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THE UNCONSCIOUS NEED TO BE AN ONLY CHILD

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Each human being has incorporated within his personality, among other vestiges of infantile phases of development, unsublimated oral trends. The emotional maturity of the adult rests to a great extent on this quantitative fulcrum. From birth, until the infant reaches the stage of object relationship, orality and feelings of omnipotence are dominant. The subsequent fate of these drives depends on their innate strength and the environmental vicissitudes encountered in infancy and childhood. The reaction of the individual to frustrations associated with normal traumatic experiences will be influenced by the primary development during infancy. Psychoanalysts will readily accept the hypothesis that everybody unconsciously wants to be an only child. Failing in this, the wish is to be the favorite child. As these strivings are universal, the reasons why they cause severe psychopathology in some individuals merits investigation.

In the relatively normal person, who has succeeded in sufficiently resolving the early oral dependency and who has given up most of the need to control the environment by magical means, the greater part of the unconscious need to be an only child is sublimated in various realistic measures of acquiring self-esteem by winning the esteem of his fellow men. Whether it is in the acquisition of wealth, or in making a scientific contribution, or in the gratification of being a good citizen or an adequate parent, the aim is to contribute to others and in this way to gain prestige. In the infant's intense desire to have the mother's exclusive love and attention, every conceivable means, both fair and foul, available to the child is used in the hope of

Read before the meeting of the American Psychoanalytic Association in St. Louis, May 1, 1954.

obtaining this goal. When development is relatively uncomplicated, the frantic need to possess the libidinal object and to control it by magical means is neutralized to the point of fragment sequelae. The individual who maintains a fixation in these two planes develops psychopathology which ranges from neurosis to psychosis, including self-destruction.

The means utilized to perpetuate the unconscious need to be an only child include, among others, 1, denial that there are other children in the family by constantly demanding attention from the parents; 2, the fantasy of being an adopted child whose real parents will come and claim it as their only child; 3, choosing an older sibling as the parent, and thereby being the only child of this parent surrogate; 4, accepting a sibling as one's own child and in this way removing it from the parents; also through identification with this sibling creating an only child fantasy; 5, being a parent to one child and through identification with it being an only child; 6, substituting a mate or a friend as a parent surrogate and, on this basis, being the only child of that person.

The greater the exclusive need to incorporate orally the parent, or parent surrogate, and the greater the omnipotent thinking about magical ways of achieving this goal, the greater the psychopathology.

Since Freud has proved the cardinal influence of environmental vicissitudes on the emotional development of the individual, there has been a tendency to ignore the role played by constitutional, biological factors despite the fact that Freud frequently stressed the importance of the biological endowment in the development of character.[1] An extremely obese girl of fourteen, for example, had the following history. She weighed nine and a half pounds at birth and when put to the breast she nursed so avidly that she traumatized the mother's nipples. The obstetrician was amazed when he discovered that when she was three days old this child consumed six to eight ounces

[1] Freud: *Three Contributions on the Theory of Sexuality*. New York: Nervous and Mental Disease Publishing Co., 1930, p. 28.

of milk at a feeding. This inordinate appetite had continued. There is no doubt that the mother, who was slender to the point of being puny, the grandmother, and others who lived with the family greatly influenced this girl's bulimia. We cannot however ignore the possibility that this patient was born with an exaggerated oral craving. I have also seen several full-term infants, normally delivered and of average size and weight, whose orality was at such a low ebb that it took heroic means to keep them alive with artificial feeding until their suckling reflexes became sufficiently established. These instances are cited to point to the possibility that several of the clinical cases presented may represent exaggerated oral drives at birth, followed by environmental experiences falling on soil only too fertile for producing psychopathology.

CASE I

A married woman, mother of one child, attractive, exceptionally intelligent and creative, sought treatment because she had had periodic explosive emotional outbursts, lasting as a rule several days to a week, over a period of almost two decades. During these attacks she developed intense spasms of the throat, anorexia, constipation, and convulsive twitchings. She was at such times out of touch with reality, tore off her clothes, and exhibited herself. She refused food except small amounts of liquid which she would accept only from her husband by spoon-feeding. During these episodes she lost from ten to fifteen pounds in weight. The remission was sudden with almost complete amnesia for the event. She regained her weight in a few days during which she ate ravenously.

She was the oldest of three children, not quite three years old when her first brother was born. When her mother brought the baby from the hospital, the patient recalled that she tugged frantically at the skirts of each woman who came into the house, asking repeatedly, 'Who will be my Mama now?'. She described a distinct feeling of loss and of being lost. She asserted that her prevalent antagonism toward her

mother started with the birth of this brother. She could not reconcile herself to the idea of sharing her mother with her brother. At that time, she changed from a happy, healthy child into a moody creature with an erratic appetite. She alternated between gorging herself with food, with the feeling that she could not satiate her hunger, and periods of anorexia when food would repel her and she could not swallow a mouthful without retching. This became her eating pattern for the rest of her life. She would gain or lose ten pounds in a period of several days. When she was twelve years old and was menstruating, her mother gave birth to another brother. The patient took care of him as if he were her own, played with him, nursed him when he was ill, saved her money to buy him apparel and toys, and when she was older, financed his education at considerable deprivation to herself. Her emotional status was either one of euphoria or depression which frequently led to schizophrenic episodes.

It became obvious early in therapy that in her emotional attachments she had a need to possess the persons in whom she invested her emotions by orally incorporating them. Her pathological jealousy created in her an intense distrust in those around her, with a reactive fear that she would be possessed, swallowed, and destroyed. Because of her intense possessiveness and inordinate demands that her husband share with her not only his life but his thoughts, and the motivation for his thoughts, the duration of the marriage was uncertain when she came for treatment. She was extremely bitter at what she considered the ingratitude of her husband for her complete devotion to him, and was totally unaware of the extent to which she made the relationship untenable. Her means of controlling her environment was by frequent threats of suicide, repeated psychotic episodes, and consistently clinging to the magical concept that she kept the family alive and intact. She repeatedly stated that she was well and did not need treatment, but that her husband, her child, and her friends were all in need of psychiatric help. By projecting her emotional illness

on others, she attempted to decrease the anxiety associated with her insatiable demands. She hoped that psychotherapy for others would so remake those from whom she wanted love that they would be able to gratify her needs.

Her dreams were predominantly oral and magical. In them, she was being fed quantities of food, sometimes good and sometimes decayed. In other dreams she had the power to fly and to manipulate the environment by magic. Occasionally she dreamed she was being tortured and destroyed. When the analyst represented her mother, she became very suspicious and feared that the analyst was plotting to control both her actions and her thoughts. She dreamed repeatedly that she came to her analytic hour to find that the analyst was busy with other patients; or that the analyst had invited her to her home and when she arrived was busy with her own relatives and rejected the patient completely.

During about five months of therapy, she again made half-hearted gestures of suicide and had several psychotic episodes. It became apparent that ordinary frustrations represented to her extreme rejections and the pain that she suffered when this occurred equated the reactivation of her infantile suffering when she lost her status as an only child. She had a compulsive need to take care of people, provided it was on her own terms. She could not give up her need to control her environment, and it became clear that her security rested on her magical omnipotent hopes. She was convinced that her husband's work, his very life, and her child's well-being and future depended on her ability to manipulate their lives.

During a period of quiescence, while discussing her traumatic experience of being threatened by the birth of her first sibling, she said, 'I not only wanted to be my parents' only child, I want to be my husband's only child and have him as my only child. I also want to be the only child of my daughter.' While she seemed to gain insight, the pathology was so deeply ingrained that a frank psychosis or a possible suicide could not be eliminated as a possibility if the environment became

threatening to her. Both the referring physician and the husband were informed of these prognostic dangers. The aim and hope of the analyst was that with continued therapy this patient's ego could acquire sufficient strength to enable her to give up some of her cannibalistic drives and her need to acquire her goals through omnipotent fantasies. Because of realistic factors, the therapy had to be interrupted several months. During this period the patient became depressed, lost a great deal of weight, and her compulsive need to be constantly reassured became so intense and demanding that it was impossible to meet it. When her husband, goaded by her jealousy and her persistent and compulsive questioning as to whether he loved her better than anyone in the world, admitted that he could not love her when she tortured him, she left the room saying that she would 'fix' him so that he could not love himself or anyone else. An hour later she was found dead, having poisoned herself. After taking the lethal dose, she crammed herself into a small trunk, assuming the fœtal position.

CASE II

A woman in her twenties had intense rivalry with her brother, several years her senior, who made a success of his profession and was the financial mainstay of the family. The intense jealousy of the brother created in this patient a need to act out a rivalry with men. She stated that only men had a chance of life fulfilment. She could not tolerate the concept that her parents loved her brother or preferred him to her. Her frustrations became so overwhelming that she developed an acute psychosis and was close to death during a part of this period. During her psychotic state she carried on a continuous stream of profuse and abusive conversation with flights of ideas. She yelled, screamed, and swore; she was manneristic, grimaced, postured, was combative, and incontinent. She resorted to baby talk, gurgled, mumbled, and insisted on getting attention. She frequently gritted and ground her teeth. She re-

fused to eat, and had to be tube fed. She developed a hyperpyrexia to one hundred and five degrees, and it was only through heroic measures that her life was saved. At the height of her psychosis, she manually extracted five of her teeth. After her acute psychotic episode, intensive psychoanalytic therapy was instituted. She is making consistent progress and the prognosis, though guarded, seems to be good at present. The dynamics in her case disclosed an exaggerated oral drive with the need to possess, swallow, and incorporate the libidinized object. There can be little doubt that the removal of her teeth during her psychosis was a defense against her cannibalistic oral drives. Interestingly enough, her reaction to intake of food is highly erotized. She frequently gains a great deal of weight in a short period and loses it just as rapidly.

CASE III

A successful professional man of thirty-three sought relief from overwhelmingly severe compulsive, obsessive traits of long standing. He was becoming incapacitated by 'doing and undoing', 'thinking and unthinking' to the point of exhaustion. He suffered from periodic depressions during which he contemplated suicide. His work began to suffer, and his relationship with his family and friends became stilted and unsatisfactory. The first born, with a younger brother, he was the 'apple of his mother's eye'. For two and a half years he was the only child, overindulged by his mother who put great stress on his good looks, his intelligence, and his precocity. As far as he was concerned the world revolved about him. His mother, who had five sisters and no brothers, and his aunts constantly caressed him and would say that they loved him so much they could eat him up. He unconsciously began to swallow those about him in order to possess and control them. His mother attached great importance to what he ate and what he excreted. When he was three years old, his brother, six months of age, was critically ill and the patient was sent out of the house to play by himself. He recalled a feeling of ela-

tion. He connected it with not having seen his baby brother for a number of days. What he did not see did not exist. He believed that through his wish the brother had disappeared and that he was again the only child. His fear that he might commit a crime, which plagued him all his life, was connected with this episode. His magical thinking, which equated a wish with a deed, kept him in a constant state of anxiety. If through magical thinking he could murder as he wished to murder his brother, it took magical thinking to obviate the possibility of such an act. One of his most distressing symptoms was the fear that he would swallow when he had an unacceptable hostile or sexual thought. To him this carried the connotation that he might be tempted to commit a criminal act of murder or of rape for which he would be punished by being put to death.

During the first year of analysis, he repeatedly asked, 'How do I know if my emotions will not overwhelm my critical judgment and that during such a period I will not rape someone or murder someone?'. As a reaction to such inner fears, his superego had developed into a rigid, punitive policeman. Since pleasure for him equated relaxation with the loosening of the reins of reason, judgment, and action, therefore fear, tension, and pain appeared to him the only safeguards against the possibility of committing a criminal act. As his insight deepened and he began to apply it, he said, 'I hope you realize, Doctor, that you are asking me to give up my empire and my private religion. That means that you want me to give up being emperor and being God.'

He disclosed that during adolescence he vomited at the anticipation of being in the company of a girl. The need to possess completely, symbolically to swallow the woman, brought about the reaction-formation of vomiting her. It became clear through his associations that unless he could have proof that the girl would love him as he wanted to be loved by his mother as an only child, he would destroy her. The nausea and vomiting were magical ways in which he counter-

acted these wishes. They also acted as a deterrent to associations with girls.

In the beginning of the analysis, his dreams were predominantly about the intake of food. Good food and poisonous food were regressive substitutes equated with promiscuous sex and forbidden incestuous sex. Because he thought that one of his female employees, who asked for a leave of absence because of pregnancy, might have a miscarriage, he dreamed that he ate eggs, developed severe cramps, and had an involuntary large bowel movement with the feeling in the dream that he had given birth. As he resented this woman's leaving him in order to have a child, he hoped that she would miscarry. What he wished produced in him the fear that he had killed the child in her. Identified with her, he became orally impregnated and had the miscarriage. Orality and sexuality were unconsciously synonymous to him, and magical means had to be used to avoid acting out his cannibalistic erotogenic drives.

CASE IV

A man in his forties was referred by his internist because of an acute peptic ulcer. He was the oldest child of his mother, the father having had a child by a previous marriage. His attachment to his mother was intense. Early in childhood he felt that he could not expect sufficient love from his father because the latter could give him only partial love because of the older child. A younger brother was born when the patient was nine years old. Consciously, he accepted this brother graciously. His unconscious rebellion took the form of insisting on working after school. He became the wage earner, took over in fantasy the responsibility for the sibling, and became his brother's parent; in this illusory fashion he remained his mother's only son. This paternal protective attitude toward his brother remained until the patient came to therapy.

His dreams were almost exclusively about the breast and food. In a dream he was examining a woman's breasts which were very small; he told her to go to a meat factory. He real-

ized in the dream he had made a mistake and corrected himself by saying, 'I meant a breast factory. I said meat instead of breast because I like the white meat of the breast of chicken.' In his relationship with women, the demand to be the only child equated the wish and fear of swallowing and being swallowed. He would become sexually involved with a woman and his spirits would rise. Within a few months he would decide that his sweetheart did not offer him enough compensation for his emotional investment. He would develop abdominal pain, and become irritable to the point where his demands on his sexual partner could not possibly be gratified. He would then rationalize that she did not love him and terminate the relationship. A short period of relief from tension would be followed by a depression until he formed another relationship with a woman, which invariably followed the same pattern.

CASE V

A woman in her late thirties had severe gastrointestinal symptoms. She had frequent attacks of nausea, indigestion and general abdominal distress. She was the youngest of five children. She had always felt that her oldest brother, ten years her senior, was the parents' favorite child. Unable to stomach what she considered the preference of her parents for her rival sibling, she rejected her parents and transferred her love to this brother. She recalled that as a young child she would excitedly wait for him to come home, throw herself into his arms and hug and kiss him. She would plan for hours how she would live with him for the rest of her life and dedicate her life to him. Since she could not be the only child of her parents, she would be her brother's only child. When, during puberty, she was confronted with the fact that this brother's character was unsavory, she developed a gastrointestinal disturbance. Since she could not give him up, she became ill.

In her recollection of her rich fantasy life as a child, her magical thinking constantly led her to the situation in which

she was the only child. Her antagonism toward her mother, who had betrayed her by having children before she was born, created in her a helpless rage. She could not turn to her father who favored the oldest brother and she began frantically to search for a father surrogate after her disappointment in her brother. Her love objects were older men who could never satisfy her sexually. Her concept of an ideal mate was an older man who was crippled and whom she could nurse and support. She felt that through her love, she could both heal him and control him; that he would be so grateful to her that she would be his only object of affection.

SUMMARY

While there were many other dynamic factors which played important roles in forming the psychopathology in the cases presented, the unconscious need to be an only child was demonstrated by each patient repeatedly and consistently both in dreams and in free association. In order to gratify this unconscious obsessive need, oral incorporative mechanisms and omnipotent thinking were used by these patients in their futile attempts to obtain this unrealistic goal. They all reacted with intense feelings of guilt toward their cannibalistic and omnipotent drives.

Chronic underlying depressions were present in all of these patients. Fenichel stated: 'A person who is fixated on the state where his self-esteem is regulated by external supplies or a person whose guilt feelings motivate him to regress to this state vitally needs these supplies. He goes through this world in a condition of perpetual greediness. If his narcissistic needs are not satisfied, his self-esteem diminishes to a danger point. . . . Without giving any consideration to the feelings of their fellow men they demand of them an understanding of their own feelings.' [2]

[2] Fenichel, Otto: *The Psychoanalytic Theory of Neurosis.* New York: W. W. Norton & Co., Inc., 1945, p. 387.

While all these patients were abundantly supplied with intelligence and creativity, they were emotionally impoverished. They clung parasitically to the ego strength of their pseudo mates who were surrogates for the first object of their love—the mother whom they were never able to relinquish.

The specific psychic and somatic illnesses which these patients developed as a result of the cumulative tensions created by these ego-alien drives were influenced by the following factors: 1, the intensity and quantity of the early traumatic experiences; 2, the ego strength at the time the unfavorable experiences occurred; 3, their biological endowment which must have played some role in their hypersensitivity to their life experiences.

As a reaction to their intense anger against the environment, associated with guilt, and the helpless rage connected with their inability to acquire their unrealistic goals, they turned their aggression on themselves and suffered acutely both somatically and emotionally. Their attempted monopolistic dictatorship was their futile attempt to cover up their intense insecurities and the fear of failure which plagued them whenever they undertook any ordinary pursuit of life. Because of the intense orality in these patients, the speculation is made that the foundation for the illness had taken root before or during the weaning period.

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The Choice of Language in Polyglot Psychoanalysis

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THE CHOICE OF LANGUAGE IN POLYGLOT PSYCHOANALYSIS

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'Talking', says Fenichel, 'is the very instrument of psychoanalysis' *(4)*. But it is a mistake to consider only what the patient says and not how he says it; the form of linguistic expression is just as worthy of psychoanalytic research as its content.

According to Richard Sterba *(11)*, 'Language expresses mental contents in a threefold way. First, it is used to express *conscious* contents which the ego wants to communicate, that is, it expresses what a person wants to say. Second, it expresses *unconscious* contents *through* the conscious expression as mediator. It is this layer of contents in the verbal expressions of the patient which we try to interpret when we observe the sequence of thoughts, the concatenation of associations in the patient's productions, the peculiarities of verbal choice, and the slips of the tongue. Third, we find that the peculiarities of *pronunciation* of language and the mannerisms of speech serve in their own way as manifestations of unconscious contents apart from the contents of the verbal expressions in their obvious and in their hidden meaning.'

Psychoanalytic studies of the forms of linguistic expression have been mainly concerned with the (predominantly motoric) disorders of articulation. A number of workers have studied the problem of stuttering; Fenichel *(4)* reviews this literature up to 1945. Stengel *(10)* and Edith Buxbaum *(1)* investigated the psychopathology of the 'foreign accent' in persons who had acquired a second language. An especially interesting contribution to the psychoanalysis of speech motility came from the 'character analysis' of Wilhelm Reich *(9)*, particularly in his well-known paper on the technique of interpretation and the analysis of resistances.

In Sterba's second category there is implied another characteristic of the form of speech. Certainly the 'peculiarities of verbal choice' belong to the 'how' of talking, as clearly appears in every reference to problems of vocabulary in psychoanalytic literature. Such references deal predominantly with the use of obscene words. Freud *(6)* spoke of their special emotional impact as early as 1905, Ferenczi *(5)* devoted a famous paper to the genetic relationship between the pronunciation of obscenities and the infantile magical belief in the omnipotence of words, and since then many psychoanalysts (recently, for instance, Devereux [*2*]) have discussed the problem of sexual terminology in psychoanalytic treatment. There is, however, reason to believe that the choice of vocabulary also has a conscious and unconscious meaning in a far wider sphere of semantic function. The trouble is only that, for obvious reasons, it is not easy to find appropriate material for the psychoanalytic study of this question.

Recently, as a result of the more or less forced migration of numerous psychoanalysts and of a far greater number of analysands who are emigrés, material of this type has become more accessible. We find reference to it and to the unconscious mechanisms behind the choice of the vocabulary as a whole in Edith Buxbaum's paper, The Role of a Second Language in the Formation of Ego and Superego *(1)*, and especially in Ralph Greenson's article on The Mother Tongue and the Mother *(7)*. But Buxbaum's two cases,[1] and Greenson's single case are quantitatively insufficient for any broader conclusions than they reached. Their patients had, moreover, acquired their second language during adolescence and in the circumstances of forced emigration to the United States where an uncommonly high premium is put on rapid cultural and idiomatic assimilation.

'Speech', says Stengel in On Learning a New Language, 'is

[1] I refer only to her third and fourth cases, because the first two deal with problems of pronunciation.

an accomplishment of the ego. To investigate speech difficulties from a psychoanalytic point of view means investigating the different emotional influences to which the ego is subjected. These influences vary in different personalities' *(10)*. This is certainly true, but we must ask what influences are at work. Stengel points out that there may be significant differences between people who learn a new language because they have to and those who do so because they wish to. Doubtless there are other differences too, as between persons who live in surroundings, for example, that encourage multilinguality and those who do not. In order to study the unconscious meaning of choice of language, one must study many persons, including bilinguals or polyglots of many different types.

I have had rather unusual opportunities for such a study. I am myself multilingual,[2] and have practiced psychoanalysis in the Argentine where polyglots of different types are very common. In that country, although Spanish-speaking natives of course predominate, there is no rigid pattern of idiomatic preference. Almost everyone speaks the national tongue in his everyday life; but not only is it possible for immigrants—and even second generation Argentines—to continue using their forefathers' language without being ostracized as alien, queer, or disloyal, but also the cultural value of a second or third language is so keenly felt by the average native that many Spanish-speaking parents hire English, French, or German nursemaids, or send their children to one of the many foreign schools so that they may acquire complete fluency in an alien tongue. In Buenos Aires there are dozens of bookshops and hundreds of newsstands where reading matter in at least five languages is readily obtainable, and cosmopolitan tolerance permits conversation in French or English even among natives of Spanish or Italian origin. Passing from one language to another during psychoanalysis is in that country therefore often a mere matter

[2] I am able to psychoanalyze in Spanish, English, German and French and have a working knowledge of Italian and Portuguese.

of choice—I do not say 'free' choice because this paper will show to what extent it is, in fact, unconsciously determined.

CASE I

A forty-eight-year-old business executive was psychoanalyzed because of voyeurism. Of English origin, he had lived in Latin America more than thirty years and was married to a woman of English parentage but Latin American birth whose preferred language was Spanish. The psychoanalysis was carried out in English.

The voyeurism proved to be closely related to strongly repressed exhibitionism, and this in turn was rooted in severe castration anxiety. The patient intensely feared castration by dominating women—his wife and, more unconsciously, his puritanic mother. It was fairly easy to make clear to him how his behavior was determined by his desire to prove his independence from his wife. He was however unable to accept any interpretation that included his relationship with his mother.

The patient spoke Spanish or mixed English with Spanish terms whenever he talked about his sexual activities. I told him that he did so because speaking of sex in Spanish was less embarrassing for him. He agreed. When I suggested that this was because English was his mother tongue and that he treated the psychoanalyst like a mother and feared punishment from him as he had feared it for his sexual activities as a child, he reported an outburst of repressed childhood memories, referring particularly to his œdipal situation. He thereafter accepted the importance of his fear of a castrating mother in the genesis of his neurosis.

It later became evident that leaving England, his 'mother country', had been largely determined by his wish to escape from the overwhelming influence of his mother, that the same motive played a part in the choice of his sexual partners, in-

cluding his wife,[3] and that his remarkable familiarity with Spanish (not at all common among Englishmen resident in Latin America) was strongly determined by his desire to substitute for the menacing mother a more permissive figure.

This patient literally 'fled' into Spanish to avoid his fear of castration by his mother. The spoken commands and prohibitions of his mother (the 'auricular introjection', which had largely contributed to the formation of the patient's superego as Isakower has suggested, [8]) caused him to speak an English of predominantly Latin origin. He avoided the strongly 'Saxon' vocabulary that British mothers and children ordinarily use with each other and spoke in a curiously stilted and 'affected' manner. This behavior changed in the course of his psychoanalysis to such an extent that the patient eventually became a popular speaker at gatherings of the British community. This new activity gave him increasing satisfaction as his liberation from his castration anxiety allowed him to rediscover his tender feelings for his mother, his mother tongue, and his mother country.

I have no doubt that the relationship with the mother is one of the strongest determinants of speech and therefore of choice of language. It is, however, far from being the only important factor.

CASE II

A business man of twenty-eight sought psychoanalysis because of sexual impotence. Born a Brazilian, he had gone to the Argentine at a very early age and had been educated in that country. He was, therefore, linguistically equally at home in Spanish and Portuguese. The psychoanalysis was carried out in Spanish. Early in the treatment it became evident that the patient had strong latent homosexual tendencies. His impotence served to show passive submission to his father and thus to allay his anxiety. His sexual potency improved early

[3] Even while living in England, he had always preferred foreign, preferably Latin, women.

in the treatment, chiefly because of the transference, for I was to him a more permissive father. He remained, however, passive in most of his nonsexual activities.

During this time he often went through periods of 'associative logorrhea' during which he spoke in a grossly obscene and insulting manner of me and my family and other persons associated with me. These bursts of rapidly delivered invective usually lasted five or ten minutes, after which the patient was tired and apologetic. He excused himself by saying that he intensely disliked these episodes and gave in to them only because I had told him to say everything that occurred to him. He delivered these insults using many Portuguese terms—an unusual practice for him—and sometimes spoke for minutes entirely in Portuguese. This was so striking that I began to make my rare comments during these times in the same language. Curiously enough my doing so almost always led to a quick termination of the episodes, a phenomenon I could not at that time understand.

It later became evident that the outbursts of invective regularly occurred when the patient was impressed by an interpretation or when, for some other reason, he felt particularly grateful to me. I interpreted this to him as meaning that he began to insult me whenever he felt strongly attracted to me; that this was, in other words, a defense against his wish to submit passively to me. In response to this interpretation the patient jokingly referred to his spells as attacks of 'verbal diarrhea', and recalled intestinal troubles as a child and his strong aversion to enemas. After this session such episodes occurred only two or three times. His sexual and general behavior improved as he became able to accept a friendly relationship with a permissive father without giving it the meaning of homosexual submission.

Much later the patient one day expressed his satisfaction at being analyzed in Spanish and not in the language he used at home. When I reminded him that I understand Portuguese well, he answered, 'Yes, I remember, you spoke Portuguese a

few times, and it frightened me terribly'. He did not, surprisingly, recall spontaneously in what situations I had done so.

CASE III

A twenty-eight-year-old woman, without occupation, came for analysis because she had been unable to find a suitable husband. She had always rejected the suitors who asked for her hand, although they might have been acceptable, and she fell in love with men who for such reasons as marital status, social position, or age were quite unsuitable. By this unhappy state of affairs she was deeply depressed. She was an Argentinean, but had had as a small child a German nanny and later an English education. Her German was deficient, but her English so good as to be a second language.

The core of her neurosis was an intense œdipal fixation, warded off by a strong conscious opposition to her father, but at the same time satisfied by a strong unconscious identification with him. The patient spontaneously began her analysis in English, a language her father does not speak. When I asked her why she did not speak Spanish, she explained that everything she had learned about psychoanalysis and psychological methods had been written in English and that therefore it seemed natural to her to carry on her own psychoanalysis in that language. It rapidly became evident, however, that she used English in order to keep her relationship with me purely intellectual and that she was mortally afraid of speaking with me about sex in Spanish.

When this interpretation was made to her, she rejected it energetically and told me that she would prove me wrong by speaking Spanish henceforth. This she did, with the result that the transference changed from one of polite detachment to an intense, mostly aggressive, emotion. The former pattern reappeared occasionally when she tended to use German as a language of escape, and at times, when the œdipal situation became too close she resorted to English. When I confronted her with these facts she laughed and admitted that there might

be something to my interpretation because lately she had replied to a criticism from her father in English, forgetting that he could not understand her.

The choice of language was determined for these patients by the demands of the superego. The second patient would probably not have used Portuguese for invective had he known that I knew that language. But there is no doubt that the patient's opportunity freely to voice his infantile protest against the infantile temptation underlying his neurotic behavior made the analysis progress rapidly. The third patient used English in order to defend her ego against her œdipal conflict. The less strongly pregenital structure of her neurosis allowed a considerably less violent discharge of emotion in the transference than in the second case. It is clear, however, that resuming the language of infancy had the same dynamic meaning as in the first two cases: the first language was, to a far greater degree than the second, the 'language of the id', and understanding this fact helped the patient eventually to master the neurotic conflict.

The patient's return to the first language he learned is not, however, always so helpful. Edith Buxbaum is undoubtedly right in saying that the use of a second language is an attempt to repress a past 'ego identity' and to establish a new one which, as Greenson expresses it, is 'aiding the defenses against the old infantile impulses'. It is certainly true that the new 'ego identity' is often a hindrance to effective working through of the more archaic impulses and feelings. But in some cases something quite different happens: the superego that corresponds to the first language is so prohibitive that it allows no access to the id impulses it opposes, and one must approach the neurosis through the second language, which has a more permissive 'new' superego, if one is to bring about curative discharge of repressed traumatic memories. In other words, the use of a second language must not necessarily be regarded as an undesirable resistance, but is occasionally a very good (i.e.,

useful) transference phenomenon. The following case, which has special theoretical interest, is such an example.

CASE IV

A twenty-two-year-old woman came for consultation accompanied by her mother. Of German Jewish parentage, the patient had come to the Argentine at the age of four (before the Nazi revolution) and thenceforth had had a completely bilingual education; at home she spoke German with her parents, Spanish with the servants and the children of the neighborhood, and at school she spoke both German and Spanish. According to her rather oversolicitous mother, she had always been very quiet and docile. Since the menarche, however, she had frequently suffered from premenstrual tension. A moderate obesity in puberty had disappeared with dieting enforced by the mother's critical comments. Since the age of seventeen she had masturbated occasionally. She was married at twenty, but continued to live in close relationship with her parents. Her husband, also of German Jewish origin, entered her father's firm, and her flat was in the same block as her parents'. Initiation of the matrimonial sexual relationship had not been difficult, although the patient admitted that she was not much interested in intercourse. Since her marriage she had shown an increasing unwillingness to eat and consequently suffered a rapid and serious loss of weight. Simultaneously she lost interest in housekeeping and cooking and had temper tantrums and crying spells. She became persistently constipated and did not menstruate during several months. As ordinary medical treatment gave no results, the mother finally insisted on consulting me and eventually prevailed upon the father to pay for the patient's psychoanalysis. As the mother, who prefers speaking German, had been the first to come to me, the analysis of the daughter was begun in German.

In the first sessions the patient spoke mostly about her food preferences: she felt meat was not doing her any good, a vegetarian diet was healthier, she preferred fruit to everything else.

She accused her mother of forcing her to eat unhealthy food and of meddling in her private affairs. Paradoxically, she also complained that her mother did not visit her, and that she had to go to her house in order to have a 'little chat'. As the patient protested at the same time against the treatment—particularly against having to talk while I remained silent and against having to visit me instead of my coming to her—I pointed out that apparently she wanted to be fed and not to be fed at the same time. She called this interpretation absurd, and although she unwittingly confirmed it by adding in the same session that 'coming here is like having to take poison', she could not cease to express her scornful protest against my 'ridiculous theories'.

In the following weeks the treatment became a nightmare. The patient regularly arrived late or not at all. When she made an appearance, she remained completely silent for as long as twenty minutes. At other times she behaved as if she were deaf, requiring several repetitions of every word I uttered. Whenever she spoke she limited herself almost entirely to critical remarks about my behavior; when I was silent, she accused me of being cross; when I said something, she accused me of shouting at her.

