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LETTERS PERTAINING TO FREUD'S 'HISTORY OF AN INFANTILE NEUROSIS'

THE PSYCHOANALYTIC QUARTERLY *expresses its thanks to the 'Wolf-man' and to the Freud Archives for permission to publish the following two letters. The first, formerly in the possession of Dr. Ruth Mack Brunswick, was written by the 'Wolf-man' to Professor Freud on June 6, 1926. A lengthy excerpt follows from a letter to the Archives, dated June 11, 1957, which answered an inquiry concerning the first letter.*

Vienna, June 6, 1926.

Dear Professor Freud:

Your valued letter was very pleasant; let me thank you for it most cordially. Naturally, now that I know your opinion in regard to the motion-picture piece and the newspaper article, I shall do no more about them. In reply to your questions about my childhood dream, I hasten to communicate to you all that has come to my mind in relation to this dream.

As to points 1 and 2: I am completely sure in my belief that I dreamed the Wolf-dream precisely as I narrated it to you at the time. I have no reason to doubt the correctness of this memory. On the contrary, the dream's brevity and clarity have always seemed to me to be its most characteristic qualities. Also, so far as I know, my memory of this childhood dream never underwent any change. After it, I was afraid of having dreams of this sort, and as a counteracting measure, I used to bring before my eyes, before I went to sleep, such things as frightened me, among them this dream. The Wolf-dream always appeared to me to be central among childhood dreams, if for no other reason, because the Wolf dominated my childhood fantasy. However, when I later on saw a real wolf in the menagerie, I was quite disappointed, and I did not recognize in it the Wolf of my childhood. The Wolves sitting on the tree were in fact not wolves at all but white Spitz dogs with pointed ears [in German, *spitzen Ohren*]

and bushy tails. As to point 3: I narrated the dream of the Wolves to you near the beginning of my analysis, to the best of my recollection within a month or two after the start. The solution came then, as you state entirely accurately, only at the end of the treatment.

I am able to add the following on the subject of the dream.

About fourteen days ago, after I was in bed, I recalled the dream again, and I imagined that the window in our room suddenly opened by itself. Then I thought of the Russian opera Pique Dame. The opera was written using a story of Pushkin as a text. A young officer named Herman breaks into the bedroom of an old lady called Pique Dame [Queen of Spades] one night and forces from her the secret of the three cards by means of which one can win every game. Immediately after his departure, Pique Dame has a stroke. In the next act, Herman is seated all alone in the room facing the window. It is night. All at once the window, just as in my dream, opens by itself, and a dazzlingly lit-up, white figure (the deceased Pique Dame) passes by.

Pique Dame was, it is noteworthy, the first opera that my sister and I attended. At the time, however, the scene with the window made no impression on me whatever, and I retained only the impression of dazzling uniforms. Indeed, next day we played at being Pique Dame and Herman, at home. I was Herman. Later, however, whenever I saw the scene with the window that opened by itself, I had an uncanny feeling.

It is difficult for me to answer whether I saw the opera before I had the dream. It seems not to be the case. Yet, on the other hand, the fact that when I first saw the scene with the window it made no impression on me is in favor of the idea. Also, the opening of the window, the breaking into the bedroom, the Pique Dame herself (i.e., the elderly Englishwoman) were all well-known things to us. Another scene in the same opera, in which shepherds and shepherdesses make amorous proposals to each other, could be taken in connection with the spitz dogs, which were surely sheep dogs. The shepherds and shepherdesses

wore large white perukes, which again would remind one of the white dogs, or their white tails.

Without any connection with the dream, two other childhood memories recently occurred to me, from my earliest days. One was a conversation with the coachman about the operation that is performed on stallions, and the second was my mother's story about a kinsman born with six toes, of which one was chopped off immediately after his birth. Both deal with the subject of castration. A bridge to the opera Pique Dame might be glimpsed in the fact that Herman is a German name, and in the Pushkin tale he is expressly stated to be a Russian-German. This characteristic would bring him into connection with the mute water carrier, of whom I told you during my analysis (*Nemetz = Deutscher—der Stumme*).[1] I should be very happy if the above information is of service to you. In accordance with your wish, I shall visit you on the 16th in the morning, and I am extremely delighted that I may see you again.

We both thank you, dear Professor, most sincerely for your kindness; it is a great consolation that you have not forgotten us. My wife and I send you our greetings and our best wishes.

Devotedly and gratefully,

[SIGNED]

[1] In Russian, mute is *nemoy*, German is *Nemetz*, that is, German equals mute. [Ed.]

Wien, 6 Juni 1926

Lieber Herr Professor,

Ihre werten Zeilen haben mich sehr gefreut und danke ich Ihnen herzlichst für dieselben. Bezüglich des Kinostückes und des Zeitungsartikels werde ich selbstverständlich, nachdem ich nun Ihre Ansicht kenne, nichts mehr unternehmen. Was Ihre Fragen hinsichtlich meines Kindertraumes betrifft, so beeile ich mich Ihnen alles was mir zu diesem Traum einfallen ist mitzuteilen.

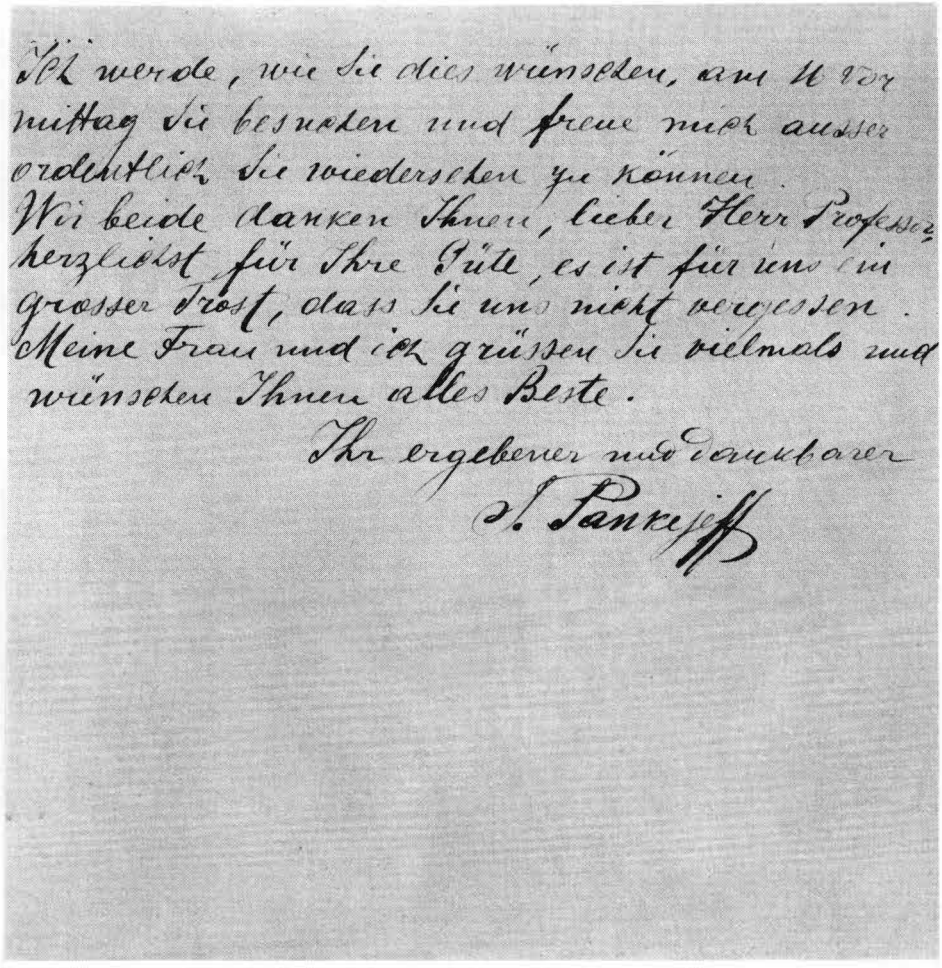
Ad Punkt 1 und 2. Ich glaube ganz sicher zu sein, dass ich den Adolfstraum genau so träumte wie ich Ihnen dies seinerzeit erzählt habe. Es besteht für mich kein Anlass die Richtigkeit dieser Erinnerung zu bezweifeln. Im Gegenteil, die Kürze und Klarheit dieses Traumes scheinen mir stets das charakteristische an ihm zu sein. Auch hat meines Wissens die Erinnerung an diesen Kindertraum niemals eine Veränderung erfahren. Ich hatte nach demselben Angst vor

