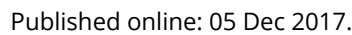


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## A FOOTNOTE TO FREUD'S 'FRAGMENT OF AN ANALYSIS OF A CASE OF HYSTERIA'

BY FELIX DEUTSCH, M.D. (CAMBRIDGE, MASSACHUSETTS)

In his biography of Freud, Ernest Jones refers to the well-known case of Dora<sup>1</sup> and to her various hysterical somatic and mental symptoms. After stating that she never resumed her analysis of only eleven weeks' duration, he mentions that she 'died a few years ago in New York'.<sup>2</sup>

For several reasons this fact aroused my interest. What did she die from? Could Freud's intuition and penetrating interpretation of only two dreams really bring to light the personality structure of this unfortunate girl? If he was right, should not the course of her later life bear out Freud's views of the various motives for retaining her conversion symptoms? And last but not least, how much further advanced are we today in understanding the 'leap from the mental into the physiological'?

My particular curiosity about Dora's later life would have met an insurmountable obstacle from the beginning during Freud's life because of his discretion. He wrote: 'I have waited for four whole years since the end of the treatment, and have postponed publication till hearing that a change has taken place in the patient's life and of such a character as allows me to suppose that her own interest in the occurrences and psychological events which are to be related here may now have grown faint. Needless to say, I have allowed no name to stand which could put a nonmedical reader upon the scent; and the publication of the case in a purely scientific and technical periodical should, further, afford a guarantee against unauthorized readers of this sort. Naturally I cannot prevent the patient herself from being pained if her own case history should accidentally fall into her hands. But she will learn nothing from it that she does not

<sup>1</sup> Freud: *Fragment of an Analysis of a Case of Hysteria*. Coll. Papers, III.

<sup>2</sup> Jones, Ernest: *The Life and Work of Sigmund Freud*, Vol. II. London: The Hogarth Press, 1955, p. 289.

already know; and she may ask herself who besides her could discover from it that she is the subject of this paper.'

Twenty-four years after Freud's treatment of Dora, an event took place which dispelled the anonymity of this case to another analyst without Freud's knowledge.

In a footnote to the Postscript of *Fragment of an Analysis of a Case of Hysteria* (1923), Freud wrote: 'The problem of medical discretion which I have discussed in this preface does not touch the remaining case histories contained in this volume; for three of them were published with the express assent of the patients (or rather, as regards little Hans, with that of his father), while in the fourth case (that of Schreber) the subject of the analysis was not actually a person but a book produced by him. In Dora's case the secret was kept until this year. I had long been out of touch with her, but a short while ago I heard that she had recently fallen ill again from other causes, and had confided to her physician that she had been analyzed by me when she was a girl. This disclosure made it easy for my well-informed colleague to recognize her as the "Dora" of 1899. No fair judge of analytic therapy will make it a reproach that the three months' treatment she received at that time effected no more than the relief of her current conflict and was unable to give her protection against subsequent illnesses.'

Freud withheld the name of the consulting physician in agreement with him, since it might have led to the disclosure of the patient's identity. Now that Dora is no longer alive, it can be revealed, without transgressing that discretion which protected her anonymity, why the note in Jones's book about Dora's death aroused my special interest. The reason is that I am the physician who told Freud in 1922 of my encounter with Dora. It happened shortly after the presentation of my paper, *Some Reflections on the Formation of the Conversion Symptom*, at the Seventh International Psychoanalytic Congress in Berlin, in September 1922, the last which Freud attended. I referred to some of the viewpoints raised in that paper and to the mysterious 'leap from the mind to the soma', when I told

Freud how my encounter with Dora took place and how I had  *nolens volens*  been let into the secret.

In the late fall of 1922, an otolaryngologist asked my opinion about a patient of his, a married woman, forty-two years old, who for some time had been bedridden with marked symptoms of Ménière's syndrome: tinnitus, decreased hearing in the right ear, dizziness, and sleeplessness because of continual noises in this ear. Since an examination of the inner ear, of the nervous system, as well as of the vascular system, showed no pathology whatever, he inquired whether a psychiatric study of the patient, who behaved very 'nervously', might perhaps explain her condition.

The interview began in the presence of her physician. Her husband left the room shortly after he had listened to her complaints, and did not return. She started with a detailed description of the unbearable noises in her right ear and of dizziness when moving her head. She had always suffered from periodic attacks of migraine on the right side of her head. The patient then started a tirade about her husband's indifference toward her sufferings, and how unfortunate her marital life had been. Now her only son had also begun to neglect her. He had recently finished college and had to decide whether he should continue with his studies. However, he often stayed out late at night and she suspected he had become interested in girls. She always waited, listening, until he came home. This led her to talk about her own frustrated love life and her frigidity. Another pregnancy had appeared to her to be impossible because she could not endure the labor pains.

Resentfully she expressed her conviction that her husband had been unfaithful to her, that she had considered divorce, but could not decide what to do. Tearfully she denounced men in general as selfish, demanding, and ungiving. That brought her back to her past. She recalled with great feeling how close she had always been to her brother who had become the leader of a political party and who still visited whenever she needed him—in contrast to her father who had been unfaithful even to her mother. She reproached her father for having once had an

affair with a young married woman whom she, the patient, had befriended, and whose children had been for some time under her care when she was a young girl. The husband of this woman had then made sexual advances to her which she had rejected.

This story sounded familiar to me. My surmise about the identity of the patient was soon confirmed. In the meantime, the otologist had left the room. The patient then began to chat in a flirtatious manner, inquiring whether I was an analyst and whether I knew Professor Freud. I asked her in turn whether she knew him and whether he had ever treated her. As if having waited for this cue, she quickly replied that she was the 'Dora' case, adding that she had not seen a psychiatrist since her treatment with Freud. My familiarity with Freud's writings evidently created a very favorable transference situation.

She forgot to talk about her sickness, displaying great pride in having been written up as a famous case in psychiatric literature. Then she spoke of the failing health of her father who now often seemed out of his mind. Her mother had recently been admitted to a sanitarium to be treated for tuberculosis. She suspected that her mother might have acquired the tuberculosis from her father who, as she remembered, had this disease when he was a child. She apparently had forgotten her father's history of syphilis, mentioned by Freud and which he considered in general a constitutional predisposition and a 'very relevant factor in the etiology of the neuropathic constitution in children'. She also expressed concern about her occasional colds and difficulties in breathing, as well as her coughing spells in the morning which she thought were due to her excessive smoking during past years. As if wanting to make this more acceptable, she said her brother had the same habit, too.

When I asked her to leave the bed and to walk around, she walked with a slight limp of the right leg. Questioned about the limp she could give no explanation. She had had it since childhood, but it was not always noticeable. Then she discussed Freud's interpretation of her two dreams, and asked my opinion about it. When I ventured to connect her Ménière's syndrome

with her relationship to her son and with her continual listening for his return from his nightly excursions, she appeared ready to accept it, and asked for another consultation with me.

The next time I saw her she was out of bed and claimed that her 'attacks' were over. The Ménière's symptoms had disappeared. Again she released a great amount of hostile feeling toward her husband, especially her disgust with marital life. She described her premenstrual pains and a vaginal discharge after menstruation. Then she talked mainly about her relationship to her mother, of her unhappy childhood because of her mother's exaggerated cleanliness, her annoying washing compulsions, and her lack of affection for her. Mother's only concern had been her own constipation from which the patient herself now suffered. She finally spoke with pride about her brother's career, but she had little hope that her son would follow in his footsteps. When I left her, she thanked me eloquently and promised to call me if she should feel the need. I never heard from her again. Her brother called several times shortly after my contact with his sister, expressing his satisfaction with her speedy recovery. He was greatly concerned about her continual suffering and her discord with both her husband and their mother. He admitted it was difficult to get along with her because she distrusted people and attempted to turn them against each other. He wanted to see me at my office, but I declined in view of Dora's improvement.

One can easily understand that this experience made me want to compare the clinical picture of the patient with the one Freud had described in his brief analysis twenty-four years earlier when she was eighteen years old. It is striking that Dora's fate took the course Freud had predicted. He admitted that '... the treatment of the case and consequently my insight into the complex of events composing it, remained fragmentary. There are therefore many questions to which I have no solution to offer, or in which I can only rely upon hints and conjectures.' These considerations, however, did not alter his basic concept that '... the majority of hysterical symptoms, when they have

attained their full pitch of development, represent an imagined situation of sexual life'. Unquestionably Dora's attitude toward marital life, her frigidity and her disgust with heterosexuality, bore out Freud's concept of displacement which he described in these terms: 'I can arrive at the following derivation for the feelings of disgust. Such feelings seem originally to be a reaction to the *smell* (and afterwards also to the *sight*) of excrement. But the genitals can act as a reminder of the excremental functions.'

Freud corroborated this concept later in his Notes Upon a Case of Obsessional Neurosis, referring to the patient as 'a *renifleur*' (osphresiolagniac), being more susceptible to sensations of smell than most people. Freud adds in a footnote that the patient 'in his childhood had been subject to strong coprophilic propensities. In this connection his *anal erotism* has already been noticed.'<sup>3</sup>

We may ask, apart from the senses of *smell*, *taste*, and *vision*, whether other propensities for the use of *sensory* perception were involved in the conversion process of Dora. Certainly the *auditory* apparatus played an important role in the Ménière's syndrome. In fact, Freud refers to Dora's dyspnoea as apparently conditioned by her listening as a child to the noises in her parents' bedroom which had then adjoined her own. This 'listening' was repeated in her alertness for the sound of her son's footsteps when he returned home at night after she suspected he had become interested in girls.

As for her sense of *touch*, she had showed its repression in her contact with Mr. K, when he embraced her, and when she behaved as if she had not noticed the contact with his genitals. She could not deny the contact of her lips when Mr. K kissed her, but she *defended* herself against the effect of this kiss by denying her own sexual excitement and her awareness of Mr. K's genitals, which she rejected with disgust.

We must remember that in 1894, Freud proposed the name 'conversion' as a *defense*, when he arrived at the concept that

<sup>3</sup> Freud: *Notes Upon a Case of Obsessional Neurosis*. Coll. Papers, III, p. 382. (Italics added.)

'... in hysteria the unbearable idea is rendered innocuous by the quantity of excitation attached to it being transmuted into some bodily form of expression'.<sup>4</sup> Even earlier, in collaboration with Breuer, he phrased it: 'The increase of the sum of excitation takes place along sensory paths and its diminution along motor ones. . . . If, however, there is no reaction whatever to a psychical trauma, the memory of it retains the affect which it originally had.' That still holds true today.

Many years went by during which Dora's ego continued in dire need of warding off her feelings of guilt. We learn that she tried to achieve it by an identification with her mother who suffered from a 'housewife's psychosis' consisting of obsessional washing and other kinds of excessive cleanliness. Dora resembled her not only physically but also in this respect. She and her mother saw the dirt not only in their surroundings, but also on and within themselves. Both suffered from genital discharges at the time Freud treated Dora, as well as when I saw her.

It is striking that the dragging of her foot, which Freud had observed when the patient was a girl of eighteen, should have persisted twenty-five years. Freud stated that 'a symptom of this kind can only arise when it has an infantile prototype'. Dora had once twisted this foot when she was a child, slipping on a step as she was going downstairs. The foot had swelled, was bandaged, and she was kept in bed some weeks. It appears that such a symptom may persist through life, whenever there is a need to use it for the somatic expression of displeasure. Freud always adhered to 'the concept of the biological rules' and considered displeasure '... as being stored up for their protection. The somatic compliance, organically predetermined, paves the way for the discharge of an unconscious excitation.'

The truth of Freud's statement that '... it appears to be far more difficult to create a fresh conversion than to form paths of association between a new thought which is in need of discharge and the old one which is no longer in need of it' cannot be overemphasized. The somewhat fatalistic conclusion which one might draw from Dora's personality, which twenty-five

<sup>4</sup> Freud: *The Defense Neuropsychoses*. Coll. Papers, I, p. 63.



years later was manifested as Freud had seen and foreseen it, is that she could not escape her destiny. However, this statement needs some qualification. Freud<sup>5</sup> himself states very clearly that he had not published the case 'to put the value of psycho-analytic therapy in its true light' and that the briefness of the treatment (which hardly lasted three months) was only one of the reasons which prevented a longer lasting improvement of Dora's condition. Even if Freud had already made at that time his discoveries about transference neurosis and working through, Dora could not have benefited from them because she broke off the treatment unexpectedly as 'an unmistakable act of vengeance on her part. Her purpose of self-injury also profited by this action.'<sup>6</sup>

More than thirty years have elapsed since my visit at Dora's sickbed. I would never have known anything more had Dr. Jones's note of her death in New York not helped me obtain further information concerning her later life. From my informant I learned the additional pertinent facts about the fate of Dora and of her family recorded here.

Her son brought her from France to the United States. Contrary to her expectations, he succeeded in life as a renowned musician. She clung to him with the same reproachful demands she made on her husband, who had died of a coronary disease—slighted and tortured by her almost paranoid behavior. Strangely enough, he had preferred to die, as my informant put it, rather than to divorce her. Without question, only a man of this type could have been chosen by Dora for a husband. At the time of her analytic treatment she had stated unequivocally: 'Men are all so detestable that I would rather not marry. This is my revenge.' Thus her marriage had served only to cover up her distaste of men.

Both she and her husband had been driven out of Vienna during World War II and emigrated initially to France. Before that she had been repeatedly treated for her well-known attacks

<sup>5</sup> Freud: Coll. Papers, III, p. 138.

<sup>6</sup> *Ibid.*, p. 131.

of hemicranial migraine, coughing spells, and hoarseness, which Freud had analytically interpreted when she was eighteen years old.

In the early thirties, after her father's death, she began to suffer from palpitations of the heart, which were thought to be caused by her excessive smoking. She reacted to these sensations with anxiety attacks and fear of death. This ailment kept everyone in her environment in continual alarm, and she utilized it to play off friends and relatives against each other. Her brother, also a 'chain smoker', died much later from coronary disease in Paris where he had escaped under the most adventurous circumstances. He was buried there with the highest honors.

Dora's mother died of tuberculosis in a sanitarium. I learned from my informant that she had had the disease in her youth. She worked herself to death by her never-ending, daily cleaning compulsion—a task which nobody else could fulfil to her satisfaction. Dora followed in her footsteps, but directed the compulsion mainly to her own body. As her vaginal discharge persisted, she had several minor gynecological operations. The inability to 'clean out her bowels', her constipation, remained a problem to the end of her life. Being accustomed to this trouble with her bowels, she apparently treated it as a familiar symptom until it became more than a conversion symptom. Her death from a cancer of the colon, which was diagnosed too late for a successful operation, seemed a blessing to those who were close to her. She had been, as my informant phrased it, 'one of the most repulsive hysterics' he had ever met.

The additional facts about Dora presented here are no more than a footnote to Freud's postscript. I hope that presenting them now may stimulate reappraisal and discussion of the degree to which the concept of the process of conversion, in the sense Freud used it, is still valid, or in what respects it differs from our present-day comprehension of it.<sup>7</sup>

<sup>7</sup> A comprehensive study of the process of conversion by members of the Boston Psychoanalytic Society and Institute, in a Workshop on Psychosomatic Problems in Analysis, is in preparation for publication.

## Time and the Ego

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## TIME AND THE EGO

BY FRANZ S. COHN, M.D. (NEW YORK)

Time is psychologically difficult to define. This paper is an attempt to define it through its correlation with the ego. Philosophy anticipated the analyst a long time ago by thinking of time as a function of the mind. It seems indeed to be a creation and manifestation of the mind contributing to those vital symbols by which the ego maintains its role as an organ of orientation, coherence, and relatedness.

It is an important cultural achievement of man to have brought time from a subjective experience to the objective test in projection. It has become that measuring astronomical tool indispensable to our rational orientation. With justifiable pride time has been celebrated in precious clocks which often take the shape of shrines.

When we think of our ego we feel we know it well. We like to presume a clear, rational mind and are notoriously attracted to everything structural without and within. The reason for such assurance seems to be that we perceive in our minds an aggregate of all functions which provide us with orientation, that is, an integrated awareness of our inner selves and the outer world. It is evident that the ego depends largely on vigilant outward orientation as a means of coping with the greater difficulties of inner perspective. Though there may be chaos inside, there will be definition, comprehension, and clarity outside. Whenever possible, inner sensations are channeled and focused outward and thereby conceived in the state of awareness. However, we have learned through the study of the phenomena of repression that the state of ego awareness is only deceptively clear—the notion of clarity being the ego's own creation—and should objectively rather be regarded as vague and dim and more in the nature of an illusion, a modification of variable compromises (shades) or a composite more or less, but never entirely, rational. For our purpose then, we shall try

to keep away from the deceptive assurance of clocks and structural concepts and turn directly to those time experiences of distinctly illusional quality which we shall call time sensations. It will become apparent that though they are more or less remote from rational thinking, and though they are often largely unconscious, they may be representative of important elements in the ego, if they are not the ego itself.

Where does the sense of time and the need to create time come from? We hope to find the answer in the following chapters.

That night, in my bed, I heard in the wall the pendulum of the hotel clock and at the horizon the sea rising with the tide. I seemed to hear, at the same time, the pulse of Time and the breath of Eternity.<sup>1</sup>

These lines are the concluding sentences of *Idées et Sensation*, which the brothers Edmond and Jules de Goncourt published in 1866. They form a cornerstone of this study, and are used as an illustration of our time problem.

The poetic allegorical finale of the book seems to express a philosophical intent. It is the reflection of a lonely person upon an empty world and an attempt at an interpretation of it. On a closer view, it is also a projection of the last body feeling as perceived before falling asleep; the vague awareness of his own pulse beat and breathing that serves here not only to animate the vacant world but also to apprehend in projection, and thereby to define, a peculiar sensation called Time and Eternity. We appreciate how the body has become a clockwork that keeps in step with the rhythm of outer motions.

The reader of this book of sensitive sketches and observations will feel the depressive and lonely mood that toward its end creeps into the text. The author seems to have lost that affec-

<sup>1</sup> Cette nuit, dans mon lit, j'écoutais dans le mur, la pendule de l'horloge de l'hôtel, et, à l'horizon, la mer qui montait. Il me semblait entendre en même temps le pouls du Temps et la respiration de l'Éternité.

tionate and sensuous interest in his colorful world that had served him so well before. His hotel room appears void of all personal values. It is 'without a trace of yesterday'.

Between the fading past and a stale present he seems to have lost his intimate contact with time, and only after reverting to his body-self can he achieve that synchronization between himself and the outer regions that culminates in sleep. The rhythm of his vital functions takes care of what is left of time. It makes it a special, a regressive time.

When he speaks of eternity it is easy to recognize the grandiose and truly narcissistic moment that often comes to us on the point of falling asleep. Sometimes it comes with the sensation of an unheard-of insight, a revelation that, we then realize, is gathered from vital organic functions and extended clairvoyantly into the fantastic projection of a universe. At this point a frustrated mood will turn into elation, a poetic-artistic inspiration, or, for an intellectual, into the assurance of meaning. Here also the strenuous rational pursuit of the ego seems to come to rest.

The poet records this mystical experience very aptly in two sentences. He makes it seem plausible that he has been in touch with a world beyond human reality, where Time extends into Eternity, where God lives and death does not exist. Only quite unwittingly does he make it plain that this metaphysical world is animated by himself in a reflected illusion of life that is now labeled Time. We must not fail to appreciate the grandiose result of this projection. Not only is time but also the sublime sensation of divinity thus created. The elevation to eternal life is immediately claimed by the ego, and established by reintjection. It is then apparent that the ego is no longer in mortal distress. It is transfigured and also intellectually reassured. It is in possession of a conceivable universe (itself), and it is time, become alive. In a peculiar, regressive, and self-reflected way, the world becomes populated and loneliness is kept in abeyance. There is instead the sensation of existence and presence in convincing force, and though we have been witnessing

a truly mystical experience it does not appear so irrational any more. After all, the ego seems to have kept control of time.

It seems, however, that the limit of the ego's intellectual orientation has been reached here and replaced by a different regime. The ego's rational strength lies in the intelligible memory that can be drawn upon at any time. But when all 'traces of yesterday' seem lost through regression, the ego can only draw upon subjective signs of life in so far as they are traceable. Intense rationalization at the best moments of consciousness produces the time orientation of the present that carries the intellectual conviction of being alive. In approaching sleep, however, when the intelligible world is abandoned, the aliveness of the body is substituted for all other rationalization and maintained as the dominant sensation within which dreams are given free play with all 'traces of yesterday'. No other time orientation but body time prevails in the unconscious (symbolism).

To differentiate between conscious or measurable time and unconsciously conceived time, the latter should rather be referred to as time sensation. Both kinds reveal a grandiose and far-reaching function: the conscious one by its anthropocentric use of the regularities of the astronomical and other universal systems, the unconscious one by its narcissistic creations. Both serve a vital need for orientation and reassurance on the borderline of a chaotic and basically unintelligible world. Their psychological range is broad. It may suffice to mention the super-ego qualities of time and those psychotic conditions in which time sensation is lost with delusions of the end of the world.

The affinity of time with divinity have made a study of such problems a difficult pursuit that was bound to rouse the resistance of theological conscience in the philosopher. But the fear of prying into divine secrets sacrilegiously was also aided and abetted by a narcissistic need related to the ego's anxiety about death. Time, in the sense of divine endlessness, is oracular rather than an objective orientation. The answer is reassuring. It suggests plainly that the body lives forever; or, where there is

life there is eternity. (The interesting exception appears in hypochondriasis, which will be considered later.)

It is obvious that the ego in this case prefers a comforting illusion to the anxiety of truth. In fact, it often seems that the ego forces the reassuring time oracle out of the unconscious (the body) and thrives on it. The ego, being orientation itself, is also time; and orientation without time qualities would achieve only a very poor degree of awareness. The ego welcomes and comprehends all qualities of time and especially the illusional elements merging with the unconscious, because they reflect most strongly the assurance of living.

At the point observed in our illuminating example borrowed from the Goncourts, the illusions of transfiguration and vision are permitted to dominate in the ego, revealing a peculiar sensation out of which emerges the irrepressible zest for living without which the ego might not find any meaning in its ramified task. Here perhaps we might also find the chief element that lends ever-new strength to the ego in sleep and enables it to return to the conscious present with fresh perception.

It is striking that in the same words in which the pulse of Time is reassuringly detected, the breath of Eternity mixes the notion of immortality with death. The oracle has spoken: Life is Death. Here is a clear hint of the preconscious resistance to prying into the secrets of Time, the Deity, whose other name is Death.

When I once mentioned to a brooding patient the German saying, 'Try to think of the end of the world and you will find it nailed up with wooden boards', the patient promptly replied: 'This means the coffin'. The reason for the inhibition in thinking about the infinite can be clearly recognized here.

It can no longer be established which of the two Goncourt brothers wrote the final paragraphs of the book. Was it the younger one, who died only four years later at the age of forty, or the elder who continued to live for thirty more years, but gave up writing after his brother's death? In reading the closing part of the book we feel the sense of loss that dominates the



mind of the writer like an anticipation of mourning and complete loneliness. It must have been inevitable in the nature of their collaboration that their mutual dependence and fusion of interests could never be without that fearful awareness of a potential bereavement that is the counterpoint of all true love and its affliction.

Freud found himself deeply involved in the problem of time the moment he had turned to the study of dreams, memories, and repression. He realized that he was dealing with traces of past experiences which, at times, could be dramatically demonstrated (catharsis). We have to go back to those early impressions in order to become sensitive again to the time qualities of the ego.

The ego's unceasing search for measurable objective quantities (knowledge) serves its need to create a present without fear. The idea, or illusion of the past, of things gone by, is often unconsciously associated with death, and the ego's effort to materialize the present by purging itself of the past also unconsciously plays the counterpoint of death. Simultaneously, however, the ego salvages those indispensable values which constitute the past and must be held available to furnish the present (sublimation). As the outstanding example, language should be mentioned here as being foremost among all other cultural values.

We realize that reality is not conceived with the impressive instruments of mathematical and physical sciences only. Our mind seems to remain altogether in a rather fragmentary, compromising state of illusion resulting from the incessant struggle in some degree to eliminate and conquer anxiety. And while the selective, i.e., repressive, integrating work of the ego is done with high economy, mainly through allusive code signals, the larger part of the mind is generally left in that protective, but precarious, ignorance that our vital narcissism prefers.

In addition, a strong narcissistic resistance against the relentless orienting and timing compulsion of the ego seems to be al-

ways astir. For this reason, illusions are permitted to take on vital dominance, as can be seen in the great sublimations of artistic creativity. The conflict and its solution are indicated in musical experience, and particularly in their relation to time. On the surface the ego seems to retain the dominating quality of timing; in fact, it seems to make its own time while it permits itself to be subtly abducted into sensual regression and chaotic feelings. In the end, even rational timing ceases to be mechanical and becomes sensualized.

Through the illusional depth of language we learn about that deeper function of time that is its essential historical quality. It comprehends all the accrued acquisitions associated with the term civilization. The patterns and symbols of the past, found intact and in use, are further enriched and transmitted to the future. The human ego is the treasurer of these priceless values and is forever dependent on this quality of the past. The ego's self-esteem and strength depend on those largely narcissistic (unrelated) vital values inherited from unknown ancestors, the dead. On the other hand, the very necessity of growing up with a ready-made language brings to the ego early the sensations and discriminating knowledge of the past, present, and future, the three tenses, the reasoning with time.

A closer study of repression teaches us more about time sensations. In order to clear life of excess emotion, certain impulses of urgent and immoderate nature are labeled undesirable and untimely. They are relegated to the past, though with a promise of a future. They are not to enter into the scope of the present. It seems likely that the capacity of the ego to restrain impulses is an essential factor in creating the sensation of the present, a peculiar diffusion of relative mental clarity that is generally identified with the awareness of being alive and real. The degree of clarity, or the illusion of it, seems to depend on how much of the eliminated impulse, or past, re-enters the present. This can happen in a gentle fashion, as a cultural claim or pattern, or with the sudden force of a breaking through that confounds the established boundaries of time differentiation,

creates daydreams and haunting memories. The ability to act will largely depend on a tidy distinction of the times.

Sublimation reveals that irrepressible forward element that contributes to the concept of a future. It seems originally to consist partly of unfulfilled and unfinished claims on early personal objects. Possibly there would not be any sublimation without the early illusion of future reward. But the larger part of motivation to sublimate seems to be made up of more regressive and truly narcissistic illusions. The sensation of a future, like all time-related experience, is *a priori* a creative one. One is tempted to contemplate whether all illusions are not potentially creative since they are all compromises with restrained impulses. The very words of human language are full of them and though on the surface they seem to carry only fragmentary meaning, they hold countless echoes of silent associations.

Our first glimpses at some basic time problems have made us realize that we are dealing with a narcissistically dominated vision and projection in which time psychologically reflects the assurance of life or existence. We do not, however, underrate the complexity of the ego's task in maintaining current assurance in all the confusion of time-related values crowding in to be admitted upon the scene of the present. Let us see what we can learn about the ego's way of handling such a dilemma.

The incident chosen for illustration was produced by a mildly schizophrenic personality under the stress of unaccustomed loneliness. The man had stayed in town during the hottest time of the year, after permitting his wife to go abroad. Their marriage was a happy one, and this man of fifty-two had no idea how much he resented being left behind. He must have hoped that his elder brother's wife would take care of him in a motherly way. She happened to be sick at the time. On telephoning her and on hearing that she was unable to see him he suddenly vented a torrent of abuse, turning a deaf ear to her attempts at an explanation. The most surprising fact, however, was that the content of his outburst echoed feelings and words

pertaining to a period forty years back when he was a boy of twelve. At that time he had been compelled to listen to violent eruptions of jealousy in which his mother had indulged when his elder brother had married despite her objections. The younger brother was now speaking his mother's mind. He must have suffered tormenting jealousy himself in having seen his mother in such a passion about his brother. As the youngest of a large family he had always been his mother's exclusive property. He had subsequently stayed with her, unmarried, to the very hour of her death when he found the courage to get engaged. Why was he now speaking with the voice of a mother who had been dead fifteen years? The answer could only be that he made her return to punish a daughter-in-law. And the words which went to the ear of his sister-in-law were aimed at his own wife.

The emphasis rests on the dramatic fact that an experience, long past by ordinary reckoning, could become such a poignant incident of the present. It had not aged; it had not diminished in intensity; it remained timeless.

The question arises whether this experience of a confused mind may not teach us a pattern of general value. The peculiar narcissistic claim and the force of emotion generated in it gives it a magnitude that seems parallel to the cosmic experience of Goncourt. The presence of the mother is strikingly brought to materialization in the son's beating pulses and breathless paroxysm. He must have called upon her in the same manner in which a religious person in distress invokes the aid of his God and feels he is filled with righteous strength. (The experience is more complicated through its ambivalently linked features which are here omitted.) How much are we, the average people, compelled to resort to such time experiences with the character of a fixation and standstill. In fact, through such ability to arrest time we profit greatly and gain emotional values, though not always in such dramatic fashion.

Paradoxically, this kind of experience gives us the illusion of being more real and free from illusion. An essential func-

tion of the ego is involved in this. It stands to reason that all our established, static, conceptual notions have been gained in such an emotional way. (Freud pointed out the basic ambivalence in acquiring judgment through thinking in his paper, *Negation*.<sup>2</sup>) Because of their function as time preservers, latent memories cannot be easily subjected to change; they have become values and are of necessity narcissistically precious. They hold the latent emotional qualities of all narcissistic possessions. They are, further, always charged with the elements of an aggrandized object relationship somewhat in the manner of the magic identification which we observed in raw outlines in the case of the son of the jealous mother.

The gratifying sensation of possessing a reliable, tangible character and a thinking, co-ordinating power is derived from these arrested, inflexible forms which, taken singly and out of historical context, appear indifferently as just words. The logical field of observation is, indeed, language. Words are adopted bona fide from environment because the need for communication and relationship is vital. There seems to remain, however, from early days, an unconscious sense of insecurity, a fear of relapsing into inarticulateness (i.e., loneliness that spells desertion and death), which continues as an ever-present concern and social stimulus throughout life. Possibly for this reason words are forever revived and refurbished, mystical and objectively unintelligible as they may be, and speech may well be the keenest intellectual materialization of present aliveness, though its roots lie far in the ancestral past.

For man to speak with the voice of his ancestors is to speak with the voice of Time and God. If speech, at times, is raised to the urgency of prayer it only reveals that hidden, mystical, invocative (possessed) quality that motivates language at all times. A man in prayer is only more patently using the power that he inherited to turn back to the representation of the past, trying to force it to materialize in the present, not realizing, however, that he is calling upon himself (like the son to his

<sup>2</sup> Freud: *Negation* (1925). Coll. Papers, V.

mother) to give his words a consummate potency. Whether the object of his words is mystical, that is, confounded with the subject, or tangible and real, the invocative quality is inherent in them and this quality is not only object- but time-related. This peculiar time quality is apparently identical with the narcissistic valuation of words and can only be encountered close to the unconscious level. It is man's own treasured identity with all inherited and acquired values that on this level constitutes life for him. And here is where not only religious inspiration has its natural roots, but also objective realization, that ubiquitous driving force and urgency to prove that life is real and beyond illusion.