Taking this to be the reaction against a correct but too early interpretation, I resigned myself to making no interpretation of her resistances. I tried, however, to make clear that I was very sorry not to be able to help her as much as I wished, and explained that my interest in her cure had nothing to do with any interest she might suppose me to have in her mother, with whom I would under no circumstances form a common front against her. After a few weeks she began speaking more and more about her father and her husband, criticizing their indifference and lack of understanding. She once complained rather eloquently about her husband's insufficient command of Spanish, her desire to talk Spanish at home, and her hope that after a while he would improve his familiarity with that language.

I felt tempted to interpret these remarks as referring to me, but decided in view of my earlier experience with an interpretation of the transference not to do so, but simply to continue the treatment in Spanish. The effect of this change on the patient was striking. She now talked far more freely and brought out for the first time many important childhood memories: a very frightening tonsillectomy carried out under deception, her mother's forceful insistence on her taking all sorts of medicine, her anxious experiences with enemas, and finally some recollections of family conversations about Nazi brutality. The interpretation was then given that her resistance might have had something to do with my speaking German like her mother by whom, perhaps, she had feared she would be poisoned or otherwise destroyed. The patient responded to this interpretation with a long silence, but did not protest. She left the session in good spirits and ate a hearty meal for the first time in months.

From then on progress was evident. The patient became more punctual and far more coöperative. Her speech, which had so far been hesitant even in Spanish, became much more fluent. She began to listen attentively. She understood that her constipation and amenorrhea were defenses against her aggressive impulses and against the danger of being attacked by the mother in retaliation. She also understood the relationship of all this to her œdipal situation, and that her ideas about language arose from fear of being poisoned through the ear.[4] As her emotional relationship with her family improved, she was increasingly able to overcome her revulsion against solid food, and she started to gain weight. Simultaneously she noticed an increase in her sexual appetite. She left her analysis weighing ten kilos more than at the beginning, and in the fifth month of a joyously welcomed pregnancy.

[4] I consider this experience of special value for the confirmation of Isakower's hypothesis regarding the 'exceptional position of the auditory sphere' in the configuration of the superego.

Doubtless this case proved as clearly as the first three the truth of Fenichel's statement: 'A person's relation to language is often predominantly governed by superego rules' *(4)*. But it also shows that the specific influence of the superego on the choice of language differs in different cases, or, as Edith Buxbaum puts it, 'the ability to speak . . . a foreign language . . . can be employed as an additional defense mechanism, reenforcing repression, and also as a means of weakening the strength of the superego' *(1)*.

It seems, however, possible to generalize further. Whether a patient uses a second language to resist analysis by 'reenforcing repression' or to further it by 'weakening the strength of a paralyzingly prohibitive superego', the meaning of the choice for the ego is always the same: the ego is protected against intolerable anxiety caused by the superego. If this is true, there should be cases in which the choice of another language produces a strengthening of the ego and is a 'positive' rather than a 'negative' defense. The following is such a case.

CASE V

A thirty-five-year-old business executive was psychoanalyzed because he was unable to decide whether he wished to get married and whether he wished to give up his business for an intellectual career. He was a German Jew who had been forced to leave his country to escape the Nazi persecutions. Since settling in the Argentine at the age of eighteen he had spoken Spanish almost exclusively in his business, and much English (acquired as a child) in his social life. As he was very intelligent and apparently especially gifted, his command of Spanish and English was hardly less good than his ability to express himself in German. The psychoanalysis was carried out in German.

During his analysis the patient learned, much to his surprise, that his Jewish birth constituted one of the major problems of his life. He was so convinced that he had overcome this handicap that he reacted to my first pointing it out to him

with deep resentment. It later became clear that in repressing his conflict over the fact of his Jewish birth he repressed a deeply rooted castration anxiety which was related to severe oral anxieties in his childhood.

This patient never spoke Spanish during his psychoanalysis. But he often spoke English when his associations led him to speak about characteristics in himself that he particularly cherished: his fair hair and blue eyes, his excellent manners, his reliability and honesty, his ability to overcome handicaps and difficulties. This fact was sufficiently striking to arouse the patient's own curiosity. He remarked spontaneously that he had observed a tendency to speak English to business friends and associates whenever he wished to make an important point quite clear. 'Probably', he said, 'I do this because English is such a precise language'. As the precision of his statements was one of his most highly valued virtues, I suggested that he probably used English whenever he needed to defend himself against a fear of inferiority and, in a wider sense, of castration or oral frustration. He accepted this interpretation, saying much about his childhood during which the part of Germany where he lived had, after the First World War, been occupied by British troops. In spite of his unpleasant experiences in Nazi Germany, he apparently felt that being German and being Jewish equally meant being inferior (castrated, orally frustrated) in comparison with the British 'master race', in all likelihood because his mother had shown a certain admiration for the martial smartness of British officers. It later became clear that he always preferred partners in love with whom he could speak English. His command of obscene words in English was vastly superior to his knowledge of them in German or Spanish.

His analysis led him to the conclusion that it was good for him to be a businessman. He eventually married a German Jewish girl whose English was poor.

It can hardly be doubted that by slipping into English this patient denied his original 'ego identity' and passed into a new

one. But it is also evident that this 'switch' was motivated less by the need to avoid a specific anxiety than by a desire to 'bolster' the ego and thereby make it generally more 'anxiety resistant'. It is also possible to describe this mechanism in terms of superego psychology: what is taking place here can be described as the strengthening of a more reasonable superego, as opposed to the weakening of an archaic one. But it would be even more appropriate to say that this is a case in which a value-determined ego ideal supplies the ego with armor against the anxieties that might originate in a superego determined by the id.

The common denominator of the motivations that underlie the choice of language in polyglot psychoanalysis is in general a tendency to avoid anxiety. The individual uses the language that in a particular situation is least likely to provoke a feeling of anxiety or, conversely, most likely to give him a feeling of security. I believe that this rule is valid not only in polyglot psychoanalysis but also in certain other situations in which polyglots are subjected to stress.

As to polyglot psychoanalysis, some obvious conclusions may be drawn. It is clear that psychoanalytic technique—directed as it is to the provocation of play and counterplay between the arousal and the alleviation of anxiety—will sometimes discourage and sometimes favor the use of a particular language. It is also evident that psychoanalytic theory, particularly with regard to the constitution and function of superego and ego ideal, will go far deeper into the problems of choice of language than has been possible in this introductory paper. Speech, says Stengel, is 'the highest accomplishment of the ego' *(10)*. Modern psychoanalysis, interested as it is in the practical and theoretical problems of ego psychology, must seek to penetrate ever more deeply into the dynamics of language.

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ETIOLOGY AND TREATMENT OF SLEEP DISTURBANCES IN CHILDREN

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The subject of neurotic disturbances of sleep was reviewed by Fenichel and others in a symposium in 1942 *(2)*. In his discussion Fenichel re-emphasized that for complete fulfilment of the function of sleep, tensions must be excluded from the organism. These tensions may be determined by external physical discomforts or by psychological conflicts. Impairment of the function of sleep was, he believed, encountered in every neurosis. That sleep disturbances are sometimes relatively slight, Fenichel explained by his observation that some neurotics had learned to render innocuous by secondary measures sleep-disturbing stimuli emerging from repression. He found ' . . . that the sleep-disturbing effect is greater for those involved in acute repressive conflicts than for those who have learned to avoid struggles by means of rigid ego attitudes'.

Both incipient failure of repression and intensely experienced affects—especially sexual excitement without gratification—apply particularly to insomnia in certain phases of childhood. The study of sleep disturbances in children should therefore prove helpful for understanding the origin and nature of certain neurotic disturbances of sleep.

Berta Bornstein in 1931 demonstrated that the fear of lying down to sleep of a two-and-a-half-year-old boy was the result of an acute fear of soiling the bed during sleep which had been re-enforced by premature phallic impulses *(1)*. A similar instance in a child of eighteen months was reported in 1927 by Wulff *(11)*. In this case it was of particular interest that the child's sleep disturbance was relieved through counseling the parents. The dynamics and the content of pavor nocturnus in a seven-year-old boy were demonstrated and reported in detail by Jenny Waelder in 1934 *(10)*.

Certain observations in the discussion by Simmel at the 1942 symposium are of particular interest. He raised the question whether it was conceivable that the start of a schizophrenic process might be associated with a temporary disturbance of the ability to regress by means of sleep. He drew attention to the various stages of regression as expressed by different degrees in the depth of sleep as observed among the phenomena of the psychoses. Some of my observations during the psychoanalytic treatment of various cases of sleeplessness among children *(9)* seem to support these hypotheses. I have gained the impression that severe and prolonged disturbances of sleep in infants and young children are sometimes the only early identifiable precursors of a later schizophrenia. In a two-year-old child *(8)* I could demonstrate that difficulty in sleeping was this child's defense against the threat of loss of object relationships and against succumbing to overpowering oral-sadistic impulses. In this case the genesis of the sleep disturbance and of concomitantly developing daytime phobias could be clearly observed. The concepts of sleep and the function of the dream as developed by Jekels *(6)* have also been very helpful in this study.

As no systematic studies of neurotic sleep disturbances of children have been made, the clinical material of this study is presented in accordance with the phases of the development of the child. The basic and characteristic conflicts of each developmental phase are reflected in sleep disturbances which may be considered as typical of each phase. Each successive phase adds its own characteristics to the sleep disturbance of the preceding phases, if the symptom has not been treated at the very onset.

The occurrence of mild and transient sleep disturbances during the œdipal phase can be considered a typical feature of childhood in our culture. The severer disturbances of this phase, however, especially the acute exacerbations leading to persisting sleeplessness, are pathologic phenomena indicative of serious emotional disorder. There is a definite analogy

between these sleep disturbances and the traumatic neuroses of adults with regard to genesis, dynamics, and treatment. I consider a better knowledge of sleep disturbances in children important not only for immediate therapy, but even more so for prognosis and prevention. I wish particularly to emphasize that disturbances of sleep in children are the first reliable signs of emotional conflicts, and that this symptom precedes any other overt indications of them in the behavior of the child.

A peacefully sleeping infant is the essence of relaxation and peace. It seems inconceivable that infants should suffer from neurotic insomnia, rather than from sleeplessness incident to illness, pain, hunger, and other physical discomforts. Because infants normally require a great amount of sleep, a prolonged and severe interference with it in a very young child should be considered to be of serious import, even in the absence of other signs of distress. The organism of the infant is dependent upon its environment for protection from too intense stimulation which creates in it states of excessive tension. According to Freud, 'The flooding with excitation of an organism without adequate defenses is the model for all later anxiety'. Anxiety is the most frequent cause of sleeplessness in children, as it is among adults. Unless the physical and emotional needs of the infant are reasonably gratified, or until its physical and psychological tensions are relieved, it cannot achieve sleep sufficient for its requirements. As it is not possible to explore the sources of the infant's anxiety directly, it is necessary to examine carefully not only the infant but even more so its environment, particularly its mother and her feelings regarding it, in the search for the sources which provoke and maintain the state of tension in the infant.

CASE I

The mother of a six-month-old girl reported that the child was waking up many times during the night, crying incessantly; even when held by her mother it was difficult to quiet her.

During the day her sleep was very restless, and she would frequently awaken screaming and anxious. According to the mother's sister, the child's mother was an overanxious person who was beginning to show signs of emotional strain which was believed to be caused by the child's insomnia. Investigation proved, however, that the mother actually prevented the child from sleeping. Her overconscientiousness about the child was a disguise for her unconscious hostility. She had a fear that something would happen to the child during sleep and she was constantly watching her. She would listen over the crib to determine whether the infant was breathing and became very apprehensive when it was quiet. She would then fuss with the bedclothes until the child awoke which provided her with a reason for taking the child out of the crib. To advise that the child be permitted to sleep was useless because of the severity of the mother's neurosis which was affecting the child in this way. Analysis of the mother provided an opportunity to follow up the development of this child for two and a half years. There was a marked improvement of sleep which corresponded with changes in the mother's feelings toward her child.

CASE II

The mother of a twenty-two-month-old boy consulted me because of his severe insomnia from birth which had become progressively worse. From the history and my observation of the boy's behavior, it was clear that the mother had over-indulged him. She had been afraid to allow him to cry at night because her husband became angry when his sleep was disturbed. She had resorted to hiring someone to sit with the child throughout the night. She was desperate because all these measures including sedatives were not effective. The boy screamed so loudly during the night that the neighbors complained. She then decided to take care of the child herself but soon felt exhausted and unable to cope with this problem. While the mother was giving the history, holding the boy in her lap, he was trying to prevent her from talking, obviously

annoyed with me because I was diverting his mother's attention from him. The mother was clearly afraid of him and was capitulating to him, although she seemed at the same time to be annoyed with him. When I told him in a firm tone to keep quiet and to allow his mother to talk, the effect startled his mother. He suddenly became quiet, looking at me open-mouthed, but he did not cry. His mother had told me that he was rather a friendly child, very active and demanding, seldom crying during the day. When I suggested that she let him cry through several nights without attending to him, she raised the objection that even if her husband permitted it, the neighbors would have her evicted. I assured her that I would give her a certificate to the effect that she had taken this course of action upon medical advice, and that if her husband objected she should board him with friends for several nights. This soon proved successful and during the past three years the boy has been sleeping peacefully. This case is a disturbance of sleep from faulty training. That it was rather easily corrected was a consequence of the early age of the child and the fact that the mother was not seriously neurotic.

CASE III

A ten-year-old girl suffered from chronic and severe insomnia to such a degree that she scarcely slept throughout the night. She would fall asleep toward dawn and then could not be awakened. Her father held her while her mother dressed her; when she finally got to school—usually an hour late—she would fall asleep. The school recommended psychiatric consultation. The parents and the pediatrician believed that the child's condition was organic and were sceptical about psychotherapy. The mother told me that the girl had been a very small baby with so 'tiny' a stomach that she believed that she had to feed her hourly during the night. By the age of two she would consume a quart of milk in the course of the night. The father had formed the habit of playing with the

child while she was awake during the night. When the mother felt that the child was strong enough to do without these feedings, she found that the girl would insist upon having her bottle, clinging to it all night even when it was empty. Sedation, corporal punishment, deprivations had no effect and only contributed to making her a serious problem. She had also, it transpired, shared the parental bedroom from infancy up to her tenth year. She was still usurping her mother's place in the parental bed with the father. The mother slept on a cot.

Freud ascribed the genesis of neurosis in man to the repression of primitive drives, a factor indispensable for the process of civilization *(4)*. During the short span of its second and third years, the child in our culture has to accomplish the amazing feat of being transformed from a primitive being into the little citizen of our homes and nurseries. During this period toilet training is at its height or completed, and repression of anal-erotic and aggressive impulses takes place even if toilet training has not been instituted prematurely or harshly. During this period mild sleep disturbances of a transitory nature are therefore a rather common occurrence. Whenever such repressions are excessive and abrupt and additional traumatic experiences aggravate the situation, the effect will be reflected immediately in more severe disturbances of sleep. Additional traumata may be the birth of a sibling (which often prompts the mother to accelerate the training of the older child), surgical operations, and other severe illnesses. Emotional overstimulation and seduction are particularly traumatic because they prematurely stimulate phallic impulses and thus re-enforce anal conflicts and intensify the child's repressive struggles.[1]

In the early stages, before symptoms have developed, treatment may be very rewarding. It can often achieve its results indirectly through guidance of the mother. Even when the

[1] For the treatment and complicated dynamics of such a severe sleep disturbance in a two-year-old child, in whom all these traumatic factors coincided, see Animal Phobias in a Two-Year-Old Child *(8)*.

anxiety has led to reaction-formations and compulsive traits of character, treatment at an early age is comparatively simple.

CASE IV

The case of a three-year-old boy will illustrate this. At about one and a half years of age he began to have frequent nightmares and occasional night terrors. He appeared to be too much concerned with cleanliness and showed the beginnings of food and sleep rituals. His mother was preoccupied with anal functions, and frequently used suppositories or gave the boy enemas. On his third birthday she gave him a doll and carriage which he had not requested. She was aware that she would have preferred him to be a girl, and could see nothing wrong with the encouragement of feminine traits in him. He had shown a tendency to have temper tantrums which she had quickly suppressed. The boy indulged in a form of anal masturbation by sticking his finger frequently into his anus. During a short period of treatment he was helped to release some of his repressed anal aggression. The mother was induced to relax her rigid regime with her son. Her anal practices and preoccupation with the anal functions of her child were explained to her as forms of subtle seduction to be discouraged. It was possible to convince her that she must not take the boy into her bed because she had assumed that this was the only way to get him to sleep after he had awakened from a nightmare.

The practice of taking a child into the parental bed, as a means of restoring sleep disturbed by nightmares, serves only to provide an additional source of overstimulation for the child whose disturbance of sleep itself indicates its inability to cope with its aggressive and sexual impulses. It has the effect of adding fuel to the fire. The remedy is usually to eliminate the source of the overstimulation which very often emanates from a mixture of parental prohibition and seduction.

The commonest period of sleep disturbances in children is

during the œdipal phase, from about three to five years of age, a phase of unavoidable frustration in the life of every child. The repression of the œdipal wishes and the conflict about infantile masturbation with the resulting fears of castration is reflected in the specific sleep disturbances of this age. In most cases it is mild and temporary, with occasional nightmares and difficulty in falling asleep.

The circumstance under which such disturbances become chronic and pathological I have found always to be a defeat of the child's task of renouncing its œdipal strivings through faulty parental attitudes. Particularly harmful is the suppression of any overt manifestation of sexual feelings, sexual curiosity, and jealousy in the child, with concomitant overstimulation and seductive behavior toward the child. This is seldom done in a way which is manifest to the parents, but is sensed as seduction by the child who reacts to it as such. Maids, governesses, relatives are often agents of gross excesses in such pathological overstimulation of children.

The onset or exacerbation of difficulty with sleeping is often attributed to such various external sources as television, movies, unusual excitement, or frightening experiences. Although many children are exposed to these experiences, only few react to them in this particular way. The fact that only some individuals exposed to the same stimulus develop a traumatic neurosis is an indication that the trauma has activated repressed experiences from the past in those who have a latent predisposition. An outstanding characteristic of the traumatic neurosis is the tendency to relive the traumatic situation in nightmares. Therapy of the traumatic war neuroses has shown that the chances for quick recovery are better if treatment is employed promptly. Without treatment, the process tends progressively to become an integral part of the personality.

CASE V

A six-and-a-half-year-old boy was preoccupied with fears of death for a year and a half. He had had no experience of

death in his family. He would cry before going to bed because he was afraid he might die. When finally he fell asleep he would soon wake up in fear. This had become progressively worse. At five years of age, when driving past a cemetery, it was explained to him that this was a place where dead people were buried; that their bodies slept there forever while their souls went up to heaven. His mother described him as a model child who was greatly attached to her and very considerate of his baby brother, one-and-a-half years old.

Very soon, during sessions of play therapy, an intense repressed hostility and death wishes toward his brother became evident. This brother having become the immediate rival for the affection of his mother at the time when the boy found himself in the difficult situation of having to renounce the mother as the œdipal love object, his unconscious death wishes had gained reality with the discovery that there was a special place from which dead people did not return. Fearing he might be punished in like manner for his evil intent, going to sleep became an acute danger which was associated with death in his mind. The mother had in many ways fostered his unhealthy attachment to her, at the same time putting a premium on the repression of aggressive and sexual behavior. Release and working through of these impulses in play therapy and modification of the attitude of the mother resulted in a striking improvement in the boy's sleep within a short time.

CASE VI

A boy of six-and-a-half years suffered from severe nightmares and difficulty in falling asleep from the age of four and a half. The reason for seeking treatment at this point was an acute exacerbation of the sleep disturbance due to an experience in school. The teacher had discussed fire prevention in class, and had given the children a questionnaire to be filled out by the parents. The boy, becoming preoccupied with the fear that there would be a fire in the house, refused to go to bed,

walked through the house to see that the gas was turned off and that everything was under control. The mother was also concerned because he was rather timid, did not play with other boys, and was not attentive in school.

Early in his analysis the boy would run out of the office several times during each session to see whether his mother was still in the waiting room and present her with love letters which he either dictated to me or managed to write himself. When later he was convinced that he could reveal his true feelings, he vented an intense resentment against both parents which proved to be connected with having witnessed the primal scene during his nocturnal wanderings, and with the birth of his sister when he was two. Clinging to his mother was a reaction-formation to unconscious hostility, and his possessiveness of her was his way of taking her away from the father and the sister. The intensification of the sleep disturbance was the result of dangerous aggressive impulses to set the house on fire when everybody was asleep.

Acute repression of object-directed destructive impulses in a child leads to disturbances of sleep for which the term 'sleeping phobia' would apply. The child either refuses to go to sleep at all, or does so only under specific conditions and with certain precautions. Someone, usually the mother, has to lie with the child in bed until it falls asleep. The child in this situation needs the physical proximity of another person to protect it from its own destructive impulses which threaten to break through into consciousness during sleep when its defenses are relaxed. This behavior, however, should not be confused with the actions of a healthy child who, in a desire to participate in the activities of the adults, will invent all kinds of devices to postpone going to bed.

SUMMARY

The chronic insomnia of young children is of serious import, often the first symptom of severe neurotic or psychotic disorders.

The psychodynamics of the neurotic sleep disturbances are similar to those of the traumatic neuroses. The sooner treatment of the disturbance is instituted, the better the results. Six illustrative clinical examples are cited.

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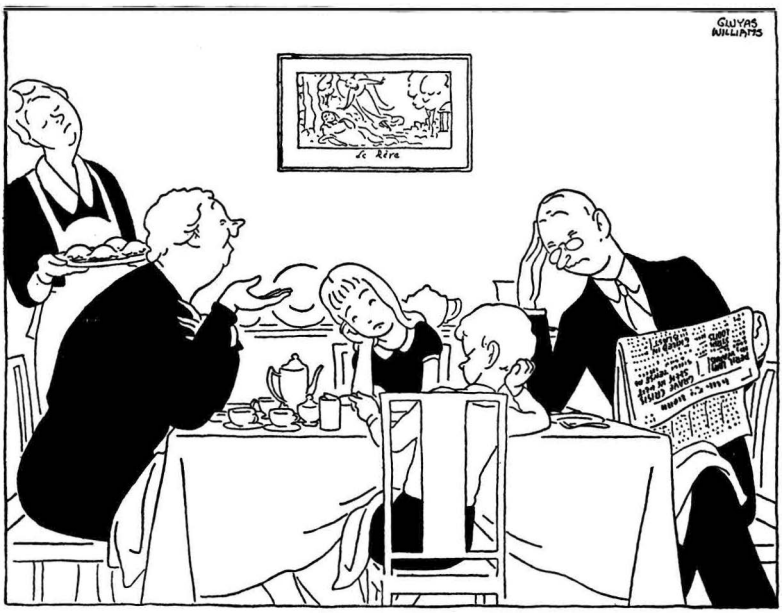
VICISSITUDES OF THE DREAM SCREEN AND THE ISAKOWER PHENOMENON

BY ANGEL GARMA, M.D. (BUENOS AIRES)

In a number of papers Bertram D. Lewin has described the 'dream screen' which represents the mother's breast as a child sees it while nursing, usually flattened because of the child's proximity to it *(6, 7, 8, 9, 10)*. In ordinary dreams the manifest oneiric content appears upon the screen. The dream screen represents the sated satisfaction of falling asleep at the mother's breast. It also satisfies the desire to be consumed by the breast.

A recent cartoon by Gluyas Williams illustrates intuitively



RACONTEURS

"I had the funniest dream last night. We were house guests of the Windsors, only I seemed to be the Duchess and yet me too—you know how it is in dreams. Well, we were having dinner, only now it seemed to be on a ship, and the captain kept biting people. Really, it was screaming. Well, it kept getting more and more mixed up, because I remember Hitler got into it somehow, and then . . ."

this conception of the dream screen. In it a mother is recounting a dream to her husband and two children, who are overcome with boredom. That the family is about to have a meal is a part of the artist's appropriate portrayal of the scene. The meal represented is breakfast at which milk, or its substitutes tea and coffee are on the table. The origin of the wish to sleep is alluded to in the picture by the maid who holds a tray of food which has the shape of breasts. The mother is represented as fat, with ample breasts, while her husband and two children are lean. The caption to some extent confirms these interpretations.

If these interpretations are correct, the artist's inclusion of a picture on the wall entitled *Le rêve* is his unconscious indication that falling asleep at the mother's breast plays its part in the genesis of dreams. It depicts in a sylvan setting an ample nude woman asleep in a recumbent position, an angel hovering over her.

Lewin's original observations have been amply corroborated by many psychoanalysts who have reported dreams that confirm his conclusions. For example, a patient related to Dr. Lawrence S. Kubie 'the worst nightmare' of his childhood, '. . . an endless wall . . . like . . . a milky substance' which represented the flattened breast of the mother as it occurs in the dream screen. Very often these dreams cause anxiety, and in the dream the dreamer resorts to manic defenses to escape threatening dangers. The dreamer 'has immeasurable superiority to the danger from which he is fleeing'. The cause of anxiety in these dreams is the representation of the mother's breast. The dreamer flees from it with the help of his mother's 'immeasurable superiority'. After he had been given suck as a baby, his mother removed him from her breast with movements which must have seemed to him enormous. In later years these movements that separate him from the terrifying breast appear in dreams as enormous liberating leaps.

According to Lewin *(10,* p. 182*)*, the 'whitish, cloudy, endless

wall is the breast or the ghost of a breast'. 'Ghost of a breast' suggests that besides referring to the parents' night clothes, as pointed out by Freud, the white sheet with which ghosts are depicted in comic drawings is also a representation of the dream screen. This is reflected in the habit of many infants who sleep with their sheets or pillows pressed over their mouths.

A patient who felt he had improved his financial situation by an analytic interpretation, subsequently reported the following dream.

> A Dr. X was offering me a white Chesterfield cigarette; the dream seemed as if it had a white background.

The analysand particularly emphasized the whiteness of the cigarette. That the white background of the dream is the dream screen is supported by the associations. The Dr. X of the dream, who represents the analyst, is a man who always invites the analysand to have coffee with him; he also insistently urges him to ask his wife to give him more cream to fatten him. A deeper meaning of the dream is a protest against the analyst. Although his need to be fed had been lessened by resolution of his economic difficulties, his genital potency had not improved. He commented that a Chesterfield is shorter than a Pall Mall, which he prefers; a Pall Mall means to him a longer, hence more potent, penis than his own. His further associations, referring to adequate alimentary and deficient genital satisfaction, ended by the statement that on the previous day his wife had given him a good meal, but she had forgotten to give him any fruit for dessert.

The parts of the dream that related to the breast were not communicated to the analysand. The following day, he referred to having read a psychoanalytic book. The two open pages of it, he associated with two flattened breasts. Cigarette ash, which was lying between the pages 'in the cleft of the book', he thought of as excrement, semen, and 'bad mother's milk'. He then spoke of a woman psychoanalyst, whom he considered pretty but frustrating, as having breasts full of worms looking

like excrement. He spoke of another woman with breasts flattened, as he put it, as if by a pane of glass placed over them. This reminded him of his mother's nourishing breasts.

This man lived with his wife as though she were his mother, rarely having sexual intercourse with her. He was often economically dependent upon her or her family. He denied both his own and his wife's sexual needs, and in his unconscious fantasies his wife's unfaithfulness to him appeared as fear that she would be assaulted when away from home. Some months later a burglary at a shop nearby increased these unconscious fears. That night while waiting for his wife to come home he felt very uneasy. He lay down, not as he usually did, but across the bed with his mouth pressed against the sheet. Lying thus, he kicked the bed like a hungry child calling for its mother. In this state of mind he fell asleep and had a dream.

> A Mr. Wolf, whom I don't know, was at table with some other people. As I was half awakened from this dream by the sound of a passing tram, I realized that my dream was becoming flattened, turning into something like a photograph and then disappearing upwards, like a curtain. Only a white milklike background like a television screen remained.

The sound of the tram reminded him of the shots fired during the burglary at the shop. It also made him imagine that his wife was about to arrive, because she always returned home by that tram. He recalled that there was a traffic policeman at the corner near his home, where the tram passed. He emphasized the policeman's two white armlets in the same way as he had emphasized in his previous dream the whiteness of the cigarette. He thereupon remarked that this policeman might have prevented the burglary at the shop, just as the policeman, he added, would prevent the analysand's wife from displaying her naked breasts to other men living near their flat. The armlets symbolized his wife's breasts, which the policeman (analyst) looked after so that they should continue to belong to the patient. The sound of the tram calmed him by suggesting his wife's arrival. It therefore eliminated from his dream

the disturbing symbol of conjugal infidelity, a Mr. Wolf. There remained in the dream only the image symbolizing satisfaction at the mother's breast, the white, milky background of the dream which resembled a television screen.

The anxiety that had been stimulated by the introduction of Mr. Wolf in the dream disappeared when the sound of the tram led to an oral regression by a mechanism pointed out by Lewin in connection with the forgetting of dreams. This regression made the dream become flat and turn into something like a curtain.

A patient reported to Dr. I. Peter Glauber the dream image: 'It was a wall, pinkish in color'. He identified it in his dream as a 'screen' that stood between him and the analyst. 'The wall was punctuated by elevations, which on closer view turned out to be roses. His association to the roses was that they reminded him of the areola of the breast. The center of the rose, he elaborated, had an elevation which he associated with the penis and he described the erectile qualities of the center' *(10,* p. 182*)*.

Such dreams, which offer more precise representations of the mother's breast, result from childhood fantasies added to those of the first months of nursing *(10,* p. 187*)*. Such representations of the breast lead the child to associate the erectile nipple with the penis, as in the dream contributed by Glauber. According to Lewin, when a child is able to stand on its feet, the image of the flat abdominal wall is added to its earlier representation of a flattened breast. This permits fantasies of sleeping in the womb to be superimposed upon those of sleeping upon or within the breast.

One of my analysands, a woman, had a dream of this sort.

> On a palisade of bricks I saw reflected a white meteor which was about to fall and make the earth explode.

The palisade symbolized the flat breast, and the rose-red elevations of the bricks represented the areola and the nipple. The patient's term 'palisade of bricks' seemed inappropriate, for a palisade is made of pales, not bricks. This mistake was not

analyzed, but the latent content of the dream suggests that the pales of the palisade symbolized the penis and also the teeth of the child seeking oral satisfaction at the breast.

Glauber's patient dreamed of a wall like 'a screen' between him and the analyst. In the dream of my analysand the wall, which represents the breast flattened as seen by the suckling child, clearly acts as a reflecting screen, for it reflects a white meteor. This meteor by its form and color also represents the breast, but this breast is not flat. In this dream, therefore, the dream screen, the flattened breast, reflects the breast rounded, as seen by the child separated from it.

My analysand associated the meteor of her dream with pregnancy and a penis containing white semen (which is commonly called 'milk' in Spanish). At the time she had the dream the analysand feared she was pregnant. With the exploding of the meteor she associated abortion and childbirth; also 'the scandal that would burst' when her pregnancy became known. She suffered much anxiety because of her great dependence upon her family.

When this analysand had as a child stopped sleeping in her parents' bedroom she repeatedly had troublesome sensations in her throat, rather as though she had 'globes' in it. She also had the impression that the whole floor of her new bedroom was upholstered. The globes represented breasts to her, which, because she had been separated from her parents' bedroom, had 'stuck in my throat'. It was also deduced from her associations that by its resemblance to the mattress of her parents' bed the upholstered floor of her room represented the breast, but flattened as seen from close by. In this impression of the upholstered floor, the scene oscillated between impressions of the breast as seen from close by and from a distance, because, as the analysand said, a mattress or something else that is upholstered is flat, yet has rounded eminences and buttons; these to her symbolized breasts with their nipples.