ähnlichen Träumen und pflegte als Gegenmassnahme vor dem Einschlafen diejenigen Dinge, die ich fürchtete, somit auch diesen Traum, mir vor Augen zu halten. Der Wolfstraum schien mir immer im Mittelpunkt meiner Kindertraume zu stehen, schon deshalb, weil der Wolf meine Kinderphantasie beherrschte. Allerdings als ich dann später einen wirklichen Wolf in der Menagerie sah, war ich sehr enttäuscht und erkannte in ihm den Wolf meiner Kindheit nicht. Die auf dem Baume sitzenden Wölfe waren auch eigentlich keine Wölfe sondern weisse Spitzhunde mit spitzen Ohren und buschigen Schwänzen.
Zu Punkt 3. den Wolfstraum habe ich Ihnen im Anfang der Kur nur zwar so viel ich mich erinnere nach ein oder zwei Monaten nach Eintritt derselben erzählt. Die Lösung kannte dann, wie Sie ganz richtig schreiben, erst am Ende der Kur.
Zum Thema des Traumes kann ich noch folgendes hinzufügen.
Vor zirka 14 Tagen, als ich schon im Bett lag erinnerte ich mich wieder an diesen Traum und

stellte mir vor, dass die Fenster unseres Zimmer plötzlich von selbst aufgehen. Dann fiel mir die russische Oper „Pikdame" ein. Die Oper ist geschrieben nach einer Erzählung v. Puschkin. Ein junger Offizier namens Hermann dringt in der Nacht zu der alten Pikdame ins Schlafzimmer und erzwingt von ihr das Geheimniss der 3 Karten, mit denen man jedes Spiel gewinnen kann. Die Pikdame trifft unmittelbar nach seiner Entfernung der Schlag. Im nächsten Akt sitzt Hermann allein im Zimmer mit dem Gesicht zum Fenster gerichtet. Es ist Nacht. Mit ein mal gehen die Fenster, genau so wie im Traume, von selbst auf und es zieht eine grell beleuchtete weisse Gestalt die verstorbene Pikdame am Fenster vorbei.
Die Pikdame war merkwürdigerweise die erste Oper die ich und die Schwester gesehen haben. Damals hat aber auf mich die Scene mit dem Fenster gar kein Eindruck gemacht und es sind mir nur die grellen Uniformen in Erinnerung geblieben. Den anderen Tag spielten wir

sogar mit der Schwester die Pikdame zu Hause, wobei ich den Hermann darstellte. Später aber immer wenn ich während dieser Scene die Fenster von selbst aufgehen sah, war es mir unheimlich.
Ob es möglich wäre, dass ich die Oper noch vor dem Traum gesehen habe, kann ich schwer beantworten. Es scheint mir, dass es nicht der Fall ist. Doch spricht andererseits dafür die Tatsache, dass als ich die Scene mit dem Fenster zum erstenmal sah sie auf mich kein Entsetzen machte. Auch wären das Aufgehen der Fenster, das Eindringen in das Schlafzimmer, das Erzwingen des Geheimnisses, die alte Pikdame selbst (resp. die alte Engländerin) — uns lauter bekannte Dinge. Eine andere Scene in derselben Oper, wo Schäffer und Schäfferin sich gegenseitig Liebeserklärungen machen, könnte man in keine Beziehung zu den spitzhündchen, die doch silberne Schäfferhunde waren, bringen. Der Schäffer u. die Schäfferin trugen grosse weisse Perücken, was wieder an die Wissen Hunde hier. Ihre Schwänze erinnern würde. Sogar die Zahl drei von der ich während der Zwischenakte nicht abkommen

konnte, nicht hinein passen.
Ohne Zusammenhang mit diesem Traum sind mir ebenfalls vor kurzer Zeit noch zwei andere Erinnerungen aus der ersten Kindheit eingefallen. Die eine ist das Gespräch mit dem Knaben über die Operation, die man bei den Kleinsten vernimmt, und die zweite, die Erzählung der Mutter von einer Verwandten, die mit 6 Zehen auf die Welt gekommen ist und der man sofort nach der Geburt den 6 Zehen abgehackt hat. Beide bedeuten somit das Thema der Kastration. Die Brücke zu der Oper Pikdame könnte man darin erblicken, dass Hermann ein deutscher Name ist, bei Puschkin ist er sogar ausdrücklich als russischdeutsch genannt. In dieser Eigenschaft würde er in einer Verwandtschaft zu dem stummen Wasserträger, von dem ich Ihnen in der Kur erzählt habe, stehen (Nemetz = Deutscher — der Stumme).
Es würde mich sehr freuen, wenn Ihnen mit diesen Mitteilungen gedient sein sollte.



Ich werde, wie Sie dies wünschen, am 11 Uhr mittag Sie besuchen und freue mich ausserordentlich Sie wiedersehen zu können.
Wir beide danken Ihnen, lieber Herr Professor, herzlichst für Ihre Bitte, es ist für uns ein grosser Trost, dass Sie uns nicht vergessen.
Meine Frau und ich grüssen Sie vielmals und wünschen Ihnen alles Beste.

Ihr ergebener und dankbarer

P. Pankejeff

June 11, 1957

. . . Concerning my letter to Professor Freud, which you sent me. . . . First of all, let me affirm that I had forgotten completely all about this letter. I remember now, indeed, that at the time Professor Freud had some question as to the correct account of the Wolf-dream, or perhaps something was not clear and he wished some confirmation of my remembrance of this dream. As my letter to him shows, the chief question was whether I had seen the opera Pique Dame before the Wolf-dream. I am at present still of the opinion that I saw Pique Dame after the dream. Furthermore: The estate on which I was born was sold by my father when I was five years of age. However, we had moved from there some months previously to the city of N and I have not seen the place J since then. J, now a city of some sixty or seventy thousand inhabitants, lies on the E river, and the journey by ship to N lasted several days, so that we broke it and spent one night in D.