We have mentioned that the ego has developed a capacity to discriminate among time qualities, in other words it has a historical sense. It maintains the relation to qualities of ancestral origin apparently through superego reaction. It is incessantly occupied with the 'traces of yesterday'. Whenever a concept is formed and fleeting experiences are thus brought to a stand-still, time is conquered and replaced by form. The time quality of passing and loss is thereby reduced to a latent state. This work of the ego may be part of its synthetic function that was observed by Freud.

There seems to be a narcissistic pride developed in the ego about its ability to gather conceptual possessions. We are quite aware of this intellectual pride about our capacity to retain and remember, to insure a comfortable store of harvested time. Memories returning from oblivion are emotionally highly satisfying. Words, so readily and apparently only mechanically produced, are also just memories currently emerging from oblivion, and the skill in using them that is so conspicuous in certain persons is blended with the child's incredulous delight that such remembering should be possible. The regressive schizophrenic will sometimes revive this phase most convincingly. We know that with every casual word, owing to the depth of the ego, the whole background of object- and subject-related associations is

unconsciously alerted. The sense of the present that goes with speech has a wide inner range.

Religious devotion and mysticism can count on such resonant evocation adding to the present the magic appeal to the past and to ancestral relationship. The reward in reassurance (righteousness), sense of morality (direction), and unambivalent superiority through relief from doubt seems considerable. Here is ego strength through discovery of the narcissistic sources of time, the tuning-in on time. It may be especially instructive to consider that narcissistic pride in the conceptual (intellectual) possessions of the ego is much akin to religious pride and of almost equally archaic origin.

The conception, or sensation, of the omnipresence of God is the climactic step in the fixation and conquest of time. It amounts essentially to a sublimation of life awareness. Time is thus felt to be ever-present, never aging though unconscionably ancient, never withering away with the receding past. In fact, as we have noted, the past has a sneaking tendency to become telescoped with the present.

It seems that those vital narcissistic sources, which we have visualized with the Goncourts, are highly successful in preserving a keen awareness of life through the introduction of an illusion of the abolition of time; and, by the same token, they can make time last forever. When time is accounted, the sensation of limited life and death will always crop up; therefore, time must be brought to a standstill, stretched to infinity (unaccountability), and the pleasant illusion of eternity created. When, however, time becomes God, the threat of mortality returns (God lives forever, but Christ is man dying forever), though God can be made to take care of life in the hereafter. The human ego can thus avoid having to settle the feeling of its precarious existence over and over again and its time problem can be delegated to the projected shadow of man on the universe (which is by no means only done through deification). It does not appear that man has ever succeeded in repressing

the thought of death, either by visualizing God or by blotting out His image. A great effort of the ego is wasted on trying to repress time that equals death, or on demoting time to a measuring device in the service of orientation. In the end, the ego will always turn to the sensations of time that equal life.

The struggle takes on large proportions. The ritualist betrays his qualms of doubt in his never-ending labors of worship, by which he hopes to banish fatal time to the outermost regions. Yet by his orthodox ritual, he also undertakes to organize the world into an unchangeable timeless pattern, and by continuously remaining in touch with his ancestors he creates a strenuous lifetime schedule that becomes a timepiece in itself. He wants to gather past and future securely in his hand. Obviously he cannot take death and annihilation for granted, and thus he lives in constant argument with the dead of his ancestral world. His rule over the times is aimed at making him the eternal survivor, and, indeed, out of his narcissistic creation and manifestation of vitality in ritual arises the sublime image of a universal mankind. Though his ritual was only meant to mark a standstill of time, it implicitly guarantees an endless future and the conviction of power to survive and to hold the world together.

Man, the orthodox being, the very image of the conceptualistic, ritualistic ego has taken time under his management and has become master of his fate. His ritualism and its sublimations simultaneously substitute for the archaic image of a projected deity. The dark, unconscious guilt feeling for building life on the graves of the ancestors is at the same time disposed of by submitting to the proddings of the superego that in return grants the merciful discipline of the law. Death, the most relentless ancestor, is finally met in broad daylight, not only with religious ritual; the goal of purging time of mortal notions shapes up in the pursuits of a charitable reality.

Man's basic loneliness, so much akin to death, is not however easily dealt with. Sexual libido helps to form external relationships but individual man, like the poet Goncourt, also



has to find an odd companionship with himself, and even in this relationship he will be haunted by sensations which we have learned to recognize as Time. The solution depends on the strength of narcissism. If the access to these sources is blocked, we may find a condition of loneliness, boredom, or hypochondriasis.

Our memories are foremost among these resources; they are narcissistic treasures of irreplaceable value and landmarks of our orientation. They make up a peculiar sensation of time that is known only to our ego and possibly constitutes its most important content, the ego proper. The above-mentioned conversion and sublimation of narcissistic investment in time, in language permits the fixation of momentous incidents which are crystallized in memories. The past would remain inert if the poignancy of certain moments could not be held and currently converted into a live present. For such reason alone, the narcissistic time value of language is enormous. Articulateness must have achieved that keener sense of the present that mute animal thought affords only incompletely.

Since Freud, the ancestral relatedness inherent in our lives stands revealed as a basic need of the ego. An ego replenished with such qualities, utilizing the momentum of its predecessors, will be able to carry them into new sublimations. We may have no justification to repudiate any of the ego's illusions as they may contain precious inheritance, i.e., vestigial means of orientation which will save us from the fate of abject loneliness (unrelatedness). It is true that, as a rule, real and external object relations are abundantly established against this ever-impending danger, but apparently not with durable effect. A gap is always opening into which religious and intellectual needs, relative time values of a high order, move in and expand.

Another relationship to time has more of a phobic quality and is in the nature of a resistance, recognizable as a tendency to escape from what might be called the obtrusive tyranny of time or the finality of its course. Against such vexations we have found ways to mint our own enduring time values (illusions),

most conspicuously in the form of work or in the tokens of money. Ultimately, we expect all human creations to be endowed with the time quality of value.

The tendency to resist finality in every form is grotesquely manifest in the procrastinating rituals of the compulsive neurotic, which prove to be regressive abstractions from conflicts of object relationship converted into a mechanical struggle with time that turns them into a peculiar clockwork. There is always an unmistakable unconscious association with death; yet the compulsive rhythm is a time machine that keeps the notion of death in abeyance. The rituals tend to be of an unlimited energy and variability (like Scheherazade's tales) in order to hold off finality, the symbol of death. In the same pattern, many persons have to act out repetitively new beginnings of all kinds; or new relationships as in the Don Juan type.

The normal ego, however, seems to live more comfortably with the counsel of memories. This illusion of reviving past times serves as a safeguard against acting out and a protection from the sensation of mental extinction. The sense of reality or current finality is then often surrendered to the assurances of the past, which inherently grant a future, and the world is populated through revival of former companions rather than newly secured relations. Extroverted characters may have relatively little of such supporting memory [how difficult it is to get them to associate freely!]. They lose, because they shun it, this substance of inner life more easily and their ego prods them forever into new efforts to compensate through outside action.

I found an illustration of the working of this elementary normal function in an incident, remembered by a middle-aged man, that also shows an early effort to approach reality. At the age of five, he had insisted that he knew what time it was by looking at the clock, but others seemed to be puzzled whenever he called out his random findings. He also recalled that at that time he had his own secret clock which was a lichen of

round shape on the roof of the barn. When the sun was shining and gave the lichen a golden glimmer he felt he had only to look intently at it to know what time it was.

Behind his conviction it was easy to find the identification with his father, who always used to call him to his side when he wound the big clock in the house. The sun, the archaic father, and the boy's scotophilic magic combined to give him a sense of revelation. In addition, the golden disk of the pendulum and his delight in watching his father count gold and silver pieces in his office conveyed to him an inkling of the mysterious value of counting, in which time, money, and rhythm were mingled. His private sense of time was as good an approach to reality as he then needed, with the eye providing the dominant guidance and orientation. In deeper analysis, it was possible to detect the strongest motive for his inspiration in the desire to possess the father's life-creating power. Even the sun was only a creative eye, and time was identical with life.

We cannot fail to register the impression that in this boy, as in the Goncourt experience, we find a person with a happy access to vital resources, to memories, and the life-storing body. Such persons seem to have an auspicious time relationship of their own, very different from that of those whose feelings about themselves are predominantly mortal. What is it that deprives the latter of such vital conviction or illusion? To answer this question, it will be necessary to examine the time sensation of the hypochondriac.

Ordinarily people do not seem to feel that their body will some day kill them, and if they feel anything about such a prospect they would rather say that time will do it. But time, they believe, they can manage. The hypochondriac shows a lack of this saving illusion of vital narcissism. Too often his word for body is death, and not life. Even Goncourt came close to this sensation when he ascribed to his breath the ambiguous quality of eternity.

It appears that the hypochondriac ego fails to live with its

body in trusting companionship. Basic vital identifications are spoiled by early conflict, and the body may seem, at times, to be a foreign object, such as might have been introjected during a pathological weaning process. The narcissistic comfort of illusion that the little boy availed himself of so freely through association with his father is not granted to him. His heart beats the 'pulse of Time' whose rhythm rings of death by heart failure. He is timing himself persistently. The narcissistic function he preferably relies upon is intellectual, and he has to keep things intelligible and conscious: then, suddenly, he realizes that his body is intellectually out of reach and therefore monstrous.

At the beginning of my analytic career a woman of forty came for treatment after consulting all available specialists about a 'cancer' on her tongue. There was no objective pathology. After a number of interesting memories had been explored and a peculiar castration complex outlined, this ambitious and talkative woman, daughter and wife of butchers, went to a wedding party and there, to her great excitement, she found her tongue. Reacting to a sudden inspiration she had got up to make the first public speech in her life. She felt that she was miraculously eloquent and brilliant and had carried the enchanted audience with her. After this experience her 'cancer' disappeared for a considerable time.

The break-through in the oral zone reveals the vital narcissistic potential in her illusion of a cancer. She must also have achieved an identification in transference that enabled her to release feelings through a dominant instinct with the unmistakable hallmark of magic. She was of one piece again and her time sensation of mortality yielded to a more propitious sense of the present. (The problem of libido is here disregarded.)

It may be that in our pursuit of the relativity of time sensations, especially their relation to the sources of narcissism, we have strayed from the original subject. But we cannot leave un-

mentioned the impression that individual time sensations may determine a person's outlook on life. It is common knowledge that all true poetry is motivated by a philosophy of life on the background of death. The poet, like the hypochondriac, experiences loneliness, regression, and depersonalization. He knows, however, how to project his morbidity, and his salvation is that he can speak to the world and himself with the soothing voice of the mother. He is the forever unweaned child but, like the woman with the fear of cancer, he can find his tongue and turn it into the milk-giving breast. He can see things for the first or the last time because his is a nostalgic view of a vanishing world. It is safe to assume that the Goncourts too were acting as nurses to each other as long as they were together.

Another unweaned child, yet the antithesis of the lamenting poet, can be visualized in the modern type of time-addicted, speed-loving man. He seems to be cramped by the inexorably limited time of life and tries to crowd as much time of his making into his allotment. Sometimes it looks like an attempt at breaking through the life barrier into an infinite future. His disregard of death is a denial of dependence on his body that is only a mother's concern, and it is a significant quest for freedom through an individual illusion of time.

This present rebellion with mathematical means of timing, paradoxically, used to have its counterpoint in religious devotion. The church was at all times a *memento mori* for all stations of life: religion, the mediator in man's relationship with the creator of time. Past, present, and future have been, and still may be unconsciously, religious time concepts on the background notion of infinity and the exalted measure of the universe.

Time sensations are crowded with unconscious values, and it seems hardly possible to consider time as abstract. In relation to it the ego is prejudiced, even paranoid, regressing to ancestral voices. Time can be filed away with memories but never quite securely contained in pure abstraction. It appears in reverent romantic disguises. Indeed, man's ability to listen to 'voices'

makes the ego an inspired and dramatic area of the mind because abstraction, not only of time, is never quite accomplished. In the pursuit of reading, for instance, the voices of the past are admitted to a vivid present again.

Frequently the ego may accept the burden of identification in order to avoid listening to the voices of the past; but from there it will be compelled to act in another name, as we observed in the case of the schizophrenic man. In general, the ancestral dead are summarily disposed of in the grand abstraction of eternity, or the infinite, or the immortal gods which are all substitutes for time. But they have a way of returning. They lodge in the ego, and the compulsive strives in vain to make a ritual exorcism out of his ominous feelings of their presence.

Saintly people have submitted to a life of the dead, renouncing all possessions, and thus surrendering to a lifetime transfiguration. Their present must have seemed irrelevant to them, an existence suspended in time. We ordinary people of our time imagine ourselves to be well protected against such a philosophy. We are safely joined together in numbers and broad social conditions. We rather hope that our social illusion of closeness will insure us against loneliness and exposure to ancestral companionship.

It is the neurotic who teaches us that this may never be entirely possible. In certain states of depersonalization, the dead are impersonated. The sensation of unreality known to the agoraphobic can frequently be recognized as an illusion of being dead, and his compulsion to trail people, so conspicuous in these cases, is like a ghost's effort to participate in life without succeeding in crossing the line. It is also part of the exhibitionist's impulse to do the shocking thing (he is the invisible man) as a test of being alive and real. And for a similar reason the kleptomaniac may feel so strangely exhilarated when caught stealing and can go into uncontrollable fits of laughter which resemble a child's joy in a game of hide-and-seek.

Death cannot be grasped entirely except possibly as a form of passing from one state to another, and life is always given a

narcissistic preference as in the dreaded fantasy of being buried alive. Also in dreams, when sleep is ominously suspected of leading to death, the trains which travel in the direction of awakening will always arrive 'in time'.

The feature of fatal identification that deeply affects a person's time relationship cannot be considered unusual among the complexities of neurotic cases. They are often evident in masochistic attitudes and impotence.

A middle-aged man, well protected by impotence, fell in love with a very young girl who, in his analysis, was recognized as the pathetic image of a sister who had died before he was born. She had been forever lamented by his mother, and throughout his life he had acted the part of the beloved ghost. He had gone through violent periods of misconduct because of his feeling of being unnoticed, and his inability to express himself. In contemplating the heavenly beauty of this young girl, he felt an overwhelming sensation of reality and peace.

At the time of reliving this experience the man was daily speaking of his determination to commit suicide. He had already courted death in younger years as an outstanding soldier in war. He despised all deliberate efforts at making a living but nonetheless became a successful financial operator; but everything had to be done in an accidental or casual way. Life could only be experienced in ecstatic bursts or pessimistic seizures, which he solved by setting out to rescue someone from mortal danger. He showed enough sense to stay alive perhaps because his way of living was on the whole noncommittal and the present was always immaterial to him.

The question arises here: what is the time relation of normal orgasmic sex? It is recognized as a chief contributor to the life-enhancing sense of immediacy; yet it may well be the body's most narcissistic condition in which the ego is briefly carried to oblivion and replaced by a complete identification with the partner. Ego time might then be considered at a standstill or, as in the Goncourt example, reduced down to the vital func-

tions of pulse and breathing, though in an isolated fashion rather than in that synchronization related to an oceanic world. It has been said that in orgasm life passes through an ecstatic but reversible death, possibly for the reward of a return to an ego with a keener present. This must be true up to a point when we contemplate those tragic distortions of orgasmic impulses in frustrated youth which bear the character of sacrifice and suicide [as in the preceding case] and leave little room for the reasoning ego. However, in the place of a return to an ego educated for living there seems to be only a narcissistic orgasmic identification with death—as if Eros for once were not on the side of life.

In conclusion, we may be permitted to use the profile of a great narcissistic creation and sublimation to illustrate once more the ego's relationship to time.

The musician has adopted time as his rhythmic vehicle and is in the position to play with it at will. It seems he is now really the master of it and quite safe in releasing its profound emotional stress. Only the unmusical will, with some justification, resist being carried away into unpredictable, chaotic sensations.

Instrumental music has the quality of the human voice though without articulation (in fact, even the text for the singing voice cannot be considered its articulation). In its place, music is furnished with the timing device that appeals to the body directly and acts there like a new pulse synchronized with a special time. The instrument is also enriched with varieties of tone qualities with ranges of which the human voice is not capable.

Together with articulation the reasoning ego is largely retired. Consequently, the independent timing rhythm, all that is left of censorship, permits the illusion of an effortless, weightless progression in space, of rising and falling, separating and meeting, and other possible sensations in utmost abstraction. The various shades of sound qualities, guided by the rhythm, penetrate to the listener's zonal body sensations (teasing the



instincts) while by-passing the intellect that seems to be only too willing to surrender to an illusion of pure animal freedom of undefined impulses.

Delivered temporarily from the efforts of currently making sense through reasoning and orientation, the ego is free to enjoy the leisurely illusion of structural security in form and balance. The captive preconscious animal voice seems to give release to all possible body sensations which come close to human emotion, but not close enough to evoke more than briefly lingering participation.

Time in its relation to the ego can be understood through the pattern of musical experience. Its measurable rhythm is just as abstract and relentless in its discipline as that of music, its usefulness as incontestable as that of a great sublimation and creation of the mind. It offers the ego infinite freedom in abstraction (mathematics) but the pathways to emotional regression remain wide open (ancestral time, the voices of memory). It is conceived out of human mental captivity which the artist and the scientist strain to transcend. In doing this they have to regress from the achievements of articulateness to other mute symbols.

The deepest regression that appeals to the body most broadly, like music, provides the time quality of companionship with the vital organs, and though the ego's vigilance seems to cease here in sleep, it still retains the one last function—dream symbolism—that registers the basic recognition that we, the living, are time.

## Anaclitic Therapy Employing Drugs

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# ANACLITIC THERAPY EMPLOYING DRUGS

## A CASE OF SPIDER PHOBIA WITH ISAKOWER PHENOMENON

BY H. AZIMA, M.D. AND E. D. WITTKOWER, M.D. (MONTREAL)

This paper is a preliminary report on the induction of prolonged sleepiness by Chlorpromazine, causing partial disorganization and regression. This disorganization and regression may in turn bring about a reorganization and progression of certain aspects of the psychic structure, and thus produce resolution of symptoms.

Our method is similar in many respects to the anaclitic treatment described by Margolin (12). We induce temporary regression in some aspects of the body scheme (as defined by Scott [13]), permitting the psychic structure to revert to a period prior to the preœdipal frustrations and fixations. When this regression has taken place, gratification of these frustrations is instituted; the fixations may then be abandoned and a relative maturation and progression of the ego may ensue. We maintain, according to this hypothesis, that all positions of fixation are psychophysiological.

Our hypothesis has been implied or explicitly stated in many recent reports. Cameron's concept of 'normalization' (6) implies that a spontaneous reorganization results from disorganizing disease processes. Reorganization may be understood as the expression of a compelling need of the organism to control its environment. Any disorganization or regression may stimulate this need. In Margolin's anaclitic treatment, the patient is caused to regress 'beyond the level which is spontaneously reached in response to illness' (12, p. 29). The recent work of Glueck and others on 'regressive electric shock therapy' (8), Cameron's production of total disorganization with massive

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electric shock therapy (7), and Azima and Azima's investigation of the disorganizing effect of perceptual isolation (4) derive from similar theories.

Our method is based upon three considerations. 1. It has been successfully applied, with some modifications, to the treatment of chronic schizophrenics (5, 14). 2. Our studies of treatment by prolonged sleep (3) have suggested that when control by the ego is weakened, modified anaclitic therapy promotes ego integration. 3. Chlorpromazine, by reducing anxiety (2), should facilitate disorganization and regression but prevent dissolution of the ego.

### METHOD

Patients were seen long enough before treatment to permit psychological testing (mainly Rorschach and figure drawing tests), and for the patients to acquire confidence in the therapists. The patients were then given rapidly increasing doses of Chlorpromazine until a persistent state of somnolence and inactivity was produced. At this point a small amount of long-acting barbiturates was added to insure that the drowsiness would be uninterrupted. Usually 600 to 1000 mgm. of Chlorpromazine and 100 to 200 mgm. of barbiturates three times a day were sufficient. The length of treatment varied from twenty-five to thirty days. It should be noted that the state produced is different from prolonged sleep in that the patient is merely drowsy and inactive, and is always accessible to psychotherapy. After he had reached a state of drowsiness the patient was seen three times a day (8 A.M., 2 P.M., and 9 P.M.) by the therapist, who spoon-fed him and conducted psychotherapeutic interviews which lasted from one hour to an hour and a half. The patients were encouraged to produce free associations and to relate dreams and fantasies. Between the feeding periods a nurse was continuously present, caring for the patient's requirements. The therapist was called when the patients asked for him or when their mounting anxiety made his presence de-

sirable. In brief, the patients were in a state of nearly complete dependency, similar to the relation of child to mother. Our method differs from that of Margolin in three respects: we induced drowsiness, we encouraged free associations, and we gave interpretations. The induced drowsiness is of paramount importance for our procedure.

### CASE REPORT

A detailed report of one case will illustrate our method. This case is of special interest because it provided new information concerning the symbolic significance of a spider phobia and of Isakower phenomena.<sup>1</sup>

In the following report much is omitted, particularly evidences of œdipal and anal fantasies. Moreover, although the transference was discussed with the patient, we omit these discussions here. Positive transference was seldom interpreted because we did not want to hinder the patient's regression and because the intensity of regression and the rapid emergence of pregenital, nonverbal expressions made correction of distortions of reality easier by the therapist's actions than by his words.

A thirty-year-old man suffered from an incapacitating fear of spiders. This phobia began four years before treatment, soon

<sup>1</sup> Isakower in 1938 (9) described experiences that occur in hypnagogic states or when the subject is falling asleep. The 'phenomenon' is an auditory, tactile, and particularly 'visual impression [in] that something shadowy and indefinite, generally felt to be "round", which comes nearer and nearer, swells to a gigantic size and threatens to crush the subject'. The patient usually has had similar experiences in his childhood. Isakower thought of these phenomena as the 'regressive revival of ego attitudes which from the ontogenetic standpoint are primitive. . . . The real point at issue is the fact that the primary attitudes of the organism can be revived' (9, p. 345). Later Lewin (10, 11) emphasized the amorphousness of this impression, its quality of advancing and receding, and suggested that 'genetically Isakower phenomena, dream screen, and blank dreams are in essence the same thing; they reproduce some of the impressions that the smallest baby has at the breast' (11, p. 198).

after the birth of his son, when he suddenly became anxious and tense. The phobia gradually increased until it reached a peak of intensity a few weeks before he came for hospitalization. He attributed his fear to an incident at the age of six when, while climbing a wall, he suddenly noticed a spider crawling on his hand just as he was grasping the top of the wall. He experienced intense fear, followed by what appears to have been a convulsion, and he had to remain in bed for a few days. Thenceforth he occasionally felt some apprehension about spiders but was able to overcome it. A few weeks before his admission to the hospital, however, this phobia had become intense and had evolved into marked counterphobic measures. He went to the zoology department of the university to buy some black widow spiders. Because the head of the department refused to grant his request, he ordered, under a false name, some black widow spiders from Texas. His maneuvers were discovered, and he was advised to see a psychiatrist.

He was the third of a family of four, had been breast-fed, and had manifested some early feeding difficulties. He described his mother as the dominant figure in the home, a violent and inconsistent person. The patient was intensely jealous of his two brothers and his sister, and after puberty broke away entirely from them. At school and in his business he was ambitious, perfectionistic, and impulsive. He was an excessive drinker. He complained of no gross sexual difficulties. His first marriage had been unsuccessful because, according to the patient, of faults in his wife; and he was ambivalent toward his second wife. He had always felt a peculiar interest in death; he had once, for instance, worked in a hospital in order to be near the morgue and 'touch the stiff's'.

At the time of his entry into the hospital he was extremely anxious and talked persistently about spiders: 'If I could only get my hands on these creatures, I know I would get over this. . . . Please get me some spiders.' All his actions were directed toward possession of a spider. It may be noted here that psychological tests confirmed the diagnosis and did not show

psychotic indications. Because of the severity of his phobia and anxiety, and because circumstances made prolonged psychotherapy impossible, it was decided to give him the modified Chlorpromazine therapy explained above.

The patient remained in treatment for twenty-five days. His progress was as follows.

*First to third days*

The first three days were used for regulation of the level of sleepiness and for initiating the patient into free association in this state. During this time he reiterated, with decreasing intensity, his fear of spiders.

*Fourth to fifth days*

The preoccupation with spiders disappeared completely, and the patient began to talk about his interest in anatomy and his conviction that it is possible to take a brain and make it influence other brains. These statements seemed delusional and grandiose. He wanted the therapist to arrange a meeting of leading neurosurgeons to whom he might present his idea. He had dreams of 'being great and winning everything and being powerful'. His associations, however, were few. At first we were at a loss to interpret these apparently megalomaniac delusional productions, but his behavior and the sudden disappearance of the spider phobia gave us the clue. He was making a tremendous effort to remain awake. Although he was taking the medications, he said, 'I made up my mind not to let it bother me. . . . I have such a mind. . . . If I have this power how can these pills affect me?'

His megalomaniac productions could be interpreted as a withdrawal of object cathexis with subsequent revival of primary narcissism. His resistance to going to sleep was a defense against disintegration of the ego and an attempt to retain contact with the objective world. There was no evidence of other causes for this resistance.

At this stage the patient had abandoned his phobic defense

and was experiencing, regressively, a state equivalent to schizophrenia. He responded to these interpretations. His sleepiness deepened, his appetite increased markedly, and he more easily let himself be fed by the therapist. He consented, as it were, to abandon himself to his emerging needs and to his regressive trends.

*Sixth to seventh days*

The patient began to show enjoyment in being fed, and ate voraciously. After the sixth day he became incontinent of urine and occasionally of feces. He began for the first time to speak in an ambivalent way about his son, whose birth preceded the onset of the spider phobia. 'I want my boy', he said. 'The boy's brain is like jelly, it affects me.' His anger over his fear of his son was pointed out to him.

*Eighth to tenth days*

He reported a dream which led to understanding and working-through of his hatred of his son and of his wish that his wife would kill the boy and take him instead. He dreamed of 'killing, slaughtering. . . . I want to kill D.' To this he associated immediately: 'D is a big guy. . . . I like my boy . . . but I have to do it outside for a better term for inside . . . by doing it from outside . . . they have to do it for me . . . she [his wife] has to do it for me.'

The dream partly signified the wish to kill his father ('the big guy'), guilt over death wishes which caused him to delegate the killing to his wife, and fear of retaliation. He had reprojected the persecutory introjected object, but this defense was insufficient, so he displaced the object and wished that the mother herself would accomplish the destructive action. He accepted the additional interpretation that the hated object was partly his son and partly himself ('my boy . . . it is me, a part of me . . .') which he wanted to eliminate and replace by a good object. At this point he talked about his mother and her work in a hospital. It was pointed out to him that he too had once



worked in a hospital for the purpose of 'touching the stiff's'. He recalled this, but remained somewhat puzzled. His associations revealed his conflict over his threatening mother whom he wanted to destroy.

Shortly after this session he noticed an unusual feeling which he described as 'going up and down of objects . . . coming and going . . . the table becomes a head . . . skinned, all white'. At the time we supposed this was a sensation of depersonalization, but retrospectively recognized it as the Isakower phenomenon (9). It occurred while he was beginning to understand his relationship to his mother. At the same time the phobia of spiders became more intense and he had vivid hallucinations of 'spiders crawling all over the bed'.

#### *Eleventh to twelfth days*

The patient's behavior changed markedly. He became aggressive and assaultive, and experienced several more Isakower phenomena. He suddenly ceased to fear spiders; he liked them. He dreamed: 'They [spiders] are coming over me . . . big'. The meaning of this dream did not become clear until later, but his ambivalent feelings toward spiders was pointed out to him.

#### *Thirteenth day*

He behaved like a frightened small child; he would become angry for a while, then grow calm and make cooing sounds. He ate voraciously, without much chewing. He experienced a peculiar feeling: 'Time is going much faster. The cigarette smokes so fast. I find myself squeezing my cigarette . . . like I was strangling something. . . . It doesn't turn. . . . In my dreams spiders are all around me. . . . You said there is something good and something bad in me. . . . I am jealous of my boy, it is true . . . that's bad. I don't want to hurt him, but I see his face full of blood . . . now I feel my hands are tense as if I was strangling somebody. . . .' (Therapist: 'You want to kill your son and take

his place.') 'I am jealous of him because his mother loves him and he came to live with us.'

*Fourteenth to fifteenth days*

Hallucinatory experiences of spiders became more vivid, and he had a distinct feeling of being invaded by them. We pointed out to him, for the first time, that this experience might have a symbolic significance and that spiders might represent deeper longings in him. He was too groggy to respond, and it was necessary to repeat the interpretation in a loud voice.

*Sixteenth day*

'I had a nightmare exactly like one when I was four. . . . I had forgotten all about that. . . . It was terrifying . . . some danger . . . it is something big, a huge mass coming over me, invading me.' He was not sure of the color of the mass. This was interpreted to him as representing the spider, not the ordinary spider but something experienced early in childhood that was returning now in his mind in the shape of a spider. At this point we recognized the similarity of the experience to Isakower's phenomenon. Drawings made this day showed a headless female figure with prominent breasts.

The patient here experienced what appears to be the infantile fear of being smothered by the mother's breast. The headless female figure could be interpreted as a partial perceptual re-experience. The small infant, especially if close to the 'huge' breasts, cannot encompass visually the whole mother.

*Seventeenth day*

The patient's mood changed rather rapidly. His aggressiveness disappeared, and he became calm and peaceful. We were able to work at length on his relationship to his son, and the nightmare at the age of four. His associations were very meager to the nightmare, but he told for the first time of being unfaithful to his wife. The recollection of this unfaithfulness brought another change of mood, this time depression. We interpreted

all these associations as indications of his hostility toward his wife-mother, who deprived him of her breasts and frustrated him by paying attention to his son-brother. It should be recalled that his mother had been inconsistent, and that he had had early feeding difficulties.

### *Eighteenth day*

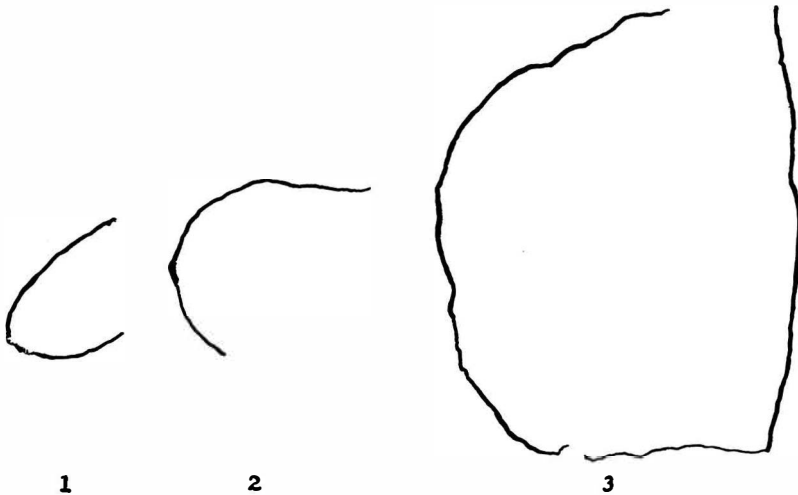
He was quite drowsy, and kept talking about how 'the world is ending'. Our interpretation was that this represented a re-experiencing in fantasy of the first stages of development by some part of the ego, the other parts remaining intact and observant. It is possible that in his state of narcissistic regression there were no longer any objects and the world had come to an end. This corresponded to his infantile way of eating, his voraciousness, and his incontinence.

