual treatment. It may at times be considered as an alternative to psychosurgery. Various types of groups and techniques are suitable for psychoneurotics, patients with primary behavior disorders, accessible psy-



chotics, long-term schizophrenics, alcoholics, and senile and epileptic patients. Group sessions are also useful for instruction of personnel and patients' relatives.

**On Different Types of Countertransference.** Joachim Flescher. Pp. 357-372.

The therapist may project images from his own past onto the patient, may act out in the treatment, or may show a counterpart of the transference, 'an empathic identification with the analysand'; or countertransference may include all the analyst's unconscious needs and conflicts that influence his understanding or technique.

In defensive countertransference, the therapist uses his own defenses in treatment. He may, for example, make masochistic identification of himself with the patient; treatment may revive the therapist's oedipal anxieties because the patient as a love object is taboo; or it may arouse the therapist's fear of aggression or his self-punishing tendencies. He may see the patient as a representative of his own id, or he may project his own superego onto the patient. Treatment may cause the therapist to be disturbed over the vulnerability of his ego ideal.

Reactive countertransference is the response, often entirely conscious, to strong emotions directed to the therapist, especially to sadism and aggression. Or it may be the reaction to a personal quality of the patient, such as personal unattractiveness, and is often carried from one patient to the next.

Induced or suggested countertransference is the therapist's response to the patient's wish to see him in a given role. Here the personality of the analyst counts less than the strongly cathected fantasy.

**Sources of Countertransference and Group Induced Anxiety.** S. R. Slavson. Pp. 373-388.

The therapist reacts with emotions to the feelings which patients direct toward him and to the memories which the patients' personalities evoke. Countertransference may be described as positive when it arises from the patient's likeness to the therapist's ego ideal or to beloved figures of the therapist's past, and from the therapist's own desire to be accepted and from his need to be successful. In group therapy positive countertransference is dangerous, for it leads to favoritism, giving the members' sibling rivalry a realistic basis that prevents interpretation. The therapist is made to feel—consciously or unconsciously—discomfort, fear, or anger by patients who resemble hurtful figures of his past, by resistance (which in groups is contagious), by rivalry with an aggressive leader among the group members, by painful personal associations to happenings during the session, by a negative defense against an erotic attachment, or by frustration of his wish to help his patients and to be liked by them. The therapist then becomes a punitive rejecting parent to the group, for all members identify themselves with the target of his negative countertransference. If his aim is also research, his divisions of interest and roles may be disruptive. Countertransference is frequently ambivalent. It may be authoritative by identification with a father figure or by overcompensation for passivity.

Groups induce anxiety in the therapist because of the threat each member offers to the competitiveness of the others and because the members fear that

they will be rejected or will be altered by family experience. The disturbance of ego function caused by the presence of others induces a timidity in therapists accustomed to individual treatment.

**The Position of the Group Therapist in Transference and Countertransference: An Experimental Study.** Lewis H. Loeser and Thea Bry. Pp. 389-406.

Loeser and Bry are interested in the total impact of the therapist on the group. Since all members react individually to his personal characteristics, these become especially influential. Defects in technique are often expressions of the therapist's personality, and failures in treatment correspond to unanalyzed areas in the therapist. Identification with patients, provided there is no unconscious conflict, leads the therapist to the awareness necessary for timely and true interpretation, and permits vicarious gratification of the therapist's own needs. He may use passivity and permissiveness as a cloak for unconscious hostility. Reich describes several attitudes of the therapist. He may feel omnipotent, possessing the healing touch; he may be a pedagogue, believing that to teach is to heal; he may feel sexual and libidinous interest in the patient; or he may use power to gratify his narcissism. Fatigue, much greater after working with groups than with individuals, decreases the therapist's defenses and emotional control. This is important, for group therapy demands greater activity than does individual therapy.

Treatment is less deep with homogeneous than with heterogeneous groups and should be accommodated to the personality of the therapist. One who is himself repressed should avoid a deep analytic approach, and one fearful of hostility should avoid the expression of such feelings without offering opportunity to the group to work them through. A parental attitude by the therapist is necessary for cohesion of the group, but is dangerous if it leads to overdependence and to repression of transference feelings, especially negative feelings. Permissiveness helps the expression of therapeutically relevant material but some degree of direction, restraint, and support of the superego is necessary lest the group disintegrate because of the freedom of the members' expressions of feeling. Countertransference may be studied and interpreted by trained nonparticipating observers, especially when a tape recording is used. Group therapy requires at least as much skill and integration in the therapist as does individual therapy; perhaps indeed it requires more.

**Special Aspects of Countertransference in Analytic Group Psychotherapy.** Martin Grotjahn. Pp. 407-416.

The group situation almost forces the therapist to use, observe, and analyze his countertransference. Unless he does so, it may become counterresistance. Working through of countertransference feelings results in better adaptation of the group to the therapist, to each other, and to external reality. It is finally resolved at the end of group therapy. Countertransference is to a limited and controlled degree a tool of the therapist's empathy and relationship to his patients.