I can vaguely remember that my sister and I made such a journey one summer before this with the English governess. I believe we stayed in N a couple of weeks only. I was perhaps three or four years old and I cannot imagine any one's taking a child of that age to the opera. Indeed, I do not think the opera was open in summer then. Now it would suit the interpretation of the Wolf-dream much better if the contrary were the case and if I had been to the opera before I had my dream. Unfortunately all of my memories speak against this. And I am convinced that I recounted the Wolf-dream to Professor Freud accurately right away. The dream was brief, clear, unequivocal, and always remained so in my memory, so that I cannot imagine that it could have been different.

It is interesting that my letter to Professor Freud is dated June 6, 1926. In June 1926 the symptoms relating to my nose appeared, ostensibly 'paranoia', for which I was treated by Dr. Mack. This must have been some days after the composition of my letter to Professor Freud; for on July first, 1926, my wife and

I went on a vacation, and I was already in an indescribably confused condition. If I had waited a few more days to answer Professor Freud, I should have been in a mental state in which I should probably not have been able to tell him anything which he would find useful. Or, could the outbreak of the 'paranoia' have had any connection with Professor Freud's questions?

It is striking to me that my letter to Professor Freud abounds in orthographic errors. Evidently I was then 'orally' a master of the German language but not in writing. Moreover this has psychoanalytic meaning. As you know, my sister and I had any number of tutors and governesses; for example, our teacher of mathematics, head of the N Observatory, was a nice, quiet man, who praised me to my father because of my mathematical gift; so that my father thought I took after his elder brother, who had studied mathematics. The same teacher complained to my father about my sister, who enchanted all the other teachers, because she persistently said, 'I don't know'. Later, after I had completed my *Matura* examinations, by chance I met this teacher on the street and told him I wished to study law; he was annoyed that I had not chosen mathematics or at least the natural sciences.

A contrast to this teacher was L, who taught us Russian, a great patriot and admirer of the Tsar. He constantly praised my sister, while I was his bête noire. I did well in my lessons with him, except that each dictation ended in an attack of rage on L's part because of the numerous *orthog(ra)phischen*[1] mistakes (interesting lapse in writing, here!), which I always made.

Later, when L came to visit us and learned that I was a good student at the Gymnasium, he was astonished and moved. In any case, a result of L's method of teaching is the unhappy fact that I have to use a dictionary even today to find how one spells this or that word.

The editor who received Tolstoy's first manuscript tells us that he had never before seen a manuscript with so many mistakes in spelling, and also that he had never seen one so well

[1] ***N.B.*** **This reproduces a corrected misspelling in the letter. [Ed.]**

and interestingly written. This statement consoled me. Finally, what strikes me about my letter to Professor Freud is the extent to which I speak of castration. No wonder, if this letter was written on the 'eve of a paranoia'.

Translations by B.D.L.

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The Oral Triad Applied to Psychosomatic Disorders

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THE ORAL TRIAD APPLIED TO PSYCHOSOMATIC DISORDERS

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There is good reason to consider that what have come to be called 'psychosomatic disorders' are the outcome of emotional disturbances which are essentially narcissistic. A disturbance in object relationships leads regressively to a libidinal reinvestment in secondary narcissism. Emotional energy which was favorably invested in object relationships is now diverted toward the patient's body. Particular organs or organ systems are assumed to develop physiological dysfunctions as a result of pathological emotional investment. The somatic dysfunction may also be considered a regressive attempt to restore object relationships. A hypersecreting stomach or a 'weeping' exuding skin are appeals to the environment for love which cannot be sought more directly. Such physiological communication originates during the early mother-child relationship in which physiological responses are an essential part of the intercommunication.

Lewin *(4)* has applied dream psychology to the study of the narcissistic neuroses. His studies have extended and deepened our knowledge of orality. His detection in dreams of the existence of a 'dream screen'—typically the 'blank dream' which is the visual representation of the breast as the satiated infant blissfully falls asleep—led him to construct the 'oral triad' which consists of the wish to eat, the wish to be eaten (passively incorporated into the mother's body), and the wish to sleep. In undisturbed sleep the oral wishes are realized by a fantasied reunion with the breast. Dreams are the result of day residues, intrusions from waking life upon the infantile wish to sleep. The manifest content of dreams is thus the attempt to resolve these intrusions

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in a way that will preserve the continuity of sleep. The latent content is the wish to sleep, represented by the dream screen.

Lewin applies his observations to the affective (narcissistic) disorders in the following way. Mania he divides into two phases, ecstasy and mania proper. In ecstasy the fantasy of fusion with the breast (without prohibition from the superego) is blissfully and rhapsodically re-enacted. Manic overactivity and wakefulness are omnipotent denials of the oral cravings. In depression the latent wish for the breast and sleep is countered by a return from repression of the reproaches of the superego (weaning and the father as a disturber of sleep). Suffering grievously, the depressed person nevertheless clings fiercely to the breast, and the infantile wish for sleep.

Lewin *(4)* summarizes his views of the relationship of the narcissistic neuroses to dream psychology as follows: 'If we compare the three . . . (ecstasy, hypomania proper, and depression) with the dream, we may say that ecstasy is like a blank or nearly blank, narcissistic, satisfying dream. Hypomania is like a dream in which the same regression is effected but unconsciously and is covered by denials and other disguising defenses, especially displacement to action. Depression also unconsciously maintains the regression, but consciously uses the auditory and painful impressions as manifest cover. In both hypomania proper and depression, the cathexis of the breast is maintained; in the first picture it is revealed consciously by the pleasure qualities, in the second by qualities of unpleasure that go back to the same situation.'

Lewin's thinking amplifies our understanding of the activity-passivity conflict underlying so many emotional disorders, including those termed psychosomatic. Its clinical applicability to the psychosomatic field is illustrated by the following.

CLINICAL EXAMPLES

I

A forty-year-old professional man, who suffers from severe

attacks of migraine, has cyclothymic trends. Several members of his family have suffered from manic-depressive disorders. He has had severe headaches since he started working in his late adolescence. He always feels harried and pressed by the financial and emotional demands of his wife and children. He reacts to this by varying periods of accelerated intellectual activity and hypomanic gregariousness. After a time he feels the need to relax, take a vacation and sleep. Arriving at the vacation site, an attack of migraine begins. Or, he will go home and be awakened frequently by headache. Occasionally, needing relief from the pressure of work and fearing a vacation and its attendant migraine, he has relaxed into his migraine, and then been hospitalized a month or two for migraine, the price of his rest. The conflict over relaxation and sleep is connected with the dangers which dependence on his mother represented to him. Several times she appeared in dreams in the guise of a threatening wild animal.