He specified his feelings. He actually wanted 'two spiders . . . to eat. . . . They may bite me but I want to eat them.' While uttering these words he 'saw something' in an egg the therapist was giving him and refused to eat the egg, and in a rambling fashion stated that the two spiders were 'black widow spiders . . . and I believe all spiders are female and immortal'. It was pointed out to him that obviously the spider represented to him a woman, some parts of whom he wanted to eat and devour, but that at the same time he was afraid of being eaten or destroyed. (Black widow spiders are considered to be particularly poisonous.) He seemed amazed by this interpretation, but went on to say that 'actually it is not a black but a yellow spider. What could be yellow? Most probably a woman . . . a Japanese. I remember now!' Then he spoke about a relationship he had had with a Japanese woman that ended in utter frustration and disappointment because another man took her away; 'all women are a bunch of spiders anyhow'. An attempt was made to show him that his fear of women-spiders was actually a projection onto them of his hostility.

### *Nineteenth day*

He became markedly depressed, and expressed strong guilt

about his unfaithfulness to his wife. We pointed out to him that these feelings were related to his aggression to his wife, who represented his mother. The notable event of this day was a considerable increase in the hallucinatory experiences of 'black widow spiders'. He was in a kind of 'twilight' state. He was incontinent and rambled all the time. He refused to make figure drawings. Having the pencil and paper ready, the therapist asked him if he would at least draw black widow spiders. He consented readily and drew three spiders (Patient's drawings 1, 2, and 3); the first one looked unmistakably like a breast.



PATIENT'S DRAWINGS OF A SPIDER.

The third figure, which filled almost the whole page, was identical with his description of the 'huge mass' that would come over and invade him. The second figure was an intermediate one, part breast, part mass. We pointed out to him the obvious identity of the spider with the breast and the huge mass, and also the fact that he was now afraid of what had in the past been desired. He did not appear to understand. We had to repeat this to him many times in a loud voice. He kept repeating 'but this *is* the spider, I've made the spider there'.

*Twentieth to twenty-first days*

His depression was less apparent. He began to call for his mother, shouting at times: 'Mother! I want my mother! I am killed . . . spider is killed.' These remarks were interpreted to him repeatedly as his feeling of being eaten and attacked by his mother or his mother's breasts, and his desire to eat and attack his mother; the feeling of being attacked resulted from projection of the desire to attack her. He was identifying himself with the mother through incorporation.

*Twenty-second day*

His depression was lifting, and he asked for 'a bottle'. Unfortunately we did not have a baby bottle at hand, but he was fed copiously.

*Twenty-third to twenty-fifth days*

He was in a confused state, shouting for his mother, confusing his mother and his wife, and stating: 'Spiders are round . . . I destroyed them both'. It was pointed out to him that what he experienced was a fantasy of having destroyed his mother's breast, that he felt guilty over what he had done, and that he was afraid of being destroyed by the spider-breast-mother.

The treatment was discontinued after twenty-five days. The patient showed much improvement. All his symptoms had disappeared, and he talked about his concern over spiders as 'something of the past'. He had a total amnesia for the last five to seven days of treatment. He recalled, however, and appeared to understand his conflict with his son and the discussion of this conflict during his state of sleepiness.

Unfortunately we were not able to follow the patient in prolonged psychotherapy. He returned to work and could be seen only sporadically. The last time we saw him was about six months after the treatment. He was working steadily, was relatively happy, and had no apparent symptoms.

## CONCLUSIONS

1. Sleep may be regarded as a transitory regression. There can be little doubt that the modified sleep facilitated rapid regression. (In Margolin's anaclitic therapy it usually takes many weeks and a tremendous amount of time and effort by the therapist to provoke a regressive movement.) Moreover, Chlorpromazine, by reducing anxiety or by breaking the sequence of events leading to anxiety, facilitates the dissolution of some defenses against anxiety.

2. The pharmacologically induced drowsiness appears to promote dissolution of the ego system, yet to allow part of this system to remain intact and observant. This dissociation was particularly manifest in the latter days of treatment when the patient was in a state apparently similar in some respects to infancy. Even in this state verbal communication and orderly thinking were sometimes possible. Without this intactness of part of the ego system many aspects of the patient's conflicts probably could not have been worked through. This ego dissociation has been noted also in hypnagogic states and in states of falling asleep. With our method the patient remains in an almost continuous state of drowsiness, sleep, or falling asleep.

This ego dissociation also partly explains the recovery of the patient (3). Ordinary sleep and its disturbances are a resultant of ego function and conflicts respectively. Drug-induced sleepiness is imposed upon the ego and the conflicts; some of the services of the ego are, so to speak, dispensed with and we deprive the organism of the use of some available energy and tendencies to action of the ego. Concomitantly, release of inhibition and satisfaction of certain needs frees the psyche from some of the repressed conflicts that ordinarily consume its energy. The ego is thus ultimately strengthened.

3. The preoccupation with spiders was closely related to the Isakower phenomenon. They blended into one another, disappeared when infantilization was most marked, and were replaced by the expressed need for the mother and the bottle.

The first sign of resolution was the experience of a feeling of ambivalence. The patient began to feel a liking for the feared spider. On the ninth day he felt that objects were going up and down, advancing and receding; the table became like a head, round and white. On the eleventh day he had dreams of a spider coming over him, big and massive. On the fifteenth day spiders increased in numbers and started to 'invade' him. The next day he intensely experienced the nightmare he had had at the age of four,—a huge mass coming over, invading, and crushing him. On the eighteenth day the symbolic proximity of the spider and the original object became clear. There were now two spiders. He wanted to eat them but was afraid of being bitten; they were females and immortal, and they were yellow. On the same day he experienced with terror the transformation of fried eggs into something fearful. It became evident that spiders and the huge mass represented the mother or her breasts. This conclusion was confirmed on the nineteenth day when, being asked to draw the spider, he drew three figures that showed a transition from a huge mass to a breast,—visual expression of the identity for him of spider and breast. The subsequent replacement of the phobia and the Isakower phenomenon by an intense need for the bottle and the mother were further confirmatory evidence.

There have been few reports on the symbolic significance of the spider in neurosis. Freud, according to Abraham, thought of the spider as representing 'an aspect of the mother, namely the angry mother of whom the child is afraid'. This interpretation was confirmed by Abraham's observations (1).

In our case, the spider had several symbolic meanings referable to different stages of psychic organization. On the genital level the spider may represent the outcome of the wish for death of the father (to make the mother a widow). The spider has also a pregenital symbolic significance referable to the mother's breast: under pressure of oral frustration (by the frustrating breast) the patient felt aggressive toward the breast and wanted to devour it. He then felt threatened by the introjected

breast which had become dangerous as a result of projection of his aggressive impulses. In order to rid himself of this threatening introjected object he reprojected it into the black widow spider. This attempt was unconsciously aimed at freeing the patient from persecutory anxiety but was not successful; hence the urge to kill the spider was a counterphobic measure.

4. What brought about resolution of the symptoms? Two changes seem responsible: a relative increase in ego strength, which permitted better control; and psychophysiological reintegration. This reintegration occurred in two ways: first, partial elimination of anxiety made possible verbal working-through of some of the patient's conflicts; and second, the elimination of anxiety, the dissolution of parts of the ego system, and the anaclitic experience reactivated the archaic, pregenital attitudes of the patient. These archaic attitudes could then be reintegrated in a gratifying environment. The patient's behavior—incontinence, soiling, rambling, indiscriminate voracious eating—and his fantasies—invasion by the spider-woman, need for the mother and the bottle—seem explainable only as a psychobiological regression with emergence of the earliest modes of behavior and experience. What happened to the patient was no mere subjective interplay of images and perceptions, but a psychobiological disorganization and re-experiencing. The patient not only *acted like* a baby; he *became* a baby in many respects.

The resolution of symptoms may be attributed to a partial reorganization of certain basic psychophysiological attitudes. We knew from the patient's history that he remembered his mother as a frustrating, violent person. In the therapy the patient could relive his early experiences without being frustrated and could change, in action and in imagination, what once had vitiated his existence. The therapist, by his interpretations and by gratifying the patient's infantile needs, corrected the patient's distortion of reality. The anaclitic relationship, like that of a child and mother, raised no anxiety and presented no frustration; it therefore permitted new psychical and physiological



behavior to develop, and it caused a decrease in morbid anxiety. The patient had no memory of the last days of treatment, perhaps because they were occupied in a preverbal experience.

In summary, the patient's improvement probably resulted from the following agents: 1. Chlorpromazine, by decreasing anxiety, facilitated regression and the dissolution of some pathological defenses. 2. The anaclitic situation promoted reactivation of infantile stages of development. 3. The therapist played two major roles: as a 'good' mother he gratified the infantile needs of the patient and helped the regressive movement; as a representative of reality he corrected the patient's distortion of reality.

These three factors caused disorganization and regression of parts of the organism to the oral level of existence. Regression beyond the points of pathological fixation initiated reorganization of some abnormal reactions of the ego to the primitive demands of the id.

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## 'Death in Venice' by Thomas Mann

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# 'DEATH IN VENICE' BY THOMAS MANN

## A STORY ABOUT THE DISINTEGRATION OF ARTISTIC SUBLIMATION

BY HEINZ KOHUT, M.D. (CHICAGO)

Thomas Mann was born in Lübeck in northern Germany in 1875. His father, a senator and vice-mayor of this old Hanseatic city, died, comparatively young, of septicemia, when Thomas Mann was fifteen. The mother was born in Rio de Janeiro. Her father was a German planter, her mother a Brazilian of Portuguese and Indian stock. After the early death of her mother she was, at the age of seven, taken to Lübeck where she remained. In her youth she was considered to be very beautiful, though for northern Germany a foreign, exotic, southern type. Thomas Mann was the second of the five children of these parents, of whom the eldest, Heinrich, became well known as a novelist.

Thomas Mann's early childhood seems to have been influenced mainly by women. As the family was well-to-do, summers were spent on the shores of the Baltic. He remembers that he dreaded to go back to the city when the summer was over. He hated school and the discipline which it imposed on him during the winter. During his school days he had a homosexually tinged 'crush' for a classmate, apparently the boy Hippe later described in *The Magic Mountain*.

His first major work, *Buddenbrooks*, was written in Italy in 1901. He records that he burned his hand severely when sealing the parcel containing this manuscript to send it to the publisher. As there was compulsory military training in Germany, he was to have been inducted into the army. After being twice rejected because of cardiac neurosis, he was finally accepted. Three months later he was given a medical discharge because of an inflamed tendon.

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A brief version of this paper was first presented in 1948 in a seminar on Psychoanalysis and Literature conducted by Dr. Helen V. McLean at the Chicago Institute for Psychoanalysis.

In 1905, at the age of thirty, he married Katja Pringsheim, the only daughter of an old, respected German-Jewish family. His marriage was apparently a very happy one. Of his six children, the youngest girl, Elisabeth, became her father's favorite. In 1910, one year before *Death in Venice* was written, his sister Carla committed suicide. The effect on him of this tragic event was great, and many years later he described its detailed circumstances with much emotional vividness in the novel *Doctor Faustus* (1947). When in 1927—five years after the death of his mother—the other sister, Julia, also ended her life by suicide, Mann, as if to reassure himself, commented: 'It seems that the nourishing love has given more resistance to life to us, the sons, than to the girls'.

Despite this assertion, the doubts remained. Earlier, in comparing himself with his sister Carla, he stated that they were made of similar stuff. Both he and his biographers note a certain 'mental laziness' and a tendency to withdraw into sleep in times of stress. He states that he always reassured himself when he began a new work by telling himself that the task would be short and easy. When he had finished it he superstitiously pretended to himself that it had little value. He closed his autobiography (9) by saying: 'I assume that I shall die in 1945, when I shall have reached the age of my mother'. Even from such slender evidence it is apparent that his rational ego was, in times of stress, forced to surrender to archaic magical beliefs.

*Death in Venice* was written in such a period of stress, and it is the aim of this essay to try to trace in part how the emerging profound conflicts of the author were sublimated in the creation of an artistic masterpiece. With this purpose in mind we shall first examine the content of *Death in Venice*. In the English translation the short novel is divided into five chapters, following the earlier German editions. While the author abandoned this division in later German editions, the following abstract adheres to it for the purpose of greater clarity.

In the first chapter, all is not well with the hero, Gustav

Aschenbach, an artist and writer, as he struggles to maintain his ability to work. In order to carry on, he has to take refuge in frequent interruptions that restore his strength; therefore, he takes naps in the middle of the day and goes on walks<sup>1</sup> to recuperate. The walk on which we find him in the beginning of the story leads him by chance to a cemetery. The reader, however, is given the impression that Aschenbach has reached a destination—that something meaningful and preordained is happening. This impression is accentuated by Aschenbach's sudden encounter with a man, the first of a series of men of hidden significance he is to meet in the story.

The seemingly intuitive conclusion reached by the reader that something of mysterious import is involved, here and later, is prepared by the author through one or more of the following devices. First, the man at the cemetery, for example, arrives on the scene with a silent suddenness that creates the impression of an apparition rather than an approach. Second, the intense emotional response that this and the other encounters evoke in Aschenbach is out of proportion to the factual significance that any of them should have for him as a person or to the events portrayed in the story. This is a clever maneuver which allows the reader to discard mystical connotations from the framework of the story itself and attaches the mysticism to Aschenbach. In other words, the writer of the story detaches himself from his hero and describes a man who is emotionally impelled by forces which are beyond his reason or control. This is a technique which is rather characteristic of Thomas Mann's fiction. In his later novels the detachment is enhanced by the more deliberate intrusion of the writer in the form of expressed irony. The third device used in *Death in Venice* to underline the significance of the various figures Aschenbach encounters is their detailed delineation, which, again, is out of proportion to their ostensible import to the hero or the plot.

Returning to the story, the man in the cemetery is described

<sup>1</sup> The translation 'walk' for the German '*Spazierengehen*' is inadequate; there is however, no exact English equivalent. *Spazierengehen* is an expression of pointed leisure corresponding to the ride in a carriage of the aristocracy. It is perhaps an imitation of this aristocratic habit by the middle class, on foot.

as having his chin up, so that his Adam's apple looks very bald in the lean neck. He is red-haired, with a milky, freckled skin. Standing at the top of the stairs leading to the mortuary, he is sharply peering up into space out of colorless, red-lashed eyes. The man has a bold and domineering, even ruthless air, and his lips are curled back, laying bare the long, white, glistening teeth to the gums. Aschenbach has, at first, a vague, unpleasant feeling which suddenly changes to an awareness of such hostility in the stranger's gaze that he hastily walks away. He is then seized by a passionate longing to travel which overcomes him so swiftly that it resembles 'a seizure, almost a hallucination'. He sees a tropical landscape with a crouching tiger ready to jump on him and he experiences terror. The hallucination subsides and his self-discipline transforms his yearning into a reasonable desire for new and distant scenes, a 'craving for freedom, release, forgetfulness'. The emotional events following the encounter with the stranger fall into a sequence: first, panic, and the irrational impulse toward flight; then the repression of this ego-alien, dissociated impulse and its replacement by a reasoned, egosyntonic decision to travel.

The second chapter begins with a description of Gustav Aschenbach's personality and an account of his life. One is soon led to assume that the author is drawing quite consciously from his own biography. Even such a detail as the foreign background of his mother, for example, is only thinly disguised. Aschenbach owes certain foreign traits in his appearance to his mother, the daughter of a Bohemian musician. But there are other traits as well that ring a familiar note to any reader of Thomas Mann's autobiographical essay, especially the description of Aschenbach's struggle against forces within himself that interfere with his artistic creativeness. It sounds like a complaint, near to the author's own heart, when he says of his hero: 'From childhood up he was pushed to achievement. . . and so his young days never knew the sweet idleness and blithe *laissez aller* that belong to youth'. But Gustav Aschenbach forces himself to work, despite great inner resistances, and he resorts to certain ceremonials that permit him to keep on producing: 'He began his day with a gush

of cold water over chest and back; then setting a pair of tall wax candles in silver holders at the head of his manuscript, he sacrificed to art, in two or three hours of almost religious fervor, the powers he had assembled in sleep'. Aschenbach's attitude expresses a masochistic pride in suffering. His 'new type of hero' is St. Sebastian who, pierced by arrows, '. . . stands in modest defiance . . .'. His style of writing is one of 'aristocratic self-command'; he is '. . . the poet-spokesman of all those who labor at the edge of exhaustion; of the overburdened, of those who are already worn out but still hold themselves upright; . . . who yet contrive by skilful husbanding . . . to produce . . . the effect of greatness'. We learn that selections from his works are adopted for official use in the public schools and that a patent of nobility was conferred upon him on his fiftieth birthday.

Other aspects of Aschenbach's character are not autobiographical. After a brief period of wedded happiness his wife had died.<sup>2</sup> Aschenbach's married daughter remained to him, but he never had a son. One gets the impression that all these details of Aschenbach's life, including his advanced age, tend to prepare the way for the progressive dissolution of the restraining, reasonable forces in his personality—almost as if the poet tried to excuse his hero by showing that there are no responsibilities or strong emotional bonds that would tie him to his old existence.<sup>3</sup>

Others have noted that the description of Aschenbach resembles in physical, facial attributes the Bohemian composer Gustav Mahler, who had died just at the time when the story was written. A further reference to Mahler is the use of the first name Gustav and perhaps also the introduction of a Bohemian conductor as maternal grandfather (2).

<sup>2</sup> Mann's wife had to go to a sanatorium because of tuberculosis approximately at the time of the composition of *Death in Venice*.

<sup>3</sup> The mechanism here may be compared to dreams of failing an examination which, in reality, one has successfully passed long ago (12). Aschenbach's progressive disintegration appears to be based on the fact that he has no object-libidinal ties to reality. This may have served as a reassurance to Mann who, despite temporary loneliness, felt that he had sufficient emotional closeness to his family to preserve him from Aschenbach's destiny.



In the third chapter the 'reasonable flight' from the man in the cemetery is effected. The reader is still given the feeling of the preordained, the vague impression that reason is helplessly succumbing to infinitely stronger irrational forces; that the man in the cemetery is a power within Aschenbach from which there is no escape through external flight.

Outwardly, however, Aschenbach acts quite rationally. He plans his trip to last only a few weeks, tells himself that he needs relaxation and intends to return refreshed to his work. He plans originally to stay on a small island in the Adriatic; yet, even without considering the title of the story, one gathers that the final destination is elsewhere. And so it happens; the weather is bad, the crowd at the hotel is boring, and suddenly it becomes clear to Aschenbach that Venice is his destination.

The man from the cemetery, however, cannot be evaded by flight. On his way to Venice another apparition appears as if to remind the fugitive of the foolishness of his subterfuges. The man on the trip to Venice is a dandy, loudly dressed, with rouge on his cheeks, a wig of brown hair on his head, and rings on his fingers. When he laughs he shows an 'unbroken row of yellow teeth', obviously false; yet, underneath make-up and costume, and behind the loud laughter designed to feign youthfulness, he is an old man. Aschenbach is 'moved to a shudder' as he watches the disgustingly playful way in which the old man behaves toward his young male companions. He tries to avoid him by moving to the other side of the ship, finally escaping by going to sleep. Aschenbach sees him once more, as the old man is leaving the boat. He is pitifully drunk, swaying, giggling, fatuous; licking the corners of his mouth, he teases Aschenbach with remarks about Venice that sound clearly as if they were concerned with the love for a woman and not for a city. 'Give her our love, will you', he says, 'the p-pretty little dear'—(here his upper plate fell down on the lower one), the '. . . little sweet-sweet-sweet-heart . . . '.

Aschenbach's third encounter takes place after his arrival in Venice; it is with a gondolier who takes him, against his will,

directly to the Lido. In contrast to the description of the dandy on the boat, but resembling the man in the cemetery, the gondolier is more fearsome than disgusting. The gondola is 'black as nothing on earth except a coffin'; the man, who is 'very muscular' and has 'a brutish face', mutters to himself during the crossing, and the effort of rowing 'bared his white teeth to the gums'. It occurs to Aschenbach that he might have fallen into the clutches of a criminal; but, as before, he withdraws into passivity when his fear is mounting. He becomes indolent and dreamy, and lets matters take their course. Nothing happens; yet, after Aschenbach's arrival, it becomes evident that his misgivings had not been entirely unjustified: the gondolier is 'a bad man, a man without a license' who is sought by the police.

After the preceding encounters the stage is set and the contrast prepared for what constitutes, in the other sense, the goal of the voyage. Aschenbach is scarcely settled in his hotel when the decisive meeting takes place. The antithesis could not be more extreme. The object of his journey is Tadzio, a fourteen-year-old Polish boy of perfect beauty. He is 'pale', shows 'a sweet reserve', is 'godlike', of 'chaste perfection' and 'unique personal charm'. In contradistinction, the boy's three older sisters are described in a disdainful, superior, and almost pitying way. Tadzio is overwhelmingly the favorite of his mother and his governess as revealed by his beautiful attire and by his 'pure and godlike serenity'. The sisters, on the other hand, are dressed with 'almost disfiguring austerity'; 'every grace of outline was wilfully suppressed', and their behavior was 'stiff and subservient'. Aschenbach concludes that the boy is '. . . simply a pampered darling . . . the object of a self-willed and partial love . . .' from the side of the mother. It is significant, in terms of narcissistic fulfilment, that the major emphasis is on the child. No father is present or implied. The mother's manner is described as 'cool and measured'. She has the '. . . simplicity prescribed in certain circles whose piety and aristocracy are equally marked'. Something 'fabulous' about her appearance is attributed to pearls, the size of cherries.

Gustav Aschenbach is at first not aware of the impression which Tadzio has made on him. Preconscious signals of anxiety, however, follow directly. He feels tired, has 'lively dreams' during the following night, and is, in general, 'out of sorts'. He blames the weather for his 'feverish distaste, the pressure on the temples, the heavy eyelids'; and considering the possibility of not remaining in Venice, he does not unpack his luggage completely. But all the self-deception is in vain; the fascination is growing. He observes Tadzio innumerable times, at first through chance encounters, later, as his defenses give way, by passionately following him whenever he can; yet he never speaks to him; he remains always alone.

In the engulfing passion for Tadzio there is also expressed a love for the sea which is paraphrased as a 'yearning to seek refuge . . . in the bosom of the simple and vast, . . . for the unorganized, the immeasurable, the eternal—in short, for nothingness'. Both appear to Aschenbach as one—the perfection of Tadzio's beauty and 'nothingness . . . [which is] . . . a form of perfection'. He observes that Tadzio's teeth are imperfect, and with a pleasure which he does not try to explain to himself he concludes that the boy is 'delicate' and that he will 'most likely not live to grow old'.

Aschenbach does not give up the fight without a last effort. Pretending to himself that he must get away from climatic conditions that seem to portend disease, he makes a valiant attempt to escape from Venice and from his growing infatuation but cannot tear himself away. There is the smell of germicides, a hint about the danger of infection, but 'the city's evil secret mingled with the one in the depths of his heart'. Certain rumors, mentioned in the German papers, were officially denied. But, 'Passion is like crime; it does not thrive on the established order . . .'. Everything within him had been waiting for a chance to turn back, and all the author can do for his hero is to provide him with an excuse which allows him to postpone the moment of recognition for a little.

The moment comes when all pretext is cast aside and, seem-

ingly with sudden change of mind, he decides to stay, triumphantly and 'with a reckless joy'. 'With a deep incredible mirthfulness' Aschenbach gives in to the regressive disease of his emotions. With the crumbling of his moral and rational defenses there is now no more need and no longer the possibility of his deluding himself about his true motivations. He acknowledges that it was because of Tadzio that the leave-taking had been impossible.

In the fourth chapter, Aschenbach is no longer trying to deceive himself. He has yielded to his passion for Tadzio, and he accepts and enjoys it. He is able to see the boy many times every day. Some of these meetings occur by chance, but mostly they are deliberately and cunningly arranged. The only defenses which Aschenbach keeps to the very end, even in his dreams, are those for which his past as an artist has equipped him best: sublimation and idealization. The sight of the beautiful boy spurs him to philosophical reflections on the nature of beauty. He summons up the memory of an ancient prototype of his love, of Socrates for Phaedrus. He writes an essay on a 'question of art and taste', trying, in this work, to translate Tadzio's beauty into his style. But his defensive struggles are only partially successful and the instinctual forces cannot be entirely desexualized; after finishing his brief work Aschenbach feels strangely exhausted, as if after a debauch.

Tadzio soon notices the extent to which he has caught Aschenbach's attention, and a tacit understanding is established between them. The child's behavior is dignified, yet seductive. When he recognizes the small signs of response, hints of a secret understanding with the boy, Aschenbach's enthusiasm is, at first, well concealed and controlled. A sudden encounter with Tadzio, however, and an unexpected lovely smile almost tear down his last reserve. All Aschenbach can do is to escape into the darkness where he breathlessly ' . . . whispered the hackneyed phrase of love and longing . . . impossible in these circumstances, absurd, . . . ridiculous enough, yet . . . not unworthy of honor even here: "I love you!" '.

The final chapter, while continuing the description of Aschenbach's love and the disintegrating effects it has on his personality, deals, in appearance at least, mainly with the influences of an external event, an epidemic of Asiatic cholera which has broken out in Venice. Population and city officials alike try to conceal the news of the spreading disease, knowing well that the foreign travelers will leave if they find out about it. More and more of the visitors, however, discover the alarming truth and depart from Venice. Tadzio and his family, apparently unaware of what is happening, stay on; hence, Aschenbach remains, sensing the sickness of the city to be a fitting frame for the sickness within himself, the passion to which his reasonable self is succumbing. This defeat of reason and control is now nearly complete. One night he presses his head against the door leading to Tadzio's bedroom, 'powerless to tear himself away, blind to the danger of being caught in so mad an attitude'. While he is not detected on this occasion, he has become conspicuous at other times, and he notices more than once that mother and governess find reasons to call the child away from his proximity. His pride rebels feebly at such an affront, but it is no longer a match for his desire.

To Aschenbach's encounters with the man in the cemetery, the dandy on the boat, and the gondolier, there is now added a fourth encounter with a symbolic male figure, a street musician. Many features in the sketch that the author gives us of him strike us as familiar. He is red-haired; 'the veins on his forehead swelled with the violence of his effort'; his gesticulations, 'the loose play of the tongue in the corner of his mouth', and the strikingly large and naked-looking Adam's apple are described as brutal, impudent, and offensive. After cemetery, senile perversion, and the gondola 'black as a coffin', Aschenbach now faces the final symbolic representation of regression and disintegration in the form of a strong smell of carbolic acid, the odor of death.

Although Aschenbach soon knows the whole truth about the

epidemic in Venice, he does not warn Tadzio's mother. He reflects that Tadzio will die soon and this assumption, uncontradicted by his love, even fills him with a strange pleasure.

Toward the end of the story, and just before Aschenbach's death, he has a nightmare. Its '... theater seemed to be his own soul, and the events burst in from outside, violently overcoming the profound resistance of his spirit; ... [leaving] the whole cultural structure of a lifetime trampled on, ravaged, and destroyed'. The emotions which the dreamer experiences are, at first, 'fear and desire, with a shuddering curiosity'. He heard 'loud confused noises from far away' and a howl resembling Tadzio's name.

'... He heard a voice naming though darkly that which was to come: "The stranger god!" ... he recognized a mountain scene like that about his country home. ... The females stumbled over the long, hairy pelts that dangled from their girdles. ... They shrieked, holding their breasts in both hands; coiling snakes with quivering tongues they clutched about their waists. ... Horned and hairy males ... beat on brazen vessels ... troops of beardless youths ... ran after goats and thrust their staves against the creatures' flanks, then clung to the plunging horns and let themselves be borne off with triumphant shouts ... his will was strong and steadfast to preserve and uphold his own god against this stranger ... his brain reeled, a blind rage seized him, a whirling lust, he craved with all his soul to join the ring that formed about the obscene symbol of the godhead, which they were unveiling, monstrous and wooden ... they thrust their pointed staves into each other's flesh and licked the blood as it ran down ... yet it was he who was flinging himself upon the animals, who bit and tore and swallowed smoking gobbets of flesh— ... and in his very soul he tasted the bestial degradation of his fall.'

This dream portrays the depth of Aschenbach's spiritual degradation. The downfall of the standards of his waking life, while less drastic, is not less humiliating. What just recently aroused

his contempt when he saw it in another, he now has yielded to, himself.

Soon thereafter the inevitable happens. On one of his walks, trying to follow Tadzio, Aschenbach loses his way. Exhausted from the heat and wishing to refresh himself, he buys and eats some strawberries, 'overripe and soft', obviously the carriers of the deadly germ. Two days later, fatally ill, he learns that Tadzio is about to leave Venice. He sees him once more, on the beach, just before his death. The last impression of the dying writer, symbolizing and idealizing his death, is of Tadzio, who, moving out into the open sea, waves with his hand as if to invite him outward 'into an immensity of richest expectation'.

In the analysis of Mann's novel, which forms the last part of the present essay, the artist's literary work will, in the main, be viewed as an attempt by the author to communicate threatening personal conflicts. The emphasis of the preceding outline of *Death in Venice* was, therefore, placed on those aspects of the story that appear to contain the most significant unconscious or preconscious patterns. A number of biographical data concerning Thomas Mann which could serve as a basis for establishing a link between the artist and his work have also been stated. Some additional material referring to the specific circumstances under which *Death in Venice* was written will now be presented.

*Death in Venice* appeared first in 1912 in the German literary periodical *Die neue Rundschau*. It had been written a year earlier, in 1911. Thomas Mann was then thirty-six years old. He had been married for about six years. His father had been dead twenty-one years. His mother was living, and his sister Carla had recently committed suicide. Venice, the stage on which the action of the story takes place, had shortly before been visited by the author. The epidemic of cholera and the attitude of the city officials with regard to it were actualities of the then recent past. A more personal connection with infectious disease was the fact that the author's wife had developed tuberculosis in

1911. She was forced to stay at a sanatorium, and Thomas Mann finished *Death in Venice* while living alone with his children in Tölz.