The following day, because of her intense anxiety, this patient felt once more the troublesome childhood sensation of globes

in her throat for the first time in many years. Besides its childhood meaning of breasts, this sensation now meant testicles and pregnancy, which 'disagreed' with her. That morning she had paid an unusual amount of attention to her underclothes, particularly her brassière, for she now considered they did not suit her. Her breasts, she thought, had become more rounded. This was also a representation of pregnancy. She next associated frigidity with the wall in her dream. As in Glauber's case, the wall was something that separated her from other people. She added that the wall corresponded to all the front parts of a woman's body, from her genitals to her neck, and, as she insisted, 'the passage between the two breasts'. In all these associations there is an oscillation between fantasies of the breast, and others of the mother's belly. The fantasies are intermediate, as Lewin points out, between those of a child being given suck who sees the breast flat and those of a somewhat older child who, because it is on its feet, has a nearer view of its mother's belly than of her breast and sees it as being round.

In some regions of Mexico when there is an eclipse of the moon the Indians sing songs while looking at the moon reflected in vessels full of water. These vessels must symbolize the gratifying maternal breast. The double image of the moon, direct and reflected in water, has caused intense emotion in human beings, as is shown by many poetic and pictorial representations. This same situation supplies the humor in a drawing by Peter Arno showing a man in a boat. On his lips and in his eyes is an expression denoting intense instinctual satisfaction. His nose is long, like a penis in erection. He is making his companion do the rowing so that he can see her large breasts every time she leans forward. The moon is reflected in the water, symbolizing the gratifying breast of a mother. A different scene would have been less funny, although daylight, for example, would be more helpful for seeing the breasts directly. Lewin has pointed out that mountains appear in this picture like teeth about to bite the moon *(12)*.

Lewin *(10)* has described blank dreams which represent 'the complete fulfilment of the wish to sleep at the mother's breast after nursing'. The word 'blank' by derivation means 'white'. In such dreams the invisible dream screen is the representation of the breast that satisfies completely, whereas in ordinary dreams 'the visual elements . . . represent the psychic elements disturbing the wish for sleep'. Unsatisfied desires are responsible for the visible contents of dreams.

A patient reported to Rycroft a dream with a white background which the patient compared to a sheet. The latent dream thoughts resembled those in the dream of my patient; they expressed the patient's feeling that he was protected by his analyst, and also his longing for greater oral and genital satisfaction from him *(13)*. According to Rycroft, the dream screen appears in psychoanalytic treatment when the patient abandons a position of narcissistic identification and dares to seek satisfactions in objects, even though he does so with anxiety.

The sources of the various kinds of dream — ordinary dreams with visible contents, blank dreams, and nearly blank dreams — are various situations in which satisfaction is or is not attained. These sources are often masked, for the sleeper wishes to free himself from the unconscious situations in which satisfaction is not attained because they are traumatic to him; he would rather pay attention to those that produce complete satisfaction. That is why the sleeper strives to sleep without dreams. Sometimes he succeeds in this in the manifest aspect of the dream, but does not succeed in the affectivity which accompanies the dream, for the concomitant affectivity is more difficult to mask. His blank dreams awaken him as do frightening nightmares. They thus seem, as Lewin points out, to nullify the function of the blank dream which expresses satisfaction of the wish to feed and sleep at the breast. This occurs because the apparent wish fulfilment, which forms the content of blank dreams, does not allay the anxiety and soothe the latent traumas but rather re-enforces them. Thus blank dreams, with or without anxiety,

may occur during the same night as dreams with visible contents, all arising from a single latent situation of trauma or lack of satisfaction *(1, 2)*.

This happened to one of my analysands. The patient informed me that he had gone to sleep with much anxiety the night before and had had 'a nightmare like those of my childhood'. At first he said that the nightmare was entirely without content. Then without remarking on the contradiction he went on to say that he had dreamed of 'a contraceptive sheath filled with water'. In association to this dream he recalled that the night before he had washed a condom he had used.

The patient, who lived in an unhappy milieu, had suffered in his childhood from frequent nightmares, from which he would wake up with much anxiety, calling his mother. These nightmares either had no visible content or were very vague; 'something like clouds or circles which became larger or smaller'. When grown up, he had similar nightmares after being frustrated during the day in some attempt to achieve satisfaction.

On the day he reported the dream, he came to his analytic session with 'floating anxiety, without precise content' (a description which reminds us of blank dreams), caused by the fact that he was soon to read a paper in public, a prospect that caused him simultaneous pleasure and anxiety. The day before, he had had sexual intercourse which had given him little pleasure because of his use of the condom. After coitus he had dozed upon the woman's breast, and he must have suffered anxiety for she told him that he had had convulsive movements of his whole body. Then he had washed and put away the condom.

Analysis of his nightmare showed that the condom filled with water symbolized the mother's breast filled with milk, but a breast that was not for him; just as, during the day, he had not really been able to enjoy coitus. To his inability to throw away the condom he associated having few sexual relationships, to which therefore he clung avidly; also that in his

childhood he had received few satisfactions from his mother and family, who moreover were always telling him that he was a spoiled child.

The latent oral component in all this was made evident by the patient. He said, for instance, that in deceiving him with false endearments his relatives *'le hicieron comulgar con ruedas de molino'*,[1] and he talked of harmful things his mother had made him *swallow* which caused much burning in his stomach, and a feeling that his mother had poisoned him. The night of the unsatisfactory coitus and the nightmare, he took a drink to put himself to sleep, a compensation for his failure to achieve the oral satisfaction he sought in the sexual act.

This patient's childhood nightmares were of clouds or circles of various sizes. They suggest the 'Isakower phenomenon', which occurs in hypnagogic hallucinations and dreams and consists of images of limitless and whitish amorphous masses or discs that may revolve or grow larger or smaller, may hum, come nearer, go away, or envelop the sleeper, and may also produce sensations in his mouth *(4, 10)*.

All these impressions and sensations derive from those of the young child who sleeps at the mother's breast and has fantasies of having this breast all around it and in its mouth, or of itself being inside the breast. According to Lewin *(10)* the dream screen is one form of the Isakower phenomenon which is suggested graphically by the representation in comic drawings of dreams appearing in the midst of a cloud. This cloud functions as the dream screen, for the subject of the dream is projected upon it. In other drawings a similar cloud appears as a line enclosing the speech of the persons portrayed. This constitutes a stylization of the representation, and corresponds to the concreteness of oneiric images passing into the abstractness of speech.

The visible Isakower phenomenon in dreams, hypnagogic

[1] The literal translation of this phrase is 'made me take [holy] communion with windmills'. It is an idiomatic expression meaning 'to bamboozle'. [Ed.]

hallucinations, or nightmares results from a latent frustration or traumatic situation *(1, 2)*. This is shown by the example just cited and also by Heilbrunn's analysis of his own recurrent nightmare of a huge amorphous mass that approached him roaring ominously *(3)*. It first occurred when he was three years old. He connected it with two screen memories of that time, memories of satisfaction and frustration, one of staying at the home of a woman with large breasts, the other of realizing that other people were eating raspberries and leaving him none. It was a memory of oral and genital frustration.

These examples show that childhood oral frustrations can unite with later impressions to produce the Isakower phenomenon or visible dream screen.

Another example of the Isakower phenomenon, with both oral and genital determinants, was reported by a patient who in his childhood had nightmares in which a circle revolving at great speed became smaller and made a humming noise. The anxiety that caused the revolving circle was the result of several traumatic experiences in his childhood. He grew up with an aunt who took great interest in him until she acquired a lover. The audibly revolving circle symbolized his aunt's intercourse with her lover, which he used to hear, and the threatening words with which his aunt warned him to tell no one of what was happening. It represented also other threatening words his aunt used when she discovered him masturbating, and it stood for the noise which he made while doing so. The receding circle symbolized his mother's breast, which, instead of satisfying him in his early childhood as it should have done, receded from him. He was not nursed by his mother, and he watched with envy while she nursed his younger brothers; he once again felt intense envy when his own children were suckled by his wife.

When these childhood memories became conscious during his psychoanalysis, important changes took place in the patient. He felt as though a fog that was constantly in his head were

clearing. At the same time his intense dislike for a certain woman of his acquaintance grew less. The patient had heard that this woman was accustomed to having intercourse with a lover instead of preparing supper on time for a younger brother with whom she lived. This was a situation similar to that of his childhood, with the addition of the lack of food which was of great importance to him because of his lack of mother's milk. Later, he was able to remember his aunt, not as the old woman she now was but as she had been, a woman of youth and beauty of which he had long repressed conscious memories.

These phenomena appear not only in dreams, but also in other manifestations of human fantasies such as poetic descriptions.

> Tonight I have followed a man, long have I walked behind his shadow, with no other scene but the swinging of his thin shoulders under the opaque blue cloth. . . . I have the feeling of having pursued him always. . . .
>
> My pursuit has been implacable since I discovered . . . the monotony of a blue landscape, pathless, rainless. . . . I would weep if this blue wall that parts me from all things . . . should fade into a street opening. . . . I have pursued him all through life. . . . My eyes now gaze from that limited and moving welkin of his body. . . . I have the feeling of having passed through his body and being no longer pursuer but pursued. . . .
>
> Thus we walked, almost fused together, like strange lovers, for a timeless space. . . . My feet glide noiselessly, adhering to his shadow, along the brilliant pavement, upon which his silhouette lengthens and shortens, alternately, forever. Suddenly a mouth of light swallows him. . . . Once more I am confronted with myself, confronted with my misery.

The author of these lines underwent analysis by Marcela Spira (*14*). The story is derived from 'a wish to be fused by means of her mouth with her mother; that is, to be fused with her mother's breast'. The oral nature of the story is also shown by such expressions as 'fade into a street opening' (in Spanish *bocacalle* means literally 'street mouth') and 'to be swallowed

by a mouth of light'. In the story occur many symbols of the breast seen as flat, for example the blue wall or cloth; as spherical, as in the shoulders; and of the Isakower type, as in the shadow through which the protagonist passes. An inverted screen can be seen in the detail of the shadow that is reflected on the brilliant pavement. The blue color of the wall or cloth results from a projection of the image of the breast onto the sky as representative of the encompassing world, a projection that is followed by a return to the breast, as is shown by the reference to the eyes which 'now gaze from . . . that limited . . . welkin of his body'; this return makes these symbols of the breast blue.

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A Psychoanalytic Contribution to the Study of Brain Function

Mortimer Ostow

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A PSYCHOANALYTIC CONTRIBUTION TO THE STUDY OF BRAIN FUNCTION

II. THE TEMPORAL LOBES

III. SYNTHESIS

BY MORTIMER OSTOW, M.D., MED. SC.D. (NEW YORK)

II

ANATOMY AND PHYSIOLOGY

The temporal lobe is a roughly cylindrical or perhaps conical portion of the cerebral hemisphere occupying no more than about a fifth of its volume. When seen from the lateral aspect of the brain, it suggests a tonguelike projection. Its rounded tip is called the temporal pole; it points forward and terminates under the frontal lobe at a point halfway between the anterior tip of the frontal lobe, which is the anterior tip of the hemisphere, and the posterior border of the frontal lobe, which is the Rolandic sulcus. Inferiorly, the temporal lobe forms the lower border of the hemisphere. Superiorly, it is separated from the frontal lobe, further back from the parietal lobe, by the Sylvian sulcus. When the two lips of the Sylvian sulcus or Sylvian fissure, the lower of which is formed by the superior border of the temporal lobe, are separated a small buried area of cortical tissue is revealed, the insula or island of Reil. Posteriorly, the temporal lobe is continuous with the occipital lobe since there is no natural landmark to separate them. When the base of the brain is viewed the major portion of it is seen to be occupied by the common inferior and medial surface of the temporal lobe which stretches from the temporal pole anteriorly to the occipital lobe posteriorly. The temporal pole is clearly visible against the inferior surface of the frontal lobe,

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Part I, The Frontal Lobes, appeared in This QUARTERLY, XXIII, 1954, pp. 317-338.

which lies above it and is separated from it by the medial extension of the Sylvian fissure. The posterior border of the inferior surface of the temporal lobe is contiguous with the occipital lobe and is not separated from it by any visible landmark.

On each side of the brain, the superior border of the temporal lobe forming the inferior lip of the Sylvian fissure is concerned with the function of hearing; both ears are represented on each side. In the dominant hemisphere, the superior temporal gyrus performs an important function in the understanding of speech. The olfactory 'nerve', which lies closely applied to the undersurface of the frontal lobe, sends a band of fibers laterally into the temporal lobe at a point slightly medial to and behind the temporal pole. These fibers are destined for a structure that lies just beneath a small medial projection of the temporal lobe, called the hook or uncus. The structure that lies just

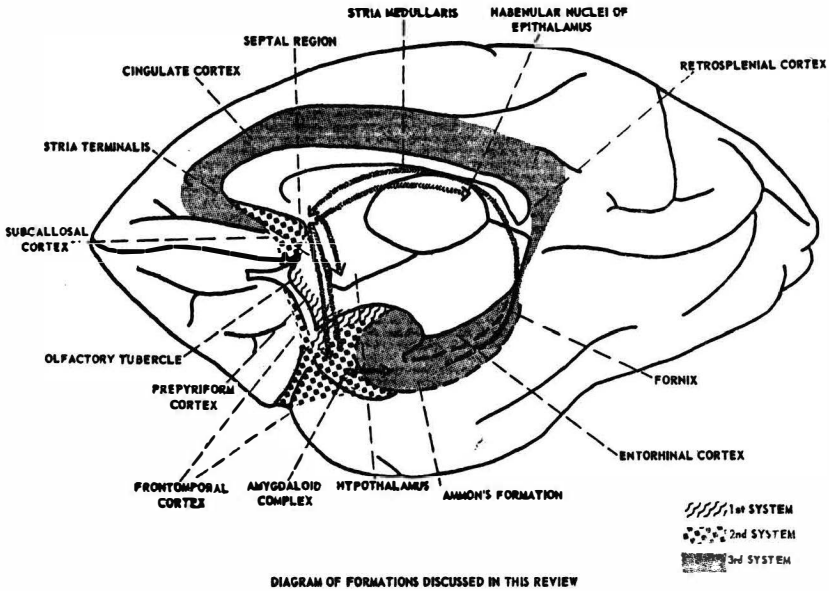

FIGURE 1

Diagrammatic representation of the mediobasal surface of the brain of the monkey, outlining some of the formations. (Reprinted by permission from Pribram and Kruger, 1954.)

beneath the uncus is the group of amygdaloid nuclei, which seems to be an important receiving station for olfactory impulses. From the amygdaloid nuclei, olfactory impulses pass by a long curved pathway (stria terminalis) to a region on the medial surface of the frontal lobe called the septal region and thence to the hypothalamus (ventromedial nucleus [Adey and Meyer]) and brain stem. A medially directed tract of olfactory fibers reaches the septal region, after one or more synapses, without passing through the temporal lobe. Some of the olfactory fibers that go to the temporal lobe terminate in a small cortical region (the prepyriform cortex) that lies over the anterior tip of a large, important structure called the hippocampus (Figure 1).

The hippocampus is not visible on the surface of the brain. It can, however, be seen to project into the temporal horn of the lateral ventricle if one opens a narrow fissure along the medial border of the temporal lobe. The structure and relations of the hippocampus are complex; it will suffice to say that it is a long, rolled, cellular mass running anteroposteriorly within the temporal lobe along its medial border. It is thickest anteriorly and tapers posteriorly where it is continuous with a long prominent tract of fibers called the fornix. (The hippocampus, together with adjacent structures, the subiculum and fascia dentata, is called Ammon's formation; in this paper the term 'hippocampus' is used to mean Ammon's formation.) The fornix is the principal efferent tract of the hippocampus and pursues a long arched course, terminating in a protuberance on either side of the inferior surface of the hypothalamus known as the mammillary body. Other fibers of the fornix are delivered to the septal region, where olfactory impulses are accumulated; additional fibers seem to reach the premotor frontal regions, probably by way of the dorsomedial nucleus. Still others reach other regions of the hypothalamus. From the mammillary bodies, tracts pass downward into the brain stem, presumably carrying impulses from the fornix. But by far the greatest number of impulses from the fornix are carried

upward from the mammillary body to terminate in the anterior nucleus of the thalamus, from which they are projected to the cingulate gyrus of the frontal lobe.

Until recently it was generally assumed that the hippocampus and its efferent tract, the fornix, since they arise and terminate in such proximity to olfactory structures, constitute a significant portion of the olfactory system. Papez, however, suggested in 1937 that the complex of hippocampus, fornix, mammillary body, anterior nucleus, and cingulate gyrus are not an olfactory system but constitute a mechanism for the elaboration and expression of emotion. In 1947, Brodal reviewed the literature and concluded that especially from an anatomic point of view, but also from studies of physiology and clinical observations, there is no justification for regarding the hippocampus as an olfactory organ. This is an important consideration, for if the hippocampus is not an olfactory organ what is its function? Adey and Meyer in anatomic experiments on monkeys traced no connections from the region of temporal cortex that receives olfactory fibers (the prepyriform cortex, the most anterior portion of the hippocampal gyrus) to the hippocampus. However, they were able to follow a pathway from the entorhinal area (an area further posterior on the hippocampal gyrus) into the hippocampus. The entorhinal area receives no olfactory fibers but does receive fibers from other portions of the temporal cortex. Similarly, Pribram and MacLean have recently demonstrated by a method called physiological neuronography that in the monkey there are physiologic, open pathways from the auditory cortex (which lies within the temporal lobe), the visual cortex (which lies in the occipital lobe adjacent to the temporal lobe), and portions of the parietal lobe cortex (where general sensation is subserved) to a portion of the temporal lobe cortex called the hippocampal gyrus. The hippocampal gyrus lies just over the hippocampus and sends fibers into it. Pribram and MacLean inferred that auditory, visual, and proprioceptive data from the cortex are integrated in the hippocampal gyrus and funneled to the hippocampus and amygdala and thence

to the hypothalamus to give rise to the appropriate autonomic reaction. Both Fulton and Brodal quote the studies of William F. Allen, who investigated olfactory function by using olfactory conditioned reflexes in dogs. He found that destruction of the hippocampus or transection of the fornix did not impair the acuity of olfactory discrimination.

A critical and complete survey of current knowledge of the 'olfactory brain', or rhinencephalon, is that of Pribram and Kruger. Reviewing ontohistogenetic, anatomic, experimental, and electrographic evidence, they summarize the structure of the rhinencephalon as follows (Figure 1). All those elements that receive fibers directly from the olfactory bulb—the olfactory tubercle, olfactory trigone, prepyriform cortex, corticomedial nucleus of the amygdaloid complex (periamygdaloid cortex)—comprise the primary olfactory system. This primary system is connected with a second system, the structures of which are not directly related to the olfactory bulb. The second system includes the subcallosal cortex, a region of the frontal and temporal junction adjoining the olfactory structures called the 'frontotemporal cortex', the septal nuclei, nuclei of the diagonal band of Broca, and the basolateral part of the amygdaloid complex. A third system, connected with the second but not with the first nor with the olfactory bulb, includes Ammon's formation (the hippocampus and adjacent structures, subiculum and fascia dentata), and cingulate, retrosplenial and entorhinal (adjacent temporal) cortex.

Olfactory sensation travels a path quite different from all other forms of sensation, which are conveyed first to the thalamus and then to the cortex. Olfactory sensation seems to be conveyed directly to the amygdaloid nuclei and the periamygdaloid cortex as well as to the septal regions and hypothalamus. One might have expected that, since taste and smell are chemical senses and function closely together, their central connections must be similar. All experimental work, including the use of recent neurophysiological techniques by Ruch, Patton, and Amassian, has shown that the pathway for

taste is similar to the pathways for all nonolfactory sensations; it passes through the thalamus to the cortex. It is, however, interesting that the pathway for taste reaches the cortex in the region where facial and lingual sensations are represented, in the sensorimotor cortex lying adjacent to the superior border of the temporal lobe and probably also in the cortex of the insula that is contiguous with temporal lobe cortex. Moreover, the neuronographic studies of Pribram and MacLean have demonstrated physiological connection of the insula to the hippocampus and to the olfactory structures of the temporal lobe. The inferior surface of the frontal lobe in the region of the olfactory nerve is also included in this complex of physiologically interrelated structures that includes the amygdaloid nuclei, the hippocampus, the hippocampal gyrus, the insula, some regions of the medial surface of the parietal lobe, the cingulate gyrus, and the orbital gyri of the frontal lobe.

From his experience with patients with focal seizures, Penfield has come to believe that the insular region is concerned with sensations from the alimentary tract, including taste and the pathological sensation of nausea. He was able to elicit the sensation of simple sounds by stimulation of the superior temporal gyrus. He produced sensations of vertigo and disturbances of equilibrium by stimulation of the lateral aspect of the temporal lobe. He produced olfactory hallucinations by stimulation of the olfactory nerves and the uncus but reported failure in a small number of attempts to evoke subjective response to electrical stimulation of the hippocampus. It should be remembered that all Penfield's observations were made on conscious human subjects who were being operated on for treatment of disease of the temporal lobe. It is probably important that he was able to elicit complicated auditory and visual hallucinations by stimulation of the temporal lobe only.

In a well-known series of monographs and papers, Penfield has reported extensive and meticulous observations on patients with abnormal temporal lobes. The abnormality in most

cases was unilateral and it was usually an irritative type of lesion giving rise to seizures. In their spontaneous seizures these patients showed fairly stereotyped automatisms, hallucinations, and perceptual illusions. When such abnormal temporal lobes were stimulated electrically while the patients were conscious, all the elements of the spontaneous seizures could be reproduced, as well as other psychic phenomena. Perceptual illusions, dreamlike hallucinations, and attempts to repeat the stereotyped automatic behavior were seen. The perceptual illusions included impairment of judgment about the size of a visualized object, its distance from the patient, the loudness of noise, the pitch of a voice, or the speed of an event. There was also the well-known *déjà vu,* the illusional impression of familiarity. The hallucinatory sequences might be memories, recent or remote, or dreamlike productions, or actual reproductions of dreams with which the patient was familiar. In the most recent survey of these problems, Feindel and Penfield conclude that 'the area responsible for the initiation of behavior automatism appears to center in the periamygdaloid region. This includes the uncus, the amygdaloid nucleus, the ventral claustrum, and the temporoinsular cortex deep in the anterior part of the Sylvian fissure.' Penfield and Rasmussen infer that 'within the temporal cortex there are mechanisms which somehow play an important role in the act of remembering and of making comparisons between present sensory perceptions and past experience. The organization of the temporal cortex is evidently different from that of other areas inasmuch as here alone electrical stimulation and epileptic discharge activate acquired synaptic patterns. The fact that it is only in this region that such stimulation produces psychical illusions and hallucinations argues for some degree of localization of intellectual function.' It should be noted that the temporal lobe response to stimulation was seen only in patients with disease of the temporal lobe. This, plus the fact that in any particular sensitive patient stimulation at many points of

the temporal lobe gives rise to relatively few types of response —certainly very few in relation to the total amount of memory—, implies that electrical stimulation is doing something more than merely evoking activity in some of the many memories available to all normal individuals.

Klüver and Bucy, repeating and confirming the early observations of Brown and Schäfer, described in a series of brilliant papers a number of remarkably consistent changes in the behavior of mature monkeys from which both temporal lobes had been removed. 1. There seemed to be a 'psychic blindness or visual agnosia'. All sorts of objects, both animate and inanimate, to some of which an intact animal would have responded with marked excitement, avoidance, or other kind of emotional behavior, were approached by these monkeys eagerly and without hesitation. 2. The animals examined all objects with which they were presented by tasting, smelling, and mouthing. 3. Seeing any object seemed to be an adequate stimulus for attempting to touch it and examine it orally. 4. Affective behavior, such as manifestations of anger and fear, did not appear. Facial expressions seemed to be lost. 5. There was 'a striking increase in the amount of diversity of sexual behavior'. The animals exhibited forms of autosexual, heterosexual, and homosexual behavior rarely if ever seen in normal monkeys.[1] 6. The animals became avidly carnivorous. In some animals the olfactory nerves had been severed before removal of the temporal lobes. The behavior after bilateral temporal lobectomy in these animals differed from the behavior of the animals with intact olfactory nerves only in that they did not attempt to smell objects, being content to examine them orally. Although the authors do not offer this formulation, it seems to me justifiable to infer that the experimental animals were unable to develop negative affects, that is, affects of fear or anger or feelings that would lead to rejection of objects because of cues perceived at a

[1] This observation suggests that there are forms of behavior normally inhibited by some structure in the temporal lobes in monkeys.

distance. Thus the animals were unable to discriminate between edible and inedible objects without oral or olfactory information or both. It is interesting to note that the animals did become angry when they were aware that something was happening in the neighborhood of their cages; since they were locked in, they were unable to examine the source of the disturbance orally. When they were released and permitted to do so, the anger subsided.

Bard and Mountcastle (1948) reported a group of serial extirpations of portions of the forebrain in cats. They were interested primarily in the expression of rage and observed 1, an increase in the evidence of pleasurable sensations on removal of both hippocampi and 2, a decrease in the threshold of rage responses on removal of the amygdaloid nucleus and pyriform cortex on both sides. These data are difficult to compare with those of Klüver and Bucy because predatory and nonpredatory animals might be expected to behave differently, because the extirpations may have differed, and because Bard and Mountcastle were interested in the responses to noxious rather than threatening stimuli. It is clear, however, that in these cats, as well as in Klüver and Bucy's monkeys, fractional extirpations of the rhinencephalon impaired the normal regulation of affective display in response to environmental stimuli. Note that the pattern of affective display was not distorted or impaired; there was merely a shift in the type of response the animal considered appropriate to a particular environmental stimulus. Schreiner and Kling, working with cats, obtained results similar to those of Klüver and Bucy.

Pribram, Epstein, and Bagshaw removed tissue from the anterior tip of the temporal lobe, the amygdaloid cortex, the insula, and an adjacent portion of the undersurface of the temporal lobe, in six baboons. Postoperatively the animals showed no defect in solving problems dependent upon visual discrimination. Their behavior, however, resembled that of the monkeys described by Klüver and Bucy following bilateral ablation of the temporal lobes. The animals were not dis-

turbed by noxious stimuli and showed no tendency to avoid the situations in which the noxious stimuli were presented. Like the animals of Klüver and Bucy, they made vigorous efforts to put every small object they saw into their mouths. Rosvold and Pribram removed the amygdaloid nuclei, the hippocampus, and the pyriform cortex in seven dogs. The results were summarized as follows: '1. With the amygdala, pyriform cortex, and hippocampus removed bilaterally, a dominant animal becomes submissive mainly because it takes much more stimulation to excite aggression, defense or play. It lacks initiative and can be seen frequently standing "doing nothing". The animal appears to have a higher threshold for any kind of emotion provoking stimulus. 2. In an adlibitum feeding situation the operated animals eat for a much longer period of time—almost constantly nibbling.' Fulton reports that the result of ablation of the anterior cingulate gyrus is an increase in tameness, but the changes are neither pronounced nor enduring.

MacLean and Delgado stimulated electrically and chemically the structures in the amygdaloid-hippocampus-pyriform cortex. Responses consisted of fragments of feeding behavior, combat behavior including both attack and defense, and autonomic changes. When the hippocampus or the cortex of the pyriform area was stimulated the fragments of stereotyped behavior often became organized so as to give the impression of affectively directed behavior. The psychoanalyst will not be surprised to learn that shifting the locus of stimulation by about a millimeter often produced a polar change in the evoked behavior; for example, voracious eating changed to distasteful spitting and flight, or complete arrest to angry defensive hissing, growling and pawing, which then became directed attack.

Although in general there is no specific electroencephalographic pattern accompanying intellectual activity (Strauss, Ostow, and Greenstein), Liberson several years ago described a 6-10 per second rhythm appearing over the anterior temporal region in some subjects during the performance of mental

work such as solving problems. This observation was repeated later by Kennedy and his co-workers. Moreover, the electroencephalographic abnormality of a temporal lobe damaged by tumor in a patient complaining of recent onset of obsessive thinking has been correlated with the affective content of the patient's verbal productions at that moment (Ostow, 1953). In this patient and three others, disease of the temporal lobe gave rise to symptoms of neurosis or psychosis (Ostow, 1954). The defect in the temporal lobe probably was able to strengthen unconscious drives to a pathological degree or to impair repressive mechanisms so that the resulting neurotic or psychotic picture might be explained by a disturbance in the equilibrium of psychodynamic forces, as in the usual psychogenic case.

The reader is referred to the review of Pribram and Kruger for a clear organization of recent work on the function of the rhinencephalon, and to the monograph of Kaada for a more detailed review with confirmation by original observations. Kaada concludes that 'electrical stimulation of the agranular or sparsely granular cortex of the medial and basal aspects of the forebrain . . . and of the amygdaloid nuclei produces a variety of somatomotor and autonomic responses predominantly of inhibitory, but also of facilitatory or excitatory nature. . . . A common somatomotor response is the nonsomatotopic inhibition of respiratory movements, other spontaneous movements such as struggling and shivering, "chloralose jerks", and motor after-discharges initiated from the precentral motor cortex. Spinal reflexes and cortically induced movements are inhibited or, to a lesser degree, facilitated. . . . Other somatomotor and autonomic responses obtained by stimulation are reported, such as faciovocal, chewing, swallowing, and licking movements, and tonic movements of the body and extremities, pupillary changes, piloerection, salivation, micturition, and defecation. Stimulation of the hippocampus proper in the anesthetized animal failed to yield any significant somatomotor or autonomic responses of the kinds herein studied.'

In the lower vertebrate forms, fibers conveying olfactory sensation are the chief source of afferent supply to the telencephalon, the most anterior part of the brain in which cerebral cortex, thalamus, hypothalamus, and basal ganglia develop. Optic, auditory, equilibratory, and proprioceptive data have little access to the telencephalon in these creatures and are probably used primarily though not exclusively for purposes of orientation and coördination. Presumably the olfactory modality, which has strong visceral connections, operates in the service of alimentary function, and probably also of sexual and possibly even aggressive and defensive functions. In certain fish, in amphibia, and especially clearly in reptiles, besides a primary olfactory center called the paleocortex, which occupies the lateral aspect of the cerebral hemisphere and receives olfactory fibers from the lateral olfactory tract, there is a secondary olfactory center, the archicortex, considered the primordium of the hippocampus, which lies on the medial and dorsomedial aspect of the cerebral hemisphere and receives olfactory fibers from the medial olfactory tract as well as from correlation centers for visceral sensation (Figure 2). The paleocortex, from which such structures as the amygdaloid nuclei, the pyriform cortex, and the hippocampal gyrus are derived, has its own primary olfactory connections, and so does the archicortex, the primordium of the hippocampus. These two regions are intimately related to each other also by fiber tracts. In the lowest forms, these two olfactory structures are adjacent to each other over the dorsum of the hemisphere, but in subsequent phylogenetic history they become spatially separated (although they do not lose their mutual connections) by the development of a general, nonolfactory cortex (dorsal cortex) which in mammals becomes the neocortex (neopallium) and in humans forms almost all that we call the cerebral cortex. In the higher vertebrates, nonolfactory forms of sensation are fed via the dorsal thalamus into the neocortex. With phylogenetic development, the hippocampus and paleocortex

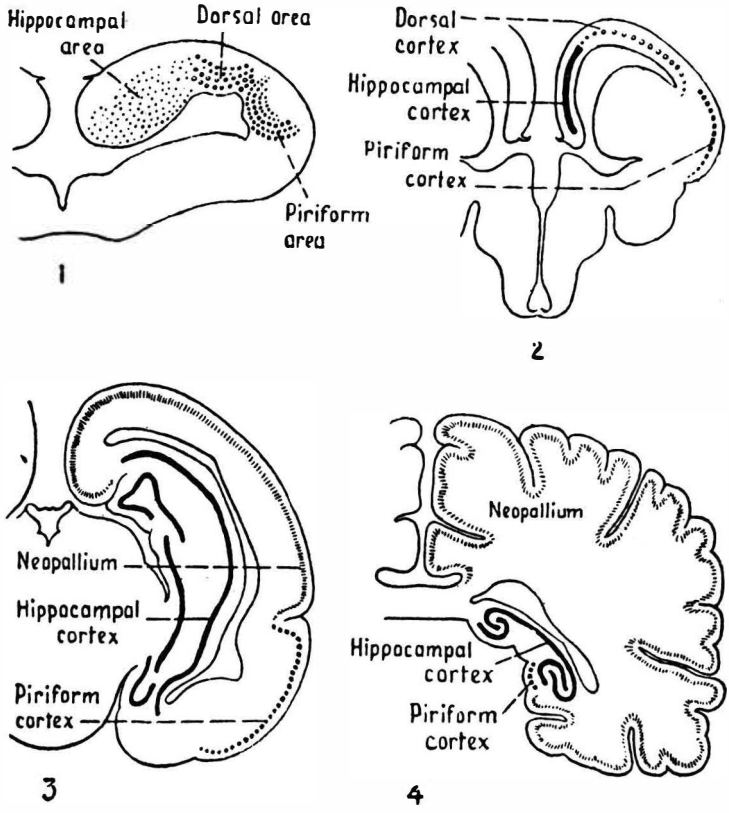

FIGURE 2

Diagram (after Herrick) illustrating the relative extent of so-called olfactory (or rhinencephalic) and nonolfactory pallial fields of various vertebrate brains (1, amphibians; 2, reptiles; 3, opossum; 4, man). In amphibians an archipallial (hippocampal), a paleopallial (pyriform), and between these a dorsal area, are found. The dorsal area develops progressively as the neocortex or neopallium, which in man completely overshadows the olfactory (hippocampal and pyriform) cortex. (Reprinted by permission from Kaada, 1951.)

are displaced from their original position, but the hippocampus never loses its close connection with the paleocortex and ultimately its afferent supply from the paleocortex is far larger than its direct olfactory supply from the medial olfactory tract. There is another important evidence that the hippocampus gradually comes to serve important nonolfactory functions. In some birds with rudimentary olfactory function, and in

whales with no olfactory function, olfactory structures are very poorly developed, but the hippocampus remains relatively prominent. Even in man, whose olfactory function is poorly developed, the hippocampus attains a relatively large size. Because of the pattern of growth of the neocortex in man the hippocampus and the pyriform lobe, closely apposed to each other, lie in the medial wall of the temporal lobe.