During his periods of excessive activity he engaged in sexual activities in typical hypomanic fashion. At such times, when he could sleep, he would be awakened by headache from florid heterosexual dreams. He stated that such dreams sometimes indicated to him the imminence of headache.

Psychotherapy focused on making him aware of his dependent needs. For a time he yielded to his passivity, acting out his desire to rest and be freed of the responsibilities of his family. His mental state was one of fogginess, (as opposed to his previous clearheadedness), much sleeping, a feeling that all activity was too much for him, and an acknowledged desire for his wife's loving care which he had previously avoided. He could emerge from this foggy condition only by napping and eating. Eventually he was able to impose on himself a regimen of controlling his excessive activity by allowing himself naps in the middle of the day. At this point he was symptom free and discontinued therapy; but after a few months he returned to his old pattern of hyperactivity followed by passivity and migraine.

In this patient the wish for sleep (rest, relaxation) was denied

by hyperactivity in waking life, and sleep or rest was interrupted by 'hyper-head' activity (migraine) at the moment rest was sought. His dreams are especially significant. The manifest content of excessive heterosexual activity functioned as an attempt to preserve sleep. But this attempt did not permit sleep to continue.[1]

II

A man of thirty-eight had peptic ulcer and unilateral 'histamine headaches', a type associated with rapid development of unilateral nasal congestion, which may be of swift onset and short duration or may be long lasting. His headaches were regularly associated with situations which stimulated the need to prove himself a man. Intellectual activity was the path that had been selected to prove this, and the headache demonstrated how hard he was 'working his head'. Fundamentally, the head activity expressed a striving for love and dependent gratification by meeting his family's demands that he be smart. Complaints of ulcer pain were associated with threats to his dependent relationship to his wife. After beginning to express his dislike of certain aspects of family life during his childhood—and particularly certain critical attitudes toward his mother—he had a considerable bout of ulcer pain. Thus head and stomach each had its assigned role in the activity-passivity conflict. All the reactions of this patient were quite clear and simple to follow be-

[1] *Cf.* Lewin, Bertram D.: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950, p. 158. 'It is historically interesting that Abraham, in his first paper on manic-depressive conditions (1912), recorded data that pertained to going to sleep and to the events that precede sleep. In fact, his very first cyclothymic patient provided him with facts that link mania and the hypnagogic state. The patient was forbidden to masturbate by his wet nurse when he was very young. Unable to comply with her demand, he secretly masturbated in bed while going to sleep or in a half-asleep state, and in puberty he repeated this pattern. Later in his depressive periods, he slept well, but during his hypomanic swings he was wakeful, and "nearly every night a sexual excitement would overtake him with sudden violence". His sexuality, Abraham remarked, was active mainly in sleep.' [Ed.]

cause he had never developed strong or complex psychological defenses.

He studied playing bridge in which he strongly desired to excel. He took the game very seriously. He was a man who especially enjoyed sleep, and strongly resented being deprived of it. He often stayed up late engaging in various sports and other activities, but the following morning he would sleep late, thus serving two masters (sleep and wakefulness). Typical of disturbance of his sleep is an instance following a bridge lesson when his mind was 'full of the game'. He was tired and went to sleep. He dreamed only of trying to solve bridge problems. He was awakened from this interminable dream by one of his typical headaches. In another similar sequence he dreamed of 'something sexual'—just what is not clear. There were several women in the dream. They seemed to be in water, swimming. The only one he recognized was his wife. He wakened with a headache, which he at once said was 'the boss telling me to get up and go to work'.

The dream of working at bridge problems (manifest content) has for its purpose the preservation of sleep (latent content). But the attempt finally fails and he wakes with a headache, a symptom motivated by the need to deny his passivity, the wish to sleep.[2]

This patient had been symptom free for several months. Then pressure began building up at work, and also during this time he became fully aware that the important supporting figures of his past and present life, his mother and his older brother, were both physically smaller and emotionally weaker than he. At this point he recounted for the first time that he had been nursed at the breast until he was three years old, when his younger brother

[2] In addition to a struggle against oral fears and passivity such 'occupational dreams' frequently represent defenses against masturbatory fantasies when masturbation would have taken place were it not prohibited by conflict with the superego. The problem of masturbation, which is genital, becomes a sleep problem—'oral' in an extended sense. [Ed.]

was born. He was aware of a wish to get away from the anxiety his current problems were causing him. His feelings of 'being torn from my mother's breast' at the age of three were discussed without much apparent reaction. The night following this discussion he dreamed he was in a car, so surrounded by fog that it could not move. He woke from this dream with a headache and a bellyache. He complained to his wife who was very solicitous. He was aware of a wish to rest and had the thought that if he had a heart attack he could go to a hospital. Headache and stomach pains persisted over the weekend, subsiding only on his return to work on Monday when I saw him. As we discussed his feelings about hospitalization, I said: 'You would enjoy all the care; the nurses and the good food'. He broke in smiling to say, 'When do you ever get good food in a hospital?'. He at once recognized and amplified on his attitude of oral pessimism. He did not feel like working at therapy today; he wanted to be talked to. The dream he interpreted to mean that he was stopped, could no longer be active. His state of mind was an enveloping fog that shut off his view of the road. He acknowledged the wish to be passive and to be cared for, but, he objected, it was not practical; who would do this for him?. The pressure to work—the headache which awakened him—he related to his brother who had been continually prodding him to be productive and energetic.

In this dream, which follows the recollection of his prolonged nursing (marked oral fixation and painful separation from the breast), the fog probably represents the dream screen. The brother (father) who wakes him is the headache.

In another dream, during a night in which he had headache, the therapist first appeared with a policeman's cap. The patient did not understand something and the therapist said he would explain. The therapist then appeared with a woman's hat, went to the patient and kissed him. The patient responded to this in the dream by saying very intensely, 'Mama, Mama, Mama'. He woke, relieved from headache, and understood the dream. The policeman represented his older brother and the demand that

he be actively successful like the older brother so that he might be loved by the mother. The therapist explained what he really wants—the dependent relationship with mother—and he woke relieved of his headache.

Similar disturbances are clearly seen in patients with itching dermatoses. This was succinctly exemplified in the remark of a hard-driving business man (also with a history of peptic ulcer) who said: 'I start to itch at bedtime just because I want to sleep, I suppose'. He feared sleep because of the damage he might inflict by his impulse to scratch as he slept.

III

A middle-aged woman suffers from neurodermatitis. Itching is worse at night and she scratches during sleep, waking to find areas of skin sore and bleeding. She was driven into many activities as denials of a strong passive craving. In the course of therapy, awareness of her dependent needs resulted in less self-driving negation of them and in improvement of her skin. In a characteristic series of events she attended a committee meeting one evening. She would have preferred to stay home and rest. She returned home tired and went to sleep. Her sleep was disturbed all night by dreams of the meeting she had attended and the problems it raised (manifest content). As she slept (latent content—the wish to sleep) she scratched (manifest content—activity) and eventually woke sore and oozing, having scratched herself severely.