As has already been mentioned, the figure of the composer Gustav Mahler has been woven into the story (2). It is tempting to speculate on the reasons that induced Thomas Mann to introduce some of Mahler's features in the creation of his hero. The only manifest connection is the fact that Gustav Mahler's death occurred in 1911, the year in which *Death in Venice* was composed. One is however led to assume either that there was a personal relation between Thomas Mann and Gustav Mahler, or that an intimate, perhaps intuitive knowledge of Mahler's personality led the author to avail himself of external characteristics where a more profound similarity between Mahler and Aschenbach was to be implied. To establish the reasons for the special significance of Mahler's death would be an intriguing endeavor<sup>4</sup>.

We have, however, at our disposal important information about another theme which occupied Thomas Mann's attention during the period before the artistic ideas expressed in *Death in Venice* were fully developed. We know (2) that his original plan was to write about a singular episode in Goethe's life, namely, how the seventy-four-year-old renowned poet had fallen in love with a young girl—almost a child by comparison—Ulrike von Levetzow, who was then only seventeen. It is well known that Goethe finally was able to submit to the necessity of tearing himself away from his passion. The celebrated trilogy of poems, *Die Marienbader Elegie*, is an enduring monument to this event in Goethe's life.

<sup>4</sup> A letter written by Freud to Theodor Reik (11) establishes the fact that Mahler had consulted Freud and was 'analyzed for one afternoon . . . in Leyden' less than a year before Mahler's death. Freud alludes to Mahler's withdrawing of libido from his wife and to Mahler's 'obsessional neurosis'. The latter is especially interesting in view of the obsessional features of Thomas Mann, discussed in the present essay. Dr. Bruno Walter, the distinguished conductor, who knew both Thomas Mann and Gustav Mahler intimately, expresses his firm conviction that Mann and Mahler did not know each other personally at any time (Bruno Walter in a letter to the author of December 13, 1956).



As has been pointed out (6), death is a theme which occurs repeatedly in Mann's works. One of the first stories he wrote (at the age of sixteen or seventeen, about a year after his father died) bears the title *Death*. It is no exaggeration to maintain that in almost all of his subsequent writings death remains one of the principal themes either as an important part of the action or, in a more disguised form, as recurring metaphysical speculation.

It is not only the frequency with which Thomas Mann returns to the theme of death in his work that reveals its importance to the writer. A more specific connecting link with the author are his protagonists who are often manifestly autobiographically conceived, in particular when Mann tells about the life and the problems of artists. It is the attitudes of these fictitious personalities toward life and death which constitute an important source of information about the author who created them. In the story *Tonio Kröger*, as well as in other early works of Thomas Mann, death, or the sympathy for death, seems to gain its significance not so much from any expressed value of its own but rather from an aristocratic negation of life (6).

Tonio Kröger feels it necessary to divorce himself from life; he can remain artistically active and creative only inasmuch as he ceases to be a human being (6). If an adolescent assumes such an attitude as a defense in his struggle against overwhelming instinctual demands, we are inclined to regard it as temporary. As Anna Freud has pointed out (3), the asceticism of youth has to be considered as a normal phenomenon. The author of *Death in Venice*, however, was a mature man of thirty-six with a wife and children. The artists in Thomas Mann's stories are influenced by the progress-negating philosophy of Schopenhauer and Nietzsche and subscribe to the creed of the German romanticists that there is a close affinity between beauty and death (8). The romantic artist must be dead, symbolically, in order to be able to create a work of beauty. This tendency is particularly evident in the hero of *Death in Venice*. The very name, *Aschenbach* ('brook of ashes'), clearly evokes, at least in the original Ger-

man, the association with the river of the dead in classical mythology (5). To enable himself to work, Aschenbach is described as resorting to the ceremonial of placing lighted candles at the head of his manuscript which creates a distinctly funereal impression; in addition he feels compelled to mortify the flesh by self-abnegation and by a strong need to isolate himself (6).

At the time this novel was written, only two important members of the author's family were dead: the father, who had died many years ago, and the beautiful sister Carla, who had recently committed suicide. One is immediately inclined to assume that the identification is with the dead father and not with Carla for the simple reason that the heroes of Thomas Mann's earlier stories are struggling with problems similar to Aschenbach's, and that these stories were written before Carla's suicide. Apart from such negative reasoning, which tends to exclude the sister from consideration rather than to establish the father for the role, there is, it seems, more positive proof to be obtained within the story itself.

The literary commentators (1, 2, 5) are in accord about the fact that the four men whom Aschenbach encounters are messengers of his impending death; and it is plausible to assume that this symbolism was consciously intended by Thomas Mann as he wrote the story. By contrast, the interpretation offered in the present essay is that the four apparitions are manifestations of endopsychic forces, projected by Aschenbach as the repression barrier is beginning to crumble. The four men are thus the ego's projected recognition of the break-through of ancient guilt and fear, magically perceived as the threatening father figure returning from the grave. Three of these four figures, the man in the cemetery, the aged freak on the boat, and the gondolier, are described as baring their teeth in a strange way which has been pointed out (5) as calling to mind the idea of the skull of a skeleton: death or a dead man. The gondolier in a gondola, black like a coffin, seems to be an allusion to the figure of ancient mythology, Charon, who ferries the dead across the River Styx to Hades (2). The first man arises from the cemetery with the

suddenness of an apparition—the most unambiguous portrayal of someone deceased who threateningly returns. The last one, a street singer, carries about him the odor of death. All except the dandy on the boat are described as powerful and dangerous, and a more or less clear inference of free, unhampered aggression and sexuality can easily be drawn. When we read in the description of the street singer that the veins on his forehead were swollen, we may interpret this detail as an allusion to either or both of the aforementioned standard attributes of a feared father: sexual excitement or rage. The old man dressed up to give the deceptive impression of youth suggests a parallel with a dead man who comes back to life. The varying combinations of fear and contempt which are experienced by Aschenbach in these encounters express the original hostile and loathing attitude toward a father figure with the secondary fear of retaliation from the stronger man; also included is probably the ego's reaction against the emerging superstitious fear of the returning dead, an attempt at self-reassurance by ridicule.

In this context it is illuminating to remember Thomas Mann's confession that he could not free himself entirely from very superstitious attitudes and beliefs. For example, he attached special significance to the date and hour of his birth; certain numbers had a particular magical meaning for him; and the fact that his children were born, as he said, 'in pairs' (girl and boy; boy and girl; girl and boy), constituted for him a lucky omen (9). The coexistence of such superstitious beliefs with extreme rationality is characteristic of compulsive personalities. That the archaic ego of the compulsive is particularly prone to believe in the magical powers of the dead is also a well-established fact.

Another peculiarity of the compulsive personality is the predominance of strongly ambivalent attitudes, particularly toward the father and father surrogates. In this connection, light is shed on Mann's preoccupation with the aged Goethe, who certainly represents the father figure of father figures for any German writer. The ascertained fact that the topic of Goethe's infatuation with a young girl was in the writer's mind just before the

Aschenbach story was taking shape adds, though indirectly, to the evidence for the assumption that the central theme underlying *Death in Venice* is the father conflict. Reverence for Goethe usually prevents biographers from dwelling on the ridiculous aspects of his last love affair; at most, the tragic impossibility of the liaison is stressed. Both of these opinions are stated in *Death in Venice*: the latter, in the author's attitude toward Aschenbach's passion for Tadzio ('... impossible in these circumstances, absurd,—ridiculous enough, yet ... not unworthy of honor even here ...'); the former, expressing straightforward ridicule and disgust, in the portrayal of the old dandy on the boat.

In general, one can say, that the father theme is dealt with in *Death in Venice* by splitting the ambivalently revered and despised figure and by isolating the opposing feelings that were originally directed to the same object—a typical compulsive mechanism. The bad, threatening, sexually active father is embodied in the four men Aschenbach encounters. With the good one, who foregoes threats and punishment and heterosexual love—with the father, that is, who loves only the son—Aschenbach identifies himself, portraying in his love for Tadzio what he wished he had received from his father. This device, however, is not entirely successful: Aschenbach's ambivalence is intensified by the narcissistic, envious recognition that another is getting what he really wished for himself, and hostile, destructive elements enter into his feelings toward Tadzio. He not only experiences a strange pleasure at the thought that Tadzio will die early, but indirectly he also exposes the beloved boy to great danger by not warning his family about the epidemic. On the whole, however, it remains true that the destructive impulses toward Tadzio are secondary, arising only in so far as the narcissistic identification with the boy and the enjoyment of love by proxy are not entirely successful. The basic hostility is not directed against the boy (as jealousy against a brother) but against the hated father image. The ferociousness of this hatred is revealed in Aschenbach's last dream in which his unsuccessful struggle with the bad father, the foreign god of the barbarians,

the obscene symbol of sexuality, the totem animal, is killed and devoured. By the law of talion, which is the immutable authority for the archaic ego of the compulsive, death must be punished by death and Aschenbach has to die.

The decisive threat to Aschenbach's defensive system is, however, neither caused by the traces of envious hostility against Tadzio nor by the hatred against the father but by the breakdown of sublimated homosexual tenderness and the nearly unchecked onrush of unsublimated homosexual desire in the aging writer. Aschenbach's last dream is an expression of the breakdown of sublimation; it describes the destruction of 'the whole cultural structure of a lifetime'.

The material that builds up the dream comes from three sources. First, we can discern remnants of sublimatory ego activity; they account for the formal aspects of the dream which retains something artistic and impersonal as if it were a beautiful fable from classical mythology. Second, we recognize the portrayal of the disintegration of Aschenbach's personality; it finds expression specifically in relation to his now unconcealed sexual desire for Tadzio. The former sweetness of Tadzio's name has been transformed into 'a kind of howl with a long-drawn *u*-sound at the end'. Third, the undisguised emergence of a primal scene experience allows us to draw conclusions about the traumatic impact of the observation of the sexual activities of adults upon the child.

The sequence of curiosity, mounting sexual tension, wish to participate in the sexual activity, and the fear of being annihilated by participation in the sadistically misinterpreted sexual activity of the adults are clearly described. There is little doubt, too, that the homosexual desires and fears must have originated during such experiences—that the child must have been partially identified with the mother and must have wished for the sexual love of the father. The dread of castration (death), aroused by the wish to participate in the violent activity of the adults and, especially, by the passive attitude toward the father, must have led to an attempt to abandon the libidinal striving for participa-

tion and may have initiated the building up of 'the whole cultural structure of a lifetime'.

We may well find the origins of Aschenbach's artistic attitude in the dangers of the primal scene experience. At the beginning of the primal scene the child is an observer, not yet threatened by traumatic overstimulation, passivity, and fear of mutilation. Could it not be that the child, as the dread becomes overwhelming, returns by an internal tour de force to the original role of the emotionally uninvolved observer, and that further elaborations of such defenses against traumatic overstimulation make important contributions to the development of creative sublimation?

To prevent misunderstanding, these considerations are not intended to furnish a complete explanation of artistic creativity, not even to those limits that apply in general to genetic constructions. The hypothesis that artistic creativity may be related to the feminine principle, and that artistic creativity may in certain instances derive its energy from the sublimation of infantile wishes does not need support from the material which has been presented. Suffice it to say that Aschenbach's homosexual organization and feminine identification are fully compatible with this old and well-substantiated psychoanalytic thesis, and that the waxing and waning of artistic productivity in Aschenbach seems to run parallel with the predominance either of the sublimated or of the unsublimated homosexual strivings.

The specific hypothesis that is advanced here refers to certain features of the artistic attitude in an individual instance. Primal scene experiences, creating overstimulation, dangerous defensive passive wishes, and castration anxiety, may lead to the attempt to return to the emotional equilibrium at the beginning of the experience and prepare the emotional soil for the development of the artistic attitudes as an observer and describer. This hypothesis seems particularly compatible with certain qualities of Mann's art, his detachment and irony. It is possible that similar considerations apply, beyond Aschenbach, to other artistic personalities and, more generally, that it is per-

haps a genetic factor in the development of an ironical attitude toward life.

Beyond the portrayal of problems posed by the mother identification and by the ambivalently passive attitude toward the father, the trend toward union with the mother can also be discerned in Mann's writings. This wish, however, is more strongly repressed and seems to evoke even deeper guilt than the ambivalent attitude toward the father. Rarely does it, therefore, reveal itself in a sublimated, egosyntonic form of object love and, if instances of this type occur, they are by no means unambiguous. One might speculate that perhaps the Slavic features of Tadzio (or of Hippe and Claudia Chauchat in *The Magic Mountain*) contain a hint of effectively sublimated love for the mother who, in real life, was an 'exotic type'. Yet almost always when we encounter the wish for the mother we find it presented either in vague, deeply symbolic terms or in the regressive form of 'identification' rather than as object love. In addition some kind of punishment, mostly in the form of death or disease, is expressed or implied. This holds true not only for Thomas Mann's literary productions but also for his actual beliefs, as can be inferred from his superstitious prediction that his life would come to an end in 1945, when he should have reached the age at which his mother had died.

The wish for the mother expresses itself, more frequently than in the forms discussed above, in even more regressive, diffuse, highly symbolic yearnings. It seems that this is the only way in which this deeply guilt-provoking wish is permitted to occur repeatedly in the consciousness of the writer and of his literary figures and is allowed to be accepted by the ego with a certain degree of pleasure. The pleasure, however, is a rather melancholy one for in many of Thomas Mann's works the wish for the mother emerges disguised as a longing for death. In *The Magic Mountain* it is the immensity of an alluring snow landscape which attracts Hans Castorp and almost leads to his death by freezing. In *Death in Venice* the mother symbol seems to be represented first of all by the sick city itself from which Aschen-

bach cannot extricate himself; it is not only a city, but also the sea, and death—the whole atmosphere of Venice, death, and the sea together—toward which Aschenbach's deepest wishes are directed. As death is overtaking him, Aschenbach sees Tadzio, beckoning him outward into the open sea, 'into an immensity of richest expectation'. This picture, then establishes clearly not only the symbolic identity of death and the sea but also the connection between the boy, Tadzio, and the sea-death-mother motif.

We are faced with the final task of examining the specific circumstances in the author's life that might have activated his conflicts and thus provided the impulse for writing *Death in Venice*. The recent suicide of the sister Carla, an old competitor for parental love, might have precipitated feelings of guilt. Perhaps, too, Carla constituted an object of strivings which were displaced from the mother to the sister, a speculation that finds support from the fact that Mann treated the incest motif between brother and sister in the short story, *Wälsungenblut*, written in 1905 (7).

Of greater importance was probably the concurrent illness of Mann's wife which may have forced the author into closer affectionate ties with his young children. The possibility may also be entertained that his wife's illness may have necessitated a period of sexual abstinence which, in turn, led to increased conflicts concerning homosexual regression.

As we follow the sequence of Mann's publications we can, it seems, discern that, with his increasing success as a writer and with the reassuring stability of his position as husband and father, his original 'sympathy with the aristocracy of death' began to be counterbalanced more and more by an actively participating acceptance of life. This more affirmative attitude toward life finds expression in most of Mann's writings after the first World War (6). Settembrini, in *The Magic Mountain*, is certainly an advocate of active participation in life and an outspoken enemy of any sympathy with death or disease; and there can hardly be any doubt that the author's conscious affection



was for Settembrini and not for Naphtha, his adversary; yet, the old conflict between progressive and regressive forces was never fully resolved. Mann's preoccupation with death and disease continued to be expressed in his last writings, despite his admirably courageous attitude in the political events preceding and during World War II.

In his preface (10) to a volume of stories by Dostoevski, Mann recognized that he, like the great Russian, received much of the impetus for his productivity from a deep sense of guilt and that, in a way, his literary productions served as expiations. Glover mentions (4) that some obsessional neurotics fear that analysis will destroy their sublimatory capacities and that, in fact, the sublimated activities of the ego are equated with sexual potency by them. One of Mann's lifelong preoccupations was the struggle to maintain his artistic creativity which seemed forever threatened and precarious and which he tried to protect with superstitious magic. Paradoxically, the successful sublimation of passive feminine attitudes into artistic creativity must have called forth the guilt of masculine achievement.<sup>5</sup> And like the artist-hero in one of his last novels, *Doctor Faustus* (1947), who sells his soul to the devil and accepts disease and early death in return for a measure of active living in artistic productivity, Thomas Mann, too, seems to have to assure the threatening father that he has not really succeeded, and that his sublimations are breaking down. Aschenbach in *Death in Venice* and Leverkühn in *Doctor Faustus* allowed Mann to spare himself, to live and to work, because they suffer in his stead.

### SUMMARY

In the preceding essay the attempt is made to establish a correlation between some known biographical data, certain trends in the writings of Thomas Mann, and the plot of his short novel,

<sup>5</sup> We remember in this context that he burned his hand severely when sealing the package containing the manuscript of the novel (*Buddenbrooks*) that was to bring him fame, and we recall the ceremonials of magical expiation that characterize Aschenbach's working habits.

Death in Venice. The influence of unconscious guilt and, possibly, the role of early sexual overstimulation for the development of an (ironical) artistic personality are discussed. The disintegration of the creative processes in the principal character of the story is seen as a return of unsublimated libido under the influence of aging, loneliness, and guilt over success. It is assumed that the author displaced his personal conflict on the protagonist of the story and thus was able to safeguard his own artistic creativity.

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# A Detective Story

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# A DETECTIVE STORY

## PSYCHOANALYTIC OBSERVATIONS

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### I

Among psychoanalysts who have discussed the psychology of the detective story only one, Geraldine Pederson-Krag, has a specific hypothesis to account for their popularity. In *Detective Stories and the Primal Scene* (7), she suggests that it derives from their reactivation of the interest and curiosity originally aroused by the primal scene. According to her the murder is a symbolic representation of parental intercourse and ' . . . the victim is the parent for whom the reader (the child) had negative œdipal feelings. The clues in the story, disconnected, inexplicable, and trifling, represent the child's growing awareness of details it had never understood, such as the family sleeping arrangements, nocturnal sounds, stains, incomprehensible adult jokes and remarks. . . . The reader addicted to mystery stories tries actively to relive and master traumatic infantile experiences he once had to endure passively. Becoming the detective, he gratifies his infantile curiosity with impunity, redressing completely the helpless inadequacy and anxious guilt unconsciously remembered from childhood.'

It is possible to draw a deduction from this hypothesis which Pederson-Krag does not explicitly make. If the victim is the parent for whom the reader (the child) had negative œdipal feelings, then the criminal must be a personification of the reader's own unavowed hostility toward that parent. The reader is not only the detective; he is also the criminal. One reason, I suspect, why the detective story so rarely achieves the status of a work of art is that this identification of the reader with the criminal remains denied. The detective story writer

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connives with the reader's need to deny his guilt by providing him with ready-made fantasies in which the compulsive question 'whodunnit?' is always answered by a self-exonerating 'not I'.

In the ideal detective story the detective or hero would discover that he himself is the criminal for whom he has been seeking. Such a story, though it is not generally accounted a detective story, does in fact exist and has given its name to the very psychological constellation which endows observations and fantasies of the primal scene with such significance. I am referring, of course, to the myth of *Œdipus*, the cathartic effect of which depends on the fact that the guilt, which the typical detective story denies, is openly admitted. Another way of putting the point I am making here is to say that reading detective stories is in a way the opposite of having psychoanalytic treatment. The motive underlying one is to deny insight, and underlying the other is to gain it.

Pederson-Krag brings forward a number of general considerations in support of her suggestion. She mentions, for instance, the close connection existing between curiosity and its inhibition and the trauma of witnessing the primal scene, and draws a parallel between the voyeur's inability ever to be satisfied with his peeping and the detective story addict's compulsion to read endless variations of the same basic mystery tale. She does not, however, produce either of the two specific types of evidence that are really necessary to validate her hypothesis. She does not present any clinical material tending to show that compulsive readers or writers of detective stories display any of the symptoms or character problems that one might expect to encounter in persons for whom observation of the primal scene had been a specific pathogenic experience, e.g., anxiety-ridden curiosity, pathological jealousy, a compulsive need to control their objects, or a tendency to use projective mechanisms as a defense against depression. Nor does she attempt the analysis of any particular detective story in order to show in detail that it contains a disguised, symbolic representation of the primal scene.

I should remark here in parenthesis that Pederson-Krag's hypothesis is that the detective story addict is attempting to master a traumatic experience by reliving actively what once had to be endured passively, whereas I should be inclined to say that he is living a fantasy of being in omnipotent control of the internalized parents. For her, reading detective stories is analogous to a traumatic neurosis, whereas I conceive it as a form of manic defense and am sceptical of the necessity to assume an actual traumatic observation of the primal scene. This difference in formulation stems from theoretical considerations which are remote from the specific theme of this paper.

With respect to the first of Pederson-Krag's omissions I have nothing to contribute as I have as yet never encountered a patient with a particular interest in detective fiction; nor have I myself. With respect to the second, however, I should like to call attention to a very well-known detective novel which to my mind confirms in a very obvious and indeed surprising way at least part of Pederson-Krag's hypothesis and which has a number of other features which make it of sufficient interest to communicate.

## II

Wilkie Collins' novel, *The Moonstone*, was published in 1868 and was the first full-length detective story ever to be written in English. Its only precursors are three short stories by Edgar Allan Poe written in the eighteen-forties (1) and one detective novel in French, Emile Gaboriau's *L'Affaire Lerouge*, which was published in 1866. In the opinion of both T. S. Eliot and Dorothy Sayers, *The Moonstone* remains the finest detective story in the English language. As perhaps befits the progenitor of a literary line that has displayed such vitality, it is considerably longer than most of its modern descendants and has an even more complicated plot. In summarizing it I shall therefore be fairly ruthless in my elimination of themes that seem to be irrelevant to the main points I wish to make. I shall also confine myself to those parts and details of the story, the symbolic and unconscious meaning of which will be immediately

apparent to those who are acquainted with psychoanalysis and shall omit various aspects of the story which could only be interpreted after lengthy and rather speculative theoretical argument.

Two of the major themes that I have eliminated in this summary were also omitted by Wilkie Collins when he prepared a dramatic version of *The Moonstone*. It is generally agreed that by doing so he completely destroyed whatever literary merit the original novel had. It seems to me that this fact has in it somewhere a moral for the psychoanalyst who wishes to turn literary critic.

The central crime of *The Moonstone* is not a murder but a theft. Rachel Verinder, a young heiress, has been bequeathed by her uncle a diamond, with the express condition that it be presented to her in person on her eighteenth birthday. The diamond is of exceptional size and beauty and its perfection is marred only by a central flaw. It is called the Moonstone because it has the property of 'growing and lessening in luster with the waxing and waning of the moon'. The task of handing the diamond over to Rachel falls to her cousin, Franklin Blake, who pays an extended visit to her during the weeks immediately prior to her eighteenth birthday. Franklin and Rachel fall in love. On her eighteenth birthday Rachel wears the diamond at the dinner party given in her honor. After the guests have departed and she is about to go to bed her mother entreats Rachel to give her the diamond for safekeeping. Rachel refuses and asserts her independence by insisting that she will put the diamond in an unlocked drawer of an Indian cabinet in her sitting room which immediately adjoins her bedroom. She dismisses her mother's protests with a contemptuous 'Good heavens, Mama! Is this a hotel? Are there thieves in the house?'

Next morning the Moonstone has disappeared. Sergeant Cuff of Scotland Yard is called and shows that the essential clue is that the garment worn by the thief must have on it a stain of paint off Rachel's sitting room door, on which Franklin and Rachel have been doing 'decorative painting' together. The

color of the paint is not mentioned. It emerges later that the garment in question is a man's nightshirt.

After the theft is discovered Rachel shuts herself in her room and refuses to speak to anyone, but it soon becomes obvious by her behavior that she is convinced that she knows who stole the Moonstone. Later it becomes apparent that she has the best of reasons for her conviction since she actually saw the Moonstone being taken. At the end of the novel one realizes that its whole mystery and suspense stem from two apparently inexplicable omissions on Rachel's part. She fails to interrupt the thief and she refuses to respond to her mother's entreaties that she tell her what she knows about the crime.

After the disappearance of the Moonstone, Franklin is foremost in taking steps to discover the thief and it is he who calls in Sergeant Cuff after the local police have shown themselves incompetent. At first he cannot understand why his efforts evoke intense hostility from Rachel, but eventually he realizes that she believes him to be the thief. He is appalled to discover that increasingly the evidence does in fact point toward him as the criminal. He discovers the missing garment and finds that it is one of his own nightshirts. In the end he is compelled to believe that he stole the Moonstone and that Rachel saw him doing so, though he has no recollection of doing it nor any idea what has become of the diamond. He realizes too that although Rachel still loves him she will never forgive him.

Franklin is extricated from this apparently hopeless predicament by recourse to what amounts to psychopathology. A Doctor Candy, one of the guests at Rachel's dinner party, fell ill shortly afterwards and became delirious. During his illness he was nursed by his assistant, Doctor Jennings, whose interest in brain physiology led him to record Candy's delirious wanderings in shorthand. He did so in the hope of confirming his belief that it was possible to demonstrate the existence of an underlying logical train of thought in the apparently meaningless wanderings of delirious patients. He also wanted to test the hypothesis that 'every sensory impression which has once been



recognized by the perceptive consciousness is registered in the brain and may be reproduced at some subsequent time, although there may be no consciousness in the mind in the whole intermediate period'. In working out this part of the plot Collins quotes from the writings of Elliotson, the first professor of Medicine at University College Hospital, London, who was forced to resign his chair because of his pioneering interest in hypnotism and medical psychology (5).

Jennings' experiment is successful. His study of the 'free associations' he has recorded leads him to believe that while Doctor Candy was delirious he was trying to confess that after the dinner party he had poured twenty-five minims of laudanum into Franklin's brandy, in order to avenge himself for some slighting remarks on the medical profession that Franklin had made during dinner. Incidentally, Candy's action was not as malicious as it sounds; Franklin had mentioned during the evening that he had been sleeping badly and Candy wished to demonstrate his ability to relieve him.

As soon as Franklin gets this information from Jennings, the mystery is solved. Franklin stole the Moonstone while in a somnambulistic trance induced by having unwittingly taken a considerable dose of opium. According to Jennings, who like Collins was something of an expert in such matters, his sensitivity to opium was due to having been in a state of 'nervous irritation' produced by having given up smoking cigars during his courtship of Rachel, while his motive in stealing the diamond was his apprehension lest someone else should take it. Unfortunately Godfrey Ablewhite, another cousin of Rachel, who was sleeping in a room adjoining Franklin's, followed him when he went to Rachel's room, saw him take the Moonstone, realized that he was sleepwalking, and stole it from him when he fell again into a deep sleep. Like Franklin, Ablewhite was also courting Rachel, but unlike Franklin his motives were purely mercenary. Ablewhite is murdered in his attempt to dispose of the Moonstone, but the jewel is never recovered. After the mystery is solved the lovers are reconciled and marry.

The novel ends with the announcement that Rachel is pregnant. The girl who has lost her Moonstone forever is about to acquire a child.

### III

It is not necessary here to demonstrate that the theft of the Moonstone is a symbolic representation of the as yet prohibited intercourse between Franklin and Rachel and the loss of Rachel's virginity, nor to point out the symbolism of the Moonstone itself with its central flaw and lunar changes in luster, of the drawer in the Indian cabinet, of the decorative painting and the stain on the nightshirt, nor of the fact that Franklin gave up cigar smoking during his courtship of Rachel. Nor need I analyze the reasons underlying the mother's concern for the safety of the Moonstone and Rachel's angry silence after the theft that she could so easily have prevented.

Instead I should like to discuss the theme of *The Moonstone* from a rather different angle, starting from a sociological or historical observation. The Moonstone was written in the late eighteen-sixties and purports to describe events occurring in an upper middle-class setting some twenty years earlier. Now this was a time and an environment in which what later came to be called the 'double standard' of morality operated in theory if not entirely in practice. Young women of good family were assumed to be without sexual feelings and were expected to be not only innocent but also ignorant when they married. The future husband however could, perhaps even should, have had sexual relationships with women outside his own class. For the man, therefore, women were divided into two categories: those of his own class, who were idealized, one of whom he must eventually love and marry but must never think of sexually until after marriage; and those outside his own class, who were depreciated and with whom he could have sexual relationships but must never love and marry. Franklin is openly depicted as a young man with experience of the world and of women, while Rachel is an innocent girl. She is, however,

proud, high-spirited, and independent, a woman who might, one surmises, have difficulty in making the type of submissive surrender which the Victorian male, in theory at least, demanded of his wife. I mention this in view of the well-known unconscious connection between loss of virginity and renunciation of the fantasy of having a penis (6).

If one views *The Moonstone* from the masculine point of view, the theft can be interpreted as a symbolic or symptomatic act or dream of a man in sexual conflict. Accustomed to casual sexual relationships with women outside his own class, he finds himself in love with his cousin whom he wishes to marry. Her status as an idealized nonsexual woman makes her, however, unavailable as an object of either sexual activity or fantasy. As a result he gives up cigar smoking and suffers from insomnia and nervous irritation, i.e., he develops an actual neurosis. Under the influence of opium he then performs an act which is a symbolic fulfilment of his unadmitted wishes. The author exonerates him from guilt—and here the novel falls short of what I earlier called the ideal detective story—by providing him with a respectable, altruistic motive and by having the Moonstone restolen from him. Ablewhite, the scapegoat, is however a personification of Franklin's own unconscious impulses. Franklin and Ablewhite are both maternal first cousins of Rachel and on the night of the crime they sleep in adjoining rooms. Ablewhite is also depicted as living according to the double standard, but unlike Franklin he does so hypocritically. He lives two lives, one with his mistress whom he maintains in luxury in the suburbs, the other as the devoted attendant on fashionable women in town and the secretary of numerous women's charitable organizations. Unlike Franklin he is prepared to degrade the idealized woman by marrying her for money.

Rachel's unconscious connivance in the crime can be interpreted in a complementary fashion. She falls in love with Franklin but her upbringing makes her blind to the physical aspects of being in love and to the problems and hazards that

attach to the attainment of physical maturity. As a result she denies there is any risk that the Moonstone may be stolen—'Are there thieves in the house?'—but when she sees her lover stealing it she is powerless to stop him and yet overcome with fury and mortification at his having done so, even though she remains intensely in love with him. This ambivalent reaction is reminiscent of the outburst of hostility that the woman may feel toward the man to whom she loses her virginity and which Freud discusses at length (6).

Like Franklin, Rachel also has a double who personifies her repressed sexuality. Her maid, Rosanna, who is a reformed thief and the daughter of a prostitute, falls in love with Franklin at first sight and shows all the signs of physical infatuation with him. She is the first, excepting Rachel, to realize that the Moonstone has been stolen and it is she who discovers that the missing stained garment is Franklin's nightshirt. Her love for Franklin leads her to suppress this vital clue and so she shares with Rachel the responsibility for making the theft of the Moonstone a mystery. The different motives that the author attributes to Rachel and Rosanna for their silence and suppression of evidence provide an interesting contrast. Rachel is actuated by injured pride; she is disgusted with herself for loving a man who has proven himself capable of such an ignoble act. Her maid has simpler and more straightforward motives; she loves and wishes to protect him. She also wishes to hold on to something which might enable her to make Franklin, who has always been oblivious of her as a person, notice her and be indebted to her. So far from being shocked by discovering that Franklin is the thief, she is quite prepared to use her former contacts with the criminal world to help him dispose of the Moonstone. She also considers quite realistically the possibility that there may have been sexual reasons for Franklin's presence in Rachel's room on the night of the crime.