When in 1937 Papez suggested that the hippocampus, its efferent tract the fornix, the mammillary bodies, the mammillothalamic tract, the anterior nucleus of the thalamus, and the radiation from the anterior nucleus to the cingulate gyrus all constitute a mechanism for the elaboration of emotion, he had little or no evidence to support his conjectures. He argued that emotion is such an important function that it must have a relatively important anatomical localization. He was impressed by the lack of evidence for olfactory function in these structures. He noted the disparity between the large size of presumably olfactory structures and the relatively minor importance of olfactory function in man. He also observed the important hypothalamic and visceral connections of this group of structures. Brodal subsequently examined all the evidence for olfactory function of the hippocampus and found very little. The observations of Klüver and Bucy and others that important affective changes appear in monkeys deprived of their temporal lobes, the recent observations of MacLean that electrical stimulation in the region of the amygdaloid nuclei provokes vigorous behavior resembling the behavior associated in man with strong fear and anger, and the clinical observations of Penfield, Gibbs, and others, make it reasonable to assume that in some part of the temporal lobe, if not in the hippocampus itself, some function related to the affective component of behavior is elaborated.

PSYCHOLOGICAL HYPOTHESIS

Let us speculate on the precise function of the temporal lobe, and particularly of the hippocampus. Olfactory sensation

constitutes the principal input to the telencephalon of fish and amphibia and, to a lesser degree, of reptiles. The olfactory system is a device that tests the chemical composition of the environment, whether aqueous or gaseous. It provides the animal with information concerning the nature and proximity of suitable food, sexual partners, and perhaps even enemies and friends. (The sense of taste, which is a chemical testing device for materials within reach of the tongue, obviously has no separate function in aquatic animals. Therefore it develops only in nonaquatic animals and the pathways it follows are comparable to those of the nonolfactory rather than the olfactory senses.)

Even the lowest animals show so much and so complex unlearned, instinctual behavior that we may guess that within the structure of the nervous system the animal inherits responses of aversion and approach to a number of olfactory stimuli. Such responses must be almost reflex in character, unmodifiable by experience, and must not require for their establishment any kind of subjective conscious experience. Obviously, behavior could become more specifically appropriate if it were influenced by the previous experience of the individual. We know that the capacity to modify behavioral responses in accordance with the previous experience of the individual appears at some point in the phylogenetic series, although we cannot fix that point. We know that, in man at least, olfactory stimuli give rise to conscious sensations which we call odors. These sensations have strong affective components. It has long been observed that almost all odors are immediately classified as pleasant or unpleasant, while other sensory experiences are more subject to objective evaluation. It is likely that human aversion to some odors, acrid odors for example, is instinctive. On the other hand, the aversion to fecal odors is probably acquired: there is no such aversion among infants, some deteriorated psychotics, patients with organic dementia, and animals. Each individual has much less aversion to the odor of his own feces than to the fecal

odor of others. Mothers usually have no aversion to the fecal odors of their infants. Several patients in analysis have assured me that they like the fecal odors of herbivorous animals and are offended only by the odor of the feces of carnivorous animals. (In uncinate fits, seizures that arise at the temporal pole and include olfactory hallucinations, the hallucinations are almost always unpleasant. Yet fecal odors are seldom described in such hallucinations.) In a brain that possesses the capacity to develop new responses to olfactory stimuli in accordance with the past experience of the individual, one must assume the existence of a memory, that is, a device for making a record of olfactory data in conjunction with other data indicating the nature of associated circumstance. There must also be a device that has the function of comparing current olfactory data with data remembered from past experience. The fact that to summon to consciousness the memory of an olfactory perception is more difficult than to recall memories of other forms of sensory data does not preclude the unconscious operation of such a function of comparison.

How are experiences labeled as satisfactory or unsatisfactory? How are the labels attached to the associated olfactory data? And how are current olfactory data to be labeled after comparison? The answers to these questions must be more speculative. I suggest that the quality of affect and its sensory organ consciousness exist to serve these functions. It is not unlikely that a positive affect is automatically evoked by olfactory sensations for which there is an inherited attraction, and that a negative affect is automatically evoked by olfactory sensations for which there is an inherited aversion. Perhaps new olfactory sensations, for which there is no inherited affective value, may acquire affective value by close association with satisfying experience or its opposite. *This theory states that the primary purpose of affect is to label and identify possible objects of instinctual gratification as desirable or undesirable, and that the primary function of consciousness is to perceive affect.* Even in human beings, affect is a content of conscious-

ness that remains essentially subjective; it can neither be recorded nor communicated. Perhaps we may assume that, as the phylogenetic order is ascended and nonolfactory modalities of sensation are introduced into the telencephalon, they too become available for the function of conscious evaluation, thus permitting increasingly finer discrimination. The hypothesis may then be stated as follows. 1. The earliest discriminatory sensory modality was olfaction. 2. The brain mechanism developed to handle it provided not only for its detection but also for the comparison of the odor with the memory of other olfactory experiences. 3. The result of the comparison was registered as a conscious affect. 4. The mechanism for comparing current data with memories and registering the result as an affect, originally part of the olfactory system, later became available to all other sensory modalities—in fact, to a mechanism in which many current sensory data are organized into a gestalt and compared with similar constructs recorded as memories.

Norbert Wiener suggested that those conditioned reflexes that deal with biologically important processes are associated with what he called 'affective tone'. 'Affective tone is arranged on some sort of scale from negative "pain" to positive "pleasure"; . . . for a considerable time or permanently, an increase in affective tone favors all processes in the nervous system that are underway at the time, and gives them the secondary power to increase affective tone; and . . . a decrease in affective tone tends to inhibit all processes underway at a time, and gives them a secondary ability to decrease affective tone.' He thus seems to regard affect as what current neurophysiology calls an activating device. This is actually the motor aspect of the hypothesis we have proposed. In the presence of a stimulus, comparison with past experiences is made within the nervous system and the result of this comparison is given as an affect. Another result of the comparison is the activation or inactivation of various portions of the nervous system in preparation for the proposed gratification

by means of the external object.

It is possible, moreover, that the hippocampus is the site of the comparison of stimuli with acquired memories, and therefore the structure in which, or from which, affects are elaborated. We have been describing the characteristics of a hypothetical structure that has as its function the elaboration of affect. The hippocampus resembles our hypothetical structure in the following respects: 1, it was originally an olfactory organ but persists in organisms with little or no olfactory function and is an extremely prominent organ in the brain of man in which primary olfactory structures are not well developed; 2, although its input in lower forms is almost exclusively olfactory, in higher forms it receives data by way of the temporal lobe and hippocampal gyrus from all the nonolfactory sensory modalities as well; 3, it has efferent connections not only with the frontal lobe, which is the site of important psychic functions, but also, via the fornix, with the hypothalamus and with visceral motor pathways. One need not infer that the hippocampus is the site of consciousness; it is merely proposed that the function of the hippocampus is to elaborate neural data, which when they arrive at the proper site are interpreted by consciousness as affects.

There are a number of hints in recent observations that, even more closely than other structures of the temporal lobe, the hippocampus is related to the psychic life. Gastaut has injected alumina cream, an irritative agent, into the structures of the temporal lobes of cats; after several weeks the cats developed focal seizures originating in the structures injected. Each structure of the temporal lobe had its own characteristic pattern of seizure—its own signature, so to speak. Seizures arising in the hippocampus were distinguished by an almost complete absence of overt manifestation. The only observable change in behavior was a brief interruption of whatever activity was in progress at the moment of onset of the seizure, and an occasional searching glance. The onset and termination of the seizure could be reliably ascertained only by electrical recording.

Hunter electrically stimulated the fornix, the efferent tract of the hippocampus, in cats. He produced seizures characterized by cessation of spontaneous activity, a blank, staring facial expression, and glancing movements as though the animals were frightened or bewildered. Liberson and Cadilhac report that of all the structures of the temporal lobe of the guinea pig the hippocampus exhibits an especially pronounced tendency to respond to electrical stimulation by a self-sustaining ictogenic after-discharge. Such discharge was most easily stimulated by auditory, next by olfactory, and least easily by visual stimulation. 'Surprise' stimuli were more effective than 'routine' stimuli. The response was a synchronous discharge, in contrast to asynchronous discharges in the cortex. Arduini, Arduini, and Green evoked electrical responses in the hippocampus by physiological stimulation of somatic, auditory, visual, and olfactory receptors in the rabbit, cat, and monkey. A similar hippocampal response could be induced by stimulation of the reticular activating system of the brain stem. 'The marked synchronization of hippocampal electrical activity induced by arousing stimuli contrasts strikingly with the desynchronized arousal pattern encountered in the electrical record of the neocortex, and of the two, the hippocampus seems the more easily affected.'

Liberson and Akert (1952) observed that certain stimuli (for example 'conversation' with the guinea pig) re-enforced and regularized the resting electrical activity of the hippocampus, while it depressed or desynchronized the cortical activity. They stimulated the hippocampus directly and noted that motor activity was decreased. 'The animal appears as if "frozen".' Reactivity to external stimuli was not abolished but it was decreased. 'Indeed the animal responds to the strong stimuli, turning its head and blinking its eyes, but the movements appear to be slower than normal.' They inferred that activity of the hippocampus is 'more readily translated in terms of inhibition of behavior than in terms of its activation'. Electrical studies revealed that the hippocampus shows an

unusually strong tendency to electrical 'after-discharge' following slight stimulation; stimulation of the hippocampus also tends to induce after-discharge over wide reaches of the cerebrum, including amygdala, thalamus, striatum, and isocortex (excepting the frontal area). These authors suggest that this low threshold to electrical discharge may dispose the hippocampus to maximal activation during electric shock treatment and that the therapeutic effect of the treatment may be ascribed to changes in the hippocampus.

If the hippocampus plays an important role in psychic life, it must have a sensory input. Gerard, Marshall, and Saul recorded potential changes from the hippocampus in response to visual and tactile stimuli. Robinson and Lennox confirmed these findings and also recorded hippocampal responses to acoustic stimulation. Papez pointed out that there is a sensory input to the mammillary bodies (the chief terminus of the fornix) by way of receptive centers in the ventral thalamus (subthalamus).

METAPSYCHOLOGY OF APPERCEPTION

Let us briefly review the current psychoanalytic conception of the course of the normal processes of perception and apperception. The picture of the external world that arrives at the initial psychic receiving station is distorted by the limitations of the perceiving and transmitting organs. It is probably obtained by a scanning process. Freud wrote, in Formulations Regarding the Two Principles in Mental Functioning, that 'A special function was constituted which had periodically to search the outer world, in order that its data might be already familiar if an urgent inner need should arise; this function was *attention*. Its activity meets the sense-impressions halfway, instead of awaiting their appearance.' The picture of the external world, merely by virtue of its having been perceived, is already endowed with a small cathexis which entitles it to a certain claim upon consciousness. If the quality of consciousness turns itself to this perception, the perception

becomes endowed with an additional quantity of cathexis, the 'cathexis of attention'. Thereupon a new process ensues which has as its purpose the determination of the significance to the individual of the new perception; this process is called apperception. Probably this too is accomplished by a scanning process. A series of preconscious memories are compared with the perceptive picture in rapid sequence. The closeness of the match of each memory is assessed and when the match is especially good, a feeling of recognition appears and perception is said to have acquired a 'hypercathexis', a cathectic charge derived from both the attention cathexis of consciousness and the preconscious cathexis of the preconscious memory with which the perception is matched. If we were dealing with the problem of recognition of a mathematical formula, we could probably stop at this point. However, when the outcome of the recognition is something with which the individual is more affectively concerned than merely the solution of an intellectual problem, another important step must be considered. As each memory pattern is laid down in the preconscious it is associatively connected with one or more neurally determined instincts and the several unconscious fantasies that serve each instinct. And it is from these unconscious sources, to a large extent, that the preconscious memory obtains its preconscious cathexis. We often describe this relation by saying that the preconscious memory is a derivative of the unconscious instinct, memory, or fantasy. Therefore when a preconscious memory becomes conscious in the process of recognition of a percept, an unconscious drive is brought into operation by way of its derivative. Although the unconscious source itself does not become conscious the affect associated with it does. This affect is attributed to the preconscious memory and also to the newly acquired percept. Thus the process of recognizing a percept consists of matching it with a preconscious memory and thereby associating it with an instinct and the unconscious memories and fantasies of which the preconscious memory is a derivative. The

match of percept and memory is attended by a feeling of recognition and the association with an unconscious fantasy bestows an affect upon the percept. Because the unconscious source itself remains repressed, one might say that the recognition of the percept remains incomplete.

As memories are scanned for a suitable match for the presenting stimulus, two types of consideration make some matches seem closer than others. One of these considerations is objective congruity, and we may say that this consideration is representative of the objective attitude. The second consideration is the tendency to project derivatives of the unconscious wish fantasy onto the real situation. Probably in every case both forces are active. The function Freud named reality testing supervises the comparison and acts to insure that the preconscious fantasy or memory with which objective reality is matched does not fall short of objective congruity by more than a fixed tolerance. It is the width of this tolerance that determines whether a given interpretation of the environmental situation and the behavior that follows from it are pathological or normal. The individual never (except as a result of psychoanalysis) becomes aware that he sees the external world as a scene in a familiar fantasy. Moreover, reality testing is especially concerned with sizes, distances, colors, and other elementary qualities. It is less discriminating in matching secondary data such as inferences, opinions, and sentiments. Reality testing is a function indissolubly dependent upon consciousness, so that it cannot survive intact when consciousness is obtunded. It makes an independent contribution to the content of consciousness, supervising at each moment the psychic activities of matching and feeling.

The individual steps in the process of recognition become clear when we consider the mechanism of denial. One pathological form of denial consists merely of failing to recognize the affective significance of a new percept although admitting its existence and its logical and associative implications. This kind of denial operates as follows: the repressive

countercathexis is pathologically so intense that it not only prevents the rise to consciousness of the content of the unconscious fantasy but delays the appearance of its affect as well. Something similar to this is a normal phenomenon in situations of emergency requiring emergency response over a relatively long period of time, say several hours. In such a situation, full affective contemplation of the significance of the emergency is usually not needed for dealing with it and in fact might interfere with an appropriate response. The affective contemplation is then delayed until after the emergency has passed. For example, after periods of fighting and indeed heroism on the battlefield, soldiers have often shuddered at the thought of the dangers they had escaped several hours previously. Moreover it seems that this retrospective working through is necessary. During the war some individuals were not able to tolerate the anxiety aroused by working through and permitted the anxiety that was generated to re-enforce the countercathexis against unconscious castration fears to such an extent that affective recognition was never completed. By the use of hypnosis or sedation, the anxiety was made more tolerable to these individuals and the physician was then able to watch the process of retrospective working through or affective recognition. This was called abreaction. Both in the battle-field neurosis and in the chronic character disorder characterized by denial, it is the repressive countercathexis, whether or not re-enforced by an anxiety reaction, that prevents the full affective recognition of the percept.

In that kind of denial in which either the external percept itself or, more commonly, the logical implications or probable consequences of the perception are denied, we may describe the process as follows: the repressive countercathexis against the unconscious fantasy that should, by way of its preconscious derivative, become associated with the perception is so pathologically strong that not only is the content of the unconscious fantasy itself repressed, but even its preconscious derivatives and affect lose their access to consciousness and

become pushed into the unconscious (secondary repression). In this way the preconscious memories that most closely match the provocative perception are not available for comparison and matching. In such cases either no match is made, or a clearly bad match is made. The time interval required for this matching process is occasionally appreciated consciously. Consider, for example, what is referred to in cinema jargon as the 'double take'. In this humorous situation, a person considers a remark made to him to be perfunctory. However, after a brief interval of perhaps a second, the person suddenly 'understands' what was said to him and responds with some vigorous affective display. The scanning period is commonly referred to as the time required to 'let it sink in'. When this scanning period is indefinitely prolonged because the matching preconscious memories are not available, we may speak of denial of facts or implications.

Considerations of objective congruity and reality are in a sense limiting factors. The more important determinant of the preconscious fantasy to be imposed on the presenting situation is that it must be as directly as possible a derivative of the presenting unconscious wish fantasy. In metapsychology we have two separate versions of the theory of motivation. One is the repetition compulsion—the inexorable tendency to repeat the past in the present by acting out unconscious fantasies. This aspect of motivation was discussed in detail in Part I of this paper. The second version of the theory of motivation is the pleasure-pain principle. These are properly called two versions of the same subject since they deal with two aspects of the same phenomenon. The pleasure-pain principle may be stated as follows: in general the individual will act in such a way as to obtain from the presenting situation a maximum of pleasure and a minimum of pain. How does the individual decide which is the most promising course of action? Usually silently and unconsciously he performs the following mental operation. The presenting situation, as a result of the operation of the scanning and matching process described

above, spontaneously takes on the aspect of a preconscious fantasy—one which is a derivative of the presenting unconscious wish fantasy—and as such evokes in the subject the appropriate affect. It is as though the subject said to himself, 'How would it be if I were to take advantage of this situation to satisfy my desire for such and such an experience?'. The question is answered even as it is asked by the affect that simultaneously appears. By means of this mechanism the presenting situation is understood and treated in such a way as to extract from it a maximum of affective gratification and to suffer from it a minimum of affective pain. It is in this fashion that the pleasure-pain principle becomes an instrument for the execution of the repetition compulsion—an instrument the operation of which can only be modified but never replaced by the reality principle.

I am not minimizing or subordinating either of these two principles of motivation. The principle of repetition compulsion deals with the sources of motivation and the pleasure-pain principle deals with the technique by means of which the repetition compulsion is executed. Let me illustrate from an actual case. A young man had a history of repetitive provocation and defiance which led to a series of defeats in school, at home, and in social life. Analytic reconstruction showed a wish to interrupt parental intercourse in the hope of being taken by his father as a substitute for his mother. There was also fear of punishment which should serve as the desired erotic attack. One day he recited a dream.

> It took place before the walls of Troy. I had killed Hector and was in turn killed by Apollo's arrow.

The dream, taken together with its associations, announces the resurgence of the wish to provoke and be attacked. This is an instance of repetition compulsion. How was it to be executed? On the day following the dream, the patient, while driving, was slow in responding to the green traffic signal and so earned a scolding from the driver of a taxicab standing

behind him. He responded with his usual provocative sarcastic vituperation and with deliberate obstruction of the offending taxicab driver as they drove down the avenue. At one point he felt a momentary impulse to force the taxicab driver to crash into a double-parked truck. During the next analytic session, the various possible ways of responding to the scolding of his antagonist were reviewed. Silence would have meant surrender and humiliation. A brief verbal exchange would have meant that he had failed in his obligation to discipline the unruly driver; it would not have satisfied his righteous indignation. In fact, any effort to restrain his impulse to defy and provoke would have resulted in marked discomfort. By inference the prospect of provocatively attacking must have seemed gratifying and exciting and righteous. Note that no unpleasant affect appears in the dream, despite its untoward outcome. Moreover, before going to bed on the night of the dream, the patient had reread with conscious relish the story of the siege of Troy, plainly seeing himself in the role of the doomed Achilles. Thus the selection of the behavior that promised pleasure and the rejection of other possible courses as leading to discomfort was an instance of the operation of the pleasure-pain principle. The effect of this operation of the pleasure-pain principle was to execute the compulsion to repeat the characteristic behavior pattern. In this case the reality principle had failed to point out that the ultimate consequences of the provocative act were themselves to be dreaded.

One might object to a formulation that states that each fragment of behavior is so carefully worked over in the psyche, and that at a point in time there is a psychic connection joining unconscious wish fantasy, preconscious wish fantasy, percept, conscious plan, and affect. We all know how much effort is required to reconstruct such a linkage in analysis. However, anyone who objects to such a statement is being misled by his familiarity with situations in which this scanning, matching, experimenting, and planning are performed consciously and deliberately. I consider such examples of

conscious planning to be exceptional. Although they resemble in form the process described, they are atypical in that they are so largely conscious. Yet they are not fully conscious, for although they seem to be performed under the domination of the reality principle or a very conscious pleasure principle, they are, as we know, much more strongly subject to unconscious tendencies than the individual suspects. I believe that these conscious deliberate plans are a very small fraction of the total number of decisions made during the waking day. Most of the pleasure-pain assessments proceed unconsciously. True, the apperception of the presenting situation is a conscious act. The affect that appears is by definition conscious. Obviously the unconscious presenting wish fantasy remains unconscious, as does its link with the preconscious derivatives selected for consideration. Moreover there is usually an awareness of the preconscious wish fantasy that is being pursued. However, although the affect is conscious, repressive forces may isolate it from the fantasy that is its source, displace it onto irrelevant thoughts, deny (divert attention from) it, minimize it, submerge it in guilt, anxiety, or depression, or deal with it by any of the usual defensive maneuvers. It must, however, at least momentarily, appear in consciousness. In essence, the process of psychic experimentation and the linkage selected are unconscious. Yet they are guided, in fact determined, at one point, by the conscious assessment of an affect. This assessment of the affect is made without conscious knowledge of its source, but the effect of the conscious assessment is a determining factor in the outcome of the unconscious psychic experimentation.

Dreaming is a magnified example of the process. Especially in long dreams with several episodes, the analyst can see a series of attempts to obtain maximal gratification of a presenting unconscious wish fantasy with a minimum of pain caused by the intervention of protests by the ego and superego. In the dream, considerations of reality and objective congruity are not active. The success of each episode of the dream may be

judged by the affect that appears in the dream, no matter in what connection the affect is felt or to which character it is assigned. We may suppose that the purpose of the dream is to ascertain the resulting affect. The patient awakens in the morning with the affect determined by the last of the series of dreams and often carries this affect for a number of hours or days. This fact suggests that the dream is actually the same kind of psychic experiment we have been describing, but one in which the process becomes subject to scrutiny. The dream is no accidental epiphenomenon, but has a significant role in psychic function. The dream of the Trojan War may have been acted out on the following day because it was, on the whole, a pleasant dream despite its fatal outcome. The pleasurable affect was not specifically stated in the manifest dream, but appeared distinctly in the dreamer's reading before he went to sleep and also in the discussion of the dream in the analytic session. The possibility of being killed was minimized by the reflection that Achilles had almost achieved immortality and might have survived had anyone but the Sun God attacked. Moreover the pleasure of the attack prevailed over the apprehension of death. ('After all, look who was shooting at me, the Sun God himself.') In addition this patient's tempting of fate was facilitated by the illusion of invulnerability. In other words the psychic experiment that constituted the dream encouraged, by its associated pleasant affect, the subsequent acting out of the wish fantasy.

This formulation of the metapsychology of apperception is consistent with the idea that the essential function of consciousness is the perception of affect. All other steps in the process of apperception and planning may proceed without the attribute of consciousness, excepting only the operation of the principle of reality and objective congruity. This latter I consider a phylogenetically recent attempt to refine the evaluating, planning process by limiting the operation of the pleasure principle. In dreams we see the original function of consciousness unmodified by its later function. Every waking

apperception on the other hand carries not only an affect but a conviction of reality.

APPERCEPTION AND THE TEMPORAL LOBE

If we extend our physiological hypothesis in the light of the metapsychological theory, it might read as follows: within the temporal lobe lie structures that have the function of matching percepts with preconscious memories and thereby with unconscious repressed memories and fantasies. The matching of current percept with preconscious memory is attended by a feeling of recognition, a frequent component of temporal lobe seizures, often referred to as the *déjà vu* phenomenon. The result of the assessment of the instinctual value of current percepts is expressed in terms of affect. I am not saying that the pleasure or pain resulting from the experience of somatic contact is perceived through the medium of the structures of the temporal lobe. Phylogenetic and experimental evidence suggests that somatic pleasure and pain do not require the hippocampus. It is the experimental assessment of prospective somatic pleasure and pain, as a result of which the individual derives a current psychic pleasure or pain, that is performed by way of the temporal lobe mechanism. In other words, the temporal lobe mechanism is needed not to answer the question 'How do I like this experience?', but 'How would I like such an experience?'.

The fact that ictal or experimental electrical stimulation of the abnormal temporal lobe can give rise to illusions of size, proximity and familiarity supports this general formulation. Penfield's observation that it is only the temporal lobe that gives rise to conscious fantasies and affects when stimulated is consistent with the proposed formulation. I do not think it necessary to infer, as Penfield does, that the entire content of the memory of a person's lifetime is stored within the temporal lobe. It is merely necessary to infer that these memories have access to the temporal lobe and can appear there for the purpose

of comparison when the need arises. Stimulation of the cortex of the temporal lobe produces conscious sensation only when the temporal lobe is diseased. The cortex of the intact temporal lobe does not respond in this way. It is therefore unlikely that this cortex itself has access to consciousness. It is interesting that phylogenetic and metapsychological considerations lead us to conclusions similar to those reached by Penfield as a result of his clinical experience with patients with temporal lobe seizures.

This generalization can also explain the observations of Klüver and Bucy. If our assumption is correct, their animals, deprived of both temporal lobes, should not be able to recognize and evaluate stimuli by ordinary visual, auditory, and tactile cues. They are therefore driven to olfactory and oral examinations, the capacity for which they have not completely lost. When presented with a stimulus the animal works hard to get to examine it orally. This behavior indicates that the visual experience, even without discrimination, activates an investigatory mechanism. It is evident too that the animal has no capacity for expressing aversion to any stimulus unless it has had oral or olfactory experience with it. Since the hippocampal formations were extensively removed on both sides of these animals, we may suppose that, although they originally were concerned with the olfactory system, in these higher forms they are more important for nonolfactory sensation. One may wonder why any affective function remained in these animals. One might adduce the fact that the hippocampi were not completely destroyed and therefore the fornix was not completely degenerated. However, I am inclined rather to emphasize that the hippocampus mechanism is a predictive one, while the pathways for actual somatic pleasure and pain proceed to midline diencephalic structures, which in these animals remained intact. In other words, the fact that in these animals there was no loss—there was in fact an increase—in overt sexual pleasure indicates that we cannot assign to the hippocampus the function of elaborating the

sensation actually accompanying instinctual gratification; its function must be limited to the generation of affect accompanying expectation of instinctual gratification or frustration as a result of the process of comparison described above. Perhaps in this distinction we may find a reason for the ability of Klüver's animals to discriminate edible from inedible objects once they have been brought up to or into the mouth, while they failed in such discrimination by all forms of sensation perceived at a distance. In these animals removal of the hippocampus has eliminated the function of generating affect by comparison of sensory perception with acquired memories, but has not eliminated the sensation and execution of aversion to objects orally determined to be noxious by nonlearned, innate criteria. With this argument, we seem to be pushing the actual site of conscious appreciation of affect into the diencephalon. Sensation of pleasure or pain may be generated here either by the sensory appreciation of somatic instinctual gratification or pain, or as the result of expectation of such gratification or pain, formed in the hippocampus and conveyed to the hypothalamus by the fornix. This conclusion is consistent with the suggestion of Penfield and Jasper that the function of consciousness is subserved by what they call a centrencephalic system, an activating mechanism situated close to the midline of the brain axis in the diencephalon and brain stem. It is consistent also with the work of Magoun and his co-workers on the existence of an activating system in the brain stem and diencephalon, and with the frequent electroencephalographic observation that consciousness is obliterated completely only when diencephalic structures are affected.

Animals whose temporal lobes are removed seem to lose the response of aversion. Stimulation of the structures of the temporal lobe by MacLean and Delgado activated aversion or aggressive behavior rather than approach or erotic behavior. Penfield notes that only negative affects may be elicited from the diseased temporal lobe. The olfactory hallucinations of uncinate fits are almost always unpleasant. Schlesinger

observed: 'It is noteworthy that temporal lobe lesions are apt to eliminate "negative" affects, such as fear in experimental animals, while enhancing, at the same time, their "positive" sexual drive, and to produce euphoria in human beings. The manifestations of fear and rage in psychomotor seizures are also of interest.' Pribram and Kruger, reviewing the work of Allen, suggest as one possible interpretation 'a more general change affecting either the reaction to aversive stimulation or a whole range of complex discriminations'. It seems probable that the hippocampus or that part of the temporal lobe involved in affective discriminations is concerned with aversion responses only. The bifurcation of the olfactory tract—the medial half goes to septal structures and the lateral half to structures of the temporal lobe—suggests the existence of a dual affective mechanism. The medial (septal ?) mechanism may be concerned with ascertaining which objects are of potential interest to the subject as indicated by the development of a positive affect; while the lateral, temporal (hippocampal ?) mechanism is concerned with ascertaining which objects of interest to the subject are potentially noxious and must therefore be avoided. Such a hypothesis agrees well with the psychoanalytic observation that a negative affect betrays not primary aversion so much as it does the repressive veto of a primary unconscious wish.

There is, of course, an important difference between the mode of development of affect in the lowest vertebrates and in human metapsychology; in the latter we know of a whole system of unconscious and preconscious barriers. A full consideration of the nature and course of development of consciousness in the terms of this discussion is called for. One of the most important problems is the physiological and ethological correlates of the process of repression. To discuss this question would take us too far from our central thesis. It seems reasonable to imagine that repression occurs as a consequence of some inherited neural mechanism. The release of unusually free and intense sexual activity in monkeys deprived of both temporal lobes can be interpreted as meaning that bilateral

temporal lobectomy lifts certain inhibitions or repressions against these sexual activities. It would be difficult to ascribe these repressions to parental prohibition. We may perhaps suppose that the memory of infantile intrafamilial instinctual gratification is, after a certain time in infancy, excluded from consciousness, while the memory of the affect retains its access to consciousness, so that the individual may seek to repeat the affective experience of infantile gratification within the society but outside the family. It will be apparent that only because of this repression is sexual gratification sought outside of the family. Similarly, repression insures the availability of some sexual energies in sublimated form for constructive social purposes. In the first part of this paper, I have described the manner in which the pattern of infantile instinctual gratification, itself based upon organic neural predisposition, is transmitted to unconscious fantasies and preconscious derivatives, so that their pattern can be repeated in adult life.