The dream of the committee meeting is an attempt to preserve sleep. It is as if she says: 'See, I am not relaxed in sleep; I have no passive or erotic desires; I dream of the meeting, and I scratch'. Eventually the sleep preservative mechanism fails when the scratching becomes destructive, no longer giving pleasure, but causing only pain. This is analogous to the headaches which wakened the previously mentioned patients.

The conflict between the wish to sleep (gratification) and a waking disturbance (prohibition) shows itself clearly in behavior

patterns of psychosomatic patients other than those directly related to sleep and dreams.

IV

A young woman suffered from a severe atopic dermatitis. The intense itching, worse at night, prevented sleep, or made of it a bloody scratching nightmare. This young woman suffered from sexual frigidity. Working through her œdipal conflicts resulted in relief of her frigidity, and in symptomatic improvement. She became able to have vaginal orgasms. She was naturally pleased at this improvement which enabled her to relax after intercourse, something previously impossible. But I was surprised to learn that as she relaxed postcoitally, she would find herself itching and scratching severely. I was at a loss to understand this until I finally recognized that though there had been an alleviation of the œdipal problem, the underlying oral cravings remained, in consequence of which the wish to relax into sleep remained fraught with dangers. It required a considerable period of additional therapy before she could allow herself to relax into sleep.

V

A middle-aged woman suffered from a severe and chronic dermatitis herpetiformis. Her entire life had been a struggle against passive regressive needs. Her psychological defenses consisted largely of denial, counterphobic reactions, reaction-formations, and a masochistic tendency to give and do for others, without accepting anything for herself. Insomnia was a great problem for her. She was kept awake by itching, and subsequently, it became clear, by fear of her dreams. Her resistance to sleep was so great that enormous doses of sedatives only made her 'groggy'. She was usually awake all night, but in the morning, listening to the radio, she would fall asleep. Yet as she slept she kept an ear cocked to the radio programs—having some feeling that she was following them. This is an external analogue to the 'busy'

dreams which permit sleep by a semi-conscious alertness to id impulses and superego dictates.[3]

This woman stated that if someone slept in the room with her (substitute ego, superego) she could go to sleep because her scratching and restlessness would keep the other person awake, and this she could not permit herself to do!

VI

A six-year-old girl, suffering with atopic dermatitis, in therapy with a psychiatric social worker,[4] illustrates the conflict between the waking somatic symptom and the sleep wishes. This child on beginning treatment clung to her mother, and on coming in the play room scratched throughout much of the interview. She requested the therapist to rub her, as her mother did, and this request was granted. She ate candy during a large portion of the therapeutic session. After several interviews, she began to come in, scratch briefly, and then calm down under the therapist's stroking. She became sleepy, and finally, with permission and encouragement, slept fitfully. After sleeping thus in a chair a few times, she was asked if she wished to sit on the worker's lap. She at first said no; then said she would, and for four consecutive hours slept in the therapist's lap. Sleep was preceded by a brief initial episode of scratching and eating candy.

In all the instances cited the persistence of an unconscious breast cathexis, however disguised and denied by headache, itching, and occupational dreams, was manifested by the persisting oral orientation and attempts at oral gratification running throughout the patients' lives. Phenomenologically, the psycho-

[3] This may account for the sleep habits of some people who sleep better under the influence of waking stimuli, e.g. the radio, television, lectures, lights, coffee at bedtime, etc. It would explain those apparent contradictions to the ordinary necessity for reduction of stimuli and withdrawal of cathexis from the environment to produce sleep.

[4] I am indebted to Miss Annette Klein, Psychiatric Social Worker, Michael Reese Hospital, the child's therapist, for this information.

somatic disorders tend to condense the defensive elements Lewin has ascribed to the hypomanic and depressive pictures respectively. The attempts in actuality or in dreams at hyperactivity, suggest the hypomanic defense. The sufferings from headache or scratching represent the manifest weaning and waking from narcissistic bliss (sleep) which disguise the latent narcissistic gratification of the nursing situation, and which are responsible for the manifest picture of depression—the suffering.[5]

It is only when the patient, as a result of therapy, is able to move toward relinquishing the regressive strivings that the need for psychosomatic equivalents of hypomanic or depressive denials diminishes.

That the somatic disturbances represent an interference with the narcissistic (and libidinal) gratifications of sleep, is evidenced by the effects of relaxation on these physiological dysfunctions. In most psychophysiological studies in which measurements of physiological functions parallel psychological observations, the state of relaxation represents a baseline, at which time physiological disturbances are at a minimum. The state of relaxation induced in psychophysiological experiments—and spontaneously in psychotherapeutic sessions—has much the same meaning to the subject as has the original state of oral bliss to the neonate.

VII

A woman suffered from a severe atopic dermatitis. A very immature person, she needed a great deal of reassurance and direct support. On a few occasions, to induce sleep, she had been hypnotized. Thereafter, though hypnosis was not used, her therapeutic sessions were colored by this experience. She would come in tense, lie down on the couch with utmost gratification, recount what was troubling her, and soon feel very relaxed,

[5] A dermal counterpart of oral pleasure is voluptuous pleasure from scratching. Patients often report scratching is painful (manifest content) until they are asked if it feels good, when its intense pleasurable aspect (latent content) is at once revealed.

warm, and comforted. Her thoughts and perceptions would grow hazy *(2)* and she would almost fall asleep. She enjoyed this very much. She would come into the office with her face, arms, and neck an angry red, and leave, following her enjoyable relaxation (with the therapist in the maternal role), with her skin restored to normal color and appearance except for scratches.

VIII

A middle-aged man had a severe coronary occlusion, and subsequently suffered from severe angina and arrhythmia exceedingly difficult to alleviate. When I was called to see him he was very tense and apprehensive. He could not sleep or relax because he feared he would not wake up. His symptoms of tension, headache, and insomnia were a consequence of his attempts to escape the temptation to sleep definitively. He treated his internal danger as if it were external and developed a state of vigilance which enabled him periodically to rouse himself from sleep. While he slept he felt he was *working* at sleeping, and could only keep himself asleep for limited periods. It was apparent that his anxieties exaggerated his organic symptoms, particularly the angina. His cardiac status was precarious and his physician insisted that any psychotherapy which might give rise to additional physiological disturbance as a consequence of emotional upheavals was to be avoided. It required only a brief conversation with the patient to recognize a manifest conflict centering around passive oral needs warring with powerful demands of conscience for high performance and achievement.