These considerations lead to the conclusion not only that the theme of *The Moonstone* is an unconscious representation of a sexual act, but also that its four leading characters, Franklin,

Ablewhite, Rachel, and Rosanna, represent different aspects of the sexual conflicts that arise in a society which sanctions the tendency of the man to deal with his œdipal conflicts by dissociated conceptions of woman, one idealized and asexual, the other degraded and sexual. That the conflict underlying this tendency to dissociation does in fact stem from the œdipus complex and the taboo of incest is represented by the fact that Franklin, Ablewhite, and Rachel, the three upper-class characters, are all first cousins. Franklin and Rachel are indeed described as having as small children been brought up together as brother and sister.

#### IV

One of the pitfalls of psychoanalytic interpretations of literary works is the fallacy of attributing to fictional characters unconscious motivations and conflicts, which can in fact only legitimately be attributed to their creators. I would appear to have been guilty of the fallacy of having interpreted a dream without reference to the dreamer himself. In fact, my interpretation of the novel presupposes three assumptions about Wilkie Collins: 1, there were in his mind certain specific constellations which compelled him in his writing to give symbolic expression to an unconscious preoccupation with the primal scene; 2, dissociation between the ideal (incestuous) and the depreciated sexual objects and projection were among the defenses he used in his attempts to master anxiety; 3, he was obsessed with the idea of virginity.

It must be admitted at once that it is impossible to support these assumptions about Wilkie Collins from biographical material. This is due not only to the general difficulties which naturally attach to any attempt to reconstruct the psychology of a man who was born in 1824 and died in 1889, but also to a specific one, the fact that Wilkie Collins was a very secretive man who, his biographer suggests, probably wished the story of his life to remain a mystery and took active steps to ensure that it did (8).

The manifest theme of another of his novels provides, however, evidence which very strongly suggests that the interpretation I have made of the latent content of *The Moonstone* is correct. The novel is *Basil*, published in 1852, sixteen years before *The Moonstone*, and which must have been written when Collins was aged twenty-seven or twenty-eight. In his preface to it Collins wrote, 'I have formed the main event out of which this story springs on a fact within my own knowledge'. His biographer thinks it probable that the novel is based on an actual emotional experience, and that he wrote it as a form of catharsis.

Basil is the younger son of an aristocrat who is inordinately proud of his ancient lineage. His mother died when he was a child but he has an only sister, Clara, to whom he is devoted. One day he falls in love at first sight with a tradesman's daughter, Margaret, a girl of seventeen. The night after he first sees her he has a dream.

I stood on a wide plain. On one side it was bounded by thick woods, whose dark secret depths looked unfathomable to the eye; on the other by hills, ever rising higher and higher yet, until they were lost in bright, beautifully white clouds, gleaming in refulgent sunlight. On the side above the woods the sky was dark and vaporous. It seemed as if some thick exhalation had arisen from beneath the trees, and overspread the clear firmament throughout this portion of the scene.

As I still stood on the plain and looked around, I saw a woman coming toward me from the wood. Her stature was tall; her black hair flowed about her unconfined, in wondrous luxuriance; her robe was of the dun hue of the vapor and mist which hung above the trees, and fell to her feet in dark, thick folds. She came on toward me swiftly and softly, passing over the ground like cloud-shadows over the ripe cornfield or the calm water.

I looked to the other side, toward the hills, and there was another woman, descending from their bright summits, and her robe was white, and pure, and glistening. Her face was illumined with a light like the light of the harvest moon, and

her footsteps, as she descended the hills, left a long track of brightness that sparkled far behind her, like the track of the stars when the winter night is clear and cold. She came to the place where the hills and the plain were joined together. Then she stopped, and I knew that she was watching me from afar off.

Meanwhile, the woman from the dark wood still approached, never pausing on her path, like the woman from the fair hills. And now I could see her face plainly. Her eyes were lustrous and fascinating, as the eyes of a serpent—large, dark, and soft, as the eyes of the wild doe. Her lips were parted with a languid smile, and she drew back the long hair which lay over her cheeks, her neck, her bosom, while I was gazing on her.

Then I felt as if a light were shining on me from the other side, so I turned round to look, and there was the woman from the hills beckoning me away to ascend with her toward the bright clouds above. Her arm, as she held it forth, shone fair, even against the fair hills, and from her outstretched hand came long, thin rays of trembling light, which penetrated to where I stood, cooling and calming wherever they touched me.

But the woman from the woods still came nearer and nearer, until I could feel her hot, panting breath on my face. Her eyes looked into mine and fascinated them, as she held out her arms to embrace me. I touched her hand, and in an instant the touch ran through me like fire, from head to foot. Then, still looking intently on me with her wild bright eyes, she clasped her supple arms round my neck and drew me a few paces away with her toward the wood.

I felt the rays of light that had touched me from the beckoning hand depart, and yet once more I looked toward the woman from the hills. She was ascending again toward the bright clouds, and ever and anon she stopped and turned round, wringing her hands and letting her head droop, as if in bitter grief. The last time I saw her look toward me she was near the clouds. She covered her face with her robe, and knelt down where she stood. After this I discerned no more of her, for now the woman from the wood clasped me more closely than before, pressing her warm lips on mine, and it was as if her long hair fell all around us both, spreading over my eyes like a veil, to

hide from them the fair hilltops and the woman who was walking onward to the bright clouds above.

Then I was drawn along in the arms of the dark woman, with my blood burning and my breath failing me, until we entered the secret recesses that lay amid the unfathomable depths of trees. And there she encircled me in the folds of her dusky robe and laid her hot cheek close to mine and murmured a mysterious music in my ear, amid the midnight silence and darkness of all that was around us. And I had no thought of returning to the plain again, for I had forgotten the woman from the fair hills and had given myself up, heart, and soul, and body, to the woman from the dark woods.

Here the dream ended, and I awoke.

After waking up Basil realizes at once that the two women in the dream are Margaret and Clara and that his infatuation for Margaret has overwhelmed him. Loyalty to his father's and Clara's ideals no longer has any power to restrain him. He calls on Margaret's father, asks him for her hand in marriage and, as it is impossible that this breach of the family standards can ever be condoned by his father, he marries her secretly. Margaret's father however attaches a condition to the secret marriage which is that it shall not be consummated for a year. Basil makes no attempt to break this condition and sees her only in the presence of a chaperon. During this time he ignores the numerous clues which could have told him that Margaret, though beautiful, is worthless and interested only in his position and fortune, not in himself. Nor does he heed various warnings from Margaret's mother that he is in danger from the father's confidential clerk, Mannion, a bachelor in his early forties. On the night before the marriage is to be consummated Basil sees Margaret and Mannion alight from a carriage and enter a hotel. He follows them, hides in an adjoining room, and listens while Mannion seduces Margaret. 'I listened, and through the thin partition, I heard voices—*her* voice and *his* voice. *I heard and I knew*—knew my degradation in all its infamy, knew my wrongs in all their nameless horror.'



After this dramatic moment the novel becomes increasingly melodramatic. Basil attacks Mannion as he comes out of the hotel, leaving him half dead and hideously disfigured for life. Basil then has a nervous breakdown, during which he re-experiences every incident of the preceding year which, had he not been blinded by infatuation, could have told him Margaret's and Mannion's true characters. Mannion is taken to a hospital, where he is visited by Margaret who catches typhus from another patient. Basil is present at his wife's deathbed, where this time it is Mannion who listens from an adjoining room. At this point it is relevant to record that Collins wrote *The Moonstone* while his mother was dying and he was too ill with gout to be with her. Basil and Mannion meet at Margaret's grave, where Mannion vows that he will pursue Basil for the rest of his life, making him an outcast wherever he goes: 'Go where you will, this face of mine shall never be turned away from you'. Basil flees to a remote village in Cornwall, a county he associates with an adored nurse of his childhood. Mannion is true to his vow and within three weeks Basil realizes that the villagers have turned against him. 'We want you gone from here because we want our children's faces left as God made them.'

Basil is spared a life of persecution and the reader is given a happy ending as Mannion very conveniently falls into a chasm in the Cornish cliffs. Mannion had been following the despairing Basil to make sure that he would not escape vengeance by committing suicide.

Again it is unnecessary to labor the obvious by demonstrating in detail the similarities between the manifest plot of Basil and the latent theme of *The Moonstone*. I should perhaps, however, say something more about Mannion, who is in some ways the key character in Basil. Not only is he obviously a representative of Margaret's father, whose confidential clerk he is, but various details make it possible to establish a connection between him and both Basil and Basil's father. Mannion, despite his humble

station in life, is by origin an aristocrat, the son of a friend of Basil's father, whose betrayal of him was responsible for Mannion's father being hanged and for Mannion becoming an outcast from society. Mannion's persecution of Basil is not only revenge for Basil having used his social position to steal the girl he had hoped to marry and for the disfigurement he suffered at Basil's hands after the seduction; it is also his revenge for the injury Basil's father had done to him and his father. Mannion, however, resembles Basil's father in at least two respects: pride is the actuating motive in both their lives and both are incapable of forgiveness.

If one compares *The Moonstone* and *Basil*, Mannion plays in *Basil* the role which is equivalent to that played by Ablewhite in *The Moonstone*; they are the scapegoats, the representatives and agents of the heroes' unadmitted impulses, and, as always happens to scapegoats, they both die as an indirect result of the crimes they commit. However, they are not only personifications of the 'bad' aspects of the heroes, Basil and Franklin; they are also representations of the fathers of the participants in the central crime. In *Basil*, in which the underlying pathology is relatively undisguised, Mannion is both a projection of Margaret's sexual imago of her father and a projection of Basil's father and Basil's hostility to his father. In other words the relationship between Mannion and Margaret is oedipal, both to Margaret and to Basil. In *The Moonstone*, the identification of Ablewhite with the fathers of Franklin and Rachel is only hinted at. In fact fathers are conspicuous by their absence, Ablewhite being the only character who has one. Ablewhite, however, has an identical relationship to Franklin and Rachel, since he is first cousin to both, while in *Basil*, Mannion and Basil are given what amounts to a kind of kinship by having been the sons of erstwhile bosom friends.

Before leaving the plots of these two novels, I should like to draw attention to two curious minor details. The first is that the mothers of both Margaret and Rachel give warnings which go unheeded. The second is that although *The Moonstone* was

written in 1867-1868, the events in it are represented as having occurred in 1848-1850, i.e., in the years immediately preceding the publication of *Basil* in 1852. As there seems to be no reason intrinsic to the plot for this, it is tempting to think that it is not an accident that Collins set the theft of the Moonstone during the period in which he must have had the experience which led him to write *Basil* as a form of catharsis.

If one views these two novels together as studies in psychopathology, *Basil* can be seen as the reverse of *The Moonstone*. *The Moonstone* deals with the conflict aroused by the emergence of repressed sexual feelings toward the idealized object, *Basil* with the conflict produced by the alternative but inadmissible attempt at resolution, idealization of the inferior, degraded sexual object. It is thus not surprising that *Basil* shocked most of its readers when it first appeared, and that only *The Moonstone* has retained its popularity.

Although little is known of the details of Wilkie Collins' sexual life, the little that is known suggests that it was itself an interesting variation on the theme of the double standard. He never married and was indeed rather contemptuous of the institution, but in 1859, when he was thirty-five, he set up house with a Mrs. Caroline Graves, who was of gentle birth and who is believed to have been the original of *The Woman in White*. They lived together nine years and Collins adopted her daughter. In 1868 Mrs. Graves married or remarried—there is some doubt as to whether there ever really was a Mr. Graves—and Collins attended the wedding. Soon afterwards he formed a relationship with Martha Rudd, who was not of gentle birth. He had three children by her and referred to them as his morganatic family. Early in the eighteen-seventies Mrs. Graves returned to Collins and they lived together until his death nearly twenty years later. Martha Rudd's third child by Collins was born sometime after Mrs. Graves' return. After Collins' death Mrs. Graves cared for his grave until her death. When she was buried with him, Martha Rudd took over the care of the joint grave.

## V

In conclusion, I should like to quote one of the few known anecdotes of Wilkie Collins' childhood. 'When he was only twelve years old he conceived a passionate affection for a married woman three times his age. So intense was his jealousy of the woman's husband that he could not bear to be in the same room and ran away whenever he saw him approaching' (8).

## SUMMARY

The writings—and what is known of his life—of Wilkie Collins are presented as the seemingly transparent catharsis, and sublimation in creativity, of his conditioning with reference to the primal scene, the taboo of virginity, and the persistence of the defusion of the idealized and the depreciated sexual feminine objects.

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## Drowsiness as a Symptom of Countertransference

Edward S. Dean

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## DROWSINESS AS A SYMPTOM OF COUNTERTRANSFERENCE

BY EDWARD S. DEAN, M.D. (SAN FRANCISCO)

In the past I noted a tendency in myself to become drowsy with two patients. At times this drowsiness became so strong that I desired more than all else that the hour end, that I be rid of the patient and could take a brief nap. I was surprised to observe that as soon as the patient left, I became instantly fresh and alert.

My drowsiness occurred with two patients whose production was uniformly stereotyped and repetitious. There was variation in content but the form was much the same. Both were literal-minded, obsessive types, impelled to controlling others. Both reacted to interpretations with bland denials unless the supporting evidence was inescapable. Both had shown initial improvement followed by stagnation.

In considering the difficulties of the countertransference it became apparent that I had become thwarted by tenacious and insuperable resistances; that I was just trying to sit it out, whereas I needed to be tenaciously active. I needed to put explicitly into words what was implicit, unspoken, and repeatedly denied by the patients.

The first patient characteristically brought in some bit of experience which he posed as a problem for me to solve. He outlined it with a minimum of information and then waited expectantly for my solution of it. His attitude seemed to say, 'All right, wonder boy, let's see you do your stuff'. This I told him. Putting into words what I sensed his attitude to be immediately relieved my drowsiness, and the discussion that followed gave new life to the therapy and advanced it to a new stage.

The second patient customarily reacted with apathy and discouragement whenever some sign of progress was made. On these occasions he could find nothing to say about himself and he seemed to turn his attention to me. From time to time he imitated some mannerism of mine. Usually this occurred when our talk had reached the nadir of dullness. I noted also that what had been merely boredom was replaced by a wave of intense drowsiness when-

ever by subtle innuendo he would criticize my competence. By responding to the innuendo, putting it into words and discussing it, my drowsiness was instantly replaced by a state of alertness and active interest. This change of approach enabled the treatment to progress favorably.

### SUMMARY

Some observations are reported in which drowsiness was a symptom of countertransference in the analyst. This proved to be his failure actively to analyze tenacious resistances in the transference of two obsessive-compulsive patients. His passive analytic attitude failed to take into account the need to put into words and present to the patient his negative attitude in the transference. This omission induced in the analyst feelings of powerlessness and discouragement which caused him to become drowsy. Rendering an implied attitude of the patient into an explicit statement provided the impetus whereby the negative aspects of transference and countertransference were dissipated and a favorable motion imparted to the treatment.

## Ernst Kris 1901–1957

Samuel Ritvo

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## ERNST KRIS

1901-1957

There are many ways to remember so large and many-faceted a person as Ernst Kris. One could speak of his creative mind and of the energies which produced the steady flow of his contributions to our science—contributions which have enriched the professional life of everyone who was his student and of psychoanalysts everywhere. One should speak of many other aspects of his life and career; but I feel that I can best convey the feeling of great loss his death has evoked by speaking of what Ernst Kris meant to those of us who had the privilege of working with him in an undertaking which was very dear to him. From that vantage point we could see in full view, not only his brilliance, his marvelous integrative powers, and his vast learning, but also his warmth and humor, his enthusiasm for learning, and the devotion to teaching, which gave him the cherished access and link to his younger colleagues.

A meeting at which Ernst Kris presided never lagged. In an unusual way it could approach being painful. Ideas would come from him in such rich profusion that this in turn would elicit contributions from others in the group until the stimulation was so intense as to border on the unbearable. And no matter what the stated subject or topic of a meeting might be, we knew there would always be one or two nice surprises in the form of excursions he would make into the world of seemingly unrelated ideas. It would then often turn out that this particular subject happened to be a hobby of his and, as is likely to be the case with a hobby, which is something one knows about or looks into for fun, he knew quite a bit about it—how the idea had gotten started, what various people knew and thought

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Read at a joint memorial meeting of the Western New England Psychoanalytic Society, and the Western New England Psychoanalytic Institute, New Haven, Connecticut, April 13, 1957.

about it over the years, what was still not very well understood about it, why it would be important and helpful to know more about it, and where and how one might best study it. Over a period of time it became apparent that these 'hobbies' covered every aspect of psychoanalysis as well as many other subjects.

Ernst Kris had a very special devotion to youth. I believe that his interest in studying childhood stemmed not only from its obvious importance for the development of psychoanalysis but also from his love for children and youth. In the nursery school he was notoriously an 'easy mark' for the charms of a three-year-old child and could not remain a detached observer. In fact, he believed that the observer was part of the observation: the subjective reaction of the observer was not something to be dismissed but was another variable which itself could contribute to the observation.

I recall how delighted he was to discover that a group of first- and second-year medical students had on their own organized a psychoanalytic reading and discussion group, and how pleased he was that they called on him to meet with them and guide them. He was delighted to spend an evening with this 'psychoanalytic cell' as he liked to call it. Busy as he was, young people could always engage his interest and attention for their projects and ideas. His was not just a passive interest; actually he sought out, encouraged, recruited, and stimulated young people and was in turn stimulated and rejuvenated by them.

In the last few years of his life, Ernst Kris was particularly active in encouraging younger psychoanalytic colleagues in their interests in research. One of his ways of doing it was to invite them to active collaboration and partnership in research projects. We can now all sense that there was an urgency in these efforts as though he were preparing us for the possibility of his death. This we had to deny and it is one reason why his death came as such a shock to us.

For all his inspiring qualities he had our admiration and devotion, but I think we miss him because he was so devoted to us, encouraged us and counted on us to advance psychoanalysis,

which he so much loved and the practice of which he always regarded as a great privilege.

I know that distance and the time of our meetings on week ends were all that interfered with his being with us more often. The week ends in Stamford were periods of needed rest and replenishment in a setting he loved deeply. Characteristically, the replenishment had to include time for study and writing. The occasions when he was with us in this Society will be remembered by all of us for, again characteristically, he always made a major contribution. We realize that our loss in this Society and Institute is the greater in knowing that only a few days before his death Ernst Kris had arranged to participate in the teaching program of this Institute.

SAMUEL RITVO, M.D.

## Psychoanalysis of Behavior: Collected Papers. By Sandor Rado, M.D., D.P.Sc. New York: Grane & Stratton, 1956. 387 pp.

Edward Glover

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## BOOK REVIEWS

PSYCHOANALYSIS OF BEHAVIOR: COLLECTED PAPERS. By Sandor Rado, M.D., D.P.Sc. New York: Grune & Stratton, 1956. 387 pp.

It is now almost a habit among the one-time leaders of the second freudian generation to celebrate their seniority by the production of volumes of Collected Papers. These fall roughly into three categories: expository, clinical, and testamentary. The present volume, by Sandor Rado, although in part expository, in part clinical, is in the main testamentary, in the sense that it describes the development of his own theoretical and therapeutic ideas regarding clinical psychology, or, as he would doubtless prefer to say, regarding 'adaptational psychodynamics'. This is immediately apparent from the Table of Contents which displays three sectional headings; viz., Contributions to Clinical Psychodynamics (or in more familiar terminology, contributions to classical psychoanalysis); second, Quest for a Basic Conceptual Scheme (which proves to be a calendar of the basic shortcomings of classical psychoanalysis); and third, Development of Adaptational Psychodynamics (or, as one might say, the Radovian system of pure and applied psychology).

Having gathered that classical psychoanalysis is *sub judice* of Rado, the reviewer naturally casts back to the title page, where yet other issues confront him. Do the 'new' ideas justify, as the title takes for granted, the use of the term psychoanalysis as a synonym for 'psychodynamics'; and in what sense does the author employ the term 'behavior'? Putting the first of these questions aside for the moment, we may note that whereas Rado's connotation of ordered 'behavior' is not correlated or contrasted with standard psychological definitions of the term, it is clearly regarded as an adaptation process running in cycles 'from desire to fulfilment and back'. This, incidentally, is a standard psychoanalytic view which regards the end-products of instinctual stress as adaptations, whether or not they are autoplasmic or alloplasmic and whether or not they are adequate or inhibiting. By including psychic autoplasmic reactions, the author avoids the Watsonian limitations of 'behaviorism'. Yet in his consideration of 'disordered behavior', Rado has clearly been influenced, wittingly or unwittingly by Watson, wittingly by Cannon and other neurologists, and indeed produces a neuropsychiatric classification

of disordered behavior which runs through the whole gamut of abnormal psychology. Whether his classification is a good one or not—and heuristically there is more to be said against it than for it—it is in this wide sense of the term 'behavior' that Rado's 'psychodynamics' must be examined and evaluated.

Leaving these terminological issues aside, we may now examine the development of Rado's 'psychodynamics', pausing however to appraise his contributions to classical psychoanalysis, which comprise six articles written or published in the decade 1922-1932, a period characterized in psychoanalytic literature by exposition, rather timid expansion, (excepting always in Freud's own work), clinical support of freudian theory (including the then most recent formulations regarding the ego, superego, and id), and a few outstanding essays which, as in the case of Ferenczi and Rank, heralded subsequent defection sometimes from the principles, sometimes from the practices of psychoanalysis.

Of these six articles the best known are those dealing with the psychic effects of intoxicants or pharmacothymia, and with the problem of melancholia. In the first of these papers Rado introduced his conceptions of 'pharmacotoxic orgasm' and 'metaerotism' (by which, Rado held, the peripheral sexual apparatus can be by-passed) and a psychophysical primary function, which he described as 'alimentary orgasm' and regarded as the fixation point disposing the subject to morbid craving. The pregenital erotisms, he believed, were the 'psychic garb' of this alimentary orgasm: the erotogenic zones 'take shelter under the metaerotic regime'. Had Rado linked this theory of alimentary orgasm with the intestinal and urinary expulsion associated with oral activity, rather than with the phenomena of oral repletion and diffused well being, it might have been more plausible. But that is perhaps no great matter since what in effect he postulates is a constitutional factor which, both in theory and practice, leaves the psychoanalyst to determine for himself the relative importance in drug addiction of later pregenital and genital phases of libido development. It is perhaps not surprising to find that in Rado's view 'no specific role in the etiology of morbid cravings can be ascribed to the unconscious tension of conscience (sense of guilt)', a factor which, in the reviewer's opinion is decisive, certainly in the obsessive and depressed types of alcoholism. But perhaps Rado at

that time (1926) was operating with the more limited concept then current of a (genital-libido-determined) superego.

The paper on melancholia is a remarkable achievement. Rado is a fluent and sometimes a persuasive writer and has manifestly a genius for the word-spinning of etiological webs. I know of no paper in which, using throughout a theoretical idiom, the author can combine, as Rado does here, the reduction of complexity to simplicity with a complementary elaboration of simplicity into complexity. From the theoretical point of view Rado's main contention is that the fixation point of the melancholic lies in the hunger situation of the infant. At this point the author again introduces the concept of the 'alimentary orgasm' which the child *later* works over to form the connection—'guilt, atonement, forgiveness'.

Turning now to the second section, viz., the quest for a basic conceptual scheme: this consists of seven papers written between 1933 and 1942. The series starts with a monograph on Fear of Castration in Woman which, by and large, reflects the classical views and classical differences of opinion on a subject which continues to tantalize analysts, driving them often to risk their reputations for objectivity by joining too patently in the psychoanalytic battle of the sexes. From the theoretical point of view the main point of Rado's dissertation is the emphasis laid on the factor of genital masochism arising from the girl's discovery of the absence of a penis; this gives rise to a narcissistic defense reaction of the ego and leads to the fantasy of possessing a penis which however can only flourish in the unconscious. Following this there develops a fear of castration in the ego. From this theory Rado proceeds to consider modifications of castration fear and the part they play in giving rise to a number of clinical manifestations which he subsumes under the heading of the woman's 'neurosis', surely a very selective use of the term. Perhaps this is the beginning of Rado's new orientation.

However that may be, the author soon settles down to his quest. In *Developments in the Psychoanalytic Conception and Treatment of the Neuroses*, Rado states roundly that our understanding of the etiology and treatment of the neuroses has been hindered rather than aided by Freud's theory of instincts itself, which, he says, has outlived its usefulness. Neuroses are disorders of integrative ego functioning which should be described in terms of ego pathology.

This purely structural approach to mental function comes strangely from the author of a book on psychodynamics. To be sure, Rado then embarks on a consideration of the behavior motivating forces of fear, anxiety, rage, etc., introducing the neurological concept of 'emergency control', the 'riddance principle', etc. Neurotic fantasies are 'illusory operations acting vicariously for inhibited normal operations'. *Ergo*, says Rado, restore normal functions by removing the obstacle of anxiety from their range.

And so at last to 'adaptational psychodynamics.' Fifteen papers (dating from 1946 to 1956) are devoted to this subject. These are extremely repetitious: indeed the gist of his thesis is given in the first and in the last two, viz., Psychodynamics as a Basic Science, Adaptational Psychodynamics and Adaptational Development of Psychoanalytic Therapy. The motive forces of behavior 'are to be viewed in the context of the operating organism in relation to its parts, environment and history'. Adaptation and survival are to be the cornerstone of the new science, Cannon's concept of emergency function its main pillar. The unconscious is only a nonreporting organization of causative links between processes of which we are aware,—a definition which would correspond to Freud's 'descriptive unconscious', not to his 'dynamic unconscious'. Yet Rado retains the concept of repression in his description of 'nonreporting' levels. It is incidentally practically the only psychoanalytic term he does retain. The 'psychodynamic cerebral system' is an integrative apparatus having four hierarchic levels: the hedonic, the level of brute emotions, of emotional thought, and of unemotional thought. Its supreme unit is the 'action-self'. The mainspring of man's culture is not the œdipus complex but man's primordial craving for omnipotence. The psychodynamic apparatus is regulated in the first instance by mechanisms of 'emergency control'. Overproduction of emergency emotions (fear, rage, guilty fear, and guilty rage) produces 'emergency dyscontrol', at which point Rado introduces his classification of the phenomena of 'dyscontrol' which, as has already been indicated, comprises the whole abnormal psychology. These abnormal products constitute *inter alia* manifestations of the 'riddance principle' which includes not only organic reflexes, but ego efforts to control mental pain, e.g., fear (a term which Rado now uses to replace anxiety). Repression is, for instance, an automatized form of riddance impulse operating at nonreporting levels. And so on.



It is impossible within the scope even of a lengthy review to summarize the various ideological systems of which Rado's adaptational psychology is comprised or to give detailed definitions of the plethora of terms he employs to extend it. On the other hand, it is not difficult to see what has happened to psychoanalytic concepts under Rado's ministrations or indeed to see what has happened to Rado himself. Apparently fascinated by the attempts of neurologists to explain cerebral functions with the help of a special set of analogies, metaphorical expressions, terms, concepts, and working hypotheses; equally apparently fired with the ambition to create a new psychobiological functional science of behavior the terms of which will be, as far as he can make them, congruent with those of neurology or for that matter biochemistry or any other branch of biology, he has entered the field of freudian metapsychology armed with the latest psychobiological model of Occam's safety razor. With this instrument he scythes down lustily the basic concepts and many of the central tenets of psychoanalysis. One ransacks his presentation for the familiar terminology to find merely a modified definition of repression and an odd reference or two to identification and projection. The rest of psychoanalytic terminology has either disappeared or is clad in paraphrase. Naturally, with the abandonment of instinct theory the concept of the id vanishes; and with the disappearance of this boundary concept goes one of the main bulwarks of psychoanalysis. For, whatever the clinical misconceptions to which the id concept may give rise in the minds of overenthusiastic or underoriented disciples, it does afford the analyst an escape from the confusions that are prone to arise when neurological concepts are merged with those of psychic function. The concept of the id provides a boundary wall behind the shelter of which the psychologist may proceed to mind his own business, viz., the study of mental functions, energies, structures, and mechanisms, in a word, metapsychology.

I have described Rado's use of Occam's razor as a safety device. Because when one comes to ask whether 'psychodynamics' can be regarded as a purified extension of psychoanalysis or indeed as psychoanalysis at all, one is baffled by the author's orgies of paraphrase. True he does uncompromisingly dismiss the libido theory, he discounts the pathodynamic significance of the oedipus complex, he discards the freudian scheme of mental organization and function, and he sets aside Freud's theory of symptom-formation. (For if 'disorders of adaptation' are emotional and essentially reactive responses

of the individual to the demands of society, and if again emotional dyscontrol is determined by purely environmental factors during childhood, there is no room in Rado's scheme for the unique factor in symptom-formation, viz., 'unconscious compromise-formation'.) Added to which Rado, in effect, reduces the concept of the unconscious to its more popular descriptive level. All this would of itself be sufficient to justify the view that Rado has abandoned psychoanalysis, or at least mutilated it beyond recognition. On the other hand, if one is at pains to restate some of his 'adaptational' propositions in analytic language, they seem to contain no more than has already been current in psychoanalytic thinking during the past forty-odd years, e.g., that mental disorders are essentially maladaptations due ultimately to a conflict between internal forces and external conditions. Rado apparently likes to have it both ways.

Faced with this dilemma in evaluation, there is no alternative but to examine Rado's therapeutic notions to see how far they preserve psychoanalytic values. Here we find that the aim of psychodynamic therapy is 'total reconstruction'; any methods sighted below this aim are merely 'reparative'. In order of development, there are four levels of coöperation on the part of the patient, magic-craving, parentifying, self-reliant, and aspiring; and treatment must be adjusted accordingly. During treatment organized sequences of events are encountered which are either 'miscarried prevention' or 'miscarried repair', due to faulty 'emergency responses' of childhood, which in turn are signs of 'emergency dyscontrol'. These emergency reactions Rado seeks to bring under control. Emergency inhibitions are removed, so that there is generated in the patient an 'emotional matrix' dominated by 'welfare emotions' and controlled by 'adaptive insight'. This change is achieved by 'priming' and 'modifying'. Priming is simply 'holding' the patient at adult levels. But the patient must himself make an effort, must learn to understand himself better and practice new modes of performance based on new emotional skills. He is also prevented from repeating child reactions to the therapist by 'interceptive interpretation', during which process his self-confidence is deliberately bolstered up. Actual rage-provoking scenes, for example, must be reproduced in memory with the 'original cast', i.e., not displaced to the analyst. Interpretation however begins and ends with the patient's present day 'life-performance', in-

volving a 'penetrating analysis of his life situation'. Provided the patient will practice the new modes, emotion will be adjusted to reason; and so we are left to presume that if he does, all will be well, or, in clinical terminology, that the patient will either be cured or have cured himself of his psychodynamic disorders.