III

INTEGRATION OF THE HYPOTHESES ON THE FUNCTIONS OF THE FRONTAL AND TEMPORAL LOBES

We are now in a position to attempt to integrate the separate aspects of behavior presented in the sections on the frontal and temporal lobes respectively. It was suggested that in the frontal lobes preconscious derivatives of instinctual drives and unconscious wishes and fantasies are formulated and aroused to activity in a relatively orderly sequence. Let us assume that by the operation of psychodynamic forces a particular unconscious wish fantasy is ascendant. Its ascendance means that all its preconscious derivatives become active; they strive to repeat themselves, to become re-created in the current situation. What is the mechanism of this 'striving'? In what way can these preconscious derivatives of unconscious fantasies re-create themselves in the current situation? We may visualize this mechanism by referring first to Freud's statement

in The Interpretation of Dreams that unconscious processes aim 'at an identity of perception: that is, at a repetition of that perception that is connected with the satisfaction of the need'. Nunberg says that by 'identity of perception' Freud means that 'an actual perception of an idea revives old, unconscious, repressed ideas or emotions to such an extent that they are perceived as actual images although their meaning is not recognized by the conscious psychic apparatus; thus present and old ideas and emotions become identical for a while. This tendency to revive old ideas and perceptions and to make the present coincide with the past forms the basis for the phenomenon which is called "acting out".' Nunberg adds, 'the tendency to bring about "identity of perception" to satisfy the repetition compulsion . . . as is well known, is the living force of many a psychic phenomenon. . . . It seems as if a new experience could not be assimilated—in the sense of the synthetic function of the ego—unless it found its way to the old patterns.'

Now if we return to our initial assumption that a particular wish fantasy is ascendant, and if we assume further that neither somatic demands nor urgent demands of the external environment render a second unconscious source active, then we may suppose that one of the derivatives of the unconscious fantasy is projected upon the presenting external situation. The appropriate derivative is the one that promises a maximum of pleasure and a minimum of pain, and yet corresponds sufficiently in form and content with the presenting situation so that it can be superimposed upon it. In other words, it is selected by means of the operation of the pleasure principle as modified by the reality principle. The external situation is now interpreted as being identical with that fantasy. Perceiving the preconscious fantasy rather than the objective reality, the individual acts out the role assigned to him in the preconscious fantasy. The individual may even change the environment to match the preconscious fantasy more closely. The result of his activities is that the objective situation comes

to resemble the fantasied situation more and more closely so that the repetition of the unconscious fantasy in the repetition of its preconscious derivatives becomes realized.

To pursue our physiological theory, we may say that whatever the physiological meaning of the ascendance of a given unconscious wish fantasy, the process probably takes place in the frontal lobe and there too probably occurs the activation of the derivatives of this unconscious fantasy. We may assume that these derivatives are presented to the temporal lobe, probably to the hippocampus, in order to form the basis for evaluation of presenting environmental stimuli. The transfer presumably occurs over well-known association pathways between frontal and temporal lobes. It is likely that the data descriptive of the presenting environmental situation, elaborated in terms of each separate modality in various parts of the cortex, converge in the cortex of the temporal lobe to form an integrated picture. From here they may well be conveyed to the hippocampus, where the matching process may take place.

Schlesinger was led, by review of the literature and his own study of the psychic disturbances caused by lesions in various parts of the brain, to suggest that the frontal and temporal regions operate reciprocally in psychic function. He proposed the thesis that sensory impressions received in the temporal lobe are relayed forward to the frontal lobe where they are 'fixed' so as to preserve them in time, that is, to make memories of them. From the frontal lobe they are returned to the temporal lobe over a recursive circuit. To support this argument Schlesinger lists several frontotemporal connections: the cingulum, the fasciculus uncinatus, the fornix, and connections between the dorsomedial nucleus of the thalamus and the amygdaloid nucleus. Kaada, and Penfield and Jasper, cite experiments by Knighton that seem to demonstrate that some fibers of the fornix find their way directly to the dorsomedial nucleus of the thalamus, which directly subserves the frontal cortex. Kaada demonstrated that stimulation of the

hippocampus and fornix affect the spontaneous electrical activity of the frontal regions. Garcia Austt and his co-workers have shown that electrical stimulation of the human fornix results in increased voltage and decreased frequency of electrical activity in the ipsilateral frontal lobe. Persistence of this effect after cingulectomy demonstrates that the circuit to the cingulate gyrus does not mediate it. Abolition of this effect after 'prefrontal' lobotomy indicates that it is mediated by the white fibers of the premotor frontal lobe (Figure 3).

When the environmental presenting situation is matched with one of the selected derivatives, the affect appropriate

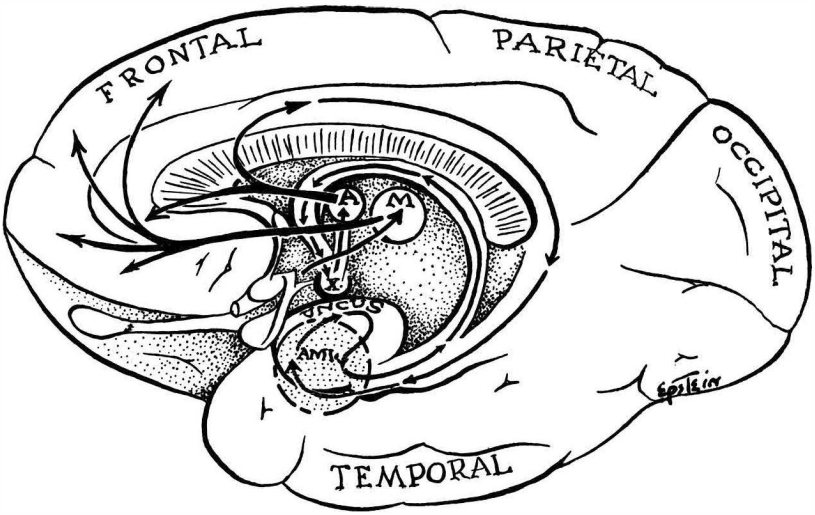

FIGURE 3

A mediobasal view of the human brain with some pathways and nuclei emphasized to illustrate some of the relations between the structures of the temporal lobe, thalamus, and frontal lobe. The large stippled circle labeled AMI represents the amygdaloid nuclei. The hippocampus is not shown but is outlined by the lower loop of arrows. The arrows leading from the hippocampus travel through the fornix to the mammillary body (labeled X). From here some impulses from the fornix pass to the anterior nucleus of the thalamus (labeled A), from which in turn they are projected to the cingulate gyrus on the medial surface of the brain. Some fibers from the fornix (not shown) also pass to the dorsomedial nucleus of the thalamus (labeled M) from which fibers pass to the premotor frontal regions. The recursive circuit indicated, returning from the frontal to the temporal region, is only one of many which exist. (Diagram prepared for this paper by Dr. Joseph A. Epstein.)

to the motivating unconscious fantasy appears in consciousness. Moreover, the degree to which the unconscious instinctual drive is considered to be gratified (or about to be gratified) serves to determine whether the motivating unconscious fantasy shall remain dominant or whether it shall be succeeded by another, and in what direction the succession is to take place. We may now ascribe to the fornix the function of conveying the result of the comparison to the diencephalon so that the appropriate affect may appear in consciousness. The connections from the mammillary body, the terminus of the fornix, through the anterior nuclei of the thalamus to the cingulate gyrus (Ward, 1948), and the fibers of the fornix terminating in the dorsomedial nucleus, provide, we may suppose, information to the frontal lobe that enables it to determine how rapidly and in what direction the procession of unconscious fantasies is to continue. In a general sense, then, one may attribute to the complex structures within the temporal lobe the function of assessing the degree of prospective success (or failure ?) of the goal-seeking functions of the frontal lobe. This information guides the frontal lobe to seek its goals more precisely.

We can compare the operation of this mechanism with the function of speech. Although symbolization, the content and form of speech, is worked out in the inferior parietal regions, verbalization is effected by the opercular region of the dominant frontal lobe. Before, during, or immediately after the speech, the words are conveyed to the temporal lobe where their meaning is assessed. Hence frontal lobe aphasia results in inability to verbalize, with relatively little difficulty in understanding words, whereas temporal lobe aphasia results in difficulty in understanding words without inhibition in their production. Since in temporal lobe aphasia the feedback mechanism is destroyed, the words produced cannot be evaluated and meaningless jargon results.

In summary, it has been suggested in this paper that the procession of unconscious wish fantasies and the formulation of their derivatives takes place in the frontal lobe. The

temporal lobe has the function of matching the external environmental situation with preconscious memories, perhaps with especial concern for implications of danger. A derivative of an unconscious wish fantasy or memory that conceptualizes the dominant instinctual drive is selected and the affect appropriate to the unconscious wish fantasy becomes conscious. Then, if the affect is not a negative one, the derivative fantasy is re-created. The results of the matching and comparison, including the affect generated, are conveyed to the frontal lobe by way of the efferent tracts of the temporal lobe, especially the fornix, so as to provide the frontal lobe with information required by it in guiding the procession of unconscious fantasies. In this way the individual is equipped to pursue a given set of instinctual goals, consistently but not rigidly, making the most out of every situation, with a minimum of waste motion.

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ON THE NAMING OF TOM SAWYER

BY WILLIAM G. BARRETT, M.D. (SAN FRANCISCO)

All writers of fiction furnish their works with experience from their own lives. In a sense, no author can create a character not at least in part himself. Even so, each author has one book more intimately concerned than his others with the details of what he himself has known and done: his 'autobiographical' work. How an author titles this work, and how he christens his characters, is a subject of both literary and psychological interest. Freud, for instance, in The Interpretation of Dreams, ventures the theory that Zola, in his novel *L'Oeuvre,* offered 'a description of his own person and his own domestic happiness, and appears under the name of Sandoz'. This name, Freud guesses, was created in part by the reversal of Zola, the oz indicating the identity of the author and his fictional hero.[1] And Foster, in his Life of Dickens, points out that David Copperfield, the hero of Dickens's most clearly autobiographical novel, bears a name the initials of which reversed become C. D. It is reported that Charles Dickens was not pleased when this was called to his attention.

The late Hanns Sachs once remarked that the German-Swiss poet and novelist Gottfried Keller wrote of himself as Heinrich Lee, and wondered whether the 'ell' of Keller might be, reversed in two ways, the source of Lee. Sachs also pointed out that Goethe called the heroine of his autobiographical novel, *Die Leiden des Jungen Werther,* by the name of his own beloved Lotte. The hero, Werther, representing himself, was named by prefacing a rhyming of Goethe with the first letter of his middle name, Wolfgang, thus: W-erther.

Read at the Midwinter Meeting of the American Psychoanalytic Association, December, 1954.

[1] Freud made an interesting error in his conjecture about the naming of this autobiographical hero, although his basic premise is probably correct. I shall discuss his slip in a later communication.

In these illustrations we see reversal, condensation, and rhyme, devices typical of the dream work. In some instances such devices are used consciously; in others this naming process is unconscious. Diverting as these guessing games may be, they are of limited significance. The naming of an autobiographical hero for reasons basic to the psychic conflicts of the author would be of more interest. Mark Twain's Tom Sawyer has, I believe, been named in this way.

As a name, Tom Sawyer *sounds* good. I have been told that it sounds better as a title than, for instance, Bill Rogers, who, in Twain's earlier writings, played the role later assigned to Tom.[2] It is true that Tom Sawyer does sound better than Bill Rogers, although our preference may be subject to the persuasions of familiarity. In any case, we must look beyond euphony. Using the devices of condensation and reversal mentioned above, we might conjecture that Tom stands for Twain, and Sawyer for the first name of Samuel Clemens. Thus we arrive at Samuel (Clemens Mark) Twain, or the initials S. T., which, reversed, become those of Tom Sawyer. But let us look into meanings, and begin with Sawyer.

Mark Twain uses the word 'sawyer' in a letter to his sister written from New York in October, 1853, when he was not quite eighteen years old.[3] He had gone east a few months earlier determined to make his own way in the world, and while following his trade of typesetter was tasting and relishing life in the big city, although not without a sense of guilt. But he was also somewhat homesick and afraid. He had taken lodgings in a cheap boarding house and was living under conditions that gave him but slight opportunity to betray his promise to his mother. 'I do solemnly swear', he had said, 'that I will not throw a card, or drink a drop of liquor while I am gone'. In this letter he states that 'a brother', if not able to take care of

[2] DeVoto, Bernard: *Mark Twain at Work*. Cambridge: Harvard University Press, 1942.

[3] Paine, Albert Bigelow: *Mark Twain's Letters*. New York: Harper & Brothers, 1917.

himself, 'is not worth one's thoughts', and continues, 'I shall ask favors from no one, and endeavor to be (and shall be) as "independent as a wood-sawyer's clerk" '.

The wood-sawyer as a symbol of independence was popular at that time, as shown by the promise of John M. Clayton, when made Secretary of State in President Taylor's cabinet in 1849, that he would be 'as independent of Congress as a wood-sawyer'.[4]

Mark Twain's passion for independence was an unconscious denial of, a reaction-formation against, a deep unconscious passivity.[5] This need for independence may have played an important part in determining his choice of the name Sawyer for the character modeled upon his image of his childhood self. In his letters, autobiography, and writings, he again and again declares his independence; but these declarations stand in strange contrast to his abiding alliance with the underdog and his deep feeling of identity with what he called 'the damned human race', a race he felt to be enslaved, even doomed, by its own puniness. Human beings are but playthings of Fate. Mark can conceive of a world directed by a devil (The Mysterious Stranger), but he cannot bring himself to believe in God. He is simultaneously free and enslaved, strong and weak, struggling bravely against hopeless odds and experiencing repetitiously injustice and disillusionment. This is the world view of the masochistic personality.

The word 'sawyer' is closely connected, also, with the freest and happiest period of Mark Twain's life, the time he spent as pilot on a Mississippi river boat. In this period he was truly independent; he was making good money and he found it easy to think well of himself. The river pilot was a respected and privileged figure, and to become one required an exacting

[4] Article on Zachary Taylor. In *Dictionary of American Biography*. New York: Charles Scribner's Sons, Vol. 8, p. 352. (Called to my attention by Bernard DeVoto.)

[5] Barrett, William G.: *Mark Twain's Osteopathic Cure*. This QUARTERLY, XXII, 1953, pp. 539-547.

apprenticeship and a native gift of extraordinary memory. The channels of the river were constantly changing and in addition the pilot had to know the positions of dangerous snags. These were of two types: planters, those so firmly fixed as to remain motionless; and sawyers, those less firmly anchored and free to rise and fall with the waves or changing levels of the waters. Mark felt himself to be closely identified with the Mississippi—it gave him, among other things, the name under which he wrote—and his selection of the name Sawyer for the boy he had in mind, and who, like himself, was raised on the great river, may have been re-enforced by its association with the more freely moving snags.

Associations between the act of sawing and personal freedom are illustrated particularly clearly in two scenes of Huckleberry Finn. When Huck prepares to escape from his father he saws his way out of the cabin, although the story gives him several opportunities simply to sneak off without working so hard for his freedom. The same device of sawing one's way to freedom recurs when Nigger Jim is about to be freed in the last chapters of the book. Huck knows beforehand that Tom will insist upon sawing Jim out; and that is just what he does, regretting that the situation is not drastic enough to warrant sawing off Jim's leg! Here, too, the act of sawing is quite unnecessary as the chain could be freed by simply lifting the bed. Of course the entire episode is burlesque, since Tom knew before he began that Jim had been freed at his owner's death, but while Mark is having fun with, and amusing, his readers he is also giving us a measure of the emotional importance to him of winning one's way to freedom—by being a sawyer.

The more common associations between sawing and cutting must also have played a part in the selection of the name. Twain's works are rich in sadistic fantasies of death and mutilation. In Following the Equator, for instance, he is fascinated by reports of the incredible pain stoically endured by the Australian natives in their practice of primitive surgery without anesthesia; he describes the process of slowly burning off an

injured hand or foot that appeared to be beyond cure. In the same country, he jokes about the sheepshearers who 'sometimes clipped a sample of the sheep'. Speaking of an explosion in Johannesburg, he writes of 'limbs picked up' by the survivors 'for miles around'. Many of the tales in Sketches Old and New are of mutilation and death. In My Bloody Massacre, the failure of a satire is described as being due to the fact that people neglect the telling detail and hasten instead 'to revel in the bloodcurdling details and be happy'. One need but turn the pages of A Connecticut Yankee in King Arthur's Court, or The Prince and the Pauper, to learn to what degree Mark Twain's mind was occupied by sadistic themes.

So much for Sawyer. What about Tom? This is a more intricate problem, and the evidence of unconscious determination is but slightly less convincing. Tom, after all, is a very common boy's name—a pleasant name, short, simple and wholesome—but I am convinced it was more than that for Mark Twain. His choice of Tom was determined in two ways: by general association with social usage and folklore, and by personal association.

Tom as a name and in its combined forms is second only to Jack and its derivatives in popular usage in the English language. It is used to distinguish the male of certain animals, as tomcat and tom turkey, and in the sexually-reversed form, tomboy. It is also used to designate the common run of mankind, as Tom, Dick and Harry, or Tom Tyler and, in a limited sense, Tom Brown, the typical British schoolboy; also Tommy Atkins, the British soldier. A third group of usages includes tomfool, often Tom Fool, with the derivatives tomfoolery and tomfoolishness; Loony Tom; Tom Noddy; Tom Tram, a jester or professional fool; and Tom o'Bedlam, one truly mad. A special form is Tom Thumb, still a popular figure though first noted in a ballad of 1630, which places him in King Arthur's court. Mark wrote of that court, and must have heard much of Tom Thumb in the mid-nineteenth century when a midget so-named was one of P. T. Barnum's chief attractions. Another

special case is Tom Pepper, a nautical term for a remarkable liar. He is mentioned by Twain in A Burlesque Biography as an ancestor, along with 'Nebuchadnezzar, and Baalam's Ass —they all belong to our family'.

The word 'tommyrot', while defined simply as 'nonsense', probably stems from both the idea of stupidity of the masses and of decay (putrefaction and corruption). It is interesting that our present day teen-agers use Tom currently to mean 'lousy', 'fouled up', or 'moldy', as opposed to George, meaning 'super', 'terrific', or 'just right'.

There are other Tom derivatives, but those of greater currency describe: 1, maleness; 2, the common man, in a derogatory sense; 3, foolishness (amateur and professional!), nonsense, stupidity and madness; 4, smallness; 5, untruthfulness; 6, the quality of being typical. Mark Twain holds selfishness to be the controlling element in man's nature, but in his complaining, bitter condemnation of the 'damned human race' he speaks frequently of man's stupidity, puny insignificance, falseness and hypocrisy—and he writes almost exclusively about the male sex and is a male identifying himself with the average representative. Tom would seem to be just the right name for a male member of Mark's 'damned human race'.

One of the most familiar usages is the term Peeping Tom. There is no English word for the activity this term designates nor do we know how the name Tom became here, as in so many other forms, associated with the socially unacceptable: the shady activity of guilty sexual spying.[6]

[6] The literary explanation for this term derives from the legend of Godiva who, in the eleventh century, issued a proclamation that no one should look upon her nakedness as she rode through the streets of Coventry clothed only in her long hair. It is said that a *tailor* disobeyed her orders and was struck blind, or put to death, and that he was ever afterwards known as Peeping Tom. More interesting is the suggestion of Dr. Martin Grotjahn who, in a personal communication, points out the possibility that the term might derive from the 'doubting Thomas' of the gospel according to St. John, who wished to touch the nail holes in the hands of Jesus and to place his hand in the wound as a prerequisite for belief in his divinity. This wish of 'doubting Thomas' is essentially scoptophilic.

Scoptophilic and exhibitionistic impulses are, of course, present in everybody and are included among the 'partial instincts'. There is an economic balance between these opposing impulses: whenever we find clinical evidence of the presence of the one we eventually come upon the other in approximately corresponding quantity; also, whenever one of the pair is represented consciously we discover it to be, in some degree, a defense against the opposing impulse in the unconscious. Mark Twain was notoriously exhibitionistic both in his appearance and his activities. In his later years, for instance, he gave up conventional dark clothing entirely and always appeared in immaculate white suits, with a black necktie to mark the boundary between his body and his head with its shock of curly white hair. His biographer, Paine, tells how he would demur to the suggestion that they make an inconspicuous entrance in Peacock Alley of the old Waldorf-Astoria Hotel, and insisted upon walking down the great staircase before the admiring eyes of the crowd. He took great pride in his appearance, particularly in his thick, curly hair which, as it changed color from red to white, was allowed to become longer and thus increasingly impressive. He also took pride in his stage presence while lecturing, in his facial control, and particularly in the 'dead pan' delivery of his humor. He found great gratification in the admiration of his audiences and was always more or less on display.

One does not find evidence of Peeping Tom impulses in significant quantity in Mark Twain's writings, but his manifest exhibitionism forces one to conclude that there must have been a corresponding quantity of unconscious Peeping Tom impulses. The psychodynamics of the writer have been studied in some detail by Hanns Sachs[7] and by Edmund Bergler[8]. The latter quoting Rank says: '. . . the writer has always been suspected, analytically, of a "shameless urge to reveal himself" ',

[7] Sachs, Hanns: *The Creative Unconscious*. Cambridge, Massachusetts: Sci-Art Publishers, 1942.

[8] Bergler, Edmund: *The Writer and Psychoanalysis*. Garden City, New York: Doubleday & Company, Inc., 1950.

and goes on to say that the exhibitionism 'is but an inner defense against an even deeper repressed voyeurism'. Sachs expressed a similar conviction in his earlier publication, although it was less clearly formulated. I agree with this hypothesis and it seems to me possible that unconscious peeping impulses may have been a factor in Twain's selection of the name Tom for his personal representative. This suggestion is based upon the general psychological tendency toward unwitting revelation of subliminal knowledge of repressed impulses, the result of minimal outbreaks of the repressed into conscious fantasy.

The first personal Tom in Mark's life was Tom Blankenship, the ne'er-do-well son of an impoverished and disreputable family of the town of Hannibal, Missouri, in which Mark was raised. This Tom has been spoken of as the model for Huck Finn and was described by Mark, in his later years, as a 'kindly young heathen'. In an unpublished manuscript[9] he lets us know that Tom's sisters were 'charged with prostitution—not proven'. On the same page he speaks of a 'Tom Nash [who] went deaf and dumb from breaking through ice', and, 'his two young sisters [who] went deaf and dumb from scarlet fever'. So the name Tom was early associated with disaster not only to one's self, but also to those close to one. Mark Twain had a feeling of responsibility for the welfare of his family and a strong inclination toward self-accusation. At the time of his younger brother's death his assumption of guilt became grotesque. Henry died as a result of being severely burned and perhaps internally injured in a steamboat explosion, but the older brother went to great lengths to find reasons for reproaching himself for what had happened. He blamed himself for Henry's presence aboard the boat, for not being himself aboard to help and protect him (this required the presumption that he, himself, would not have been injured) and, finally, for what

[9] Unpublished writings of Mark Twain: *Villagers of 1840-43*, Box No. 3, Paine No. 250, DeVoto No. 47. This material and that referred to later as from unpublished writings were brought to my attention by Bernard DeVoto in 1940, when he was Editor of the Mark Twain Papers.

he feared might have been an overdose of morphine which he urged a young doctor to give for the relief of pain shortly before Henry's death. There were no valid reasons for Mark to consider himself guilty in this instance, nor in connection with the death of his son, or of his daughter, many years later; nevertheless, he spoke of having killed his son because a carriage robe had blown off him for a few minutes one day about the time he contracted diphtheria, and he held the mismanagement of his 'entire life' the cause of Susy's death from meningitis.

Other connections with the name, Tom, turn up in Pudd'nhead Wilson. The core of this story is the exchange made by a Negro mother of her own white-appearing child for the truly white infant of her mistress. This replacement is not discovered for many years, but the child of mixed blood, despite advantages of wealth and background, turns out to be cowardly, cruel, selfish, corrupt and weak. Mark gives him the name Tom Driscoll. This picture bears no relation to Mark's feeling about Negroes for whom he had respect and sympathy. Tom Driscoll, however, is a man who was only 'by a fiction of law and custom a Negro', for he was thirty-one thirty-seconds white. The black portion, however, was the determinant of his character in this parable for, as his mother said relative to this black one thirty-second: 'en dat po' little one part is yo' *soul*'. It seems that Tom Driscoll, with his black soul, is not merely a character in his own right, but a paradigm of Mark's conception of all men—an example of what he repeatedly refers to as the 'damned human race'.

Mark Twain's conviction that he, himself, was evil from birth is made dramatically clear in his notes on the illness of his epileptic daughter, Jean.[10] He tells that, in 1892, 'Jean's nature underwent a sudden and unaccountable change'. She had been 'affectionate, gentle and joyous', but became 'wilful, stubborn, rude, conceited, insolent, offensive'. During the early

[10] Unpublished writings of Mark Twain: *Jean's Illness,* DeVoto No. 13a, transferred from Paine No. 101.

stages of her illness and before she suffered her first convulsion, Mark had 'concluded that the great change had been merely the development, in due course, of her *real* nature, and her former lovable nature an artificial production due to parental restraint and watchfulness'. With the diagnosis officially pronounced, he was happy to be able to 'perceive . . . that the real nature was the early one'. Mark's conviction regarding Jean's *'real* [evil] nature' shows his masochistic identification with his daughter and we see that he feels his basic nature to be as 'black' as Tom Driscoll's. It is interesting that the story, Those Extraordinary Twins, a story of a monster with two heads, four arms and two legs, upon which Mark had been working for some months, crystallized into Pudd'nhead Wilson in the late fall of 1892. When, in 1899, Mark wrote the story of Jean's illness he stated that the change in her nature first appeared in 1892 at Tölz, in Bavaria, while Mrs. Clemens was undergoing treatment, probably in the summer or fall. It is possible that Twain's interest in the Siamese twins was increased by the appearance of the mystifying changes in Jean's character but that this very closeness to his personal problem prevented completion of the story at that time. In Pudd'nhead Wilson the 'twins' are separated into two ordinary twins and have only a loose relationship to the main plot. In fact, the inclusion of Pudd'nhead was his final alteration of the story and, although his name titles the book, he appears on but a few pages and his only significant role is to identify the criminal, Tom Driscoll, by means of his thumbprint. A thumbprint is a man's individual, distinctive mark, and a part of his biological inheritance. Jean had become a 'monster', had begun to show evidence of her heritage: a black soul. It seems clear that Twain felt the criminal responsibility for this should be placed upon himself: Jean's evil nature is the imprint of his own nature; she is the 'fingerprint' that reveals his guilt. In the story, Mark writes, 'From the very beginning of his usurpation', Tom Driscoll became 'a bad baby'. Tom Driscoll changed when his mother rejected him, and the description of this change in his

nature parallels Mark's description of the change in Jean's nature. Can it be that maternal rejection is the cause of the evil in the 'damned human race'?

In connection with Twain's interest in twins, it is interesting that the substitution of Tom Driscoll for the child of the master is made possible by the twinlike similarity in appearance of the two babies. It would be interesting to know whether Clemens was familiar with the derivation of the name 'Tom' from the Aramaic, meaning 'twin'.

Tom Driscoll is one of three important Toms in Twain's writings; the others are Tom Sawyer, of the 'autobiography', and Tom Canty, of The Prince and the Pauper. Interestingly enough, with but one exception this name is not used for minor characters, other than for a few who are disposed of in a line or two. The exception concerns a Tommy, rather than a Tom, who is the hero of the second story of Two Little Tales. His 'was the lowest of all employments, for he was second in command to his father, who emptied cesspools and drove a night-cart'. In spite of his humble station, he manages to get medical advice to the sick emperor and save the royal life. The prescription: to eat watermelon!

A lowborn Tom whose works are good and who has some relation to royalty is the theme of The Prince and the Pauper, where the third important Tom appears. Tom Canty lived 'up a foul little pocket called Offal Court, out of Pudding Lane', a London slum, but he is as fundamentally good as Tom Driscoll is bad. While the true prince experiences the unhappy lot of the ordinary citizen and discovers the baseness of human nature, Tom, in the role of prince, brings justice and fair play into the courts of the realm and in his own way exposes the venality, greed, and inhumanity of those in high places. This is an evangelical Tom, but he is none the less involved in the perfidy of the 'damned human race'—a kind of dichotomous literary twin of Tom Driscoll.

The three Toms other than the one directly representative of Mark Twain are made, it would seem, of rather poor stuff.

Tom Canty was the product of Offal Court, Tommy was the child of a collector of excrement, and Tom Driscoll was 'black', the color symbolic of excrement. The name, Tom, is used for a depreciated person, but, more specifically, for a child of anal origin. These Toms have overtly or covertly suffered rejection. Tom Sawyer was an orphan.

The book, Tom Sawyer, tells about an active, inventive, death-fearing, typical boy of the mid-nineteenth century mid-frontier. Under cover of the liberty given boys of his age he lives out the wild, defiant and fearful imagery of his daydreams. These are covertly œdipal, but untinged by overt sexuality. Tom struggles more or less successfully against the 'damnation' of the human race, but engages in hypocrisy, fraud and cruelty which would not be acceptable in a grown-up hero. Despite his brave rebellion, his success depends upon the social acceptance of his activities as the larks of a preadolescent boy—although he destroys the villain and becomes a real hero in the end. This theme was most dear to Mark Twain. It produced, also, not only a sequel, Tom Sawyer Abroad, one of his best stories but, many years later, another book which seems to have served him as an unconscious release, at least in part, from a long period of guilt, depression and masochistic exhibitionism: The Mysterious Stranger.[11] Through these literary expressions of deeply repressed fantasies he seemed, for a while, freed of his burden. But such freedom was always incomplete for Mark Twain. In spite of his conscious feelings of guilt, his confessions of weakness, his 'affectations' (as his friends called them) of self-depreciation and self-condemnation, he was actually not able to assume frank responsibility for what he considered his personal failures. In this respect he seems never to be mature enough. His failures he always thought, or secretly felt, were due to fate. They were his lot as a member of the 'damned human race'. In these moods he was the Tom-

[11] DeVoto, Bernard: *Mark Twain at Work*. Cambridge, Massachusetts: Harvard University Press, 1942, pp. 127, ff.

child, anal in origin, rejected by his mother, and the victim of a relentless conscience. As Huck Finn says, 'it don't make no difference whether you do right or wrong, a person's conscience ain't got no sense, and just goes for him *anyway*. . . . It takes up more room than all the rest of a person's insides, and yet ain't no good, nohow. Tom Sawyer he says the same.' With the debt to his conscience paid by self-punishment, he could become the Sawyer-child, the ego ideal struggling toward freedom, independence and self-determination. Mark Twain, in his literary life, tried both to work out and to cover his basic unconscious conflict. In a simpler way his white dress served the same function in public life, for it not only covered his 'black soul' (Tom) but rendered him pure, lily-white (Sawyer), and deserving of general approbation.

Samuel Clemens's life and works show that he felt himself, more than do most of us, to be two people: he was, indeed, twain. With this in mind, we can better understand his preoccupation with twins, and can believe that the selection of his pen name was not merely the accidental result of his exposure to nautical terminology. We can also sense the deeper meaning of his pun before the Authors' Club, of London: 'Since England and America have been joined in Kipling, may they not be severed in Twain'.

SUMMARY

Superficial connections between the names of heroes of autobiographical novels and their authors have frequently been demonstrated. The selection of the name Tom Sawyer is more complex and springs from deep sources basic to the lifelong psychic conflicts of the author, Mark Twain.