In view of the situation, and evidences of considerable latent psychically disturbing material, my aim or model in therapy was to establish physiological and psychological relaxation by means of hypnotic suggestion. Hypnosis of moderate depth was readily induced and only relaxing suggestions were given. He was told to relax; he would not have to carry his own weight, but would let the bed hold him up, he would not have to care for himself, but would let the doctors and nurses take care of him. My hope was that my attention, and the hypnotic situation which was

formulated with the purpose of encouraging safe dependence on another person, would unconsciously signify something like a maternal image on whom he could relax. In other words, my mental image of the process was that I would help him to a point where he could safely achieve the third wish of the oral triad, to sleep, and with it gain physiological relaxation. The early result of this therapy, after some ups and downs, was that he achieved a considerable degree of muscular relaxation and diminution of headache. This led to feelings of some confidence and optimism, in place of his previous mood of depression. Next, as feelings of relaxation began to extend beyond the hypnotic sessions to the entire day and night, he noted decreasing anxiety in response to anginal pains and arrhythmia. There was less concern about these organic disturbances and, therefore, less accentuation of anxiety because he ceased to be as preoccupied with every twinge and palpitation as he had been before. Essentially he was less frightened by the symptoms which had previously induced panic. This was accomplished not by any uncovering of unconscious conflicts. It was not the result of any lessening of the gravity of his situation or of any attempts to minimize its dangers; therefore, his lessened concern, associated with improved ability to relax, was apparently the result of the hypnotic relationship which provided him with an illusion of a maternal presence upon which he could rely.

To speak of somatic processes as having latent or manifest content, in analogy to dream psychology, is semantically inexact. The somatic processes are not psychological phenomena, nor for that matter are the persistent breast cathexes described by Lewin. These somatic processes, as pointed out by Grinker, originate in the early days of life, prior to the development of a psychic apparatus which may, if only by convention, be considered as antithetical to somatic processes. Grinker *(1)* states: 'The neonatal organism, with whatever differentiation apparent at birth, functions viscerally as a whole with global patterns of re-

action to all stress, internal or external. . . . The later development of the psychological system, accompanying neocortical functioning, object relationship, learning by cathexis, and the formation of word symbols, integrates as well as screens or reacts against the imprint of the earliest experiences, memory traces, and primary affects.'

The conflict between the waking influences and the unconscious wishes which arise in sleep requires further study. Self-permission to sleep is essentially permission to relax into an oral situation. The question which remains unanswered is why such a basic gratification in sleeping becomes so frequently charged with conflict?. It is useful to consider this from the standpoint of disturbances in the wishes of the oral triad and in terms of the influence of the superego. Lewin *(3)* states: 'The manic patient is in conflict over his wish to be devoured and go to sleep. His difficulty is with the two latter wishes of the oral triad. These wishes are shiftingly felt to be acceptable and not acceptable.'

The waking forces opposing the wish to relax into sleep include:

First, the fear of the second and third wishes of the oral triad. This, according to Lewin, is the fear of death and destruction, which is a consequence of an 'erotization' of the original 'good', 'blank' sleep of the satisfied infant. Later (genital) conflicts, regressively expressed in oral terms, turn the original wishes to be eaten and to sleep from being sources of satisfaction into causes of anxiety.

Second, the wish to eat. Presumably, the second wish of the oral triad can only follow satisfaction of the first wish. If this satisfaction had not been vouchsafed in infancy, then the instinctual cathexis would tend to be fixed on an active desire to eat, and the passive yielding consequent on satiation could not be reached. I have speculated that a failure to develop satisfying breast memories, as a consequence of oral frustration, is causally connected with an inadequate mechanism of primary repression.

As I see it, primary repression consists of some early internal regulation of instinctual drives. An early inadequacy in this sort of control predisposes, among other conditions, to psychosomatic disorder *(2)*.

Third, Lewin indicates how external and internal stimuli, present from the beginning of life, disturb sleep. These include noises, lights, cold, pain, hunger. 'The earliest arousers form ready alliances with the superego when it tries to waken or wean the sleeper from his sleep at the breast. Between the preœdipal arousers and the superego injunctions and punishments somewhere along the line is the father in the œdipal situation, who is also a waker, and in the full fantasy a weaner too, for it is the hungry, jealous father that becomes the wolf or the animal that takes over the mother's breast and prevents the infant's contented sleep.'

The forces of life and activity, the normal wakers, also oppose the wish to sleep, when it is pathologically hypercathected.

The incidental symptoms (headache, itching, and others) primarily represent an interference with the state of satiated oral bliss, at the same time that they may express the need for satisfaction of the first and second oral wishes.

In peptic ulcer these conflicts are readily observable. The wish to eat opposes the wish to sleep. The wish to eat contributes to activity because it is a wakeful wish. Ulcer pains often wake the patient at night like a hungry baby. And the dependent wish to eat arouses both shame and guilt from fear of retaliation for destructive oral wishes.

SUMMARY

Lewin's extension of dream psychology into the study of the narcissistic neuroses is considered as a model which may be helpful in explaining certain aspects of psychosomatic disorders. In this framework, a physiological dysfunction is considered to function as a mechanism of defense against the latent passive wish—the maintenance of a regressive breast cathexis—in the same way that

hypomania or depression disguises and denies the latently existing wish for satisfying narcissistic sleep.

The conflict between the waking forces, which in the psychosomatic disorders are expressed by physiological dysfunction, and the wish to sleep is related to a disturbance of the wishes of the oral triad of Lewin. For example, a fixation on disappointment of the wish to eat would interfere with gratification of the oral wish to achieve the sleep of satiation.

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MIGRAINE: DYNAMICS AND CHOICE OF SYMPTOM

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Migraine is a psychosomatic disorder in which emotional factors have long been known to play a significant role *(18)*. Attention was drawn early to the importance of 'erotic frustration periods' in precipitating migraine *(12)*. Several investigators *(21, 4, 17, 6)* have described the emotional problem as generalized repressed anger in a compulsive personality. However, in some psychoanalytic studies *(13, 19, 11, 7)* the anger has been attributed to more specific neurotic conflicts. Fromm-Reichmann *(5)*, for instance, concluded that patients suffering from migraine have strong hostile impulses toward highly intellectual persons. These impulses are repressed because of guilt but are released when the patient suffers an attack upon himself in the form of headache.

In the clinical study to be presented in this paper, the anger has been found to be related to rivalry and competition with women resulting from the patient's sexual impulses. Guilt arising from this anger is resolved in a masochistic way and leads to a headache. Nine patients, seven women and two men, were studied. They all had the characteristic syndrome of migraine, including aura, nausea, vomiting, and the feeling of well-being that often occurs after the headache. They ranged in age from twenty-eight to forty-three years, and were in treatment for periods of nine months to three years. Six of the patients were in psychoanalysis and the others were in psychotherapy.

In this paper only the emotional factor among the many aspects of migraine will be discussed. Other factors such as heredity, allergy, vasomotor, and hormonal effects have been

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studied extensively by many investigators, notably by Goodell *(9)*, Friedman and von Storch *(4)*, and Wolff *(21)*. The so-called 'migrainous personality and constitution' was described by Alvarez *(1)* and subsequently elaborated by Wolff *(21)*, whose studies of migraine are the most extensive published.

In the patients observed in this study, the psychodynamics of the sexual conflict proved to be similar in men and women. For the purpose of exposition, however, the sexes will be discussed separately.