It is to Rado's credit that he himself distinguishes between those methods and the teachings of psychoanalysis; first, when he maintains that he has developed a 'new' technique, and again when he admits that in treating 'parentifying treatment behavior' (a concept which seems to have some resemblance to the 'transference neurosis' of Freud) by means of priming, interceptive interpretation, exhortation and bolstering up, he is effecting a 'radical departure from the clinical technique'. To which it is perhaps sufficient to add that the effect of radical changes of this sort cannot be limited to their proximate action—they alter radically the rationale and course of psychoanalytic therapy, reducing it ultimately to the status of transference exploitation on an authoritarian level. The therapist may interpret to his heart's content in the most exemplary freudian fashion, but the moment he assumes the role of life mentor, he has forfeited his claim to be a freudian analyst. By comparison, the abstinence rules imposed by Freud in the case of certain neuroses and the more draconic 'activities' practiced in certain refractory cases by Ferenczi at one stage of his career are timid and tentative innovations. Priming and exhortations to the patient to practice new modes in his adult life may have on occasion excellent therapeutic effect (what psychotherapeutic device has not?) but by no stretch of the imagination do they qualify for the designation of 'psychoanalytic therapy'. For the matter of that it is open to any follower of Jung to maintain that, however freudian are some of his interpretations, Rado is still a good Jungian, differing in his psychotherapeutic ideology only by the use of the term 'life-performance' instead of the expression 'life-task' favored by Jung.

And this brings us to Rado's claim that his methods are 'new'. As far as can be judged from the details given in this volume, there is nothing new either in his psychodynamic theories or his psychotherapeutic methods. They have been held and practiced by eclectic psychiatrists and psychotherapists ever since it became the habit to mix a little bit of Freud with little bits of Jung and Adler (there is indeed more than a reminiscence of Adler in Rado's power psy-

chology) together with anything else they fancy in a compost of theoretical views and psychotherapeutic practices. What is really new in Rado's psychology is the terminology he coins; and even that derives in part from neurological to say nothing of Jungian sources. As has been suggested, a good deal of this terminology consists of paraphrases of freudian concepts in terms of Rado's central assumptions which, as has also been suggested, are nothing if not common-places. However that may be, it is clearly no service to psychoanalytic psychology to confuse it with 'adaptational psychodynamics'. No doubt psychoanalysis has its share of omissions and inadequacies in theory; its psychotherapeutic virtues may be much slighter than is generally held or maintained by psychoanalysts themselves. (Rado was apparently encouraged to seek new pastures through dissatisfaction with the therapeutic results of pure psychoanalysis.) But all this notwithstanding, psychoanalysis does maintain certain basic principles and practices which are fundamentally different from the principles and practices held and adopted in other psychological fields of enquiry. There is therefore some consolation in the thought that by adopting the term 'adaptational psychodynamics', Rado has afforded both general reader and psychoanalytic student a simple means of distinguishing it finally and irrevocably from psychoanalysis.

EDWARD GLOVER (LONDON)

**A NEW APPROACH TO SCHIZOPHRENIA.** By Julius I. Steinfeld, M.D. New York: Merlin Press, Inc., 1956. 195 pp.

The author, an accredited psychoanalyst, became involved in the treatment of psychotics in the sanitarium where he has been Medical Director since 1939. He says on page 37, 'Very often there is, for reasons unknown, a great reluctance in chronic schizophrenics to respond to stimuli. . . . If this stimulation cannot be attained by usual methods, other means have to be added.' Shock treatments were consequently prolonged to the point of decerebration, and 'refractory cases', when they resumed breathing, were given inhalations of acetone. The theoretical justification for these methods makes up the book.

Schizophrenia is defined as an incurable disease which is caused by insufficient feeding in the first weeks of life. Insufficient feeding is proven by loss of weight and acidosis. These symptoms are com-

pensated for reflexly by the diencephalon, but the reflex is exhaustible, like all reflexes, whereupon the infant produces his first hallucination. Full-blown schizophrenia faithfully repeats the early picture of hallucination and 'diencephalic stirring'. Treatment must logically consist of deep electrical shock plus acetone, which stirs the diencephalon and makes acids, so that 'As the individual relives the original trauma, it is gradually deprived of its terrifying qualities' (p. 45). Prophylaxis against schizophrenia is demand feeding—as among primitives—to bar loss of weight, acidosis, and 'hunger trauma'.

Steinfeld's rationale of treatment, reliving the trauma in order to deprive it of its terror, confuses an event with its psychological consequences. It is a variation on the old theme of the hair of the dog.

The criterion of loss of weight and acidosis of the new-born is neither specific for nor applicable to schizophrenia. All children are born acidotic and all of them lose weight. Similarly with the history of digestive disturbances in early childhood—Steinfeld's random sampling is no proof, and is anyway without controls.

The diencephalon never functions as a reflex en masse, although in some exceptional laboratory experiments it may be so considered for the sake of brevity. At this point a clinical intuition, even unverified, might well be useful in assaying the role of vegetative centers; but Steinfeld's is a vague generalization of the specific work of Spitz and of Greenacre. M. K. Horwitt speaks against this lack of specificity,<sup>1</sup> 'We are now entering a period of renewed interest in biological research on schizophrenia. Nothing can be more harmful to this rejuvenation of the investigation of the biology of mental health than the publication of reports based on techniques . . . which do not meet the minimum standards accepted by other disciplines.'

Steinfeld contends that a graduated series from schizophrenia down to simple neurosis can be explained by the *amount* of neonatal starvation: with much starvation, then schizophrenia; a little less starvation, then paranoia; and so on, through sado-masochism and homosexuality to neurosis.

The strictly organic explanation of mental disease is of course nothing new. Each advance in chemical and microscopic technique stimulates some group to try to change men's minds by altering their

<sup>1</sup> *Fact and Artifact in the Biology of Schizophrenia*. Science Magazine, Vol. CXXXIV, No. 3219, September 7, 1956, p. 429.

bodies. To quote Horwitt again, 'Fortunately, many of these claims of metabolic abnormality are forgotten in time with a minimum of polemic, but it seems that each new generation of biologists has to be indoctrinated . . . or disillusioned . . . without benefit of the experience of its predecessors.'

It is certain that no one who has read, even if he has forgotten, Freud's Memorandum on the Electrical Treatment of War Neurotics could ever adjust a rheostat and pull the switch, without at least a twinge of conscience.

EDWARD E. HARKAVY (NEW YORK)

NEUROTIC INTERACTION IN MARRIAGE. Edited by Victor W. Eisenstein, M.D. New York: Basic Books, Inc., 1956. 352 pp.

Reading this book on marriage by Victor Eisenstein (Editor) and his many friends makes one feel like unpacking the well-wrapped Christmas present given by a person known for good taste. Expectation, hope, and watchful caution guide the unpacking, the tension mounts, and the final sight of the present is still surprisingly delightful. Marriage—its structure, psychodynamics, pathology, and treatment—badly needed psychoanalytic attention and description, and found it in this book.

Nolan D. C. Lewis wrote the foreword; Victor Eisenstein the introduction, stating the thesis: Course and outcome of a marriage are determined not merely by the personality difficulties of each partner but by the way the two personalities interact. The widening clinical extension of psychoanalysis and the psychiatrist's greater role as consultant in casework agencies have provided an abundance of data based not only on observations of the individual, but of both partners in a marriage, and often of their children as well. This development has led to the concept of family diagnosis and treatment.

The cultural perspective is given by Ashley Montagu in refreshing brevity. The basic relationship between psychoanalysis and marriage, their practical and theoretical issues, are outlined with great clarity by Lawrence Kubie. His conclusion: One of the fundamental challenges confronting us today is to discover how human beings, young and old, can be taught to distinguish between their conscious and attainable goals and needs on the one hand, and

their unconscious and unattainable goals on the other. Until we can do this, the problem of human happiness, whether in marriage or otherwise, will remain unsolved.

The parts of greatest importance for the practicing analyst may be seen in the chapters VI (by Bela Mittelman on the Analysis of Reciprocal Neurotic Patterns in Family Relationships), VIII (by Edith Jacobson and Gustav Bychowski on Interaction Between Psychotic Partners), XII (by Victor H. Rosen on Changes in Family Equilibrium Through Psychoanalytic Treatment), and V (by Martin H. Stein on The Unconscious Meaning of the Marital Bond).

Bela Mittelman reports, as he has on previous occasions, his clinical experience in the simultaneous analytic treatment of marriage partners. He describes the complicated transference situation aimed at maintaining the role of the benevolent, impartial, and firm parent (perhaps unconsciously giving his own name a new meaning). The therapist must be impartial but not neutral. He must make clear to each partner the extent to which his reactions represent problems. Concurrent treatment seems inadvisable if either mate is reluctant to go to the same therapist as the other, primarily because of a feeling of shame and embarrassment if either mate demands information about the other from the therapist, or if the marriage seems doomed to failure, for which one of the mates would be likely to blame the therapist. Treatment of married couples by the same analyst makes more concrete both the realities and the neurotic interaction. Needs for dependency, guilt, hostility, anxiety, and superiority are revealed. Information crucial for the analytic unconscious of the partners may be obtained.

Edith Jacobson gives the outlines of marriage problems between manic-depressive partners. She is followed by Gustav Bychowski, who describes schizophrenic partners. Otto Fenichel's classic equation of girl-phallus is applied to the marriage bond by Martin Stein. The most important topic is the Changes in Family Equilibrium Through Psychoanalytic Treatment as discussed by Victor H. Rosen; it seems the thirteen pages are simply not enough for a discussion of this important and complicated aspect. Rosen compares the family with a 'closed energy system', a law unto itself, a microcosmic state. The introduction of the analyst into the previously closed intimate family circle is an important event. He penetrates relationships which the marriage partners have managed to keep

hidden from each other and from themselves. The transference problems of the untreated marital partner are little considered in psychoanalytic literature. Direct or indirect communications with the analyst take place, forming a 'triangular' or 'polygonal' situation. The analyst may be viewed as a rival or as an ally. He may be considered impotent or omnipotent, punitive, and depriving. He may be idealized, and the need for his admiration may be emphasized. Psychoanalysis can tilt the family equilibrium in either a favorable or unfavorable direction. The family tends to be the most accessible stage for the re-enactment of transference phenomena. The most dramatic changes in family equilibrium are observed in cases where 'acting out' is a significant defense. People may act out toward the analyst, toward the outside, and toward the family.

The effects of marriage conflicts in child development are described by Margaret Mahler and Ruth Rabinovitch. Similar clinical material is given by Ludwig Eidelberg, Victor Eisenstein, and Ruth Fox, (who describes the alcoholic spouse). Marcel Heiman discusses the problems of family diagnosis. The psychiatric social worker's point of view is represented in several chapters. Different psychologists offer their attempts at measuring factors in marriage adjustment. The important aspects of group approaches to treatment of marital problems is briefly outlined.

Altogether, the book is perhaps not specific and technical enough for the analyst entangled in the numerous theoretical and technical questions of the family neurosis. Such analysts would like to see a summary of Freud's and of the early analysts' (e.g., René Spitz's) views on this subject. Missing further is an outline of the anthropological and sociological points of view (as so masterfully given in the Group for the Advancement of Psychiatry, Report No. 27, August, 1954). A summary of essential present-day research ought to include the names of many more workers in this field (i.e., N. Ackerman and E. Lindeman). For a broad description of a first attempt to tackle systematically and analytically the involved problems of neurotic interaction in marriage, this book is a decisive and important step in the direction of the analytic understanding and therapy of the 'familiar family complex'.

MARTIN GROTJAHN (BEVERLY HILLS)



JUDAISM AND PSYCHIATRY. Two Approaches to the Personal Problems and Needs of Modern Man. Edited by Simon Noveck. New York: Basic Books, Inc., 1956. 197 pp.

Written by a coöperating group of rabbis and psychiatrists, this book is the outcome of classes in adult education of the Park Avenue Synagogue of New York. Its purpose is 'to present some of the teachings of the Jewish tradition on the basic emotional problems which confront us as human beings, and to analyze the psychological values which can come from following the Jewish way of life'. It does not intend to be a scientific contribution to psychoanalysis. However, the educated layman who is interested in Jewish religion will find many interesting parallels between the teachings of the scriptures, including the rabbinical literature, and the findings of dynamic psychiatry.

Such topics as Conscience and Guilt, Fear and Anxiety, Depression, Self-Acceptance, etc., are presented in pairs of popularly written articles each by a psychiatrist and a rabbi. Another section on psychological values of Judaism, written by psychiatrists, attempts to show 'how the Jewish way of life if practiced in all of its facets can help meet some of the basic needs of men in our modern world'. Jewish cultural tradition and Jewish mentality have led in many ways to a deep interest in human nature. The book tries to show that Jewish religion as well as psychiatry can profit from interdisciplinary study, and that any antagonism between the two is unwarranted. They have their own approaches but, in the view of the authors, both serve the same end—with religion given the dominant role and psychiatry seen as its aid and ally.

BERNHARD BERLINER (SAN FRANCISCO)

ÉTUDES PSYCHIATRIQUES, VOLUME III. STRUCTURE DES PSYCHOSES AIGUES ET DÉSTRUCTURATION DE LA CONSCIENCE (Psychiatric Studies, Vol. III. Structure of Acute Psychoses and the Disintegration of Consciousness). By Henri Ey. Paris: Desclée de Brouwer & Cie., 1954. 787 pp.

This is the third in a series of four volumes. When the set is completed, the author will have made a monumental contribution to clinical psychiatry, an endeavor to which he has devoted over twenty

years of effort and study. Looking back to the glorious era of French psychiatry, he examines the reasons for its decline which not even Magnan, Régis, or Clérambault were able to redeem. In order to fill this vacuum and to establish a new link between psychiatry and the other medical disciplines—between the Salpêtrière and Sainte-Anne, as he puts it—he attempts to create a system of psychiatry, a ‘natural history’ of mental disease, that would integrate all existing trends. To this endeavor he has brought an enormous erudition not in psychiatry alone, but also in history, philosophy, sociology, and other related fields. To attempt a comprehensive and detailed review is impossible, and only some of the basic ideas can be indicated. Since neither of the preceding parts was reviewed in *THIS QUARTERLY*, a brief mention of their contents is necessary.

In the first, *Historique—Méthodologie—Psychopathologie Générale*, Dr. Ey undertakes a thorough scrutiny of the two main trends in psychiatry, the organomechanistic and the psychogenetic, which he regards as derivatives of the old Cartesian dualism. He thus dwells particularly on the doctrine of G. G. de Clérambault and on Freud’s theories, as the outstanding representatives of these two trends. His own thesis, to which he refers as ‘organistic dynamism’, actually represents a synthesis of both trends and is largely an outgrowth of Hughlings Jackson’s concepts. It is best summarized in the author’s own words: ‘Psychiatry must progress toward a firmly dynamistic view in accordance with the oldest medical doctrines. Forsaking the Cartesian dilemma that constricts the very concept of “mental disease”, psychiatry should be neither “mechanistic” nor “psychogeneticistic”; for mental disease is not an aggregate of mechanical symptoms devoid of human significance, nor is it a simple variation of behavior under the impact of psychological or social causes. “Mental disease” is a kind of dissolution of psychic functioning, caused by an organic process. In this respect it is analogous to the dream released by sleep.’

Psychoanalysts will disagree with many of the opinions expressed by the author, e.g., with his contention that a lack of therapeutic success proves the failure of the psychogenetic point of view. His theoretical grasp of psychoanalytic concepts, however, is eloquently displayed in some sixty pages of critical discussion.

The second part, *Aspects Séméiologiques*, deals with a variety of clinical entities, including memory disturbances, catatonia, psycho-

pathic disorders, perversions, anxiety states, etc. 'The various disorders of behavior and thought which make up the "clinical picture" of the "mental diseases"', the author states, 'are not constant, simple symptoms. Each of them represents a "world" and constitutes but one aspect of immaturity or decomposition of psychic life, varying in significance and character according to the different levels of morbidity and their respective phases of organization and evolution. . . . It is not the task of psychiatric semeiology to isolate a symptom, or a series of "elementary disorders", in an arbitrary manner. In psychiatry the clinical entity means the whole structure of the neurosis or psychosis with its progressive evolution.'

In the present volume these ideas are further expounded and specifically applied to the structure of acute psychoses. According to the author, the acute psychoses in general (mania, melancholia, hallucinatory episodes, delirious states, manic-depressive crises) 'constitute a continuous series of "states"; any distinction we make between them must remain merely arbitrary'. Thus they present phases or levels of 'decomposition of consciousness; i.e., of that basic stratum of psychic life which itself constitutes hierarchical structure. Indeed, viewed through the spectral analysis of its pathology, the field of consciousness appears as the resultant of those activities which . . . make up the temporal-spatial organization of the immediate experience of "living-here-and-now". The activity of consciousness and its decomposition appear to be linked to "central brain" function.'

Discussing the relationship between consciousness and personality, he states: 'Thus psychiatry, which we attempt to set up as a natural history of the mental diseases, is based upon the pathology of consciousness; either directly, as in the acute psychoses, or indirectly, as we shall see in the next volume when dealing with the "chronic" mental diseases. And by making the decomposition of consciousness in the *acute psychoses* the keystone of psychiatry, we are deliberately breaking with a long tradition, which first based mental alienation on the more or less severe "*chronic forms*" of insanity, and with a more recent trend which dissipates all of psychiatry in the nebula of the *neuroses*. This is why, throughout the clinical analyses forming the basis of this work, we have brought to light a connecting link, as it were, between the pathology of consciousness and the pathology of the personality.'

The author holds that all previous classifications of 'mental diseases' were a mere enumeration of entities and syndromes, haphazardly juxtaposed and lacking any common denominator. As an example, he points to the arbitrary division of the manic-depressive psychoses into two distinct clinical entities. 'In fact', he adds, 'all the divisions proposed (confusion, delirium, delirious fits, acute schizophrenia, degenerative cycloid or epileptoid psychoses, etc.) were and still are open to question. However, it has been possible to reach almost general agreement on one point: the manic-depressive states constitute a distinct group, commonly designated as thymic disorders, dysthymic psychoses, affective psychoses, etc.'

Based upon highly complicated, eclectic hypotheses, the author proposes a system of classification 'homogeneous enough to form a genus and heterogeneous enough to admit of diverse species'. The common denominator is seen in the 'dissolution' or 'decomposition' of consciousness. All clinical entities would then appear to range between two extreme forms: mania and melancholia on the one hand, confusion on the other. 'If we must thus consider the three main types of acute psychoses (manic-depressive crises, delirious and hallucinatory crises, confusional-oneiric crises) to be levels of a single process of dissolution, and if the hierarchical order of these levels demands that any inferior level contain the disorders of the higher ones, to which is added the disorder peculiar to such level of degradation, then this order necessarily implies that the purely manic-depressive disorders (that pervade the lower levels) represent "the highest level" or, if we so prefer, the "least severe" dissolution. By contrast, since confusion appears only on the lowest level, it unquestionably represents the inferior level. Moreover, the group of acute psychoses seems to represent not only a unity, but a unity organized according to a certain order.'

This complicated formulation contains a most essential point of the author's theories. It is not surprising, therefore, that Dr. Ey completely rejects the psychoanalytic principles, claiming that Freud's concepts take no account of 'disturbances of consciousness': for psychoanalysis, consciousness constitutes the surface of the psychic apparatus, whereas the unconscious is seen as the true psychic reality of which consciousness is merely an incidental, occasional, and fragmentary 'perception'. How can one claim, asks Dr. Ey, to define psychic life as the unconscious and evade the problem

of consciousness? How can one speak of a pathogenic role of the unconscious without recognizing that the mental disturbances, even though originating in the unconscious, are enacted on the conscious level and consequently raise the problem both of the reality of consciousness and of its vulnerability?

In short, he questions the whole psychoanalytic conception of the psychic apparatus, of its function and its structure, and comes to the conclusion that 'it is wrong from top to bottom; or rather, that it is wrong because it admits of neither top nor bottom but represents a juxtaposition of bits and pieces whose arrangement lends itself to a thousand ingenious combinations, yet without ever permitting one to arrive at a coherent conception of the hierarchical personality structure'. Yet, after many detours and involved discussions, he finally agrees that the freudian concept of the unconscious permits a better understanding of what consciousness is.

Much more reconcilable with the author's thinking are the philosophical and phenomenological teachings of Husserl, Heidegger, Jaspers, the ideas of Binswanger, Minkowski, etc., not excluding the existentialism of Sartre: 'Let us simply say . . . that despite their tendencies and their contradictions, all philosophies seem to us to converge toward that "sphere of existence" which is "consciousness", as the basic rhythm, the dynamic substratum of "*psychic life*" . . .'. Indeed, this volume is heavily weighted with philosophical dissertations and phenomenological terminology, which make it more difficult reading than the preceding ones. Nevertheless, and despite its many obscurities and its speculative character, this is a work of distinct interest and encyclopedic dimensions.

PAUL FRIEDMAN (NEW YORK)

**DELINQUENT BOYS.** *The Culture of the Gang.* By Albert K. Cohen. Glencoe, Illinois: The Free Press, 1955. 202 pp.

Albert K. Cohen's study of delinquent boys is an outstanding example of good writing. The book reviews critically much of the theory and sociologic data of many investigators, and unquestionably the author has had a broad experience in his subject. The major emphasis is on understanding the gangs and their relation to delinquent subcultures. Dr. Cohen describes lucidly, and I think authentically, how the delinquent subcultures evolve from childrens' common

needs for a solution to similar problems. The author questions the theory of pure transmission of delinquency through culture which does not account for the development of multiple new subcultures. There is considerable emphasis on subcultural delinquency among the working class. This is not to be construed as related only to financial status, but also to the kinds of experience this group provides for their children. Acknowledging the lack of sociologic data for middle and higher class delinquency, the author suspects that subcultural delinquency among these classes may be a 'qualitatively different response to qualitatively different problems. . . '.

The author tries to answer such questions as how do the loyalties and understandings of the subculture arise. He also has asked himself why these subcultures have the content they do and why such groups flourish most in certain parts of the population.

This book does not deal at all with the pathogenesis of individual delinquency apart from groups. Such delinquents evolve in a considerably different pathogenetic milieu from that of the gang or the sociologic subcultural groups. Many collaborative studies of the parents of individual delinquents have demonstrated that parents unconsciously initiate and foster antisocial behavior in a child toward whom they are hostile. A powerful motivation in such parents is their need to achieve vicarious gratification of their own poorly integrated forbidden impulses through sanctioning an acting out in the scapegoat child. This is a psychiatric problem in frank contradistinction to the subcultural gang delinquents.

It would be a mistake to conclude that this book embraces both of the large categories of delinquency or that all delinquency is the expression of a persistent subculture traditional in certain areas of our cities. Unless we see clearly the difference in pathogenesis of the two categories of delinquency, we shall make great errors in instituting therapy.

ADELAIDE M. JOHNSON (ROCHESTER, MINNESOTA)

**THE EMOTIONALLY DISTURBED CHILD.** Papers on Diagnosis, Treatment and Care. By Margaret Wilson Gerard, M.D. New York: Child Welfare League of America, Inc. N.D. 168 pp.

This is a posthumous publication of ten papers by Dr. Gerard who was for many years a dedicated consultant to several social agencies

in the Middle West. Five of her papers are clinical reports of several cases offering examples of one syndrome, from which she draws general conclusions as to their common causative factors. Whether or not one accepts all her generalizations, her methodology is impressive.

In *Genesis of Psychosomatic Symptoms in Infancy* she attempts to correlate infantile experiences with somatic disorders. She presents thirty-eight cases under twelve years of age, most of whom were analyzed by her or by her students. Parents were interviewed as well as observed, and detailed explorations of the children's first month of life were made.

'Emphasis of focus of the mother's rejection upon particular physiological functioning in the early months', says Gerard, 'may be the differential etiological feature between schizophrenia and psychosomatic disorders and between the specific different organ neuroses. . . . For instance, mothers of ulcerative colitis cases seem to reject and be especially irritated at the time of diarrheal bowel illness; mothers of celiacs and megacolon cases are irritated and anxious [about] constipation and thus impose enemas; of duodenal ulcers reject any feeding irregularities and dependencies; of pylorospasm resent feeding demand and control from the child; of rheumatic arthritis react to the helplessness and the need to be held and supported by rough handling, and so on.'

The study of *Bronchial Asthma in Children* impresses me as much better founded. Of five children who were analyzed, four ceased having attacks of asthma. The children's sensibility to allergens was tested before and after treatment. 'All of them reacted strongly to substances: two to several foods; one to house dust; and two to pollens, house dust, and less strongly to food substances. After analytic treatment, and the cessation of asthmatic symptoms, all five reacted to tests with the same substances to which they had reacted previously and with the same strength as formerly. These findings seem to offer strong evidence that the specific emotional condition of the patient is at least of equal importance to the allergic sensitivity in the production of asthmatic attacks.'

A review of the literature shows 'that enuresis is not a clinical entity to which one can ascribe a single cause and also that there is no consensus of opinion as to what can be considered enuresis'. Gerard is interested in 'true enuresis' (during sleep). She records forty-six

cases of whom six were analyzed. 'The manifest attitudes of these children were consistent for boys and girls . . . [but] differed strikingly for the two sexes. The boys' attitudes were passive, retiring, and self-depreciatory.' In the analyzed cases it was found that urination was conceived by the boys as a passive act, while 'in the girls it represented an active destructive process rather than a passive flow'. In their manifest behavior, the girls 'appeared much more normal'. They were active, often leaders, independent and proficient in performing tasks, and ambitious. In play, they evinced a strongly competitive attitude toward boys, associated with outspoken depreciation of males in general. Although the girls, in contrast to the boys, were fearless in daytime activities, both shared the common anxiety of nocturnal fears.

The book contains equally revealing papers on tics, on the treatment of a schizoid boy in a residential setting, on preventing separation trauma in child placement, and a detailed account of the analysis of an enuretic girl almost session for session in dialogue. This greatly increases the teaching value of the report, but may veil the fact that by necessity only few items from each session can be reported.

The analyst's skill and patience in approaching the pathogenic material is evident throughout. There are no direct questions, no inquisitive persistence when the girl veers away from a topic. There is also great skill in providing support and opportunities for the child to reveal her thoughts and her feelings; thus often one step at a time is won.

The child became enuretic at the age of five during an attack of chickenpox. She came to Dr. Gerard at seven, and when treatment was interrupted after a year for external reasons, enuresis had stopped and the child showed 'greater freedom with her father and a more accepting attitude toward boy playmates'. The analysis centered on satisfying the child's sexual curiosity and dispelling her idea that she had been injured.

I have great admiration for Dr. Gerard's competence and tact, but dissent in one point, basing my interpretation on the facts of the case history she presents. One month after the chickenpox, a pediatrician began treatment of the enuresis by 'electrical stimulation of the urethra once a week for three months'. This must have been experienced as massive seduction and this more than anything else created the girl's fears as well as her belief that her genitals were damaged and



her rejection of all men including her father and her playmates. The analysis reveals several allusions to this severe trauma. Dr. Gerard through her 'exceptionally good rapport' was able to undo its pathological consequences.

All in all this is a most stimulating book in the field of clinical analysis. As it is not published by a commercial publishing house, it may not reach the wide audience it deserves. Incidentally, the print is smaller than is desirable for easy reading.

LILI PELLER (NEW YORK)

**CRESTWOOD HEIGHTS.** A Study of the Culture of Suburban Life. By John R. Seeley, R. Alexander Sim, and Elizabeth W. Loosley. New York: Basic Books, Inc., 1956. 505 pp.

Awareness of the powerful social pressures on the individual and his family toward conformity, regressive behavior, and ego constriction is essential to the psychoanalyst. Defects in this awareness, like more familiar blind spots, will impair the psychoanalyst's reality testing, professionally and in his personal life. To the extent to which he is unconsciously a victim of these pressures, he becomes an agent in their perpetuation—probably a greater hazard for the psychoanalyst living and practicing in the suburbs than for his urban colleagues. Aside from problems he has in common with other members of his profession, the suburban psychoanalyst is besieged by neighbors, PTA, church, and other groups to act as God-Expert on the platform, before the microphone, and on the printed page. The demand, explicit or tacit, is chiefly for painless prescriptions for anxieties displaced from their intrapsychic sources onto reality problems in child rearing, education, religion, and politics. Some of us retreat from this apotheosis as though aware of the primal God's fate. Some succumb to the blandishment, and play God responsively; this group characteristically tends to provide psychoanalytic rationalizations for the prevailing values in our society. Most of us recognize that we can make a valid contribution on the institutional or community level without compromising our professional standards or adding to the public's confusion about psychoanalysis. Judicious activity of this kind becomes particularly difficult when, simultaneously, the need exists to assert ourselves as citizens and parents in the community.

Because it casts so much light on these and many other issues,

Crestwood Heights can be enthusiastically recommended to the psychoanalyst as well as the social scientist. The volume is one of five covering the Crestwood Heights Project, a Canadian Government-sponsored, five-year study of an upper middle class suburb—the most complete study of a community ever performed. The quality of this research, reporting, and analysis puts to shame most of the current social-scientific publications. Those inclined to write on ‘national character’ or totalitarian ‘brainwashing’ should be enjoined to study Crestwood Heights, especially the chapter on methodology, which contains a most lucid presentation of the transference-countertransference problem as it applies to a multidisciplinary research group working with a community.

While the positive contribution of the book would make a listing of its faults sound carping, from the psychoanalytic viewpoint the reader should be prepared to wade through a great deal of needless detail in the descriptive sections, which the authors felt obliged to retain in the interests of scientific objectivity. The theoretical sections in contrast are too condensed, frequently tantalizing because so many refreshing and provoking lines of thought are left undeveloped. It would be remiss not to express high praise for the authors’ courage in exploring forthrightly where others are afraid to look.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

MEDICAL RESEARCH: A MIDCENTURY SURVEY. Edited by Esther Everett Lape, et al. Volume I. American Medical Research: In Principle and Practice. 765 pp. Volume II. Unsolved Clinical Problems: In Biological Perspective. 740 pp. Published for The American Foundation by Little, Brown & Co., Boston. 1955.

These volumes have already been widely acclaimed—and justly so—in general medical literature. They are a survey of wide scope and a valuable account of problems of medical research today. The first volume examines the role of the basic sciences in medicine, current trends of research, seen properly against the background of our social matrix. The second volume deals with unsolved clinical problems, such as metabolism, cancer, infertility, arteriosclerosis, hypertension, the rheumatic syndrome, tuberculosis, virus diseases, alcoholism, and schizophrenia, in that order.

The last chapter is of primary interest to readers of *THIS QUARTERLY*. The *Biology of Schizophrenia* ranges in one hundred twenty-five pages from 'advancing public concern with the mental illness generally' to the social sciences, but about ninety pages are given primarily to physiological factors investigated in relation to schizophrenia.