**Countertransference in the Group Psychotherapist.** Samuel B. Hadden. Pp. 417-423.

In analysis the therapist is trained not to show appropriate emotional reactions to transference manifestations of patients. In group therapy he is not hidden; his minimal responses can therefore be detected by members and can provoke responses in the group. Though his emotions cannot be concealed, his behavior can be controlled, and the group gains by his example.

Transference reactions are produced more rapidly in groups because the therapist is seen, and countertransference is stronger because the situation is more real and more intense emotionally than in individual treatment. When starting, many therapists are too defensive and hostile in response to pressure of the group. In many such situations the author recommends the presence of a trained observer as a corrective.

**Countertransference in 'Family-Pattern Group Psychotherapy'.** Walter Schindler. Pp. 424-430.

The group analyst should refrain from unconscious, uncontrolled attitudes toward patients, and if he is in an emotional entanglement with them he should analyze the countertransference with the group. This sets up a working example of a sober, thinking ego. Narcissism, associated with the authoritative attitudes of the father-leader, may lead to aggression and favoritism, which are among the many dangers of countertransference.

GERALDINE PEDERSON-KRAG

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## NOTES

### SYDNEY GEOFFREY BIDDLE

1889-1954

Dr. Sydney Geoffrey Biddle of Philadelphia died of coronary thrombosis on October 28th, 1954. He was sixty-five years of age.

One of the first, in 1932, to establish a psychoanalytic practice in Philadelphia, he was a charter member and the first president of the Philadelphia Psychoanalytic Society, Chairman of the Educational Committee. In the Philadelphia Association for Psychoanalysis, he was Chairman of the Board of Directors, Director of the Psychoanalytic Clinic and Instructor in their Institute, and a Fellow of the Board on Professional Standards of the American Psychoanalytic Association. He had a special interest in conducting a seminar on Methods of Teaching Psychoanalytic Theory for the training of analysts.

Dr. Biddle was a graduate of Groton Preparatory School, Harvard College, and the University of Pennsylvania Medical School. His interest in psychiatry, which began while working with Macfie Campbell in Boston, led him to Berlin for analysis and to Vienna for further studies with Anna Freud, Aichhorn, and others in psychoanalysis. He had an active clinical practice, made continuous contributions to the maintenance of standards for the development of psychoanalysis, and beyond everything else he was, even as a teacher, a student. Early in his career he made some translations from the German of Franzi, by Frau Herta Fuchs, and a review of Aichhorn's *Wayward Youth* in *This Quarterly*. Recently he was engaged in research in connection with the selection of candidates for psychoanalytic training and was devoting considerable time and effort to the work of the Board on Professional Standards of the American Psychoanalytic Association.

Although analysis claimed the major share of his interests and energies, he found time to travel widely; he was an enthusiastic rider, mountain climber, swimmer, was active in liberal political circles and in the local grange, had a lively interest in art and music, was devoted to friends and, above all, to students. His regard and consideration gave dignity to everyone with whom he came in contact.

To list the objective features of Dr. Biddle's life fails to convey any sense of the depth of influence of his personality, or the affection in which he was held.

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THE NINETEENTH INTERNATIONAL PSYCHOANALYTIC CONGRESS will take place in Geneva, Switzerland, from Sunday, July 24th through Thursday, July 28th, 1955. The Program Committee, under the chairmanship of Dr. Phyllis Greenacre and Dr. Ernst Kris, requests that all papers or full abstracts of papers be submitted not later than February 20, 1955.

In view of the experiences at previous congresses, it was decided by the Program Committee to limit the number of papers in order to allow time for fuller

discussion from the floor; therefore a selection will of necessity have to be made from the papers and abstracts submitted.

RUTH S. EISSLER, M.D.  
Honorary Secretary

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### MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 25, 1954. INDICATIONS AND CONTRAINDICATIONS REGARDING THE APPLICATION OF THE 'STANDARD TECHNIQUE'; DYNAMIC, ECONOMIC AND STRUCTURAL CONSIDERATIONS. AN ATTEMPT AT CORROBORATION BY CLINICAL EXAMPLES. Jan Frank, M.D.

Beginning with the thesis that the 'neutral' and 'equidistant' psychoanalyst is a theoretical ideal which is actually never achieved in practice, Dr. Frank believes that psychoanalysis consists of a greater or lesser mixture of psychotherapeutic maneuvers made necessary by the exigencies and unique qualities of each individual case. To think about the matter otherwise 'would risk being caught in a sterility of ritualism despite avowals to the contrary'. Dr. Frank fears that 'technique becomes something sacred like a religious devotion'. He feels that the clinical spectrum of the cases treated these days has shifted more and more from the symptom neuroses toward the more or less severe character disorders, thus necessitating a concomitant revision of technical attitudes. In this regard Dr. Frank is largely addressing himself to what he calls 'emotional detachment' and 'neutrality' of the analyst. Two examples are given of the author's deviations from such attitudes in treating what he terms 'façade personalities', both of which he diagnoses as 'paranoid schizophrenics'. In the one case of a male patient who exhibited evidences of severe ego disorganization and had been a patient on closed hospital wards, the author states that one matter in the case history stood out 'like an obelisk in the desert'. This was his behavior in the Second World War in which he had fulfilled the commands of his Colonel with a 'superb dash and daring'. The attitudes of the therapist then consisted of taking the role of the admired commanding officer and conducting the therapy in terms of 'sharp commands' and playing military games. A primitive level of verbalization was used, the whole having the effect both of a kind of ego education and ego support. At one point in his discussion, Dr. Frank describes this as a necessary state of 'countertransference' with 'proximity and distance to ego disorganization as an absolute prerequisite with patients who use ego regression in the service of defense'. The other case was a woman with a 'sado-masochistically deprived ego' and a history of numerous suicidal attempts; also she had a severe phobia of social relationships. The technique in this case was 'to praise sincerely and constantly the soulless figurines of her sham thinking and also her looks, etc.' Dr. Frank states that this contact slowly enabled the patient to re-represent herself so that a more meaningful analysis could begin. In both cases there was marked clinical improvement and better social functioning. In conclusion the author wishes to correct any impression that he feels standard technique to be altogether obsolete. Rather he is attempting to stress the necessity for flexibility in technique indicated both by the individual features of the clinical problem and as a necessary consequence of