During treatment of seven women patients, it was noted that migraine occurred most frequently when heterosexual desires were in the foreground. This can be noted in the following examples. A patient, who was discussing sexual matters in her treatment hours, was invited to lunch by her father and mother. As she took off her coat she felt that her father was staring at her breasts. She said to herself, 'Young woman, you should be angry about this'. Shortly thereafter she began to develop a headache which confined her to her home for the rest of the afternoon and evening. In describing this episode she spoke of her breasts. 'I want so very much for them to be larger.' She claimed that her breasts had actually enlarged since she began therapy. The intense wish for pregnancy is apparent in her remarks about her breasts. Later in analysis, engorgement of the breasts was associated with delayed menses. These symptoms appeared when the œdipal wish for a baby by the father was very active.

In another instance, a patient was feeling sexual urges as she went to bed, and was thinking of masturbating. She had the idea of getting a dog to guard her bedroom at night and then realized she was actually thinking that she wanted an intruder to come through her bedroom window and rape her. She awoke the next morning with a severe migraine headache.

Another patient was discussing during an analytic hour her methods of disguised flirting, which she had always naïvely denied. That night she dreamt that her lingerie was hanging on the doorknob of the analyst's door. In the dream, she hurried to collect it lest 'someone get the wrong idea'. The next morning

she had a severe left frontal headache which did not respond to medication and lasted all day.

Perestrello *(16)* has noted the same association of migraine and heterosexual impulses. In his paper on headache before the International Psychoanalytical Congress in 1953, he emphasized 'the relationship between crises of headache and contact with the opposite sex'.

In the episodes described above, overt sexual feelings were present. However, situations without conscious sexual feelings, but involving competition that echoes the œdipal rivalry in women, were also frequent occasions for headache. An example of such concurrence is seen in one patient whose husband deserted her and went off to marry the patient's best friend, with whom he had been having a secret affair. Several months later, while recalling the incident, the patient angrily stated that her friend had taken her husband away 'right under my naïve nose'. She felt furious, and her head started throbbing as she talked about it. She said, 'That girl isn't any more attractive than I, and I'm more feminine looking, but I just don't have it. I'm inadequate as far as appeal to men is concerned. I sound like an all-time loser. My head is beginning to throb, and I just don't want to have any more headaches.'

This patient had, on another occasion, developed a headache after her husband had belittled her as an inadequate mother of their two children in comparison to other women. He had taken her to task for neglecting the dental care of their children. She felt guilty and a headache began which lasted throughout the evening. In the middle of the night, she awakened and loudly cried out, 'But I don't want to be a mother to my husband or children or anyone. I don't want to be anybody's mother.' There was sudden, dramatic disappearance of the headache. As she in desperation abandoned the struggle to be a mother, she no longer had to face the competition with her own mother and the guilt feelings arising from it. There was no further need for suffering the headache.

Besides noting that situations of œdipal conflict cause mi-

graine attacks, it is important to observe that other kinds of conflict do *not* precipitate the headache, as the next case shows. This woman had been accustomed to having regular migraine attacks every three or four weeks for years. During the attacks, she was confined to bed and treated with Cafergot.[1] At the age of thirty-six, she had a depressive reaction following hysterectomy. This illness fluctuated in severity and was accompanied by severe regressive symptoms, especially persistent vomiting, aversion to food, and constant gagging. She moved to an older sister's home to be cared for. During this period, migraine attacks ceased and she exclaimed, 'I simply don't understand why I haven't had migraine headaches since the start of this trouble'. As she emerged from the depressive illness and resumed her former situation, headaches recurred. Regression to oral symptoms during the illness had led to relief from migraine attacks.

It can also be observed during treatment of migrainous patients that anger related to frustration of needs for dependency does not initiate migraine headache. A patient complained bitterly about the demands of her children upon her time and energy. No amount of anger over this problem led to a headache. When she shifted to unconscious material involving sexual feelings, however, headaches occurred often, especially upon awakening after dreams in which sexual conflict was the central theme.

The headache in response to sexual stimuli has masochistic elements, since the patient suffers an attack upon her own head. This becomes a substitute for sexual attack, even though the desire for *actual* sexual attack is often apparent. Such an attack can provide gratification of masochistic tension and may obviate the need for a headache or relieve an existing headache. During treatment the doctor is sought as the attacker. For instance, a patient reported severe disturbance the previous day. She had a 'supersevere headache'. Finally, when she reached the acme of distress she had an intense fantasy: 'I finally just ripped off my clothes and there I was naked, having sexual relations with you.

[1] A combination of caffein and ergotamine.

It was an intense physical experience.' Immediately after this fantasy she felt great relief of tension, the headache disappeared, and she felt relaxed. After describing the episode, she said, 'Now there—if there is any punishing to do, you can do it'. This patient, between the ages of eight and eleven, had shut herself in a closet and spanked herself with a wooden clothes hanger whenever she had sexual or masturbatory thoughts.

As a rule husbands are available to administer mistreatment to these masochistic persons. One patient spent part of each analytic hour reiterating stories of abuse at the hands of her husband. She said her husband takes her out in the evening because he enjoys it, but acts as if the excursion is for her benefit. She cried out, 'But, oh! The abuse I get for it!'. Later her husband had occasion to see the analyst and proudly confessed his therapeutic power, saying, 'Doctor, I've found a good way to help my wife with her headaches. I force her to go out in the evening, practically drag her to the car to get her to go. Otherwise she is good for two days in bed with a headache.'

Retreat to the masochistic response of headache depends on identification with the mother as a masochistic person. This identification with the mother includes the patient's unconscious perception of her mother as a victim of attack in fantasies of the primal scene. Perestrello *(16)* has reported his observations that a headache 'reproduces the attitude of the child in the parents' bedroom, and may thus be said to represent a repetition of the trauma of the primal scene'. Two of the seven women patients had conscious memories of hearing their parents in intercourse. One of them, having experienced a headache during the day, had the following dream and associations. She dreamt she was in a downstairs room in a house and was aware of violence going on upstairs, as if someone were being murdered. She then saw a feminine article on the floor. It was a used and bloody Tampax.[2] This dream pointed to preconscious awareness of sexual activity between her parents which she perceived as an attack upon her mother. This was borne out by her associations when she de-

[2] A menstrual pad designed for insertion inside the vagina.

scribed the apartment where her family lived. She slept in a room next to her parents' bedroom. The walls in the apartment were thin. With much anguish she related her conscious recollections of overhearing her parents in intercourse and she cried out, 'Damn them, they could at least have been quiet about it'. This remark betrayed her suffering and rage, as well as her forbidden desire for participation. At about this same time she had a brief dream in which her father was walking into her bedroom.

Another patient recalled her childhood as being largely a series of complaints by her mother about her father. The mother enlisted the patient as an ally. She constantly told the little girl about mistreatment and lack of consideration by her husband and asked the child for advice and comfort. She confessed an extensive extramarital affair prior to this daughter's birth. The husband also knew about it and constantly reviled his wife about her infidelity. The daughter overheard her father repeating in a vengeful tone to her mother during intercouse, 'Bet you wished it was him, don't you; bet you wished it was him'. The patient repeated these memories with much bitterness. She, too, had married a man who continually abused her.