Whether one likes this book or not depends to an unusual extent on one's own reaction to the manner of presentation. The editors quote freely from many sources on every problem raised. These sources are publications, lectures, and personal communications, *sic*: "In some views, the usefulness of the term schizophrenia as a diagnostic label has reached a nearly farcical stage". Hudson Hoagland [Director, Worcester Foundation for Experimental Biology] once observed, in recommending removal of schizophrenia to the symptom class: "I do not consider schizophrenia a more specific term than headache". "It lacks [Nathan S. Kline, Director of Research, Rockland State Hospital, 1953] even one operationally discriminating attitude".

Thus, this book is an experience akin to attending a scientific meeting: one is somewhat indiscriminately flooded with information which is only occasionally integrated. One has to know the field and the people in order to evaluate the evidence properly. Perhaps the chapter on schizophrenia would have benefited had at least *one* psychiatrist been included in the book's committee of twenty-six consultants. However, the chapter is generally useful in helping to sort out one's ideas and those of others. And, unlike a meeting, this book can be perused in convenient snatches; it also provides a good bibliography.

LEOPOLD BELLAK (NEW YORK)

THE ARROW AND THE LYRE. A Study of the Role of Love in the Works of Thomas Mann. By Frank Donald Hirschbach. The Hague, Netherlands: Martinus Nijhoff, 1955. 195 pp.

Thomas Mann is close to the analyst's heart because of his rational attitude toward psychoanalysis and his respect for Freud. One must, however, agree with Hirschbach who maintains that the influence of psychoanalysis on Mann's writings should not be overestimated. He sees Freud's work as only one of the sources of Mann's intellectual,

philosophical, and artistic outlook; and he mentions the German romanticists, and Schopenhauer, Nietzsche, Wagner, and Goethe as having been of equal or greater importance.

Mann understood and used artistically the tenet of psychoanalysis that explains 'many of the occurrences in our daily lives as instances of an outgrowth of our own unconscious will' (p. 108). Hirschbach quotes, as an outstanding example of Mann's grasp of this principle, the chapter from *Joseph and His Brothers* 'in which Isaac blesses Jacob instead of Esau. No one . . . can be mistaken about the fact that the father wants to bestow the blessing upon the "younger" of the twins, wants to be deceived.' Hirschbach also gives illustrations from Mann's later novels, especially from *Joseph*, and demonstrates the artistic use which Mann made of his knowledge of the *œdipus* complex, of sexual dream symbolism, of flight into illness, and the like.

Hirschbach's main thesis—the omnipresence in Mann's stories of a battle between Eros and Agape, i.e., between passion and Christian love or 'charity'—holds, however, little interest for the psychoanalytic psychologist in the form in which the problem is presented, even if we translate it into its approximate psychoanalytic analogue as a conflict between sexual and sublimated libido. Hirschbach's framework is the history of ideas, and he sees the presence of the struggle in Mann's work as due to the influences of his intellectual and philosophic preceptors. The analyst would not deny the presence of this factor but would be inclined to assign it to a secondary role; it determines the form in which a conflict is expressed but it is not its cause.

We can, however, hardly criticize the author of this careful study for remaining within the limits of his science. While his information about psychoanalysis appears to be greater than one would expect, it is, of necessity, limited. He does not, for example, pass the crucial test of basic psychoanalytic knowledge, the differentiation between the preconscious and the unconscious, both subsumed by him under the term 'subconscious'.

The psychoanalytic reader of Mann's novels and stories (ably summarized and discussed in five of the six chapters of Hirschbach's book) will be particularly impressed by the repeated description of one theme in Mann's writings: his heroes' precarious psychological adjustments, and their fight against narcissistic regression and hypo-

chondriacal preoccupation. One can be sure that Mann, particularly during the early part of his creative life, must have faced serious emotional problems; and it may well be that the schematic shadowiness of some of the characters he created—a defect especially of his early work—was due to the fact that these figures were symbols and projections of inner conflicts that could not be completely bound in artistic creativity. The heroes in Mann's books who are threatened by disintegration may, however, be contrasted with Joseph and with Felix Krull, two charming personalities in narcissistic balance. Both were created, or, in the case of Krull, elaborated, during a late period in which Mann had found security as a happy husband and father and as a world-famous writer.

The analysis of biographical data promises to deepen our understanding of Mann's work. The present study contains, unfortunately, very little biographical material, partly out of 'respect for a living author', as Hirschbach explains. A careful psychoanalytic investigation of the life and work of Thomas Mann should, however, prove to be a worthy challenge to the student of the role of sublimation in human adjustment.

HEINZ KOHUT (CHICAGO)

MICHELANGELO. A STUDY IN THE NATURE OF ART. By Adrian Stokes. New York: Philosophical Library, Inc., 1956. 154 pp.

This book is divided into four parts: an introduction, in which the author outlines his æsthetic and psychological approach, a synopsis of Michelangelo's life, a study of his visual works, and finally, a consideration of his poems.

Stokes's psychology is based on the concepts of Melanie Klein. He maintains that the artist in relation to his works strives to 'have his cake and eat it too', that is, to feel at one with the object and at the same time to experience pleasure in its separate and special qualities. This striving, according to Stokes, resembles that of the lover to his loved object. In Kleinian terms, the artist seeks to have the 'good object' inside and outside at the same time. Stokes also emphasizes that the artist, through his work, makes reparation for his destructive incorporative fantasies, thereby freeing himself from depression and anxiety.

Stokes describes Michelangelo as struggling against depression

and subject to feelings of persecution. Michelangelo was the second of five brothers. His mother died when he was six. Throughout his adult life he tried to assist his father and brothers financially and to raise the family's social position. Although he felt persecuted by his demanding family, he never ceased to help them. In his relationship to the Popes and the Medicis, Michelangelo repeated this conflict.

Mr. Stokes's discussion of Michelangelo's art reveals his own deep appreciation of it. His comments are evocative and poetic. It is admittedly more from his own reaction to the art in the light of his psychological concepts than from his knowledge of Michelangelo's life that Stokes derives his ideas. Though a few condensed examples cannot convey the flavor of his thoughts, they may illustrate his method and the kind of comment he makes. Stokes remarks, for example, that the weight and solidity of the figures in the frescoes express both the artist's feeling of depression and the strength to withstand depression. These heroic figures, while expressing a kind of passivity in their postures (submission to the introjected father), also express the strength to endure. Michelangelo, according to the author, was preoccupied with fantasies of freedom and encumbrance (being part of the object). He expressed this concern not only in the posture of his figures but also in his relationship to his material. Michelangelo fantasied in a poem that the sculptor frees the figure already contained in the stone. He expressed this fantasy in his sculpturing technique by leaving parts of the original stone rough, or in some cases untouched. Some of his statues seem to depict agonized giants struggling free from the stone.

As regards the artist's technique of drawing, Stokes states that he employed a technique analogous to sculpture. He used hatches that seemed to form the figure by a series of minute subtractions. The author shows that Michelangelo achieved in some of his crowd scenes a pattern of texture and shape that evokes an oceanic feeling, while at the same time he depicts separate figures that give a heightened sense of individuality.

Mr. Stokes's comments on Michelangelo's art are interesting and at times convincing. One limitation in his approach is inherent in his method of relying for his understanding of Michelangelo's art largely on his own subjective reactions to it. Another limitation is in his psychological framework that considers mainly the deepest

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layers of the mental apparatus. The artist's use of the mechanisms of introjection and projection, his need to make reparation by his art, his wish to have the 'good object' inside and outside at the same time are considered by the author to be universal. It may be possible to understand aspects of Michelangelo's art by a study of it in relation to these concepts. However, qualities of his art that depend on the more differentiated aspects of Michelangelo's personality will not be understood by this approach. In other words, though we may see in Michelangelo's art expressions of his id and of his superego, what we may only glimpse in it from the author's approach is the artist's ego.

The potential reader of this book should be warned that the author's style is difficult and at times lacking in clarity.

JOSEPH WEISS (SAN FRANCISCO)

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Age Group	Number of People
18-24	10
25-34	20
35-44	15
45-54	25

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## ABSTRACTS

**International Journal of Psychoanalysis.** XXXVI, 1955.

**Friendly Expanses—Horrid Empty Spaces.** Michael Balint. Pp. 225-241.

The nature of their object relations distinguishes two types of patients: the 'ocnophil' sees the world as consisting of objects separated by horrid empty spaces, while the 'philobat' sees the reverse, friendly expanses (spaces) broken up by or dotted with dangerous objects. The ocnophil finds his security in clinging to objects, the philobat in avoiding them. With considerable success the ocnophil tries to cling in a primitive way to any object that might possibly play a maternal role; while the philobat develops skill in handling and sometimes mastering objects, keeping them at a distance from himself and sublimating successfully. Both groups have the same aim: to re-establish the harmony that existed before awareness of the separateness of objects.

**Growth Inertia and Shame: Their Therapeutic Implications and Dangers.** Roy R. Grinker. Pp. 242-253.

The 'primary core processes of the personality' are the earliest and most significant experiences of the child with its mother; they are almost entirely immutable regardless of death or duration of analysis. 'This is the nonreducible residue.' The more closely one approaches those processes, the more difficult and dangerous is treatment: one deals with primary processes and an ego incapable of self-discrimination, reality testing, and synthesis. Here one passes beyond the goal of resolution of oedipal and bisexual conflicts. If the weakening of defenses reaches a point at which the patient regresses to levels of organization unequipped to handle reality, shame over this inability can be a source of the greatest dangers,—suicide and psychosis. Shame over such failure to realize one's potential growth is apparently innate, or learned, or both.

**The Role of the Superego and Ego Ideal in Character Formation.** Samuel Novey. Pp. 254-259.

Sharper distinction should be drawn between the superego and the ego ideal. The superego, a functional pattern of introjection, is punitive and often ego-alien. The ego ideal, always egosyntonic, derives from primitive parental identifications and often from relationships with other significant individuals, even in adult life. 'The ego ideal is a distinct psychic institution related to the ego and the superego, and it makes essential contributions to the process of sublimation bound by an inner reality making for inspired performance.' The contribution to character of ego ideals found after childhood has been underestimated.

**The Communicative Function of the Dream.** Mark Kanzer. Pp. 260-266.

Although the dream is a narcissistic phenomenon, entirely intrapsychic, it has various communicative functions. This communication occurs within the dream itself with introjected objects, as well as indirectly with the external world. In the waking state the ego is split by the intrusion of demands of reality. In sleep it is reintegrated, resuming a state of advanced (secondary) narcissism. In this state, however, it retains contact with the 'good introjected' (as contrasted with the 'bad expelled') element of the day residue. In various ways the dream reveals a desire to communicate with the analyst. The impulse to communicate is shown by the approach of objects in dreams; the need to break off communication is shown by their withdrawal. Exhibitionistic situations and examinations have similar meanings.

**On the Motivation of Human Relationships.** Barbara Lantos. Pp. 267-288.

By 'sublimation' Freud originally denoted the changes that occur as the child becomes a civilized adult and the energy of repressed pregenital impulses is re-directed to nonsexual aims of higher social character. Various papers after the Three Contributions to the Theory of Sexuality indicate the possibility that genital sexuality can also be sublimated. Sublimation is described as a special blending of ego instincts and sexuality, a compounding that is useful, unlike the comparable process whereby a neurotic symptom is created. With the elaboration of the dual theory of instinct, further complications appeared. Primary ego activities are defined as sublimations of primarily repressed archaic aggressive energies, in contrast with secondary sublimations (in Freud's sense) bound up with secondary repression. Sexual libido detached from self-preservative oral or anal libido becomes reattached to primary ego activities. Ego activities are of two kinds: ego-controlled id activities, formed by parental interference; and primary ego activities, learned from the human object (parent) and appearing only on the ego level.

**Entropy, Organization and the Problem of the Economy of Human Relationships.** Thomas S. Szasz. Pp. 289-297.

In thermodynamic, metabolic, and other relationships, one system or unit gains or grows at the expense of the other: heat is transferred, one body gaining and the other losing it; food is metabolized with gain for the eater and chemical breakdown of the food. Cross-fertilization of ideas and knowledge between various sciences is advantageous but hazards arise unless one examines critically the concepts borrowed. In psychological interchange between parent and child, teacher and student, and analyst and analysand, both parties to the interchange can 'grow' and gain. In fact, most human interactions must benefit both parties to them if they are to benefit either. Szasz discusses the economy of exchange between the 'giver' and the 'taker'.

**The Social Context of Supervision.** Minna Emch. Pp. 298-306.

Supervision is rendered vastly complex by the multiplicity of individuals involved: supervisor, student, patient, the student's analyst, possibly other previous supervisors, and members of institute committees. The interaction between these elements is further complicated by their acceptance or rejection of the student or of his particular training. Too often the student is further hampered by unresolved transference to his own analyst. Informal seminars of training analysts could help reduce the confusions and conflicts that interfere with training. Personal and doctrinal differences should not prevent exploration of the problems involved.

**Unconscious Mental Processes and the Psychosomatic Concept.** Allan Strauss. Pp. 307-319.

An unresolved problem in analysis and in psychosomatic medicine is the nature of the interaction of body and mind: how can something immaterial (thoughts, memories, wishes) exert a physical effect? Physics and physiology necessitate the belief that bodily events must be caused by physical processes. Various unsatisfactory theories have been advanced: 'parallelism' which denies any causal relation between mental and bodily events; 'epiphenomenalism' in which bodily events causally influence mental ones but not vice versa; materialism in which mind is completely reduced to matter; the 'double-aspect and identity' theories, which are also unacceptable to the clinician. Only 'interactionism' appears to explain observed clinical data, but it presents the problem implicit in the principle of physical causation of physical effects. The term 'mental processes' of necessity includes the unconscious as well as the conscious. Gestalt psychology postulates a tie between an experience of perception and the underlying process in the brain, which can be explained in terms of recent neurophysiological findings that extensive electric fields are operative in the brain. Such fields possess a concrete unity, 'representational' of the conscious experience of perception. In similar fashion, ideas and memories perhaps possess a concrete unity expressed in an electrical field. It follows that 'mental processes are identical with certain physical field processes', and interaction of body and mind can thus resemble the other processes of physical nature. This theory has many implications for psychoanalytic metapsychology.

**Psychosis and Psychosomatic Illness.** Melitta Sperling. Pp. 320-327.

In psychosis the mother has rejected her child outright, while in psychosomatic illness the mother has rejected the child when it is healthy but encouraged its illness and rewarded it with love and attention when it has been ill. Illness has not brought such rewards to those children who later become psychotic, therefore they do not repress their destructive or pregenital libidinal drives. In children with psychosomatic illness these destructive drives are expressed in the physical symptoms. When a psychosomatic disturbance supersedes a psychotic state, or vice versa, one may assume a real or fantasied change in the relationship of mother and child. Analysis can reveal these dynamics, and it can free the libido from its fixations to the mother so that it may move on to genitality.

**Notes on Menstruation.** Emilio M. Rodrigue. Pp. 328-334.

A series of fantasies during three successive menstrual cycles was paralleled by a change from anxiety to depression. Working through of original ideas of persecution by internal objects in the first menstrual period led to capacity for object relationship (falling in love) at the time of the third period, when the patient was 'in sympathy with her object while not feeling spellbound or threatened by its power'. Menstruation not only activates taboos and anxieties; it also reassures the woman that she is fertile.

**Clinical and Theoretical Observations on Male Homosexuality.** Thomas Freeman. Pp. 335-347.

Freeman studied three homosexual men and three men with impaired potency. He concludes that there is nothing specific about the psychological factors in the homosexual, nor is there a specific 'homosexual ego'. Homosexuality can occur in the presence of a relatively intact ego.

**A Note on Blathering.** W. Clifford M. Scott. Pp. 348-349.

Blathering is 'a rapid noisy recurrent protrusion and withdrawal of the flattened relaxed tongue through moderately relaxed lips and jaws'. The associated fantasies of sound, touch, and movement are related specifically to breast and nipple, as an internal object and as identified or contrasted with the tongue, gums, or lips. Scott illustrates with a case the usefulness of blathering by the analyst,—not merely interpreting it in words. The speed of tongue movements is related to feeding at the breast. Fantasies of such feeding during phases of anxiety in transference require interpretation.

**On Determinism.** Hans Lampl. Pp. 350-354.

The concepts of determinism and causality are very old. The 'how' and 'why' attitudes may well be related to the child's shifting its question to other subjects when it is unable to get satisfactory answers to its queries about sex. The myth of Adam and Eve illustrates the relationship between sexual and non-sexual knowledge. Psychic phenomena are not, however, determined exclusively by psychic forces; the laws of probability also play a role.

**A Note on the Compatibility of Psychic Determinism and Freedom of Will.** Samuel D. Lipton. Pp. 355-356.

Freud considered it unscientific to believe in freedom of will. But the normal ego senses such freedom, a sense that originates in the ego's awareness of its mastery over unconscious impulses. The concept of psychic determinism is repugnant to this aspect of the ego, and can command only intellectual acceptance. As a consequence of normal differential ego function, therefore, one has a *feeling* of freedom of the will, but the ego simultaneously has a (nonfeeling) *intellectual* conviction that psychic determinism is a fact.

**On the Use of the Psi Hypothesis in Psychoanalysis.** Jule Eisenbud. Pp. 370-374.

An expert ornithologist, during analysis, awoke one day with a strong conviction that he would see a particular type of bird that same day, although the circumstances rendered such an event overwhelmingly unlikely. His premonition proved correct. At the time he had been 'abandoned' by his wife and two other mother figures on whom he was dependent. The author postulates that the patient needed to prove his omnipotence by compelling the mother (the bird) to appear in his time of need for her. Having learned through psi-function that this unusual species of bird was about to appear, he used its appearance to fulfil his wish to demonstrate his omnipotence. The psi hypothesis states that one can acquire knowledge of events past, present, or future even though all communication through normal sensory channels has been prevented.

**An Ego-Psychological Theory of Hypnosis.** Leopold Bellak. Pp. 375-378.

A complete theory of hypnosis cannot be stated in terms of the libidinal relation between hypnotist and subject. One must also take ego functioning into account: fluctuations in depth of hypnosis represent ego-defensive maneuvers. Hypnosis is a special case of the self-excluding function of the ego, similar to the regression when one performs routine tasks requiring little cognitive function or conscious participation. When the subject dares not relinquish ego control, as in severe anxiety, or when selective ego regression is not possible because, for example, of poor ego integration in a psychotic, he cannot be hypnotized.

**On So-Called 'Depersonalization'.** Andrew Peto. Pp. 379-386.

Depersonalization is the revival of situations of earliest infancy, when everything was vague, ambiguous, and provocative of anxiety. It occurs in patients who have had grave difficulties in the primary relationship of mother and child. Whether the depersonalization occurs in illness, in the therapeutic relationship, or in normal development, it is an expression of defusion of the two basic instincts occurring during mental activity not in the service of immediate gratification of drives.

**Linkage Fantasies and Representations.** Mortimer Ostow. Pp. 387-392.

Among the most primitive fantasies is that of union with another individual, an undoing of the original separation from the breast. Fantasies of somatic union and separation are expressed in many ways—by ideas about birth and death, myths, fantasies of inclusion, identification, immersion, and emergence. Representations of such linkage with mother or others include pipes, electric cords, tubes, and clasped hands. When knowledge of the umbilical cord is acquired in later years, it is used as a paradigm to label and screen linkage fantasies which existed much earlier. 'It is not necessary to make the incredible assumption that there is infantile knowledge of the umbilical cord.'

**Nail Biting and the Integrative Process.** Joseph C. Solomon. Pp. 393-395.

Nail biting occurs when the child attempts to integrate two opposite motivations: the discharge of gross aggressions through oral-sadistic channels (hand and mouth being very closely linked in a biting-clawing relationship), and the strong need to deny those aggressions. Nail biting does not occur in infancy, appearing rather in the œdipal phase, often as a successor to finger sucking. The nail biting is a healing device, aimed at coping with the problem of retaining rather than destroying the œdipal rival on whom the child is still dependent. It bites at its own claws, releasing oral-sadistic impulses against its own dangerous weapons, and sparing the external object. Illustrative cases show the close connection with other sado-masochistic behavior and impulses.

JOSEPH LANDER

**Psychoanalytic Review.** XLII, 1955.

**A Methodological Critique of Freud's Schreber Analysis.** Orville S. Walters. Pp. 321-342.

Walters points out defects in Freud's analysis of the Schreber case, and suggests that unconscious homosexuality is not always the basis of paranoia. Empirical findings do not support such a theory, and exploration of other possible causes is blocked by acceptance of it. Freud's 'creative constructs tended to outrun the criteria of scientific reliability'. Walters emphasizes the subjective distortions to which every therapist is susceptible in his evaluations and inferences, and quotes writers from various schools of analytic thought who have raised similar questions about this theory.

**The Image of the Heart and the Synergic Principle in Psychoanalysis (Psychosynergy). Part II.** Daniel E. Schneider. Pp. 343-360.

This paper, consisting of two parts<sup>1</sup> of Schneider's extensive study of the subject, discusses the sonic aspects of the image of the heart as manifested in dreams and in projection to external real objects. In sleep this sonic image is released from its ties to other more definite ego images. The image of the heart has importance for physiology and pathology.

**The Dream. Introduction to the Psychology of Dreams.** Herbert Silberer. Pp. 361-387.

This paper is a translation and condensation of Silberer's book, originally given as a lecture in 1918. It surveys the historical background of the study of dreams, and pays tribute to Freud while indicating certain differences from his work. Silberer includes in his discussion hypnagogic hallucinations and experimental dreams. He examines the evidence for and against the 'superiority of the

<sup>1</sup> The first part was abstracted in *This QUARTERLY*, XXV, No. 4.

dream': does it have capabilities of achievement beyond those of waking consciousness? He believes that the concept of the dream as a mirror of character is subject to serious limitations.

**The Development of the Individual.** H. E. Eisler. Pp. 388-401.

'The two great primary facts of life to which all instinctive tendencies are subservient are the desire of the ego for the preservation and development of the individual, and the collective urge of sexuality.' Man is conscious of himself as an individual with infinite potential for unique personal development. He therefore struggles between the sexual instinct which serves the preservation of the race, and the ego which enhances the self. This struggle determines one's character and total psychic structure. The author stresses the danger in oversimplifying man's being by thinking of it in terms of primitive sexual drives. Individual man is, or can be, the expression of an inherent biologic tendency toward a progressive and fuller development in nature in general; but he can be this only to the extent that he retains his individuality and struggles toward the development of his latent unfulfilled possibilities. Only in that way can he allay his sense of disturbance and dissatisfaction. 'In the last analysis, man's great conflict lies between his collective or herd nature and that driving individual impulse which carries with it the necessity for individualism.'

**Conrad Aiken and Psychoanalysis.** David M. Rein. Pp. 402-411.

Few contemporary American writers have received the high praise accorded Aiken by many leading critics. Almost from the beginning, his writings showed a deep interest in analysis, the insights of which occur in much of his work. Rein, however, finds many of Aiken's analytic references, allusions, and probings unconvincing in the form in which they are offered in the poems and novels. Aiken has recounted his maladjustments with an extraordinary passion for understanding himself, and with some exceptional insights, but on the whole Rein rates the work as a considerable effort rather than a substantial achievement.

**The Reality Testing of the Scientist.** Mark Kanzer. Pp. 412-418.

Scientific standards are by no means absolute, for they are subject to development and they depend largely on psychological assumptions. Revolutionary changes of thought as well as new discoveries led to the evolution from Ptolemy to Newton to Einstein. Science is inseparable from the scientist in all fields, including analysis, and the investigator as well as the subject matter studied must be investigated. Modern physics itself accepts the thesis that the exactness of science is inextricably bound to the exactness of psychology, inseparable from the rather subjective conditions of perception and reasoning. 'The more advanced the science, the more urgent the task of elucidating the deductive paths connecting such abstruse and recondite entities with the experiences to which, however indirectly, they refer' (Max Black). The irreducible ingredients of a science lie not in its 'rules' or 'facts' but in the attitude and the reality testing of the scientist.

**Analytic Psychotherapy With the Elderly.** Martin Grotjahn. Pp. 419-427.

Treatment with this group is by no means futile. One must encourage introspection rather than retrospection, thus preparing for the working through of narcissistic traumata, depression, and guilt. Deep treatment requires examination of the reversed oedipus situation, the aging father having now a new relationship to the strong and vigorous son.

**Organic Psychosis.** Heinrich Meng and Erich Stern. Pp. 428-434.

Organ psychoses resemble diseases due to primarily organic causes. They are based on disturbances of the body ego acquired in childhood, becoming manifest after a prolonged latency, and they involve by preference the endocrine and gastrointestinal systems (thyrotoxicosis and anorexia nervosa are examples). Meng first introduced this concept in 1934, stating that every organic pathologic process has psychologic components. The distinction from organ neuroses lies in the role of the ego: organ psychosis is a primary disease of the ego; in organ neurosis the ego is affected only secondarily.

**An Undiscovered Source of Heterosexual Disturbance.** Carl Fulton Sulzberger. Pp. 435-437.

Man's sublimated homosexuality leads him to blame woman when he fails in sublimated homosexual achievement: on the job, in the army, and elsewhere. Men do this because women were the original disturbers of their 'friendly comradeship'. Therefore failure in ambition or social prestige connected with such sublimated homosexuality impairs a previously established heterosexual balance.

JOSEPH LANDER

**The Bulletin of the Philadelphia Association for Psychoanalysis.** VI, 1956.**Some Notes on Masochism.** Gerald H. J. Pearson. Pp. 1-20.

Pearson believes that much of the behavior called masochism is not really a manifestation of instinctual erotogenic masochism. On the contrary, apparently masochistic behavior is often employed by the patient in his attempt to adapt to reality and in particular to achieve certain gains. It may help him achieve ego mastery, attention (equated with love), and abolition of anxiety. Pearson suggests that this association of suffering and gain may have its developmental prototype when the infant learns that 'If it not only puts up with but increases the pain in its gums, it eventually will find relief'. An illustrative case is presented.

**A Technical Problem Expressed in the First Interview.** Willard D. Boaz. Pp. 33-42.

During the first hour in analysis, a patient revealed an extreme uneasiness about the analyst's age. She had expected someone much older. She believed that the analyst was her contemporary and was so bothered by this that she ques-



tioned the possibility of successful analysis with him. As the analysis proceeded it became evident that this uneasiness over the analyst's age was deeply rooted in important fantasies and occurrences in her life. The technical problem posed in the first interview by this uneasiness could be understood retrospectively as having anticipated some of the central issues that arose in the analysis.

**What Is Ego Weakness?** Gerald H. J. Pearson. Pp. 43-48.

Pearson reviews some of the manifestations of weakness of ego as they are observed in the psychotic child. These include dread of the strength of the instincts; vagueness of ego boundaries and defectiveness of the body image; too much devotion to habits and routine as compared with object relationship; unusual gracefulness and fluidity of the body movements; and hypersensitivity to some sensory stimuli such as loud noises. Much use of intellectualism in a little child may also be a sign of ego weakness. An understanding of signs and symptoms of a weakness of ego in the psychotic child and adult may contribute to our recognition and understanding of ego weakness in the more nearly normal individual.

**Transference in Psychoanalytic Case Supervision.** William L. Peltz. Pp. 49-52.

The student undergoes transference reactions to his supervising analyst. Peltz discusses the complications of such transference reactions and illustrates the value of analysis of them.

**Countertransference Abuse of Analytic Rules.** Abraham Freedman. Pp. 53-54.

A patient described how, during previous treatment, her therapist had taken extreme measures to avoid social contact with her. She interpreted these efforts as manifestations of the therapist's positive feelings for her. The author was able to confirm that the previous therapist had had a positive countertransference toward the patient, against which he employed as a defense the analytic rule of anonymity without being fully aware that he was doing so. The rules of analytic technique can be employed in the service of defense.

**A Scarcely Recognized Factor in the Œdipus Complex.** Henry Harper Hart. Pp. 54-57.

Hart presents two cases showing the mother's need for self-fulfilment in her son which contributed to 'almost insoluble œdipal conflicts' in the son. The sons of such women are 'driven into passive homosexual longings through identification with the narcissistic mother, and her unconscious incestuous role as the sexual object'.

**The Umbilical Stump: A Speculation.** George S. Sprague. Pp. 57-59.

A patient felt sure he had at some time seen a physical connection between his umbilicus and his penis. Sprague suggests that the infant's experiences at birth,

by involving a relationship between the infant's umbilicus and its mother's genitals, may explain early concepts of coitus and other infantile misconceptions.

**Sleep in Psychoanalysis.** W. Clifford M. Scott. Pp. 72-83.

Scott reviews several articles and case reports, and concludes: 'Sleepiness, sleep, and waking are a sequence in an activity based on instinct concerning which we can ask more questions than anyone can answer. Sleepiness, sleep and waking can all enter the psychoanalytic situation, and long periods of sleep may occur during "working through". Sleepiness can be a defense against any situation including sleep and waking. Sleep can be a defense against waking. If we ask for associations about waking up when sleepiness or sleep appears, we shall be less in the dark. If no associations are obtained, reality information should be given as to when and how the patient wishes to be awakened, as, for example, by the analyst asking the patient to wake five minutes before the end of the interview in order to have some time left to deal with the frustration of the waking situation. Blankness, described as Lewin has described the dream screen, is a common defense against sleepiness and sleep. The reality test of awakeness lies in the act of waking and in the memory that it happened more recently than going to sleep.'

**The Feeling of Nostalgia and Its Relationship to Phobia.** Abraham Freedman. Pp. 84-92.

A patient described nostalgic feelings about certain places which later in the analysis became the objects of phobic reaction. Analysis revealed that the nostalgia was an attempt to restore a preœdipal situation with repression of œdipal death wishes toward the father. The component of sadness in nostalgia represented redirection of the death wishes toward the patient's self. When the nostalgia was analyzed, the death wishes came to the fore and were manifested in the phobic reactions.

EDWIN F. ALSTON

**Psychiatric Quarterly.** XXX, 1956.

**The Fate of One's Face.** Joost A. M. Meerloo. Pp. 31-43.

The face expresses inner feelings as well as various defensive measures aimed at denying or distorting this feeling. Certain conventional interpretations of physiognomy persist, for example, that thick lips mean sensuality or that a prominent nose denotes Semitic origin. The face and the self are identified with each other and the ego is likely to perceive the face as a symbol of the body image. A judgment made about the face is often a judgment about the body image and the self. People often wish to solve a neurotic problem by changing the outer form of the face. The nose, because of its phallic symbolism, receives special attention. After surgery, the ego may feel that the self has been degraded or castrated by the operation, or is unable to handle the new responsibilities seemingly thrust upon it; it may no longer possess the psychic advantage of pro-

jecting all its difficulties upon the offending organ. The psychic problem may deteriorate instead of improving. The patient should be taught that accepting one's face is equivalent to accepting one's self and one's role in the world.