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The Early Years of Life. A Psychoanalytic Study. By Alice Balint. Preface by Anna Freud. New York: Basic Books, Inc., 1954. 149 pp.

Charles Brenner

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BOOK REVIEWS

THE EARLY YEARS OF LIFE. A Psychoanalytic Study. By Alice Balint. Preface by Anna Freud. New York: Basic Books, Inc., 1954. 149 pp.

Mrs. Balint died in 1939 at the early age of forty-one. One could imagine no finer tribute to her memory than the publication of the English translation of this book, which first appeared in Hungarian some twenty-five years ago. Every page of it bears the stamp of its author's originality and brilliance. The freshness of its style, which is preserved in the excellent translation, the clarity and directness of the presentation, the wealth of apt illustrations, and the penetrating insight which it offers into the problems of child rearing all attest how great was the loss which psychoanalysis suffered by the author's untimely death.

The book is addressed to parents and others who are concerned with the education of children in the broadest sense of the word. In it the author attempts to accomplish two tasks: the one—a subsidiary one—is to present the facts which have been discovered by psychoanalysis concerning the mental life and development of the child from birth to the age of six or eight years; the other, which is the principal one, is to apply this knowledge to the problems of child rearing.

It is noteworthy that even twenty-five years ago the author saw clearly that the proper aim of child rearing is to afford a maximum of constructive help to the child in the difficult but necessary task of achieving the degree of instinct mastery required of it by its environment by discipline, while at the same time permitting its instinctual life as much satisfaction as is appropriate within these limits. The author makes the point very clearly that excessive indulgence or permissiveness can be as harmful to a child as excessive frustration, something that was by no means as well known among some analysts a generation ago as it is today.

In general the author's approach to her main task is an admirably scientific one. She makes no attempt to minimize the difficulty of steering a safe course between the Scylla of overindulgence and the

Charybdis of overstrictness, nor does she in any way gloss over the gaps which still remain in our knowledge. In addition, she makes clear the necessity for further study before a more satisfactory solution can be found to the many problems in this field which are still unsettled.

Although intended for the laity, this book seems to be in fact better suited to readers who are already psychoanalytically oriented or even psychoanalytically trained. It is true that the author's presentation of psychoanalytic observation and theory is a superb one, which could readily be understood by any layman who did not repudiate his own œdipal and preœdipal wishes so strongly as to make him incapable of understanding a discussion of these subjects. But in fact, how many are there of such fortunate people in the world. Very few indeed, if our experience as analysts is to be trusted. However that may be, it is certain that any person who is psychoanalytically trained or oriented and who is interested in the problems of childhood will be amply rewarded for reading this volume. Such books are rare.

CHARLES BRENNER (NEW YORK)

PRIMARY LOVE AND PSYCHOANALYTIC TECHNIQUE. By Michael Balint, M.D., Ph.D., M.Sc. London: The Hogarth Press, Ltd. and The Institute of Psychoanalysis, 1952. 288 pp.

This book contains Balint's collected papers which were written during the years 1930 to 1952. They appear at this time because he feels that with the appearance of his last two papers, On Love and Hate, and New Beginning and the Paranoid and the Depressive Position, his ideas have reached a certain completeness.

Although Balint acknowledges the influence of Ferenczi, his book is essentially a personal one. His main theme is 'New Beginning'. He says that he noticed certain phenomena that emerged toward 'the end of the cure'. These consisted of demands from his patients for small gratifications, such as touching his hand, being stroked, and so on. Balint's observation is that these wishes could only be satisfied by another individual; any auto-erotic satisfaction was 'simply impossible'.

Balint throws doubt on the theory of primary narcissism: 'The time has come for us psychoanalysts to follow the biologists in facing the end of the amoeba myth'.

Encouraged by Ferenczi's experiments Balint decided, with the agreement of the patient, and in certain cases which could be described as 'deeply disturbed' or as those whose ego development was distorted by early traumas, that 'some of the primitive wishes . . . should be satisfied in so far as they were compatible with the analytic situation'. In this technical modification, two dangers face the incautious analyst: first, addictionlike states in which the patient can never have enough, and second, the horrors of frustration on the part of the patient, in which the analyst is reviled. When it is possible within the safety of the analytic situation for the patient to begin anew to love and to hate in a primitive way, he finally (and, it seems, speedily) is able to achieve a mature, well-adapted, nonneurotic way of loving and hating. The nature of this archaic form of object relation can be defined thus: 'I must be loved without any obligation on me and without any expectation of return from me. . . . New beginning means the capacity for an unsuspicious, trusting, self-abandoned and relaxed object relation.' Two clinical conditions are necessary to bring about the 'new beginning'. They are the relinquishing of the paranoid attitude and 'the acceptance, without undue anxiety, of a certain amount of depression as an inevitable condition of life'.

Such, in the baldest outline, is the main theme of Balint's last paper (New Beginning and the Paranoid and the Depressive Position) which represents a culmination of three intimately interlinked topics—human sexuality, object relations, and psychoanalytic technique.

Included in this book is the last paper written by Alice Balint (who died in 1939), Love for the Mother and Mother-Love. The reason for its inclusion is because their development 'was so intertwined that this book would be incomplete, in the true sense of the word, without her contribution'. The particular merit, to one reader at any rate, of Alice Balint's paper is her gift for illustrating her point with a brief clinical excerpt.

WILLIAM N. EVANS (NEW YORK)

THE ANNUAL SURVEY OF PSYCHOANALYSIS, VOLUME II, 1951. A Comprehensive Survey of Current Psychoanalytic Theory and Practice. Edited by John Frosch, M.D., in collaboration with Nathaniel Ross, M.D.; Sidney Tarachow, M.D.; Jacob A. Arlow, M.D. New York: International Universities Press, Inc., 1954. 724 pp.

This is the second volume of a vast undertaking which has been adequately reviewed before as to its scope and purpose.[1] All that was said concerning Volume I in general applies equally to Volume II.

Forty-nine analysts have here collaborated to review publications of psychoanalytic interest that appeared in 1951. The substance of two hundred seventy-six articles from twenty-five journals, plus extracts from forty-two books, is integrated in a lucid manner with creditable respect for continuity. Fourteen other books are presented in condensed form. The various subjects include history, critique, methodology, development, ego psychology, clinical studies, dreams, child analysis, psychosomatic medicine, psychotherapy, and the application of psychoanalysis to other fields of knowledge. The book is adequately cross-indexed.

Few analysts have the time or energy to keep up with the flood of clinical, theoretical, and speculative papers and books of interest to them that have appeared yearly since World War II, and especially during the past five or six years. Few have time or inclination to keep abreast of the literature of psychiatry and such other sciences allied to psychoanalysis as anthropolgy and sociology. The Annual Survey will be an aid to those who fear they will miss a stimulating article and to those who confine their reading to the three major psychoanalytic publications. It is therefore regrettable that there is no chapter dealing with what is going on in clinical, experimental, and theoretical psychology, and in the pseudoanalytic splinter groups that, to paraphrase Freud, have removed their pots from our fire. An acquaintance with the fallacies that motivate such groups would possibly be of more interest than the condensed version of some books.

This work has nothing in common with The Yearbook of Psychoanalysis, which is simply a representative compilation of psycho-

[1] *Cf.* This QUARTERLY, XXII, 1953, pp. 267-268.

analytic papers published during the year. It is vastly superior to the various yearbooks of the other medical specialties, mainly because the arguments of the articles that are utilized appear to be clarified by condensation, thanks to the excellent editorial organization and integration of the material.

Some analysts are doubtful that a need exists for a book of this type because they suspect that it may be a digest, and digests are an illusory path to facts and to quick and easy knowledge. The Annual Survey is not that sort of book. On the contrary, this reviewer was stimulated to read at least six articles and to purchase Volume I of the Survey.

The task of those who edit such an undertaking is one of appalling responsibility to be entrusted only to those capable of definitive judgment concerning what is of value, for analysts in the future will tend to turn more and more to books of this type just as they do to the well-known textbook of Otto Fenichel as a source for research. The Survey is highly recommended.

WILLIAM F. MURPHY (BOSTON)

FUNDAMENTALS OF PSYCHOANALYTIC TECHNIQUE. By Trygve Braatøy, M.D. New York: John Wiley & Sons, Inc., 1954. 404 pp.

This is an unusual book and one to be recommended. The death of the author, born in Minnesota of Norwegian descent, is a great loss. His approach is broad and tolerant. He believes that workers can disagree scientifically without generating personal resentments, and one may hope that his sympathetic, scientific attitude will help toward mutual understanding among analysts.

The style is discursive but not diffuse. Braatøy integrates with his psychoanalytic understanding a knowledge of the literature of other fields, particularly psychology and physiology. He had an open and inquiring mind and could be critical in a constructive fashion. He saw the importance of a number of vital psychoanalytic contributions by analysts at whom the more doctrinaire may look askance. Alexander is perhaps the only analyst who fares poorly—unfairly so, I think, since the essentials of his valid contributions are not dealt with.

Braatøy favored using the couch but saw that the 'too early use of the couch and nonfocused free associations . . . re-enforce this

suppression of motives and factors accessible to deliberate discussion in an upright position'. He is always reasonable and objective; his capacity for understanding the work of his colleagues and for disagreeing with them without egotism and unfriendliness is a credit to his analyst, Otto Fenichel.

The book, written for students, is an introduction to technique rather than a precise study and description of it. The presentation is unusual. It starts, more or less following Ferenczi, with a discussion of the analyst's love as the basis for psychotherapy. This is followed by an easygoing, tolerant chapter on orthodoxy and dissent; Fenichel and Horney are used as examples. Fenichel's important contribution was to emphasize biological facts and Horney's was to lay stress on sociological conditions and on current reality.

There follow discussions of time and growth, activity and passivity, words and actions, relaxation and spontaneity, fear and symptoms, and life and death. In the chapter on Diagnosis and Responsibility, it is noted that the earlier analysts were more interested in being psychologists than in being therapists; Freud described himself as not at heart a physician. Braatøy, however, believes that one must be a good physician and a good psychiatrist in order to be a good analyst. The two concluding chapters are a general discussion of the science of interpretation.

The book would profit by reduction in length and sharpening of the main points, and by better organization.

The experienced psychoanalyst will here find little new, but he will enjoy and profit greatly from the refreshingly reasonable, tolerant, and understanding spirit of the book.

LEON J. SAUL (PHILADELPHIA)

INTRODUCTION TO PSYCHIATRY. By O. Spurgeon English, M.D. and Stuart M. Finch, M.D. New York: W. W. Norton & Co., Inc., 1954. 621 pp.

This new textbook is intended to give the student an understanding of psychiatry by helping him master 'the concepts of dynamic personality formation and structure' and to describe and explain 'the principles of dynamic psychiatry as advanced by Sigmund Freud'. It is further designed to help the reader use the revised

nomenclature accepted by the Council of the American Psychiatric Association in the spring of 1952.

Following a brief introductory chapter, The History of Psychiatry, there are sections on the development and structure of the personality, the development of mental and emotional disorders, and one on history taking, examination, and diagnosis. Child psychiatry occupies about forty pages, followed by chapters of varying lengths dealing with each of the diagnostic headings in the new nomenclature. The book closes with a section on therapy; finally there is an extensive bibliography, followed by an index.

The organization is logical, the writing clear and relatively easy to follow. To the psychoanalyst it will seem highly simplified since it is designed for the use of medical students who have had no previous contact with psychiatry or with psychodynamic principles. The case reports are concise and easily understood. In a formal sense, all the important diagnostic categories are covered and a careful attempt is made to give a dynamic formulation of each.

This is an ambitious volume and in some ways a very successful one, particularly in its organization and clarity of expression. Nevertheless, it has some faults serious enough to reduce its value.

First is the implication that it may be by itself an adequate textbook of psychiatry. The preface does not make clear whether or not the authors intend it to be self-sufficient, but the casual reader may very well be left with that impression. As a textbook of psychiatry, it is open to criticism; although the diagnostic categories are covered, the clinical examples are rather dry and concise, lacking the color and life of those written a generation ago by such clinicians as Bleuler or Henderson and Gillespie. In order to arouse the curiosity of students the older volumes contained examples of the writings and drawings of schizophrenics, the quoted conversations of patients, episodes of bizarre or colorful behavior, and photographs of psychotic postures and movements. The best of the older textbooks presented interesting and highly descriptive accounts which made good reading. Too often, in the present book, various diagnostic categories sound much the same, all appearing to result from immaturity and lack of parental love.

Two other qualities deserve criticism. First, there is a lack of a true historical approach. The history of psychiatry, including that of the psychoanalytic movement, is covered in nine pages. There

are only brief historical references elsewhere in the book. Charcot, for example, is mentioned only as 'a distinguished French physician' who investigated neuroses and was a teacher of Sigmund Freud. Adolf Meyer is dismissed in two brief paragraphs. Bleuler is given three sentences, and the history of the psychoanalytic movement about two pages. The bibliography is fairly large, but is not often related directly to the text, being listed by chapters instead. This avoids footnotes, but gives the student very little stimulus or direction for his further reading.

The other defect results from the lack of historical orientation and is perhaps inevitable. The exposition of psychoanalytic thought is not at all dynamic. Psychoanalysis is a new, constantly developing science; it emphasizes persistent investigation and the acceptance of change in one's own hypotheses as well as in the personality of the individual. The authors, however, describe oral, anal, and genital phases of development as if they were periods with fairly fixed limits. This is certainly not in accordance with modern psychoanalytic thought and it has doubtful value in giving an understanding of dynamic factors. The topographical organization of the personality is presented as if it were a final discovery, rather than a concept based on a series of changing hypotheses. For example, 'The ego . . . develops originally out of the id. . . . Gradually over the first few months of life there begins to separate from this undifferentiated id the more specialized ego structure.' This is not, as the student might well assume, a fact, but rather a useful hypothesis which has been seriously challenged and modified by numbers of important investigators in the field of psychoanalysis. In these respects, the book may be misleading; it presents modern psychoanalytic theory as finished and static, and it fails to distinguish clearly between clinical observation and hypothesis.

It may be maintained that this is necessary in a simplified text. I should disagree, and refer to Freud's General Introduction to Psychoanalysis as a stimulating, historical, and truly investigative presentation of psychoanalysis to people unversed in the subject. It *can* be done, but perhaps only by Freud!

It is too bad that so much criticism is necessary. The book is a worth-while addition to psychiatric texts and should be useful not only to medical students but also to many physicians, social workers, and others who need an introductory volume and some understand-

ing of the new nomenclature. It should, moreover, encourage the attempt to achieve dynamic understanding of the patient in the elementary teaching of psychiatry. In these respects it is admirable; but it should be flanked on the one hand by an 'old-fashioned' textbook of descriptive psychiatry, and on the other by Freud's General Introduction and a few other books. In this company, it may occupy a most useful place.

MARTIN H. STEIN (NEW YORK)

WARTIME PSYCHIATRY. Edited by Nolan D. C. Lewis, M.D. and Bernice Engle, M.A. New York: Oxford University Press, 1954. 952 pp.

Wartime Psychiatry is a compendium, sponsored by the National Association for Mental Health, of the international literature on psychiatry in the Second World War, covering a vast range of topics and providing excellent summaries of more than one thousand articles and books that appeared chiefly between 1940 and 1948. It is more than an invaluable reference book. The grouping of the material and the introductions to each section, written by the editors, unify the whole and place each problem in a suitable context.

The wartime psychiatrists wrestled with many problems, military as well as medical. As they found solutions, which varied and yet were increasingly in general agreement, they progressed from a clinical to a broadly social orientation that fulfilled the needs of a nation in crisis. At first confronted with discrete and practical assignments—the screening of prospective inductees; the organization of psychiatric services within the armed forces; the prophylaxis, diagnosis, and disposition of combat neuroses; and eventually the rehabilitation of veterans—psychiatry was forced to learn basic principles of psychodynamics on the battlefield, so to speak, distinguishing in this way between many academic theories and really vital facts.

Twelve percent of the Americans examined for military service were rejected for neuropsychiatric reasons. The British rejected only two percent, yet their psychiatric casualties were no greater than our own. The reason may, as William Menninger suggests, have been the more flexible British system of placement, which per-

mits the use of men for limited service. Severe psychiatric disorders are a liability in the armed forces as elsewhere, but in many of the milder neuroses, 'leadership and motivation proved far more important for fighting strength than the man's history and personality make-up' (Lewis and Engle). Emphasis shifted accordingly from the pattern of the individual to the structure of the group. 'NP casualties were in direct proportion to the presence or absence of high group morale, in turn dependent on troop confidence in their own ability and on faith and trust in their leaders' (Braceland). The phenomenon of the successful neurotic soldier made it clear that purely clinical criteria were of limited value in screening processes (Needles).

It cannot be denied that the clinical psychiatrist was confronted in military service with much that was exasperating and painful. Diagnostic classifications were far from satisfactory, particularly in the early days of the war, and were employed with such varying interpretations that statistics must be regarded with suspicion. NP dispositions were too often an administrative outlet or the refuge of the incompetent and the unwilling; 'the return of men to active duty' was a triumph that occasionally left the well-informed observer unimpressed. 'Therapeutic measures' were here and there, as clearly appears in some of the reports, little more than exercises in punishment and sadism. Experimental innovations were sometimes difficult to distinguish from inexperience and brashness.

Nevertheless compensations were afforded as well. Increased mutual respect and exchange of ideas between the psychiatrist and other medical practitioners were a frequent result. Younger physicians were often drawn into the neuropsychiatric field by the appeal of freudian thinking. Certain technical methods were launched or more fully developed during the war: group therapy, narcotherapy, hypnosis, psychological testing, and use of social service. A broadened point of view and a greater knowledge of the interrelationship between the individual and the group were probably the most lasting gains.

The psychoanalyst will perhaps find here little that is directly pertinent to his science. Nevertheless the list of colleagues who shaped wartime psychiatry includes many analysts who doubtless applied their principles and were themselves enriched in turn through wartime experiences. The advances in ego psychology, in

understanding of the psychoses, and even in orthopsychiatry during the past decade presumably reflect the results. Yet few will care to challenge the conclusion of Ernest Jones that the best contribution to psychiatry could be provided by a stable civilization.

Wartime Psychiatry portrays a colossal and epic enterprise. All stages of military training and action, as seen by the psychiatrist in all branches of the armed forces, pass in review. Comparable experiences of friendly and enemy nations are set forth; regional, racial, and social divisions within our own country find their way into these pages. Civilian reactions to the war are not forgotten, and there is place also for psychiatric problems in the Arctic and in the South Seas, in occupied countries, in military prisons and concentration camps, among the blind, the amputated, and the diseased as well as among conscientious objectors and war brides.

In 1947, five hundred thousand veterans of World War II were receiving government pensions for neuropsychiatric disabilities. Ten percent of all combat casualties were psychiatric; so too were fifty percent of all medical discharges from the army and fifty-five percent of all Veterans Administration Hospital beds. As a military and economic problem of the first magnitude, psychiatric problems have indeed proved their right to complete documentation and study.

MARK KANZER (NEW YORK)

MOTIVATION AND PERSONALITY. By A. H. Maslow. New York: Harper & Brothers, 1954. 411 pp.

A theory of motivation is an indispensable component of any modern dynamic psychology. Maslow attempts to formulate a general theory of human motivation 'in the functionalist tradition of James and Dewey . . . fused with the holism of Wertheimer, Goldstein, and gestalt psychology, and with the dynamicism of Freud and Adler'.

The thesis is advanced that there is a hierarchy of basic needs which emerge in a rather regular sequence, once the 'lower' or more fundamental requirements of the organism are gratified. Lowest in this series are physiological needs, followed in turn by the need for safety, love, esteem, 'self-actualization', cognitive and æsthetic gratification The concept of the self-actualizing personality, designated as SA, is one of the major contributions of the book. The

term, borrowed from Goldstein, and apparently identical with Jung's idea of individuation, refers to an inexorable need of human beings to become what they can become. 'A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself.' True self-actualization is achieved by only a handful of characters, real or fictional, living or dead. These individuals as described by the author constitute in effect ideal human beings; the catalogue of their virtues and capacities is truly astounding.

As one can surmise from the wide range of writers to whom the author is especially indebted, the spirit of this volume is eclectic and unintegrated. The book is written in the academic tradition dominant when psychology was considered to belong in the domain of the faculty of philosophy. The weakness of this approach lies in the absence of a disciplined methodology by which hypotheses can be brought into contact with relevant data. According to the author his conclusions are drawn from projective tests, anamnestic interviews, informal conversations, surreptitious observations (p. 202), a field trip to a Blackfoot Indian tribe, but mostly from 'clinical' experience. Inevitably, the higher one ascends in the author's hierarchy of needs, the more tenuous become the data, the more impressionistic the author's conclusions: 'It is my impression (from informal experiments) that it is possible to distinguish the artistic and intellectual products of basically satisfied people from those of basically unsatisfied people by inspection alone.' Many similarly unsupportable generalizations may be found in almost every chapter.

JACOB A. ARLOW (NEW YORK)

THE THIRD REVOLUTION. A Study of Psychiatry and Religion. By Karl Stern, M.D. New York: Harcourt, Brace and Co., 1954. 306 pp.

Dr. Karl Stern, Professor of Psychiatry at the University of Ottawa, argues that psychoanalysis is compatible with and must be integrated into the Christian idea of man. This argument is addressed to the Catholic reader, to whom he presents a systematic discussion of psychoanalysis and at each point shows how psychoanalytic theory can and must be made a part of Catholic thinking. The psychoanalytic material presented is too elementary to interest the psychia-

trist; the factual and theoretical contributions of psychoanalytic thinking to the study of religion are not included; in short, the book is essentially a religious tract, written by a practicing Catholic for practicing Catholics. The author believes that The Third Revolution is the revolution by which science replaces revelation and faith; the first two revolutions of the nineteenth century were the 'Marxist and racist revolutions'.

The presentation of psychoanalytic theory and examples and the philosophic discussion are careful, articulate, and erudite. This reviewer agrees with at least three points the author makes. The first is that psychoanalytic theory does not require the anti-religious attitudes which Freud expressed so forcefully in The Future of An Illusion, and in Civilization and Its Discontents. Freud himself made this point clear, as in the following passage from a letter to Oskar Pfister (called to my attention by Hans J. Kleinschmidt): 'We must not lose sight of the fact that the opinions expressed in The Future of An Illusion do not form an integral part of the analytic teaching. It is my personal attitude which coincides with that of many nonanalysts and those who preceded them, while it is not shared by many fine analysts.' The second point with which the reviewer concurs is the author's assertion that professions of atheism are often themselves the consequence of unconscious, irrational psychic forces, masquerading as disinterested, scientific objectivity. Moreover it is refreshing and increasingly unusual nowadays to see such a forthright denunciation of the use of psychologic and physiologic research and therapy as a pretext for essentially immoral insults upon human dignity.

However I must dissent from the author's belief that the virtue of psychoanalysis is its nonscientific, nonobjective nature. The author deplores but forgives the use of the language of science for psychoanalysis and the attempts at scientific formulation and validation that are continually being made. What makes psychoanalysis important to the Catholic is that its observations are not empirical but empathic, its technique not systematic but a 'healing dialogue', its basis not biological but the 'reality of the allegorical'. The author would abstract psychoanalysis from its scientific setting and assign it the function of preparing the patient for Grace. This is nothing less than the kiss of death. Can a man with such convictions really function effectively as an analyst? Theoretically, a

man's philosophical (and religious) convictions should not distort his practice of a fixed therapeutic technique. But suppose, as in this case, that the personal convictions seriously involve the therapeutic technique itself? There are some surprising statements that can be understood only in this context. After a fine discussion of the theory of sublimation, presented in the best analytic tradition (but including the error of emphasizing that sublimation is a process of vaporization of a solid rather than emphasizing that it is a method of purification), the author finally admits: 'Actually nobody really believes in such a crude machinery. The very formation of the concept of sublimation implies the existence of something beyond it. Does anyone really believe that families are founded, orphans are cared for, the sick are tended to, cathedrals are erected, symphonies are composed—only because instinctual drives are blocked by society?' The answer any sincere and intellectually honest psychoanalyst, whether religious or not, must give is 'Yes, of course', providing that one talks about efficient and formal, rather than final causes. I have the impression that in this shotgun marriage of psychoanalysis and Catholicism, psychoanalysis suffers. I am not in a position to say whether or not Catholicism suffers as well but I should not be surprised to hear that it did.

The book can be recommended to Catholics who are shy about psychoanalysis, but the recommendation should not be made without reservation.

MORTIMER OSTOW (NEW YORK)

THE CONSTRUCTION OF REALITY IN THE CHILD. By Jean Piaget. New York: Basic Books, Inc., 1954. 386 pp.

The work of Piaget has an originality of conceptualization and a uniqueness of methodology which assure the author a special and enviable position in the history of the development of psychology as a science.

This volume is concerned with the stages of development of the concepts of the 'real categories'—object, space, causality, and time—during the first two years of the infant's life. This has a special significance for current psychoanalytic preoccupation with the development of the adult ego. Escalona, in the jacket blurb, describes Piaget's present work as 'a study in genetic epistemology'. It is

certainly this with elements of ontological and metaphysical interest as well. Piaget has strong philosophical as well as purely experimental and descriptive interests. In the understanding of the conceptual development of the primary categories of reality, it is apparent that Piaget feels the need to resolve the inherent contradictions between associational empiricism, as exemplified by Hume, and vitalistic apriorism, as characterized by the ideas of Maine de Biran. On the basis of his observations and conclusions, Piaget develops a relativistic theory based upon 'the totality of the relations elaborated by sensorimotor intelligence and later by thought', and 'its growing deductive success showing that these relations correspond to a real interaction between subjects and objects'.

Consistent and yet contrasting with the high level of Piaget's theoretical abstraction is the ingenious mundanity of his experimental approach. Piaget belongs to what might be called the household utensil school of laboratory experimentation. His laboratory consists largely of the nursery, the perambulator, and the play pen; his apparatus of blankets, dolls, rattles, watches, and key chains; his subjects, his own two infants and those of a similar age within easy reach; his protocols are month to month, week to week, and sometimes day to day observations of the ordinary reactions of the growing infant. It is difficult to reproduce the objectivity and clarity of his primary observations and the skill with which the experimenter lists all the alternative hypotheses of a given observation and then sets up crucial experiments with which to confirm or exclude all but a single hypothesis. An appreciation of his methodology cannot be given in a brief review. For this the reader must be referred to the original protocols which intersperse and develop the argument.

In brief, while Piaget indicates that all four of the categories under discussion are mutually interdependent in their development, a certain similarity in conceptual stages can be traced for each. These are most easily summarized for the one that is studied first, namely, the process of objectification. Here Piaget describes initial stages in which the infant's relation to objects can only be understood in terms of 'primary circular reactions' which are of the order of sensorimotor reflex patterns. This is followed by the stage which Piaget describes as that of 'practical' objects in which the infant

would appear to be aware only of its own functions with the object conceived as an extension of the awareness of these activities. Next appears the stage of 'subjective' objectification in which there would appear to be a recognition of an image but one that is still an extension of activity rather than an object which has any 'permanence' in its own right. The appearance of the 'objective' stage of object concept appears in relation to behavior toward vanished objects or objects that are hidden behind screens. This is the stage at which it can be demonstrated that the object has achieved a 'permanent' status of its own. The child's continuing to search actively for an object that is no longer in the immediate area of perception indicates that the image has become separated from its status as an extension of activity. In subsequent stages, the object becomes not only permanent but also 'representational' in that the child can take into account not only the persistence of the object which has vanished behind a screen, but the probable course of its displacement when it is not found behind the screen in the expected position. Here the final objectification of the object concept coincides with a similar process in regard to 'spatialization'.

The present observations and concepts have a strong bearing upon psychoanalytic theories concerning reality testing and ego formation, particularly in the interesting parallelisms to ideas concerning primary and secondary narcissism and the development of object relations. It is to be noted that Piaget avoids the limitations of behaviorism when he says, 'True, we know the baby's consciousness only through its behavior but it is possible to reconstruct this [consciousness] by starting from that behavior, for without this mental translation of the conception of real categories the child's behavior would be incomprehensible'. We must note, however, from our own psychoanalytic frame of reference, some feelings of incompleteness in the approach offered. For example, one finds that Piaget tends to include only those observations which indicate total coöperation on the part of the infant in regard to the experiment at hand. Thus, he would appear to conceive of motivation as an all-or-none phenomenon. In this regard, one has the feeling that Piaget overlooks the role of affect and instinctual tensions and to this extent minimizes the role of the drives. To the extent that he appears to conceive of cœnesthesia as the total range of affectivity in the infant, during the experimental procedure he continues one

aspect of the limitations of behaviorism. There are also times in the elaboration of his theme when one feels that the author's prevailing concern for ontological considerations obscures the elucidation of data which might be more pertinent to child psychology.

All in all, however, this must be considered a basic theoretical work for all of those investigators who are concerned with the evolution of the psychology of the secondary processes and the development of ego functions. The present work can take its place as a worthy successor to an already impressive list of similar contributions by the author.

VICTOR H. ROSEN (NEW YORK)

BEETHOVEN AND HIS NEPHEW. A Psychoanalytic Study of Their Relationship. By Editha and Richard Sterba, M.D. New York: Pantheon Books, Inc., 1954. 351 pp.

The Sterbas' pathography is written so expertly that the reader is likely to be unaware of the enormous labor expended in collecting and correlating the documentary evidence for their thesis. The study omits, as must all psychological pathographies of great men, an examination of the essential attribute of a genius, his greatness. An investigation of greatness, however, would have to include the response of the masses to the artist's creations, to which the psychoanalyst can contribute nothing more than the evidence that artistic expression of a universal conflict has universal appeal.

The central purpose of the work is the psychoanalytic elucidation of Beethoven's personality, in particular as it is revealed in his smothering love for his nephew Karl. 'Ludwig's relationship to Karl resembles that of a certain type of mother, who idolizes her son . . . so long as she feels sure of possessing him. When her son displays independence, this type of mother . . . is bitter in her reproaches. . . . Such a mother believes that . . . she fully compensates her son for his obligation to belong to her entirely.' Beethoven's identification with his mother and his latent homosexuality, as well as his possessiveness and his inability to share or to compromise, are also clearly shown in the attacks of boundless jealousy aroused in him by his brothers' attachments to women and by their marriages.

The description of the composer's narcissistic personality (which lay between delinquency, paranoia, and impulse neurosis) is sup-

ported by an abundance of facts, and, except for the well-substantiated demonstration of Beethoven's identification with his mother, the authors wisely indulge in little speculation about the genesis of his character. Their unqualified conviction that Beethoven died as the result of his psychological conflicts—*post hoc, ergo propter hoc*—is not however equally cautious. Yet the most fundamental error of many other psychoanalytic pathographies is largely avoided; the authors do not attribute Beethoven's genius to his psychopathological traits. Beethoven's periods of creativity coincided with increases in his unfulfilled homosexual and maternal strivings; this correlation accounts for an impulsion toward creative work but is not a condition specific for artistic (or musical) creation.

It is a curious fact that pathographers never investigate the disturbing influence of genius (whatever its origin) upon character. In Beethoven's case this influence must have been considerable and may well have been clinically decisive. The adoration bestowed upon him by the highest nobility, the mystifying experience of his creativeness springing from unconscious roots and achieved with the aid of unconscious or preconscious processes, the awareness of a specific superiority and unique originality not fully within the comprehension of his contemporaries—all these circumstances do not account for the immaturity of his character (impatient, uncompromising, furious when frustrated), but they certainly created a climate unfavorable for the curbing of such a disposition.