certain theoretical considerations (into which he goes in some detail) which themselves indicate the necessity for deviation from standard practices.

In discussion, Dr. Heinz Hartmann expressed the wish to say some good words for standard analytic technique. He stated that nobody considers it a ritual; that it should be considered as something that has tenets of medium generality, applied to certain forms of disease, or certain stages of life, and that it allows individual modifications according to the needs of individual patients. If it sometimes appears to be rigid this is the way everything looks if one cannot teach anything but rules and generalizations. Dr. Hartmann stated that he considers every analysis an experimental situation. If one reads Freud's papers on technique, one concludes not that he gave too many rules, but that he did not give a sufficient number. Dr. Hartmann felt that the danger at present was not so much in the direction of an alleged ritualization, but rather in the incomparably greater number of 'watered down analyses'. He concluded by saying that, with regard to Dr. Frank's clinical material, he was happy to note that these were cases in which no analyst would not consider the standard technique applicable.

VICTOR H. ROSEN

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A program for training in child psychiatry, established several years ago in the CHILD PSYCHIATRY DIVISION of the Department of Psychiatry of THE MOUNT SINAI HOSPITAL, New York City, is now partially supported by the United States Public Health Service. The Child Psychiatry Division is included among the American Association of Psychiatric Clinics for Children, which has also approved it for fellowship training in child psychiatry.

The program includes supervised work with premature and normal infants; psychosomatic and psychiatric problems of hospitalized and ambulatory infants and children; guidance and treatment of parents; long-term treatment of childhood psychoses, psychoneuroses, and behavior problems, and adolescent problems. The team approach with psychiatric case work, psychology and pediatrics as well as a psychodynamic psychoanalytic orientation is stressed.

An honorarium of \$3,000 for first year and \$3,600 for second year fellowships is offered. The prerequisites include a minimum of two years' approved psychiatric training. Applications for fellowships should be filed before March 1, 1955 with Dr. M. Ralph Kaufman, Director, Department of Psychiatry, The Mount Sinai Hospital, New York 29, New York.

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THE CHICAGO COUNCIL OF CHILD PSYCHIATRY, a group of child psychiatrists from the Midwest, has a new group of officers: Dr. Eugene Falstein, President; Dr. Irene Josselyn, President-Elect; Dr. George Perkins, Secretary-Treasurer; and Dr. Harry Segenreich, Dr. Adrian Vander Veer, and Dr. Robert Koff, Councillors.

The outgoing President, Dr. George Mohr, has gone to Israel to serve as head of child psychiatry in the Lasker Clinic for one year.

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Doctor W. Clifford M. Scott has been appointed Associate Professor in the DEPARTMENT OF PSYCHIATRY OF MCGILL UNIVERSITY, Montreal, Canada, to organize

psychoanalytic training. Doctor Scott graduated from the University of Toronto in 1927. After working under the late Professor Adolf Meyer and Professor Macfie Campbell, he continued his studies at the National Hospital, Queen Square, and the Institute of Psychoanalysis, London. Before taking his present post he had been Director of the London Clinic of Psychoanalysis and, more recently, Chairman of the Board of Directors of the Institute of Psychoanalysis, Teacher at the Institute of Psychiatry, and a member of the staff of the Bethlehem Royal and Maudsley Hospital, London. Associated with Doctor Scott in the establishment of psychoanalytic training at McGill University are Doctor Johann Aufreiter and Doctor Gottfriede Aufreiter, both of whom obtained their psychiatric and psychoanalytic training in Vienna. Doctor D. Ewen Cameron, Chairman of the Department of Psychiatry, in announcing this development, states that it represents a most important addition to the training facilities offered by the Department of Psychiatry, as it constitutes a pioneer enterprise in establishing a complete psychoanalytic training program within the Department of Psychiatry, an enterprise which promises to be most fruitful in developing integration and interchange of knowledge between psychiatry and psychoanalysis. Application for psychoanalytic training should be made directly to Doctor W. Clifford M. Scott, Allan Memorial Institute, McGill University, Montreal, Canada.