**Unconscious Reasons for Husbands' 'Confessions' to Their Jealous Wives.**  
Edmund Bergler. Pp. 73-76.

The author applies his formula for the basic neurotic conflict,—i.e., fear and shame caused by psychic masochism, and the need to deny it,—to certain neurotic husbands who half confess and exaggerate marital infidelity to their wives, arousing jealousy in them. These are usually passive masochistic men who marry shrewish women out of psychic necessity. After a time the wife loses interest in her husband, and the husband reacts with a feeling of semi-impotence. The unconscious superego reproaches the masochistic behavior of the husband. In defense, the unconscious ego resorts to a lesser crime, adultery. Instead of admitting to masochism and impotence, it admits to pseudoaggressive marital infidelity. The husband's narcissism is thereby safeguarded and guilt over the masochism is assuaged.

**A Schizophrenic Patient Describes the Action of Intensive Psychotherapy.**  
M. L. Hayward and J. E. Taylor. Pp. 211-248.

The authors report some of the responses to intensive psychotherapy of an intelligent young woman who was recovering from a chronic schizophrenic process with catatonic and paranoid elements. The therapy was intensive and employed some features of the 'direct' method used by Rosen and the joint fantasy-experience described by Whitaker and his group. Her later therapy, after recovery from the acute phase, approximated an analysis of the classical type, the purpose of which was to make her understand her illness and free her from the intense and complex transference made during her acute phase. The patient made a good recovery and married.

This is yet another paper demonstrating the need for mothering the patient, the intense and primitive nature of the transference made by these patients, and their fears of these needs. Therapy is a blend of insight, support, understanding, and intuitive friendliness.

**Study of Attempted Suicides in Psychotic Patients: A Dynamic Concept.**  
J. D. Waxberg. Pp. 464-470.

In a study of fifty-six patients admitted to a state hospital for attempted suicide, the author found that all had marked paranoid delusions, whether they were classified as schizophrenic or as manic-depressive. To explain these findings, he proposes the theory that suicide is due to failure of the projection mechanism. The object may then be ambivalently introjected and destroyed by destroying oneself. As long as the patient can project his offending impulses upon an external object, he is safe. The depressed suicidal patient also punishes himself for the guilt he experiences over his erotic feelings for the introjected object.

In their regression to an archaic narcissistic period of development and the use of projection and introjection, the paranoid schizophrenic and the manic-depressive patients show similarity.

**Multiple Origins and Functions of Guilt.** Melitta Schmideberg. Pp. 471-477.

The author believes that guilt (or what appears to be guilt) may, like every other emotion, have various origins and serve various psychic functions. She disputes the idea that the only source of guilt is fear of the superego. Much that appears to be guilt is really a hidden reproach at the object aimed at making him feel guilty. Self-reproach may be a method of obviating reproach by the object and thus gaining an advantage. Guilt may be due to introjection of the guilt of the object. Excessive guilt may act as a reassurance that in reality things are not so bad, as occurs in an 'examination dream'. Guilt seemingly caused by one thing may act as a defense against more severe guilt felt about something else. The author warns against analyzing guilt simply as a threat by the superego, thus missing the hostile elements aimed at the object. The author does not always make it clear whether she is writing about primary guilt secondarily turned to other uses, or about fraudulent guilt primarily used otherwise than as a punishment imposed by the superego.

JOSEPH BIERNOFF

**Psychosomatic Medicine.** XVII, 1955.

**Psychological Evaluation of Women With Cancer of the Breast and of the Cervix.** John I. Wheeler, Jr. and Bettye McDonald Caldwell. Pp. 256-268.

This paper reports a psychological study of two groups of white married women, one with cancer of the cervix, and the other with cancer of the breast. Each woman received a number of psychological tests and an interview. The findings in each group are compared with those in control groups and with the results of similar studies by Tarlau and Smalheiser and by Bacon, Renicher, and Cutler. Some of the findings of the previous studies could not be substantiated, but some were confirmed. It is concluded that trends and differences observed in the groups justify further studies, especially of early childhood environment, attitudes of parents, and sexual attitudes and behavior. Should greater differences be found in future studies, however, one might question to what extent these are referable to the presence of cancer, and to what extent they are influenced by the patient's knowledge that she has cancer of a particular organ.

**Autonomic Function in the Neonate: I. Implications for Psychosomatic Theory.** Julius B. Richmond and Seymour L. Lustman. Pp. 269-275.

Reasoning that the autonomic nervous system plays a principal role as the final common pathway in mediating somatic reactions to emotional stimuli, Richmond and Lustman challenge the concept of physiological vagotonia in the infant and demonstrate that there are significant individual differences among newborn

infants in autonomic function as measured by reflex vasodilatation and reflex pupillary dilatation to sound. These differences are both quantitative and qualitative. The importance of these findings for psychosomatic medicine is discussed.

**Irregular Discharge from Tuberculosis Hospitals. A Major Unsolved Problem.** William C. Lewis, Thomas Lorenz, and George Calden. Pp. 276-290.

Such factors as age, race, military status, marital status, distance of hospital from patient's home, and activity of the tuberculous disease do not help to distinguish, upon admission, between patients who will remain in the hospital to get a regular medical discharge and those who will leave in an irregular way. Nor did gross psychiatric classifications or evidence of stress in or outside the hospital help to distinguish between the two groups. There is, however, a relation between irregular discharge from the hospital and problems of hospital adjustment characteristic of each stage of therapy. In each stage of treatment there seems to be a recapitulation of the patient's developmental history. Irregular discharge in early stages of hospitalization appears to be a reaction to conflict over the dependency experienced in strict bed rest. Subsequent conflicts over withdrawal of support and increasing responsibility are related to irregular discharge. The 'countertransference' reactions of the staff also lead to irregular discharge. The Madison Sentence Completion Form is useful for early detection of patients likely to resort to irregular discharge and certain procedures help to prevent it.

**Influence of Emotional Variables in Evaluation of Hypotensive Agents.** Alvin P. Shapiro. Pp. 291-305.

'These studies offer systematic evidence that changes in blood pressure and symptoms during therapy with hypotensive agents may be due to factors quite independent of their pharmacologic action.'

**Some Problems for a Theory of Emotion.** Robert Pluchik. Pp. 306-310.

Pluchik discusses problems relating to intensity, persistence, and purity of emotions. Some of these problems result from misunderstanding of the importance of individual differences and of introspection. Some are questions of definition. An adequate theory of emotions must be based on an accepted assessment of the emotional state, knowledge of the factors affecting that assessment, and knowledge of the relation to each other of the variables that affect the nature and intensity of the emotion.

**Observations on the Role of the Mechanism of Depression in Some Patients With Disseminated Lupus Erythematosus.** Allan R. McClary, Eugene Meyer, and Elliot L. Weitzman. Pp. 311-321.

This psychiatric study of fourteen patients with disseminated lupus revealed that 'the threat of the loss of a significant personal relationship regularly provoked an exacerbation of the complaint of pain and disability'. This reaction results from an 'early life reaction to loss in the mother-child relationship, in

which passive longings are denied, and hyperindependence develops'. Exacerbations of disseminated lupus occur concomitantly with failure of the striving for independence and subsequent failure of efforts at integration by the ego. Organic cerebral changes contribute to this failure.

**Volume XVII, No. 5.**

This number of Psychosomatic Medicine reports a symposium on 'recent knowledge and theories of the physiology of the central and autonomic nervous systems and of the endocrine apparatus from the point of view of their joint relationship to psychosomatic phenomena in general'. The symposium discusses the Brain Stem Mechanism (Robert V. Livingston), the Limbic System (Paul D. MacLean), the Hypothalamic Endocrine System (R. A. Cleghorn), Respiratory Mechanisms (Ely G. Goldenson), Levels of Awareness (Robert G. Heath), and Symbolic Functions (Mortimer Ostow). An interpretative commentary and summary is presented by Gilbert H. Glaser. These articles are highly recommended for those interested in the current attempts to correlate physiological and psychological functions.

**Emotional Factors in the Etiology of Hyperthyroidism Occurring in Relation to Pregnancy. Summary of Eleven Cases. Theodore Lidz. Pp. 420-427.**

Lidz, presenting a review of the literature and a study of eleven cases, concludes that pregnancy is a period of special susceptibility to thyrotoxicosis and that 'although the study does not definitely prove anything, it is believed that the findings greatly increase the probability that emotional disturbances play an essential role in the etiology of hyperthyroidism'.

**Observations on the House-Tree-Person Drawing Test Before and After Surgery. Bernhard C. Meyer, Fred Brown, and Abraham Levine. Pp. 428-454.**

Usually there is little change in an individual's productions in the House-Tree-Person Drawing test from one administration of the test to another, but these interesting studies show that the responses in a patient before operation may be very different from those in the same patient after operation. In most cases the preoperative tests show signs of anxiety and regression which tend to disappear after the operative procedure. Direct allusions in the drawings to the patient's illness are infrequent, but indirect allusions to it are frequently present, tending to appear more often in the drawing of the house than in those of the tree or person. When the operation causes obvious mutilation, the postoperative drawings represent the change in a symbolic or defensive way rather than directly.

**Brief Psychodynamically Oriented Therapy. Simon Rothenberg. Pp. 455-457.**

Two patients with hiccuping and one with 'an emotionally erotized heart condition with overdetermined pain' are reported to have been successfully treated by 'incisive and "surprise-type" of brief interpretation of the unconscious meaning and purpose of . . . emergent symptoms'.

**Gestural Movement During Psychiatric Interview.** P. Sainsbury. Pp. 458-469.

Sainsbury describes a method for measuring gestures of patients during psychiatric interviews. His studies show a consistent relation of gestural movements to the content of the interview, and they show a resemblance to visceral occurrences in emotion. This resemblance suggests that they are 'physiologically mediated and coördinated by hypothalamic mechanisms'.

**Psychosomatic Study of a Case of Asthma.** Franz Alexander and Harold Visotsky. Pp. 470-472.

A seventy-six-year-old woman, previously well, developed an asthmatic attack under circumstances that could be interpreted as threatening her with separation from a substitute mother.

EDWIN F. ALSTON

**Journal of Personality.** XXIV, 1956.

**An Empirical Test of Two Freudian Hypotheses Concerning Castration Anxiety.** Bernard Schwartz. Pp. 318-327.

The Thematic Apperception Test was administered to comparable groups of overtly homosexual males, normal males, and females. Results were compared for evidence of castration anxiety. Overtly homosexual males were found to show more intense castration anxiety than normal males, and males in general to show more intense castration anxiety than females.

AUTHOR'S ABSTRACT

**British Journal of Medical Psychology.** XXIX, 1956.

**Symposium on Jung's Contribution to Analytic Thought and Practice.**

**I. The Evolution of Jung's Researches.** Michael Fordham. Pp. 3-8.

In his introductory remarks, Fordham states: 'The only way to understand Jung is to take his researches as a whole, perceiving how one stage grows out of that preceding it. Then the coherence of his whole position stands out, his unique pioneering spirit can be understood, and his irrationality falls into place.' Fordham then discusses the evolution of Jung's researches 'to show how his later work is based upon and grows out of the earlier'.

**II. On Jung's Concept of the Symbol.** Robert Moody. Pp. 9-14.

Moody discusses the significance of the 'living symbol' as defined by Jung. The 'living symbol', made possible by the 'symbolic attitude' of the 'observing consciousness', is said to be a vehicle of psychic energy and a transformer of instinct. It is to be distinguished from 'semiotic' expression involving the use of the 'so-called symbol . . . as a sign for something that can just as readily be

expressed in the language of the observing consciousness. . . . Semiotic interpretation destroys the living quality of the symbol by explaining it in terms of something else on the "nothing but" principle or by reducing it to its supposedly component parts.' The interplay between the 'observing consciousness' and the unconscious (where symbolic developmental processes occur), without suppression or submersion of one agency or the other, involves an experience called 'individuation'. 'The individuation process is the ultimate outcome of Jung's psychology of the living symbol—the symbol that first transfers libido into activity in the young and ultimately can give meaning to life for the old. If the symbol is destroyed, there is no meaning left. . . . One can see how Jung's crusade to rescue the living symbol from annihilation led him to turn his back on reductive analysis and to concentrate on the emergent and creative aspects of the symbol, as evidenced in the adult psyche.'

### III. The Transference in Analytical Psychology. A. Plaut. Pp. 15-19.

Some points of cardinal importance in Jung's views on transference are summarized: '1. That the infantile sexual content of transference may conceal the patient's wish to get into intimate contact with the analyst. The feebler the rapport, i.e., the less the doctor and patient understand one another, the more likely is sexuality to intervene by way of comparison. 2. Some markedly sexual forms of transference conceal collective unconscious contents which defy all rational solution. 3. The symbolism (often based on sexual imagery) vested in transference phenomena is one of the most important means of transformation, i.e., of progressive development of new attitudes.' Plaut next proceeds to practical considerations, pointing out some of the dangers as well as some of the requirements for this type of transference analysis. He summarizes: 'If I can allow myself to incarnate the animus without resistance and without identification on my part, this transference will—in the fullness of time—become undermined by a movement in the patient's unconscious. As this gathers momentum, some of the energy formerly linked to the animus-image becomes freed and is now disposable or to put it another way, the animus can now serve [the patient] as a function rather than to dictate to her. This describes the transforming process via the transference in the barest outline.'

EDWIN F. ALSTON

### Revista de Psicoanálisis. XIII, 1956.

#### Marital Difficulties and Projective Identification. David Liberman. Pp. 1-20.

Patients who come to analysis to solve marital difficulties present special technical problems. Any intimate relationship is misconstrued according to the patient's emotional needs, and this happens with the transference relationship. Analysis, if not well conducted, may actually damage these patients. They tend to use the analysis for the acting out of self-destructive impulses. The transference appears to be of psychotic or perverse nature, but these qualities may be hidden by apparently normal or neurotic features in the personality of the patient.



The author describes such a transference as 'transference psychosis' or 'transference perversion', depending on the type of fantasy. There is much identification, with the impulses projected upon the loved object. When the analysis is undertaken to comply with the request of a lover or of a spouse, this transference perversion tends to develop because the analysis becomes 'a pleasant game' in which pregenital impulses are gratified by the mental work required.

**Psychoanalytic Observations on Certain Aspects of Psychosis in a Congenitally Blind Patient.** Mauricio Abadi. Pp. 21-40.

A psychotic woman suffering from congenital blindness began after marriage to suffer from nervous crises and compulsive movements (tics and mannerisms). The patient had been brought up by cruel nurses and had developed a sadistic mother image. This later became fused with a raping father image. These images, aggravated by the blindness which produced 'poor control of reality', resulted in much paranoid anxiety, auditory hallucinations, and rigid and severe obsessive mechanisms. The defenses were in some ways determined by the disturbance in her body image due to her blindness. The case evolved into a paranoid syndrome which permitted the analyst to clarify the unconscious meaning of the 'influencing machine' for the patient. The case is of particular interest because it is one of the first reported cases of analytic work with a congenitally blind patient.

GABRIEL DE LA VEGA

## Meetings of the New York Psychoanalytic Society

Poul M. Faergeman

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 13, 1956. ON THE DEVELOPMENT OF MATERNAL FEELINGS IN EARLY CHILDHOOD: OBSERVATIONS AND REFLECTIONS. Judith S. Kestenberg, M.D.

Dr. Kestenberg presupposes the existence of early vaginal tensions or excitations of a vague, fleeting and unlocalized nature; she maintains that very few, if any, little girls have well-defined, conscious and localizable vaginal sensations. These presumptions lead logically to the paper's central hypothesis, which can be summarized as follows: the ego strives for mastery over all bodily excitations to prevent anxiety; such mastery can usually be achieved by exploration of the organ which is the source of the tension with the resulting establishment of organ concepts. This task is unusually difficult in the case of the vagina due to its localization and inaccessibility, and the diffuseness of its excitations. Small quantities of vaginal tension can be discharged by displacement to other parts of the body, but vaginal excitation finds discharge chiefly by being projected to an external and, therefore, explorable object; this object is the baby (and the doll). The wish for a child can thus be traced to a biological need, and maternal strivings are believed to be displacements from primary genital desires. The little girl identifies herself with her mother and chooses a baby as a suitable substitute for a vagina. The following sources of excitations in the vagina in early life are mentioned: deprivation leading to an unspecific totality of discharge through all channels; cleansing of the anal and urethrogenital zones; spontaneous overflow of excitation from the oral to the vaginal zone; pressures on the vaginal walls by a full rectum or bladder, and other external stimulations. The vaginal excitations can be dealt with in two different ways: first, by projection to the baby-doll (probably via transitional objects); second, by fusing them with other inner somatic tensions, and projecting them to orifices with which the girl has become familiar, such as the mouth, the anus, and the urethra.

Sometime during the third year the world of unreality and magic creativity seems to die and the girl realizes that she has no baby but is merely playing with a doll. Prephallic depressions of varying duration and intensity are the result, sometimes accompanied by doll mutilations in which aggressive impulses are acted out against the mother who gave neither genital satisfaction nor a real child. After recovery from this depressive phase, in which the loss of the baby is equated with the loss of the mother, the girl returns to her mother as a love object in the new phase of phallic orientation. Now the girl has fantasies about growing a penis alternating with hopes to grow a baby externally. The clitoris becomes an active masculine organ. The wish now is to present the condensed penis-baby to the mother, the girl being identified with the father. When the girl begins to hope for genital gratification from her father, her castration fears transform into castration wishes and the desire for the child is regressively revived. Dr. Kestenberg's thesis then can be formulated thus: the genetically primary desire is for a baby; in the phallic phase the wish for the penis replaces the wish for the child. In the resolution of the castration complex, the desire

for the baby reappears regressively. Regression in this case is, therefore, a step forward toward the development of adult femininity.

In the discussion, Dr. Grace Abbate described a girl who began vaginal masturbation and developed breasts at the age of three, and was menstruating from the age of five; her clitoris was congenitally hypertrophic. She was indifferent to babies and dolls, and preoccupied with admiration of penises. A more maternal feeling developing during the course of analytic treatment coincided with a change in the mother's attitude from one of bewilderment and hostility to one of acceptance and affection. This case, in some respects, contradicts Dr. Kestenberg's thesis. Dr. Rudolph Loewenstein discussed the role of instinct (as opposed to instinctual drive) in the development of maternal feelings. It seems plausible that there still exists a maternal instinct or remnants thereof in human beings that goes through a certain individual development. During development it can be re-enforced or inhibited by certain circumstances in connection with specific and individual events of childhood. We are dealing here with a maturational process which, to a degree, can be influenced by the circumstances under which a particular girl grows up. He felt that Dr. Kestenberg's assumption was legitimate: the unconscious vaginal excitation of the little girl may contribute to the basically biologic event of instinctual maturation. He stressed, however, that factors connected with ego development may be of even greater importance.

Dr. Edith Jacobson referred to two of her own earlier papers (on the preœdipal wish for a child in girls; on the development of the female superego) in which the existence of early vaginal sensations is presumed. These sensations seem to be intimately connected with the fantasy of an inner hidden penis, the little girl being unable to picture her inner unobservable organ in terms other than in those of a penis. Regarding feminine intuition, Dr. Jacobson was of the opinion that the female tendency to approach things differently from male logic and intellection may well be influenced by the little girl's intuitive knowledge about her genitals that cannot be confirmed by 'scientific' exploration; this way of dealing with things may be maintained generally in female attitudes. She felt inclined to agree with Dr. Kestenberg in assuming an equation of an inner penis or unknown vagina with the child, prior to the penis-baby equation.

Dr. Melitta Sperling presented material from the analytic treatment of boys with strong feminine identification, and with transvestite features as a dominating symptom. The mothers of such boys often seem to be inclined toward masculine behavior.

In concluding, Dr. Kestenberg, with reference to Dr. Abbate's case, emphasized that in the analysis of girls, penis envy (and the penis-baby equation) must be considered as covering up the more primitive material belonging to the early maternal stage during which the equation vagina-baby is prevalent. She discussed extensively the role of the ego in the development of maternal feelings. Of paramount importance in this respect is the ego's tendency toward mastering stimuli and toward delaying discharge, both mechanisms being essential in the search for an object (baby-doll) with which mastery can be achieved.

May 15, 1956. THE ROLE OF NARCISSISM IN MASOCHISM. Isidor Bernstein, M.D.

Masochism appears in patients in the form of perversion, neurosis or character disorder and poses many clinical and theoretical problems. Clinical material from the analysis of three patients is presented to illustrate genetic, dynamic and economic aspects of the role of narcissism in moral masochism, especially from the point of view of the re-establishment of lost or threatened object-relationships. The author stresses the narcissistic character of the child-parent relationship and the method by which masochism serves regressively to restore it. These patients were primarily interested in themselves—their appearances, their physical conditions, how they looked or sounded to others; relationships with others were governed by their attempts to gratify narcissistic needs.

As children, their body attributes and ego functions were in the service of parental narcissism; their successes became not their own successes but those of the parents, and they felt cheated of the gratification that otherwise would be derived from their own accomplishments. The preœdipal relationships of the patients were seriously disturbed. They felt themselves to be a part of the important parent, or the parent a part of them.

Blurring of ego boundaries was especially apparent in two of the reported cases; in one, there was a strong suggestion of a symbiotic mother-child relationship. Besides the narcissistic ties, there were strong oral attachments, and under conditions of actual or threatened loss, introjection of the object took place with a merging of the images of self and the loved object.

The sequence leading to the masochistic syndrome is summarized: 1, strong narcissistic and oral attachments; 2, disappointment with feelings of helplessness, loss and rage with sado-masochistic fantasies; 3, endopsychic restoration of the object relationships through introjection with splitting of the ego into an idealized good parent-child relationship embodied in the superego and the bad parent-child relationship embodied in the ego; 4, externalization of the internalized fantasied child-parent relationship with efforts through repetition to master the trauma and to restore the lost object.

The author considers the acting out of the fantasies which result in masochism to be, in part, a defense against traumatic feelings of helplessness, annihilation, separation or loss, castration or disappointment. The masochism in these patients helped to avert severe depression. Masochism serves to restore lost object relations or to prevent such loss by establishing an instinctualized dependency on substitute objects. The masochistic relationships in the real world are reflections of the inner situation and a re-enactment of childhood experiences or fantasies in which the patient is in the active instead of the passive role.

Dr. Jacob Arlow, in the discussion, distinguished between a depressive and a masochist on the basis of the regulation of self-esteem—the masochist experiencing a kind of elevation of esteem from suffering, the depressive, a loss of self-esteem, suggesting a greater libidinal content in masochism. In women, the masochism is probably related to preœdipal attachments to the mother. Dr. Bernard Brodsky requested a clearer distinction between moral masochism and depression, though agreeing that the former may be the expression of a defense

against the latter. It is tentatively suggested that the severity of trauma may be a significant factor, and that in the masochist, Lewin's triad is more favorably balanced on the side of the wish to devour than to be devoured. Dr. Ernst Kris distinguished between the term narcissism as 'self-centered', 'vain', etc., and its use to indicate regression to primitive mechanisms. As to the question of feminine masochism, it bears a closer relationship to preoedipal experiences, especially with regard to the original meaning of the relationship with the mother. He stressed a significant feature of Dr. Bernstein's contribution: not only the distinction between what the mother meant to the child, but also what the child meant to the mother. Dr. Ludwig Eidelberg pointed out that for the male masochist, pervert, or moral masochist, the sadist always represents a heterosexual object, but that the manifest object is represented as a woman in order to hide the homosexual wish for the father. He pointed out that the masochistic patient belongs usually to the narcissistic type, and thus uses defense mechanisms acceptable to the ego, whereas the patient who belongs to the obsessional type, selects either paranoia or a depression. Dr. Klein believed the patients described by Dr. Bernstein showed evidence of masochistic character rather than perversion. In the perversion, suffering is a necessary condition of pleasure; in the masochistic character, it is a condition for the attainment of pride. He recommended caution in assigning a masochistic motive to every act or enterprise that brings suffering or failure. Dr. Loewenstein identified the cases presented as masochistic characters, or as moral masochism, differing, in many respects, from clinical syndromes in which masochistic perversions, or trends, play a conscious or unconscious role.

ALBERT A. ROSNER

October 30, 1956. A SCHIZOID PATIENT. Ludwig Eidelberg, M.D.

In the analysis of a schizoid character, the patient felt his symptoms to be 'not too serious', referred to them all as 'nonsense' which he could stop if he wanted to, but for some reason did not 'want to'. The lack of any serious approach made analysis impossible and four months of preparatory discussions were given to getting the patient to modify his attitude toward his neurosis before exploring his unconscious. Phallic material emerged relative to both the positive and negative oedipus and aroused sufficient anxiety in the patient to cause him to interrupt his associations and get up from the couch. After another period of discussion the patient resumed the couch, with a great outpouring of material, resenting any attempt to control or regulate his 'daily output'. The schizoid patient is eager to use the basic rule to indulge in an orgy of free associations; he behaves as if ego and superego had little power over his id, leading to the impression held by some authors that his illness represents a 'break through' of infantile wishes against which ego and superego fail to make adequate defenses. This alleged lack of defense is examined in the present case. The defenses are described as different from those of a neurotic and made possible by the patient's ability to split his personality into two parts; one that represented the wish, and one that observed it and made fun of it. He was thus able to represent both subject and object in the primary narcissistic stage of development. The author

discusses splitting of personality, describing a 'normal' splitting, in which the subject is conscious of using one part of the personality to examine another part, and a pathological splitting, in which the subject behaves as if he were not one but two persons, denying that the desire he is examining is his desire and trying to pretend that he is not involved with or threatened by the pressure of undischarged instinctual tension.

In summing up the results of the first two years of analysis, the author states that the patient finally realized how sick he was and was prepared to work seriously to free himself from his neurosis, but adds that the therapeutic result of the analysis of the negative oedipus was disappointing. The author was led, through subsequent material of the oral phase, to consider the possibility of preoral trauma in this case, and that such trauma may be responsible for the 'choice' of schizoid personality or schizophrenia. At this point in the treatment, the patient divulged a long kept secret, that he collected feces in glass jars and, at that time, had about forty of them. Following this revelation and the analysis of it, fantasies and dreams emerged relating to a cruel mother who died when the patient was two years old. She was followed by a cruel and sadistic nurse who took care of the patient until he was six. Evidences of oral frustration dominated this part of the analysis together with material indicating a preoral trauma involving difficulties. This was linked to the possibility of some trouble in starting to use his lungs at birth. Thus his inability to wait, and his fear of women seemed connected to his difficulties in adjusting to the intake of air; his fear of women and his impatience were caused by his unconscious treatment of all external objects, as if they were as important and as urgent as the oxygen he needed. In working through these problems, he began to free himself of his neurosis.

Dr. Orenstein raised, in discussion, the question of terminal respiratory illness in the mother. Dr. Abram Blau thought the patient could be considered a paranoid schizophrenic and asked if the more active role of the analyst might not be what Ferenczi advocated, and if it were not necessary, to a degree, in all analyses. Dr. Jan Frank remarked on the archaic defense of denial in this patient; that many such patients have suffered the loss of their mothers early in childhood. He added that standard techniques have to be modified in such cases, and that educative and supportive measures may have to be mingled with standard analysis. Dr. Philip Weissman remarked on the possibility of achieving therapeutic results in by-passing many phallic, anal, and oral interpretations and dealing more directly with preoral aspects of object-relationship disturbances so crucial in this type of case. Dr. Charles Brenner raised the question concerning proof that analyzing other aspects of patients' unconscious produced no therapeutic results, whereas analysis of a dream and fantasy material that seemed to recapitulate an experience in the first few minutes of life did produce a satisfactory therapeutic result. In how many other cases, in his experience, did Dr. Eidelberg find that a similar interpretation, a similar ordering of the material, or similar hypothesis about the material became necessary in order to produce a satisfactory result; and have there been any cases in which such an ordering did not achieve satisfactory results? Dr. David Beres asked if there had been any indication that the

patient had been withholding the information about the collecting of feces for such a long period of time. Dr. Otto Sperling expressed full agreement with Dr. Eidelberg in not attempting a frontal attack on patients' symptoms and resistances; that a patient's making his confession after a long time was beneficial to the analysis, adding that not forcing a patient by command or demand may prevent an escape in psychosis. He did not see much modification in the treatment and considered it rather classical analysis.

Dr. Eidelberg, in summary, said he did not know what the patient's mother had died from and that it remained an important theoretical question; he, himself, had resistance to the preoral material, but it was there and had to be considered. He did not think the patient was a schizophrenic, nor did he think his technique necessarily a return to that of Ferenczi. Referring again to the preoral material, he was not, he said, entering the metapsychological aspect but only presenting the result, that is, the patient changed after difficulties connected with learning how to breathe were analyzed and thus presented therapeutic proof (analysis uses as proof circumstantial evidence and therapeutic change). As to the patient's withholding the secret about his feces, it was possible that Dr. Eidelberg might have missed it, but even if he had picked it up earlier, he would have waited for the patient to bring it out.

JOHN DONADEO

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The FREUD ARCHIVES, INC. has been given a grant of twenty-two thousand five hundred dollars by the Ford Foundation for the acquisition, transcription, and cataloging of material related to the life and work of Sigmund Freud.

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On March 17, 1957, Dr. Earl D. Bond became THE MENNINGER FOUNDATION'S FIRST ALFRED P. SLOAN VISITING PROFESSOR IN PSYCHIATRY. He planned to remain in Topeka for several weeks, spending most of his time meeting informally with individuals and small groups of Fellows in the Menninger School of Psychiatry. The visiting professorships were established by a grant from the Alfred P. Sloan Foundation. Their purpose is to bring to Topeka, for varying periods of time, men and women of outstanding achievement in psychiatry in order to enrich the professional education of the nearly one hundred and fifty physicians studying in the Menninger School of Psychiatry. Doctor Bond, a former president of the American Psychiatric Association, is now in his forty-ninth year in the profession. During the past forty-four years he has been actively associated with Philadelphia's Pennsylvania Hospital, for the past twenty-one years as its physician-in-chief and as director of training for the University of Pennsylvania Graduate School of Medicine.

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Dr. Manfred S. Guttmacher, Psychiatrist and Chief Medical Officer of the Supreme Bench of Baltimore, Maryland, is the sixth winner of the ISAAC RAY LECTURESHIP AWARD of the American Psychiatric Association, it was announced at the American Psychiatric Association's annual meeting in May 1957. The Award is



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given annually to a psychiatrist, lawyer, or judge for contributing importantly to better understanding between Psychiatry and Law. As recipient, Dr. Guttmacher will deliver a series of lectures on psychiatry and the law under the sponsorship of the Schools of Law and Medicine at the University of Minnesota in the academic year 1957-1958.

Dr. Guttmacher, a native of Baltimore, is co-author with Henry Weihofen of *Psychiatry and the Law* (1952), and a comprehensive study, *Sex Offenses* (1951). He has also done a biographical study of England's mad King, George III, under the title, *America's Last King*, and has published more than a score of articles. He received his B.A. and M.D. degrees from Johns Hopkins University and is now on the faculty of the Department of Psychiatry there, as well as at the University of Maryland School of Medicine. He is also a lecturer in the Law School of the University of Maryland.