One of the few blemishes of the volume is the authors' inclination to overstate their case by defensive repetition and exaggeration of their assertions. They rightly complain that many earlier biographers have taken Beethoven's side against the nephew and his mother; but the Sterbas tend to fall into the opposite error by becoming Beethoven's accusers instead of remaining objective. One may also take exception to the uneven representation of some of their sources. The work of those biographers of Beethoven whose idealization contrasts most unfavorably with the authors' realistic outlook is presented at length in the text; Ernest Newman's outspoken objections to the hero worship of the biographers are, however, relegated to the appended notes.

This study not only describes with convincing accuracy the pathological features of the personality of one of the greatest creative minds of Western civilization, but in so doing rescues Beethoven

from the shadowy idealization of many of his biographers and brings him to life. Despite its small defects, the volume is a restrained and fruitful application of psychoanalysis to biography. It should be studied by every psychoanalyst.

HEINZ KOHUT (CHICAGO)

THE REDEEMERS. A Saga of the Years 1945-1952. By Leo W. Schwarz. New York: Farrar, Straus and Young, Inc., 1953. 385 pp.

The Redeemers are the Jewish survivors of the European catastrophe who fought for the establishment of the Jewish state or sought to migrate to Palestine. The book is based on the author's experiences as an official of the Joint Distribution Committee in Europe. It treats mostly of political, organizational, and economic subjects, with no attempt at psychological or sociological analysis except for a general emphasis on heroic attitudes of the survivors who looked to the future. The book is highly dramatic, but there is no doubt that the story of the period after liberation properly lends itself to dramatic treatment. The author indicates his awareness that 'the narrative at times takes on the tone of fiction', but adds that every detail is authentic and that 'fifteen tons of documents in a half-dozen languages were drawn upon for accuracy'. He does not gloss over such undesirable activities of displaced persons as operations in the black market, but emphasizes the mitigating circumstances. General Clay, in a Prefatory Note, likewise emphasizes that much criticism of the displaced persons 'resulted from a failure to understand the conditions under which they were striving to attain once more a normal life', adding that 'the real glory of their story lies in how quickly within their camps they did reestablish moral values and learn to live once more as families within a community'.

The book offers a wealth of recent historical data and is valuable as a descriptive document. Readers interested in psychology will find in it a great deal about the human capacity for endurance of suffering and stress, and about the reversibility even of deep states of regression.

PAUL FRIEDMAN (NEW YORK)

PEOPLE OF PLENTY. Economic Abundance and the American Character. By David M. Potter. Chicago: The University of Chicago Press, 1954. 219 pp.

In many ways modern science is attempting to find the cause of what has been called 'national character' or, preferably, 'cultural characteristics'. Professor Potter has, without doubt, opened a new road which will lead us closer to an understanding of certain attitudes and patterns of behavior. He explores, in particular, the history of economic conditions to give new meaning to some features in American culture.

Potter considers Horney, Mead, and Riesman his leaders in this research into historical sociology. He emphasizes the phenomenon of competitiveness (in Riesman's terminology, 'other-directedness') in American life and personality. According to his view, the abundance of America offers the fundamental condition for the development of political ideals, greater social mobility, free enterprise, and educational goals. 'Abundance and the circumstances arising from abundance have already dictated a whole range of basic conditions which, from its birth, are constantly at work upon this child and which will contribute in the most intimate and basic way to the formation of its character.'

Potter next mentions the type of feeding, the conditions of housing, the organization of the family, the kind of toilet training, and the opportunities available to every child and adult. It is beyond question that these conditions have a far-reaching influence on the personality as well as on personal relationships; and I doubt that any serious psychoanalyst ever overlooked them. But what Potter is describing are largely surface deflections which result from the social, economic, and political situation and have a merely general effect,—an effect to which Horney turned her attention in her later years. Avoiding psychoanalytic elucidation, Potter does not differentiate between those of our characteristics that result from normal development, under particular cultural circumstances, of ego and superego, and those others—guilt, reaction-formation, and defensive attitudes—that are manifested in many of our cultural ideals.

This book sheds some new light on certain problems of ego formation, but in disregarding unconscious motivations and proc-

esses, Potter has set himself limitations which will make necessary more penetrating investigations into this promising subject.

WARNER MUENSTERBERGER (NEW YORK)

THE UNWRITTEN LAW IN ALBANIA. By Margaret Hasluck. Edited by J. H. Hutton. New York: Cambridge University Press, 1954. 285 pp.

Margaret Hasluck lived fourteen years in Albania and has recorded the life of mountain tribes in their villages and how they fight a vendetta that at one time developed out of head-hunting and later became a highly ritualistic obligation of vengeance with unwritten rules for conducting a feud, for expiation, and for ending the feud. Other chapters give information about the daily life of the household and the laws governing division of property; about boundaries, pastures, and watchdogs; about the administrative hierarchy and the archaic forms of oaths; and about verdicts and penalties for theft and murder. The observations are presented with great clarity and sympathy. They resemble clinical reports without interpretation, but contain new information of great interest for the ethnologist and psychoanalyst. During World War II Margaret Hasluck used her extensive knowledge of the Albanian Highlands for the briefing of the British men who were to be infiltrated into Albania by air and sea. The text is excellently edited with an introduction by J. H. Hutton.

MARTIN GROTJAHN (BEVERLY HILLS)

WHY WE BECAME DOCTORS. Edited by Noah D. Fabricant, M.D. New York: Grune & Stratton, Inc., 1954. 182 pp.

Many persons are interested today in the question, what motivates the study of medicine and of psychoanalysis. The contributors to this volume, however, clearly do not know why they became doctors. Their free associations—more or less—might have been informative, but their 'reasons' are almost meaningless rationalizations. The book reads as if the fifty colleagues were called to a quiet fish pond and asked to throw pebbles into it: the waves and ripples form patterns and readers may spend a few hours watching them in delighted contemplation: but the question remains unanswered.

Ten of the fifty authors have written chapters especially for this book, among them Merrill Moore, Franz Alexander—who comes closest to the self-revelation appropriate for an analyst—and Stanley Cobb, who implies an interpretation by presenting recollections of early childhood. Among the forty other physicians whose writings are quoted are such outstanding men as Havelock Ellis, W. Somerset Maugham, Sigmund Freud, Albert Schweitzer, Walter Cannon, Benjamin Rush, and Oliver Wendell Holmes.

Havelock Ellis writes, 'The main reason why I wanted to be a doctor was not because I wanted a doctor's life, but because I needed a doctor's education'. Somerset Maugham says of his years of work in an emergency hospital: 'I must have witnessed pretty well every emotion of which man is capable. . . . I knew that suffering did not ennoble; it degraded. . . . We learn resignation not by our own suffering, but by the suffering of others. . . . I do not know a better training for a writer than to spend some years in the medical profession.'

MARTIN GROTJAHN (BEVERLY HILLS)

THE STRUCTURE OF SOCIETY. By Marion J. Levy, Jr. Princeton, New Jersey: Princeton University Press, 1952. 584 pp.

The contemporary concern of students of man with systematic frames of reference is reflected in Professor Levy's volume. The most influential initiatives in this direction have been taken by Professor Talcott Parsons of Harvard University who built mainly on the foundations laid by Max Weber. Professor Levy is an anthropologist and sociologist who has been greatly inspired by Parsons. A conceptual scheme of the kind set out in the present book is of interest to any psychiatrist who wants to see himself and his patients in the total context of society. The psychiatrist will be especially interested in the chapters dealing with The Structure of Role Differentiation and The Structure of Solidarity.

HAROLD D. LASSWELL (NEW HAVEN)

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ABSTRACTS

International Journal of Psychoanalysis. XXXV, 1954.

Evaluation of the Results of Psychoanalytic Treatment. Herman Nunberg. Pp. 2-7.

Nunberg states that the evaluation of analysis as a therapeutic method is difficult because there is 'only one psychotherapeutic method', analysis, and therefore one has nothing with which to compare it. One can, however, scrutinize the changes produced by analysis. Another difficulty is the vagueness and obscurity of definitions of mental health and illness.

The evaluation of analysis as a therapeutic method must take into account the personality of the analyst; some succeed with patients with whom other analysts have failed. One must also consider the influence of the environment. The time required for treatment should not be used as a criterion in evaluation: the diabetic, who needs medical supervision for the rest of his life, is like some patients analysts must treat. When one succeeds in freeing preconscious thoughts from the domination of the primary process, and when intrusions of the unconscious into the ego are again pushed back into the id (repressed), analytic endeavor has been highly successful. Occasionally the patient and his family are satisfied with the therapeutic results but the analyst is not. In such cases one deals with a flight into health, symptomatic improvement without adequate working through. These factors must be borne in mind in evaluating the results of analysis. Only when there has been significant change in reaction of the ego can one look on cure of symptoms as dependable. The therapeutic goal is 'integration of the ego', which is 'essentially synthesis or assimilation of the repressed material'. Repressed material, whether instinct or parts of the ego, is under the domination of the primary process. The therapeutic task has been achieved if the ego is strengthened in extending the influence of the secondary process over such repressed material, if the past is separated from the present, if contradictions are eliminated, if synthesis is effected, if the sense of time and reality play a role where they previously did not.

The Autopsic Encumbrance. Robert Fliess. Pp. 8-12.

Lewin compared the physician's first office with the dissecting room, and his patients with that 'first patient', the corpse. The medical student can hardly be emotionally detached from that corpse, the utter passivity of which provides an ideal outlet for many sublimated active libidinal drives. Identification with the cadaver is the archetype of introspection. Some of the difficulties encountered by student analysts are connected with the unconscious interpretation of the analytic office as a dissecting room, and the patient as a cadaver. The passivity of the analytic situation has been compared by Nunberg with death. 'Not seeing' the analyst is equivalent to the darkness of the grave. The success of the phase of initiation into analysis depends on the ability of the analyst to 'conceive of his patient as alive in the present', struggling with thoughts and feelings.

Premature attention to the 'dead past' rather than to current living reality suggests a preference of the analyst for his 'first patient'. Finally, in so far as the patient's voice is the materialization of the unconscious thought, it can symbolize for the analyst a voice from the grave (again, the 'first patient'), and can also symbolize the unconscious parental nucleus of the analyst's own superego; thus the true issues are obscured.

On Micropsia. Ernst Lewy. Pp. 13-19.

Various writers have found that micropsia in hysterics, schizophrenics, and other patients results from a compromise between the patient's aggressive tendencies and the defense against them. It may also be the sign of defensive antipathy to objects, and it may have other meanings. Lewy treated a seventeen-year-old boy in whom the symptom occurred during several psychotic episodes while he was in analysis. Early traumas had produced severe oral fixations. Optical experiences are often linked with oral problems: such patients seem unable to believe and to consider real what they can only see but not feel, taste, or smell. Where there is deep insecurity, optical perception is less reassuring than the other modalities of perception. In this patient, micropsia appeared when the ego was threatened with inundation by the id. The symptom may have several meanings. The most plausible is that 'seeing things small' means a loss of contact with reality due to withdrawal of cathexis. Small objects are remote objects. An ego that begins to feel small may project this feeling onto outer objects. Reducing the size of objects may also serve to make them less terrifying. Lewy stresses the possibility that micropsia was an attempt to stave off by projection feelings of estrangement from the self, and that it also resulted from withdrawal of libido from objects. In the development of the symptom there is revived a very primitive stage of ego development at which differentiation between the individual and the outer world has not yet been clearly made. To understand the phenomenon one must examine the functions of the ego, especially endopsychic perception.

Pathological Sleep. Brian Bird. Pp. 20-29.

Sleep has been described in oral terms, has been compared with death, and described as a defense against motility. During the analytic hour it can be a defense against aggressive impulses toward the analyst. Bird describes the analysis of a thirteen-year-old boy who became acutely disturbed with a condition resembling schizophrenia. He had previously been 'too good' a boy: no temper, no anger. During treatment he frequently fell asleep, sometimes reporting dreams occurring in this sleep. His rich productions before and after these episodes of sleep enabled the therapist to reconstruct clearly the meanings of the falling asleep. It served to ward off passive sexual wishes and also as a defense against aggression. The patient looked on activity as terribly dangerous and destructive, but going to sleep also represented seduction, an invitation to the analyst to do whatever he wanted with the patient. In the dreams he fulfilled these passive sexual wishes. The sleep itself became sexualized by the process of conversion from a state in which consciousness itself had become

sexualized. Since sleep served as a barrier against sexual or aggressive acting out, it was a defense against the castration that would result from such acting out.

On the Principal Obscene Word of the English Language. Leo Stone. Pp. 30-56.

Deriving data from clinical, linguistic, historical, literary, and other sources, the author presents the ramifications and significances of the word 'fuck'. Some writers trace the word to the German *ficken,* others to the French *foutre.* Its close connection with the word 'suck' rests not only on the rhyme but also on a genetic and linguistic relationship. In its usage it fulfils the criteria for the postulated root words of primordial speech. The antithetical sense of primal words appears in 'suck' and 'fuck'. Here oral receptive attitudes are contrasted with oral aggressive, active phallic, and adult male sexuality. The stages and evolution of the words are described and illustrated. Other slang words for coitus also connote aggression.

Biological Remarks on Fears Originating in Early Childhood. Lajos Székely. Pp. 57-67.

Animals manifest an instinctual flight reaction which is as dependent on specific 'key stimuli' as are sexual and the maternal reactions. The outline of the body of a bird with outspread wings evokes fear and flight in most birds if the projection representing the head (in a real bird or an experimental dummy) protrudes only a little; most birds of prey are short-necked. This is a specific response to a specific detail: the other parts of the outline of the bird's or dummy's body are of far less consequence. There are many such reactions in which the animal responds blindly to only one part of the total situation and neglects other parts that its sensory organs perceive. This phenomenon is compared with the behavior of several patients who were filled with anguished fright by the fantasy of seeing the analyst full-faced—specifically of seeing his two eyes and forehead. Neither the profile view nor the fullface with one eye covered produced any such terror. This symptom is apparently a residue of the first months of life, in which it appears that the gestalt perception of 'two eyes and forehead' releases anxiety, whereas the other features play no important part. Unlike animals, however, man reacts with fear to his own species with an archaic, phylogenetic object anxiety. The first smile of the infant, in its second three months of life, is the first mastery of this fear.

JOSEPH LANDER

Journal of the American Psychoanalytic Association. I, 1953.

Reconstruction and Screen Function. Norman Reider. Pp. 389-405.

A patient suffering from premature ejaculation and other sexual difficulties reacted characteristically to an analytic reconstruction by an exacerbation of his symptoms and production of a screen experience. The screen experience served for displacement of affect, not to an object but to a lie. The experience was more auditory than visual. Reider states that a reconstruction acts as an injunction to remember; it urges the patient to break through a repression and thus

causes aggravation of symptoms and use of screen memories. It propels unconscious material into consciousness through derivatives that serve as a screen. The exacerbation of symptoms and screen experience is a compromise solution of the disturbance in economic relationships caused by the reconstruction.

The Disorder of Depression and Elation. A Clinical Study of the Changes From One State to the Other. Gregory Rochlin. Pp. 438-457.

Four patients, none of them out of touch with reality, are described by the author as suffering from psychotic depressions. All had intense oral and anal impulses and primitive defenses. They were strongly sado-masochistic and had too close a pregenital attachment to their seductive and masochistic mothers; their castration anxiety was overwhelming. The patients used much denial, they suffered narcissistic injury by identification with the mother as a devalued love object, and their identification with the father failed. Their sublimation was poor, their penis envy so intense that the whole body represented a phallus. Identification with the castrated mother resulted in hopelessness and depression. The patients strove to replace the mother as object by a man. Disengagement from the mother leaves the ego with a feeling of loss and narcissistic injury, compensated for by the fantasy of having the biggest penis, and by oral acquisitive sadistic wishes. Violent sadistic fantasies of superseding the father are accompanied by excitement, triumph, and elation, and identification is made with the fantasied aggressive masculine father. There is no sublimated, desexualized, affectionate identification with the father. Depression begins with great anxiety and guilt. Identification with the phallus-father is relinquished and identification with the devalued mother re-established. The transition between depression and elation occurs within the narcissistic organization of the ego.

The 'circular disorder' germinates in the pregenital period; its specific characteristics are established during the phallic phase, lie dormant during latency, and are revived in adolescence. A fixed complex of conflicts centers about the process of identification, from which the labile narcissistic system of defenses is derived.

On the Psychodynamics of Teasing. Samuel J. Sperling. Pp. 458-483.

Teasing can be defined as eliciting emotional responses against resistance. The teaser thwarts the initial response of his victim. Teasing is hostile as well as constructive. In two patients teasing served both as provocation of, and defense against, castration and masochistic orgastic reactions of œdipal origin. One patient while teasing attempted to relinquish her body-phallus identification and to accept her femininity, and also to master the anxiety and guilt accompanying her sado-masochistic and incestuous impulses. In the analyst's office she presented herself silently and without emotion in expectation of being teasingly attacked as she had been by her father in her childhood.

The author discusses teasing among the Balinese, the Sioux, the Japanese, backward Negroes of the South, and in our own society.

Teasing starts with tickling in infancy, one of the earliest nonanaclitic activities between infant and adult. In the anal phase, expulsive and retentive

impulses and sado-masochistic relationships contribute to the development of teasing.

The Problem of Latent Psychosis. Gustav Bychowski. Pp. 484-503.

Bychowski compares psychological techniques with clinical observation in diagnosis of latent psychosis. Particularly important indications are increased communication between the mental systems, prevalence of primary process, enhancement of regression by the analytic situation, and facility in understanding symbolism, dreams, and symptoms. Vulnerability of the weak ego causes poor tolerance of frustration and narcissistic hypercathexis of the ego causes megalomania and magical thinking. The ego boundaries are labile and weak and the transference is tainted by paranoid reactions, ideas of reference, and projection. Latent psychosis results from the coexistence of archaic states of the ego with later ego formations. Persistence of these early states causes breakdown of defenses and impairment of reality testing under stress.

Sometimes the latent psychosis is made manifest by relentlessly pursued analysis. The egos of these patients must be protected and strengthened. Therapy must be actively directed and some resistances must be respected. Interpretations that go too deep may flood the ego with impulses of the id and expose it to the sadism of the superego. Too much insistence on free association may encourage regression. In most cases free association may be used in moderation. By altering the frequency of sessions and the position of the patient, the analytic process may be slowed or speeded according to the demands of the therapeutic situation. Transference offers particularly delicate problems, and demands of the analyst great flexibility and security.

The Interchangeability of Phallus and Female Genital. Leo Rangell. Pp. 504-509.

The genital of either sex can be used to represent genitality of the opposite sex. Either organ can be used unconsciously in either sexual function. One patient, a male exhibitionist, wished to be a woman yet still have a penis; this he achieved by conceiving of his penis as a vagina, its urethral opening serving as the recipient of other objects. A woman dreamed that the mucosa of her vagina was blown out and emerged like a penis. Symbols such as the nose, a shoe, an auto, or a hat can represent either the phallus or the vagina, depending upon whether they are viewed as convex or concave, as projecting or containing. By such distortions of reality, a woman with masculine urges can deny castration, or a man with strong female identification can express his bisexual impulses without risk of castration.

The Psychoanalytic Treatment of a Man Suffering With Ulcerative Colitis. Mary McKinniss Cushing. Pp. 510-519.

The author describes the successful treatment of a case of ulcerative colitis over a period of two and a half years. She suggests certain modifications of classic technique. In the early months of therapy she encourages emphasis on current experiences in order to strengthen the ego, delay development of strong transference, and enhance reality testing. Two or three hours a week are preferable to four or five, at least at the beginning of therapy.

The patient with ulcerative colitis has an anal character structure. But analysis of this patient demonstrated that his problem was oral. He had to secure enough food, prestige, and success to put off the day when he could no longer meet the excessive demands in his bowel and must fail and die.

Panel Reports—Midwinter Meeting, 1952. Pp. 526-574.

I. The Traditional Psychoanalytic Technique and Its Variations. Phyllis Greenacre, Franz Alexander, Edith Weigert, Robert Waelder.

Dr. Greenacre compared the transference situation with the relationship of mother and child. Regression is an inherent feature of transference and is not undesirable. Some analysts regard interpretation of the transference neurosis as the central task of the analytic technique. Others consider transference of principal value as it creates an atmosphere in which analysis can proceed; these analysts prefer to avoid intense transference. Dr. Greenacre also discussed countertransference and the rationale of traditional analytic technique.

Dr. Alexander: The core of therapy 'is the exposure of the ego to emotional conflicts it could not resolve in the past, in the setting of the transference neurosis'. It is doubtful that the spontaneous countertransference can permit the patient a corrective emotional experience, 'particularly if it resembles an original pathogenic parental attitude'. The analyst should deliberately adopt attitudes toward the patient that further the analysis. Unresolved œdipal conflicts are often evaded by regression to pregenital fixations; many analysts fail to recognize that this is a defense. Oral regression can best be prevented and œdipal problems most effectively defined by reducing the frequency of analytic sessions. 'Facts are stronger than words alone and reduction of frequency of interviews is the most powerful means of bringing dependent needs into consciousness.'

Dr. Weigert: Flexibility is important, especially in treatment of character disorders and borderline states. To distinguish between psychoanalysis and psychotherapy is growing more difficult. Varying the frequency of sessions and the position of the patient are legitimate developments of analytic technique. Increased knowledge of ego psychology and of aggression and new concepts of anxiety have led to modifications of procedure.

Dr. Waelder: Certain of the technical modifications discussed suggest an altered theory of neurosis, one that considers the illness not primarily as a return of the repressed but rather as a faulty adaptation in childhood, which the therapist must help to resolve by enabling the patient to have a corrective emotional experience. Dr. Waelder championed the traditional technique. The central task of analysis is the lifting of repression and the development of insight.

II. Problems of Identification. Ralph Greenson, Annie Reich, Edith Jacobson.

Dr. Greenson on The Struggle Against Identification: Symptoms of four patients resulted from denial of infantile fantasies of incorporation of the parent of the same sex—the 'bad' introject—as defense against an oral-sadistic relationship. Behavior characteristic of the consciously despised introject alternated

with successful denial of the introjection. All patients consciously adored the parent of the opposite sex, hated the parent of the same sex, and had shallow relationships with people. Love and hatred were preambivalent. The patients were constantly hungry for new objects with whom they made transient identifications and who served as screens against the dreaded introjects of infancy. 'This primitive kind of identification (by devouring and being devoured) brings with it a feeling that the patient . . . is losing his identity. . . . This is intolerable.' These cases are classed with the addictions and perversions 'on a slightly higher level than the depression'.

Dr. Reich on Early Identifications as Archaic Elements in the Superego: The ego ideal contains identifications with the glorified parents that bear a narcissistic and pregenital stamp. The superego develops later. It is composed of identifications that are substitutes for lost loved and hated objects of the œdipal period. The narcissistic ego ideals if not transformed by the ego cause impaired reality testing, especially in relation to the self. 'Under the impact of the castration complex, early narcissistic identifications are regressively revived and absorbed into an otherwise normal superego.' One patient who illustrates this fact went through a series of regressions, relinquishing his mother as an œdipal object, trying to identify with her, then attempting to become her infant, and finally identifying with her as his revived infantile narcissistic ego ideal. Thus his otherwise intact capacity for reality testing and self-evaluation was impaired by transient grandiosity. Traces of the glorified ego ideal exist in the normal superego, but most of it disappears by fusion with the more mature and more realistic superego identifications. There may be longing for greatness, but narcissistic conviction of grandeur is absent. 'The revival or persistence of an early identification within the structure of the later superego imbues the personality with characteristics of the ego level on which the identification was originally formed. Such superegos are marked by inadequate integration (the ego ideal remains like an unassimilated foreign body in the superego) which expresses itself in continual vacillation of self-esteem.'

In the discussion, Mrs. Berta Bornstein asked: Is it advisable to weaken the demarcation between ego and superego? Dr. Reich's 'ego ideal elements' are probably contained in the ego, not in the superego. Dr. Kronold added: Too strong early identifications frequently follow the death or prolonged absence of a parent. 'It will depend on the extent of those early identifications . . . whether they will be added to the superego and lead to character malformations or remain as a part of the ego and be instrumental in the pathology of perversions.'

Dr. Jacobson, in her paper on Metapsychological Differences Between Normal and Psychotic, and Between Manic-Depressive and Schizophrenic Processes of Identification, distinguished between psychotic identification and identification in normal development of ego and superego. She also clarified the differences between identification in manic-depressive psychosis and in schizophrenia.

III. The Essentials of Psychotherapy as Viewed by the Psychoanalyst. Adelaide M. Johnson, Chairman; O. Spurgeon English, Reporter.

Dr. Johnson stated the participants' agreement that 'dynamic psychotherapy involves a different terrain from classical psychoanalysis, a terrain to be explored

and mapped out in its own right, using the wealth of psychoanalytic concepts as a sort of compass to facilitate exploration and evolution of a rational, predictable and communicable conceptual frame of reference for treatment of masses of cases not suitable for classical psychoanalysis . . .'.

The problem of countertransference and the emotions of the therapist were particularly emphasized by the panel.

IV. Problems of Hypertension. Maurice Levine, Chairman; Nathan W. Ackerman, Reporter.

The participants in this discussion considered a wide variety of problems, including the 'natural history', diagnosis, and psychological determinants of hypertension. Studies of hereditary and congenital causes of hypertension and of transference and countertransference in treatment were also reported.

HERBERT ALDENDORFF

The Psychoanalytic Review. XLI, 1954.

Emotion, Instinct, and Pain-Pleasure. A. Chapman Isham. Pp. 99-113.

The author attempts to clarify the general relationship of instinct and psychic pain and pleasure to emotion. Emotion derives its 'emotive nature' from instinctual discharge, which can be initiated by the individual's needs or by objects 'real or mental' or conscious or unconscious. 'Emotion cannot be understood directly because of its integrated, synthetic nature. . . . To speak of the repression of an emotion makes no sense.' The concept of emotional expression is complex, and difficult to define in terms of purpose, object, and goal, for 'an emotion must be taken more as a symptom than as a motive or a response to a specific stimulus'.

The Alterations of Ego Functioning After Topectomy. James P. Cattell. Pp. 114-121.

An obsessive and phobic woman of forty-two with disabling anxieties and profound masochism, seriously disturbed for at least twenty years, was freed of her anxieties and many of her other symptoms by topectomy and was studied at intervals for five years after the operation. She remained somewhat rigid and dependent, with a mild inclination to act out. Topectomy reduces the inhibition of constructive activity; it causes emotions and content of thought to become more closely related to real problems than to neurotic fears. Nevertheless, psychic complexes noted before operation were still present. The conflicts had not been altered qualitatively nor had genuine insight been gained. The major benefits apparently rested on preventing the integrative capacity of the ego from being disorganized by anxiety.

Psychosomatic Aspects of Pain. Howard F. Gloyne. Pp. 135-159.

Difficulties in understanding pain are partially implicit in its very nature. Physiological and neurological studies cannot give complete understanding of the problem. The patient frequently finds pain more bearable than guilt and

anxiety and is therefore ambivalent about discussing it with the aim of losing it. Pain can be a disguised representative of sexual and aggressive impulses that the ego rejects. Such disguised representation of unacceptable impulses paralyzes the psyche, since there is an attempt to bind psychic energy. Pain first appears in the oral stage of development; any later pain may reactivate the threat of loss of objects.

The pain of psychosomatic syndromes has special qualities. Ulcer pain is a 'wound of separation'. 'Painful bowel spasm is a characteristic of being cramped in desiring to give but being inhibited in doing so. Muscular pain cramps the individual and restrains him from expression of sexual and aggressive wishes through action. Anginal pain grips the patient when he cannot verbalize anger and guilt. Genitourinary pain galls the patient for his erotic and aggressive wishes.'

Dynamic Factors in Pruritus Ani: Case Report. Martin A. Berezin. Pp. 160-172.

A forty-eight-year-old housewife sought treatment for anxiety and depression; an 'incidental' symptom was severe pruritus ani of five years' duration. The symptom was the derivative of an unconscious fantasy of possessing a penis. Feces were equated in her unconscious with both babies and penises. Before treatment, her orgasm was achieved not by intercourse but by clitoral ('penile') masturbation. The pruritus ani, with scratching, apparently represented a similar 'penile' masturbation. By both acts she reassured herself that she possessed a penis. When, in treatment, she surrendered the desire for the penis, she achieved vaginal orgasm and the pruritus was cured.

The Myths of Narcissus. Hyman Spotnitz and Philip Resnikoff. Pp. 173-181.

In the earliest version of the myth of Narcissus, he died at the hands of a rejected suitor. In a more complex development of the myth, by Conon, Narcissus killed himself in repentance for having invited a rejected suitor to commit suicide. In Pausanias's more elaborate version, Narcissus gazes into the pool to find relief of his grief for his dead twin sister. Ovid says that Narcissus died of self-neglect while gazing at his own image. In these several myths, death resulted from his involvement with an image more and more like himself. 'It appears as though these versions progressively describe an increasing internalization and assimilation of an external object which passed the judgment of death on Narcissus because of his sexually exciting and yet frustrating and unsympathetically rejecting attitude. It is as though these versions describe an ego formation which was the product of the fusion of the images of a sexually excited object (father) and a sexually exciting and yet frustrating object (mother) who had a deadly hatred for the former (her ravisher husband).' Thus in Ovid's version Narcissus died when he became the subject and the object of his own love and the subject and the object of his own aggression. The narcissus plant has a poisonous bulb, it grows beside water, and it is beautiful; for these reasons it was connected with the myth. The evolution of the myth parallels an increasingly popular pattern of response in man: to internalize the aggression provoked by frustrating beauty. The therapeutic problem in the myth may be not only the excessive self-love but also 'the problem of dealing with the

tendency toward the use of beauty for excessive frustration of libidinal impulses and for the concealment of destructive impulses beneath the guise of excessively beautiful self-love'.

JOSEPH LANDER

American Journal of Psychiatry. CXI, 1954.

Changes in Symbolic Expression With Amytal Sodium. Edwin A. Weinstein and Sidney Malitz. Pp. 198-206.

Attitudes toward illness were studied before and during the intravenous administration of amobarbital sodium. The drug 'appeared to provide a milieu of brain function in which not new motivations but new symbolic forms for their expression could be evolved and maintained. These are best interpreted not in terms of "release of repressed material" but as an adaptive, more effective defense in a situation of greater stress.' Normal subjects used more concrete symbols, selectively misinterpreted questions, and misnamed the examiners in paraphasic fashion. Much of the behavior may be ascribed to a peculiar subject-object relationship.

MARK KANZER

Psychiatric Consultations. Leo H. Bartemeier. Pp. 364-365.

The author pleads for more consideration of the referring physician in psychiatric consultations. More time and effort should be spent in discussing the case before agreeing to see the patient, to obtain fuller knowledge not only of the patient's history but also especially of the transference and countertransference. The psychiatrist should have an attitude of helpful supervision toward the referring physician such as he would have toward a beginning psychiatrist in training. This would often result in decisions not to intervene, to the advantage of all concerned.

Psychotherapy of Schizophrenia. Frieda Fromm-Reichmann. Pp. 410-419.

Although fear of rejection and loss of identity are important causes of the schizophrenic's 'fear of closeness', recent work has led the author to recognize the much greater importance of the patient's fear of his own hostility as dangerous to himself and to those he is attached to and dependent upon. He need not be treated with the extreme caution and unending maternal love formerly recommended. Like all other patients, he needs a consistent and sustained psychodynamic approach leading to curative insight. Schizophrenics share the universal human problems caused by hostile dependency, but their response to it is so intense that they can cope with the resulting massive anxiety only by formation of psychotic symptoms.

The Changing Concept of Man in Present-Day Psychiatry. Gregory Zilboorg. Pp. 445-448.

The interest in human experience as the source of the understanding of man began vaguely in the eleventh century and, via sixteenth century humanism,

reached its peak in the psychoanalytic study of man. Although Freud's study of man's subjective experiences began within his mechanistic, Darwinian, 'objective' orientation, it resulted in liberation from scientism and thus in the establishment of twentieth century humanism in clinical psychiatry. In the past twenty-five years we have been witnessing a recession from this high point, the penalty for our mechanistic and organismic points of view resulting from world wars and global mass movements. Socialization and intellectualization of our attitudes toward man have led to a disindividualized concept of human personality.

RICHARD BURNETT

Bulletin of the Menninger Clinic. XVIII, 1954.

On Moods and Introjects. Ralph R. Greenson. Pp. 1-11.

A forty-year-old man, subject since childhood to fits of uncontrollable destructiveness, was almost always in a good mood in spite of living a miserable life. He behaved as if painful situations were unimportant and reacted only to pleasant perceptions. Hypercathexis of pleasant or innocuous stimuli served as countercathexis to painful ones. His constant good mood protected him from depression and aggressiveness; it served in the same manner as screen memories do. His relationship to his parents determined his later difficult relationship to people and to reality, and his whole life was dedicated to proving that 'I am not like my father. Mother loves me.'

The most important determinant of the patient's neurosis was the struggle with the introjected father image. His mother had complained to him about his father, so he attempted to deny that he had within him the introjected father. When, in his latency period, this denial began to fail, the patient began to imitate his father's behavior by his aggressive outbursts. He also began to fear that he had a tapeworm which kept him from growing tall. His hatred was deflected from others onto his father and the introjection helped him to avoid an object relationship to the father. He could not reveal his identification with the father because he would thus lose mother's love. His distorted moods resulted from his struggle to deny the internalized object. Two other patients, who complained of boredom, had a similar problem.

Countertransference in the Training Analyst. Therese Benedek. Pp. 12-16.

Students of psychoanalysis who are being analyzed by the same training analyst regard each other as siblings, claiming the right to rivalry and ambivalence to each other. Family pride protects all members against the attacks of external enemies. When the student becomes a training analyst himself, he has (or used to have) allegiance to the ideal father, Freud, and a highly ambivalent relationship to his own training analyst. It is as if he had become a father without having resolved his conflicts with his own father; and he must act out in his attitude toward his patients his conflicts over being a 'parent'. This countertransference may cause the training analyst to wish that the students he analyzes shall have a better (or no better) time in their analyses than he had in his own.

Even when the training analyst has resolved his transference to his own analyst, he may still have to resolve his conflicts over being a 'parent'. For example, to avoid castrating his 'child', he may avoid attacking the student analysand's defenses. When the analysand shows a negative transference, and the training analyst in the face of these feelings is convinced of the analysand's good intentions, this unwillingness to attack defenses becomes the crux of the countertransference. Training analysts tend to identify themselves with their candidates and often take it as a personal insult if someone is critical of the candidate. They foster the analysand's identification with them. The motivation of this 'parental overprotection' is fear of one's inability to handle the child and to treat and educate it to best advantage. The analyst, like an anxious and narcissistic parent, feels that his product must be perfect, or at least superior to that of other analysts. In larger institutes, where the training analyst's standing in the group is secure and there is less need to produce disciples, this difficulty should be less.

Unresolved, suppressed, and unrecognized countertransference is the source of irreparable or long and painful transference neurosis, whether in therapeutic or training analyses.

Diagnostic Criteria in Childhood Schizophrenia. Seymour Friedman. Pp. 41-51.

This is a much condensed review of recent contributions on childhood schizophrenia by Bender, Despert, Kanner, Mahler, and others, who regard the disturbances in infancy as constituting the prepsychotic period. The group of whom Bender is a representative emphasizes the organic, constitutional defects in the precursors of the ego. Kanner and others point out the inability of the patients' mothers to provide emotional contact. A third group centers attention on the interaction of both these factors and on the deficient barrier against stimuli. This interaction often forces a precocious but uneven or erratic development of ego functions, which are especially vulnerable to breakdown under even minor stress.

Schizophrenic Behavior After Brain Injury. Dorothy D. Fuller. Pp. 52-58.

Conclusive evidence showed that a girl of six, previously diagnosed as a schizophrenic or autistic child, had suffered a brain injury, probably during delivery, which had not been disclosed. Although happy and cuddly as an infant, by nine months she had become too shy with strangers and excessively fond of a small toy car. By thirteen months she had become odd; she later refused to wear woolen sweaters but stroked and crooned over fur and velvet and showed pleasure at playing notes on the piano. At two, a psychologist advised taking away the toy car and limiting her use of the piano; he in effect advised interference with such few contacts with reality as she enjoyed. After this she became withdrawn and her pathological behavior became more marked. Placement with affectionate foster parents and treatment by a friendly therapist who recognized the neurological limitations led to the disappearance of schizophrenic features and left the patient a rather friendly child limited by her encephalopathy.

Contributions of Psychoanalysis to American Psychiatry. Karl A. Menninger. Pp. 85-91.

Menninger reviews the development and increasing therapeutic effectiveness of American psychiatry from the early days when it consisted largely of the diagnosis and care, but almost never treatment, of colonies of committed patients, through the period of psychobiology, to the recent days when psychoanalytic concepts have been increasingly accepted and used in understanding and treating patients. It is not altogether good that most therapists trained in psychoanalysis enter private practice. The psychiatrist who functions with catholicity as a counselor for troubled people is to be found less frequently in general practice than in hospitals and clinics. Systematic taking of histories and descriptive clinical observation are today often neglected.

Some Psychiatric Problems in the Rehabilitation of the Blind. Louis Cholden. Pp. 107-112.

When an adult loses his sight, he must become adapted to being a different person, with altered body image, capacities, hopes, and social position. Until he accepts these changes, rehabilitation cannot proceed. If the loss of sight is sudden, there is a period of shock, in which the patient is unable to think or feel—a kind of protective emotional anesthesia or constriction of the ego. The individual's way of coping with other major problems will largely determine the capacity of his ego for recovery after loss of sight. The longer the state of shock lasts, the more difficult the subsequent rehabilitation seems to be. No effort at readjustment is effective during the period of shock, and the shock can be reinduced by raising and then dashing hopes for the return of vision.

As the patient begins to experience emotions again, he goes through a kind of reactive depression. He recognizes the loss of his vision and begins a period of mourning for his dead eyes. It seems to be necessary that he experience this depression before he can accept the reality of his blindness. The depression, therefore, is not a sign of poor prognosis and efforts should not be made to prevent or abort it. Acquisition of a new body image is the major problem of rehabilitation.

Many obstacles work against this process, including a peculiar concerted effort of society to prevent the patient from accepting his blindness. Friends and relatives try to cheer up the patient with news of miraculous cures, new drugs, and wonderful doctors; rarely is hope offered to the patient that he may yet have a full though different life, which he must learn to live. Curiously enough, ophthalmologists themselves often do much to withhold the fact of blindness from their patients, probably because of the emotional factors that led to their choice of ophthalmology as a profession, and because they unconsciously equate blindness with castration.

LINCOLN RAHMAN

American Journal of Orthopsychiatry. XXIV, 1954.

Childhood Schizophrenia. Round Table, 1953. Herbert H. Herskovitz, Chairman; Alfred M. Freedman, Rudolf Ekstein, Melitta Sperling, Abraham A. Fabian. Discussants: George E. Gardner, Samuel Kaplan, Margaret S. Mahler, Leo Kanner. Pp. 484-528.

Dr. Herskovitz outlined contemporary problems in childhood schizophrenia. Dr. Freedman summarized the contemporary working hypotheses of the Bellevue research group, which finds that the basic difficulties result from 'dysmaturation' of certain fœtal physiological processes. 'From this maturational problem arise the anxiety, body image difficulties, and defective identifications and relationships' that ultimately lead to trouble in relationships with other persons.

Dr. Ekstein described the invention of a 'time machine' by a schizoid boy which enabled him to control contemporary problems by projecting them into the past. Ekstein discussed the function of memory and reconstruction in normal adjustment to life and in therapy, concluding that 'the psychotherapeutic process consists of the exchange of one childhood myth for another' in order to offer a more suitable rationale for life.

Dr. Sperling emphasized that childhood schizophrenia is partly a reaction to the mother; her unconscious attitudes must be influenced by therapy. Dr. Fabian pointed out that the disorder is in fact a family problem and may necessitate the treatment of all members of the family. Dr. Mahler, whose outline of the concept of symbiotic psychosis was much discussed at the round table, outlined the problem of recognizing this condition. Dr. Gardner correlated schizophrenic types with learning difficulties. Dr. Kaplan questioned the Bellevue concept of a congenital disorder. Dr. Kanner felt that the discussion confirmed the impression that the term schizophrenia includes a variety of disorders.

Consistency of Affect and Symbolic Expression. A Comparison Between Dreams and Rorschach Responses. Hedda Bolgar. Discussant: Samuel J. Beck. Pp. 538-545.

Bolgar undertakes to match 'symbols of affect' in dreams and in Rorschach responses of the same individuals. She finds a significant correspondence, especially among psychotics. Dr. Beck considers her work a noteworthy advance in appraising affects and their external manifestations.

Observations on the Development of Transvestitism in Boys. Maurice R. Friend, Louise Schiddel, Betty Klein, Dorothy Dunaeff. Discussant: Elizabeth A. Bremner. Pp. 563-575.

Much of the analytic theory of transvestitism is based on reconstruction. This paper reports direct observation of mothers and children. 'In all the mothers studied, there was a severe narcissistic orientation in phallic women who constantly enacted castration threats to the boy.' The children made defensive identifications and they showed marked tendencies to regression. Their egos and objects became split in early periods of libidinal development.

MARK KANZER

Prolonged Adolescence: The Formulation of a Syndrome and Its Therapeutic Implications. Peter Blos. Pp. 733-742.

The author, believing that Bernfeld's term 'prolonged adolescence' has lost its psychological specificity, attempts to establish it as the name for a definite syndrome. It is a condition in which the adolescent crisis is maintained beyond the usual time in order to avoid progression and maturity, regression and psychosis, or repression and neurosis. Psychotherapy, by attacking the narcissistic defenses without 'deep' interpretations of content, mobilizes latent conflictual anxiety and may result in a push into maturity or at least into psychoanalysis. If the condition is not resolved by the mid-twenties, it merges with the narcissistic character disorders.

RICHARD BURNETT

Journal of the Hillside Hospital. III, 1954.

Jacob's Dream: With Some Remarks on Ladder and River Symbolism. William G. Niederland. Pp. 73-97.

Jacob's dream (Gen. 28:10-16) has received little attention from psychoanalysts, partly because its symbolism seems so obvious as to require no elaboration. The dream, which occurred after Jacob had run away following his deception (and symbolic castration) of his father, symbolizes both his conquest of and reconciliation with the father. The giant ladder in the dream serves to assure Jacob that 1, 'he is in possession of the powerful paternal phallus and has successfully superseded the father as well as the hated rival Esau'; 2, 'with the introjected paternal phallus he can own and fertilize the whole earth (mother)'; 3, 'he can do so with impunity, having God's permission and promise, i.e., father's consent and support'; 4, 'the father is not killed, but is reinstated in the superior figure of God'; 5, 'the crime against the father . . . is undone, and turned into the opposite'; and 6, 'instead of being punished, he will be rewarded by future greatness and power'.

Another Biblical passage describes Jacob's battle at night with a mysterious stranger, near a river, in which Jacob's hip was broken. Niederland discusses the symbolism of rivers and the vague but intense anxieties related to the crossing of rivers. 'On analytic study these fears can be recognized as œdipal anxieties, the symbolic equation of river=sister=breast=mother pointing directly to the œdipal conflict . . . and to the castration anxiety connected with it.' The battle with the stranger represents an intense intrapsychic struggle marking Jacob's relinquishment of his lifelong competition with the father-brother and his acceptance of symbolic castration. The actual meeting between the brothers is an attenuated aftermath of the nocturnal scene. 'The reconciliation seems complete, though also here the latent tension between the brothers transpires through the text. . . . It does not surprise us . . . that the conflict between the two brothers continued, although in a much milder form.' Mythologically the Jews are descended from Jacob (Israel), their persecutors from Esau (Edom). 'It may be interesting to speculate on the vicissitudes of this ambivalent-

homosexual-aggressive type of close kinship . . ., and on the further developments of these bonds and conflicts through the ages.'

PAUL FRIEDMAN

Revue Française de Psychanalyse. XVI, 1952.

Psychosomatic Disturbances Occurring in the Course of an Analysis (A Study of Factors That Determined Their Localization). Michel Fain. Pp. 468-494.

The author discusses the problem of localization of somatic symptoms in a patient who suffered from headache and backache during analysis. Trembling had been a complaint before treatment began. The author believes it not enough to dismiss these symptoms as defense mechanisms; he examines the manner in which they evolved. 'Research should be directed to the reasons for the localization.'

The headaches began when the patient's fantasies of an erotic attack against the mother were interpreted by the analyst. The blocking at their source of these fantasies of action, in response to the interpretation, produced the headache. This means that in this patient the head had previously been erotized. Backaches were caused by muscular hypertonicity in an individual incapable of controlling his motor reactions in an area which is predisposed to motor weakness and is considered a genital zone (the muscles in this region serve in a quasi automatic fashion during sexual intercourse). The head is the seat of representations and the low back is the area of erotic motor discharge. This patient's somatic symptoms were regressions to a precœdipal period when the objects of oral-sadistic incorporation were dominant and, by provoking a massive erotization of the musculature, forced him to erect the defenses in the form of the symptoms.

This study is a thoughtful analytic approach to psychosomatic localization.

MORRIS GRAYSON

Eugenics Review. XLV, 1954.

Personality Differences and Neurotic Traits in Normal Twin School Children: A Study in Psychiatric Genetics. James Shields. Pp. 213-246.

The author combines the points of view of geneticist and psychologist in these unusually sensitive observations of personal relationships. Sixty-two pairs of same-sexed normal twins between the ages of twelve and fifteen, thirty-six uniovular and twenty-six binovular, were studied by interviews with the twins and their parents and by obtaining reports from clinics and schools. Uniovular twins with mild emotional disturbance resemble each other in kind of symptom and in outstanding personality characteristics more closely than do binovular twins. This fact suggests that some persons are more vulnerable than others to the minor stresses in life for genetic reasons. The severity of the disturbance, however, appears to depend on environmental factors, since twins of identical genetic structure do not always suffer from the same complaint in the same degree.

It was found that '. . . parents of uniovular twins make a special effort to treat their twins differently, those of binovular twins to treat them the same. . . . Girl twins, whether uniovular or binovular, were rather more likely to be antagonistic to one another than boys. . . . In general twins become more independent of one another as they grow up. . . . The natural desire to be someone in one's own right probably encourages the development of differences between twins. . . . Division of roles is not always permanent and does not always occur. Some twins switch roles fairly frequently; with others one will take the lead up to a certain age, when there may occur a fairly permanent change-over.'

MARJORIE R. LEONARD

Archivos del Hospital Universitario (Havana, Cuba). VI, 1954, No. 1.

Psychotherapy of Psychosis: A Comparative Study. Oscar Sagredo.

This paper, a comparative study of the psychotherapy of psychoses, includes a historical review of the subject, beginning with Freud's theories on the nature of psychoses and describing the evolution of theoretical thinking and therapeutic application. The fundamental principles of Fromm-Reichmann, Sechehaye, and Rosen are systematically reviewed. The author favors Rosen's 'direct analysis' over Fromm-Reichmann's 'intensive psychotherapy' and Sechehaye's 'symbolic realization'. Rosen's method appears to produce better results, to meet better the needs of the patient, and to permit more participation in the psychosis and contact with the unconscious; it seems, moreover, to be more systematic.

AUTHOR'S ABSTRACT

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Meetings of the New York Psychoanalytic Society

Manuel Stapen, Herbert H. Waldhorn, Morton M. Golden & Joseph Lander

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 12, 1954. THE MARRIAGE BOND. Martin H. Stein, M.D.

Dr. Stein discusses a special meaning of marriage for neurotic men. The common fantasy is, 'My wife is my phallus'. In the analysis of married patients it is most important to examine thoroughly all the unconscious meanings of marriage. The patients described were passive men who suffered from feelings of castration. They had varying degrees of fondness for their wives, although none had mature heterosexual relationships. They regarded their wives as 'tools', or appendages to their bodies, and suffered in varying degrees from sadistic fantasies of squeezing or beating 'the wife penis'. Two cases described in detail were brothers of younger sisters, who during the early lives of the patients played the role for them of the girl-phallus. The origin of this fantasy was described in 1928 by Ferenczi in his Gulliver Fantasies, in which the body-phallus equation was considered to be biologically determined. Lewin believed it to be traceable to early oral fantasies in which 'the dominant sexual aim is to be eaten up', an equivalent of castration. In 1936 Fenichel wrote: 'The phallus girl is generally speaking not only a penis, but also a child, feces, content of the mother's body, and milk. It is the introject and one which is again rejected. The penis is thus only the final member of the series of introjects.' From Stein's study of this fantasy among his adult patients, he concludes that it binds the marriage and gives force to the concept of its adhesive character. These men unconsciously were anatomically joined to their wives and tended to treat them sadistically. Fondling as an evident substitute for penis handling was conspicuous in some. All had the ambivalent feelings of dependence on their mates, but could not respect or appreciate them as human beings. Stein believes the fantasy exists universally in men, and perhaps in a converse form in women. Cautioning against broad interpretations concerning the regressive elements of the fantasy, he found material in all the patients which emphasized the series: baby: breast-mother; baby: feces; man: penis; man: phallus-girl (little sister); man: phallus-wife. The wife-phallus equation serves ultimately both the wish to be swallowed and the defense against separation from the life sustaining breast. The egos of these patients were narcissistically oriented and object relationships hindered.

In the discussion, Dr. Rosen reported a case in which the fantasy, 'my wife is my phallus', represented a derivative form of the fantasy, 'I am my mother's penis', which in turn represented a denial of the anatomical difference between the sexes (castration). Dr. Muensterberger commented on the type of woman that lends herself to be manipulated and used by men according to the fantasy described by the author. The child-woman, the boyish girl, the girl with the short haircut, and variants of this type deny castration by denying femininity, a trend that tends to run counter to the expression of elementary biological expression by denial of expression of secondary sexual

characteristics. The sociological aspects of the emergence of this particular pathological trend were considered. Dr. Reich felt that all of the men patients reported by the author were attempting to undo an earlier feminine identification, two of the patients having younger sisters with whom they identified. The undoing is accomplished through phallicizing the body of the castrated female. Dr. Brodsky pointed out the relationship between beating fantasies and the child-penis series represented in the wife-phallus fantasy, emphasizing especially aggression against the sibling. Dr. Meyer emphasized the role of women who serve as the phallus for the husband, who represent a powerful father or a powerful family. In this capacity they serve as a homosexual link between the husband and the father-in-law. Dr. Lewin commented on the value of Dr. Stein's paper, particularly with respect to the oral narcissistic aspects of the body-penis equation. Dr. Spitz questioned the specificity of wife-phallus fantasy as a consistent influence upon the cultural aspects of the institution of marriage.

MANUEL STAPEN

November 30, 1954. THOSE WRECKED BY SUCCESS, BISEXUAL CONFLICTS, AND EGO DEFENSE. Maurits Katan, M.D.

Although successful sexual intercourse is generally believed to exert a favorable influence in the majority of neuroses, Katan states that under certain conditions it gives rise to an increase of conflict and causes damage to the ego's defensive capacities. The cases cited by Freud as being 'wrecked by success' are noted as representing the forbidding and punitive effect of a superego reaction when the success seemed equivalent to the gratification of an incestuous desire. Katan believes that when psychotic or prepsychotic symptoms have followed successful intercourse, id and ego reactions were predominantly the cause of the difficulties, rather than the effect of the superego. Successful sexual experience mobilized a constitutional id wish to become a woman, in contrast to the mechanisms operating in perversion and neurosis in which homosexuality is a defense against the positive œdipal drives. The ego is simultaneously weakened by the loss of heterosexual drive which served as a defense against homosexual urges, and can be overwhelmed by a threat of emasculation followed by acute anxiety and delusional projections. A number of clinical studies are reviewed, including the Schreber case, to demonstrate that bisexual conflicts have been predominantly aggravated by sexual intercourse, where disturbances in the pattern of sexual functioning, including premature ejaculation, masturbation, regressive behavior, and isolation of portions of the sexual response from the whole experience were among the defensive maneuvers used to deal with the intensified conflicts. Often there were homosexual transference situations which mobilized the particular responses noted, passive feminine wishes being experienced as the most dangerous threat to masculinity. Instances of the maintenance of erection after intercourse are examples of the denial of castration by the woman, and the denial of a passive femininity and homosexuality. Katan feels that these mechanisms serve to prevent the disturbance of the function of intercourse, and that these defenses could either be simultaneous with intercourse, or in some chronological

sequence. By managing to separate the homosexual and the heterosexual urges and providing different outlets for each, a fundamental clash between these two strivings in bisexual individuals can be avoided, and the heterosexuality can retain all the narcissistic investment.

In the discussion, Dr. Nunberg raised the question of the meaning of passivity in the sexual behavior of the patients cited. He noted that in sexual intercourse all the component instincts are involved. He felt that the author's thesis was that the homosexual component had to be repressed in every case if heterosexuality was to take the lead in sexual intercourse. Dr. Loewenstein described an analogous clinical experience where detailed study revealed, behind the apparently basic conflict between masculinity and femininity, successful intercourse had revived œdipal jealousy, ambivalence toward the woman, and other superego fears. He questioned the validity of estimating protracted erection as a defense mechanism. He noted that the severe disturbances in ego functioning in psychotic states lead to the loss of object relationship rather than simply to the fateful disappearance of the heterosexual interest. He agreed that the distinction had to be made between homosexuality related to the narcissistic phase and the later manifestation in the œdipal stage. Dr. Kurt Eissler felt that the superego played a greater role in schizophrenia than indicated by Dr. Katan. He noted that orgasm or some other climactic achievement in a sexual act might not have the significance of a successful sexual experience to a patient with some other aim or preoccupying unconscious wish. Dr. Ostow also pointed to the necessity of considering the psychic nature of the particular sexual experience, rather than designating it as being successful according to the physical competence or physiological performance. Dr. Niederland commented on an alternative meaning to the Biblical story of Shadrach in which the representation of an intact phallus both denied castration and related to a homosexual wish as well. Dr. Jacobson stated that Dr. Katan's main reference to the role of bisexual conflict in the genesis of these psychotic and prepsychotic states overlooked the significance of the entire regressive process in the ego, superego, and id, with the appropriate archaic fantasies and primitive responses.

Summarizing, Dr. Katan pointed out the limitation of his attention to a single conflict, and regretted being unable to amplify the many points raised and questioned by the discussants. He mentioned another contribution in which he had described deep ego regressions occurring as defenses against genital excitement. He stated his belief that Schreber's later avoidance of intercourse did not relate to fears of incestuous or aggressive success, but rather to the fact that contact with women no longer kept him from becoming homosexually excited.

HERBERT H. WALDHORN

January 11, 1955. STREPHOSYMBOLIA, AN INTRASYSTEMIC DISTURBANCE OF THE SYNTHETIC FUNCTION OF THE EGO. Victor H. Rosen, M.D.

The analysis of a young mathematician who suffered from a developmental dysgraphic and dyslexic defect, so-called strephosymbolia, is presented to indicate that writing errors arise from oscillations between attempts to repro-

duce words in phonetic fashion without regard to their visual appearance or alternatively in idiographic fashion without regard to the order of phonemes necessitated by the sound of the word. It is suggested that, phylogenetically, the disturbance is similar to a transitional stage in the development of writing between idiographic forms and a syllabary alphabet, with incomplete development of the concept of phonetic writing. Pedagogy is well aware of the analogous stages in the learning process of the child in regard to reading and writing from pictography to phonetic concepts. The early Egyptians, who read or wrote in hieroglyphic characters, had to be prepared to shift between an idiographic visual system and a phonographic auditory set of symbols. There is the possibility that Champollion's historic deciphering of the Rosetta Stone might have been the triumph of a kind of 'controlled regression' in reading and writing patterns. Some symbols had to be read as phonograms and others as idiograms. Dr. Rosen suggests that the basic conflict in his patient arose from the primal scene fantasy which associated the father's activity with visual impressions, the mother's with auditory impressions, conceiving of them as two separate unloving human beings who were incapable of producing a child except by artificial insemination. It is further suggested that secondary autonomy had been achieved in the visual and auditory perceptual functions of the ego when utilized separately, and that conflict invaded these areas only in their synthetic function related to recognizing and evoking phonetic word images. At this point their synthetic product became invested with primal scene significance. The genetic origin of the disability may be due to precocious maturation of certain ego sectors involved in visual and auditory perceptual processes so that they became involved in the œdipal conflict at a crucial stage in their development. They are thus prevented in their synthetic relationship from forming a new, completely autonomous structure as they might had their maturation been somewhat delayed.

In the discussion, Dr. Stein praised Dr. Rosen for reaffirming the power of psychoanalysis as a method of investigating a condition considered for the most part to be an educational or neurological problem. Dr. Brodsky presented the concept of strephosymbolia as a defensive mechanism, a form of isolation, rather than a disturbance in the synthetic function of the ego. Dr. Liss felt that there was a tremendous need for further research in this field and advocated the use of the extensive nonpsychoanalytic bibliography. Dr. Meyer suggested that the problem of sinistrality may have played some role, perhaps a constitutional one, in the development of this disturbance. Dr. Glauber stressed the point that the path to the understanding of the ego is the elucidation of problems of language. He considered Dr. Rosen's presentation as representative of what may be called the newer approach, which consists of the structural emphasis, plus the new ideas about the transmutation of the instincts. He concluded that the main difficulty in the case presented was a predominantly aggressive cathexis and a difficulty in neutralizing this aggression. Dr. Hartmann noted that since strephosymbolia occurs more often in boys than in girls, this may be a result of the fact that boys have much more difficulty in controlling their aggression. He added the possibility, should Dr. Rosen's hypotheses prove to be true, that there may exist sexually determined differences in the

development of ego functions. Many have claimed this to be so for the development of the id and superego. Dr. Loewenstein doubted that one would necessarily encounter such peculiarity of the parents' visual and auditory preferences in every case of strephosymbolia. He agreed with the assumption that the most general feature may be a precocity of ego functioning which thus became vulnerable to the impact of the œdipus complex. He tentatively formulated another hypothesis that the emotional factors involved in the disturbance might be found in a rebellious attitude against authority, and, hence, against the arbitrary rules which are so characteristic of written (as opposed to spoken) language.

MORTON M. GOLDEN

February 8, 1955. RETARDATION, ACCELERATION, AND PSYCHOANALYSIS. Simon Weyl, M.D.

According to Bolk's 'retardation (fœtalization) theory', man's unique physical characteristics (skull relationship, hairlessness, skin color, ventral vagina, etc.) are 'fœtal forms that become permanent'. In contrast, fœtal characteristics of other primates change in the course of individual development: the skull of the gorilla fœtus or child, for example, has a human appearance which is subsequently lost. Temporary qualities in anthropoids are permanent in humans. This is the opposite of what one would expect under the biogenetic law. The younger the individuals, the less the difference between man and anthropoid. Endocrine function controls the developmental changes. Bolk and Freud independently concluded that a slow tempo (long infancy and latency, slow blossoming, slow aging) are human characteristics; analogously, the neuro-anatomist, Bok, has emphasized that the cerebrum is subjected to a kind of retardation principle: those parts necessary for brain function develop most slowly. Dr. Weyl applies these principles to analysis, illustrating his thesis first with the reflex arc. The reflex apparatus tries to make the best possible adjustment between the organism and its inner and outer environment. The retardation factor slows the reflex, a potentially hazardous situation counteracted by various accelerating mechanisms, one of which is automatisms. The same reasoning applies to mental changes. Dr. Weyl supposes that such retardation was necessary to enable the mental functions to cope with the infinitely complex task imposed by inner and outer impressions. The (evolutionary) gradual prolongation of the infantile period, a retardation in this sense, permits the appearance of consciousness and ego formation. Without such a retardation, the human infant could not learn to cope with its world. The id and the unconscious did not undergo retardation to the same extent as did the ego and consciousness. They retain an original reflex speed, and thus they accelerate the retarded processes of ego and consciousness. Vital reactions, in which retardation would be dangerous or intolerable, are mediated through the unconscious. In the thinking process, also, it is postulated that retardation (the 'trial process' [Freud]) improved the chances of finding the right reaction, increased one's capacity for recall (memory), and made possible an imagination of the future. Again, however, the retardation process is

counteracted by consecutive (accelerating) functions: words and language as symbols of objects. The superego, due to its retarding function, slows down action and sometimes abolishes it totally by repression. It is suggested that even in anthropoids one finds traces of retarding influences in the secondary processes, with differentiation of conscious and unconscious, ego and superego formation. Our culture itself can be viewed as the result of the restriction of libidinal and aggressive principles, ascribed primarily to retardation.

In the discussion, Dr. Lewin spoke of the latency period as a kind of fœtalization. The learning process can be thought of in terms of fœtalization: the brain can keep on learning perhaps because it has a germ cell quality. On the other hand, he felt that Bolk's method was not really applicable to an understanding of the human mind. Dr. Friedman quoted analogies to Ferenczi's prediction that the stages of ego development would be found to parallel man's racial history. Both Bolk and Nietzsche felt that man's progressive anthropomorphization would inevitably lead to his extinction. Dr. Friedman also believed that renunciation appeared through necessity rather than as a result of a spontaneous striving toward development. Dr. Ostow raised the question as to whether psychic slowing down is actually homologous with, rather than analogous to, the biologic retardations of which Bolk wrote. He emphasized also two distinct types of retardation: genetic, exemplified by the latency period during which there is an interruption of psychosexual maturation; and dynamic, in which delay intervenes between an instinctual wish and its gratification, enabling the individual to find in external reality a satisfactory derivative for the primitive impulse. Dr. Zeckel spoke of the lack of a unified conception of body-mind relationships. One expects that what applies to somatic processes is valid also for mental processes. He felt there was great value in Dr. Weyl's introduction of the conception of acceleration as a compensating factor for retardation, as regards mental processes. One aspect of the protective environment (retardation) is that the young human learns to live out his aggressions in play. This allows for less rigidity of patterning, and in this and other respects there is the opportunity for more economic expressions to develop. Dr. Sillman disagreed with the hypothesis that fœtalization is retardation. He looked on it rather as progression: the fœtus organizes and achieves better than man ever does after birth. Man is characterized by 'terrific acceleration' rather than retardation. Dr. Sillman urged caution in the attempts to correlate evolutionary and embryological data. Dr. Otto Sperling agreed that the postponement of maturation can be very beneficial, but retardation is not necessarily followed by favorable acceleration. Thus, overprotective parents create serious difficulties by preventing the child from developing adequate ego and superego functions. In closing the discussion, Dr. Weyl expressed the belief that much resistance to the acceptance of the retardation theory lies in the reluctance to acknowledge that adults have fœtal qualities. Another difficulty is semantic:

confusion of the meaning of retardation (in the present sense) with being retarded. He stressed that man's superior level of advancement is connected with fœtalization in the sense that when one is closer to one's origins, one has greater possibilities of developing in different directions.

JOSEPH LANDER

LETTER TO THE EDITOR:

Dr. Robert Fliess is entirely correct in his statement (This QUARTERLY, XXIV, 1955, p. 329) that Freud and he used the word 'physiological' and not 'biological'. I regret that anyone might infer from this that his quotation from Freud was inaccurate. As a matter of fact, I used the word 'biological' in private correspondence with Dr. Fliess, and it probably slipped in for this reason. In the passage in question, I did not mean to quote verbatim either Freud or Dr. Fliess, but only to paraphrase the matter in a few words. As to my point of view about the wish to sleep, this has been restated in several papers that have appeared since Dr. Fliess's review, The Revival of Interest in the Dream, which relied on my writings from 1946 to 1950.

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