The identification with the mother in fantasies of the primal scene also involves a guilty desire for participation in the production of a baby with the father. The masochistic fantasy of being raped and bloodied screens the wish for an œdipal baby. However, the œdipal wish in migraine patients often appears in anal terms wherein the child can gratify its wish to have babies by producing anal ones. This is seen in the first dream of one patient in which she was a little girl looking back through her spread-eagled legs at small children playing. She was defecating as she watched. Another patient recalled that for several years in her childhood she had such huge stools that the toilet could not be flushed. Her father constantly grumbled about having to come in with a plunger and unplug the toilet. This procedure had become a routine matter in her home.

Identification with the mother as a masochistic person occurs in these patients. However, the specific symptom of migraine

headache may depend on an unconscious factor, the unconscious equation of the head with female generative organs. One patient reported that during the night she had experienced menstrual cramps. Her menses had begun when she awakened. Later in the day her husband asked her if she had a headache. He told her that during the night she had called out in a distressed voice, 'My head aches, my head aches'. She herself could recall awakening and feeling the sharp menstrual cramps during the night but had not felt any head pain. In her sleep she had referred the menstrual pain to her head, and her words during the night reflected this unconscious displacement.

A history of menstrual difficulties, notably severe cramping, is common in the adolescence of women with migraine. All seven women patients had such a history, and in five of them this problem has persisted throughout their adult life. It has been demonstrated in many studies, including those of Benedek *(2)* and Deutsch *(3)*, that menstrual dysfunction and pain are part of a characteristic attitude of masculine protest and inability to achieve true feminine identification. In view of the unconscious equation of reproductive organ and head, it is clear that severe migrainous pain is similar to menstrual pain and spasm.

Although this case is the only one in which such an illuminating episode was recorded, in frequent instances the head was felt by the patient to be an object of attack. One woman, subject to migraine, was watching a movie in which pioneer settlers were being attacked and scalped by savage Indians. Upon witnessing this scene, she experienced sudden acute anxiety, followed immediately by a severe migraine headache lasting twelve hours, accompanied by severe nausea and vomiting. Identification with the pioneers in the movie aroused her fear of attack, and the scalping activated fear of savage attack on her head. That she associated savage physical attack and sexual attack is shown by the following episode. She had been dreaming that she was stabbed in the back with a knife. There was a sensation of severe pain in her back as she was being stabbed. She awakened abruptly with a severe sledgehammer headache which developed

into one of the most intense and prolonged migraine seizures she had ever experienced.

In the patient with migraine the head is a passive object of attack. To relieve masochistic tension brought about by guilt over the œdipal conflict, the patient often suffers an attack upon the head and its mental function instead of a sexual attack. The following case illustrates this mechanism.

A patient was having daily severe incapacitating headaches for which she had been unable to obtain medical relief. Her husband had taken a number of courses in psychology in college. On the pretext of trying to decipher her emotional life, he questioned her intensively about her feelings. She felt that he was trying to help her, but was reluctant to confess her premarital sexual experiences. Finally, after much haranguing, very late in the evening, she would break down and tell about her previous sexual life. The husband demanded to hear every detail of each experience. With much shame, embarrassment, and distress the patient complied. She finally became mentally and physically exhausted and begged to be allowed to go to bed. Each time she yielded in a state of mental exhaustion, there was relief and amelioration of her headache.

The psychodynamic mechanisms in two male patients were like those in the women. The chief characteristic of men who suffer migraine is a specific feminine identification. As in women, the feminine identification serves strong masochistic needs. Thus men respond with migraine headache as a substitute for passive homosexual response to other stronger men. Gonzalez *(8)* has reported one case in which the migraine was 'a masochistic surrender to his father'. The following case illustrates this mechanism.

A man, forty-five years old, returned for treatment after a previous successful analysis which had been terminated fifteen years earlier. He complained of recurrence of occasional moderately severe attacks of migraine. The first migraine occurred when he was a boy of eleven. He knew that his mother suffered

from incapacitating migraine headaches. When he was eleven years old, his father took him to the White House on Sunday morning to have a glance at the President. The boy found himself standing immobile among many people. He was directly behind a gigantic man who blocked his view completely, so that he could see hardly anything of the President passing by on the way to church. He remembered clearly that he became nauseated by his father's cigar and developed, on that Sunday afternoon, his first migraine attack. The œdipal conflicts represented in this scene, the meaning to the child of being so close to the stranger, his intimacy with his father on the Sunday morning adventure, his loving devotion, the mysterious figure of the President, his identification with the suffering mother who was left alone at home depreciated and forgotten,—by the working out of all this in his previous analysis he had been enabled to lead a life free of symptoms for many years.

His recent migraine attacks all occurred in identical situations, on days following a certain business meeting when specific negotiations with a powerful competitor had to be conducted. The patient was aware of his frustration and rage. This awareness, or insight as he called it, did not prevent regular occurrence of migraine on the mornings after these evening meetings. He also was aware of controlling his hostility. He was not aware, however, of his latent homosexual longing for the active, domineering, sexually aggressive competitor. He had repressed this longing in the screen memory of his father, the stranger, and the passing President, to whom the patient had made a strong homosexual masochistic transference. Intensive effort during several weeks of repeated and detailed working through allowed the recently activated homosexual conflict to be worked out and dissolved. Displacement of the original childhood relations into his current life and into the transference was interpreted, experienced, and later fully accepted by the patient. It was especially important not to stop treatment at the hostile defense against homosexual temptation, but to experience and inwardly understand the masochistic hope for surrender as an identification of

himself with the much-suffering mother. Since this second analysis the patient has been again free of symptoms.

The second male patient, a thirty-year-old physician, kept himself in a constant turmoil of activity handling the details of a large general medical practice that included much surgery. He was also involved in numerous business transactions. His bustling office, the pressure of surgery, and his lucrative financial deals, all made him feel powerful and warded off feelings of weakness. Although the activities were accompanied by a great deal of anxiety and muscular tension, migraine attacks occurred only when special circumstances made the aggressive activity temporarily unacceptable. For instance, guilt over an unsuccessful operation, a questionable real estate manipulation, or a burst of hostility toward his wife would sometimes cause the patient to turn to the analyst for sympathy and support. In this mood, he dreamed he was a woman patient presenting his anus to the analyst for hemorrhoidectomy. On awakening, he had visual scotomata and, shortly thereafter, a severe migraine headache. When this patient was seven, his mother died of complications from a pregnancy she had been advised to avoid. She was literally the victim of the father's sadistic sexual attack. The patient suffered migraine attacks only when this repressed identification with his mother was activated.

In both men, migraine attacks were related to strong feminine identifications. The repressed desire for passive homosexual relationship was a reflection of the masochistic feminine identification. When the migraine attacks occurred, it could be seen that they were substituted for an unacceptable passive response to another man. As in women, there is a wish to produce a baby in the desired relationship with the father. Anal regression is necessary to carry out this wish, as seen in the second patient's dream.

Other authors have reported similar findings. For instance, Grinberg *(10)* mentions a man who felt that 'the migraine turned him into a woman'.

Why is the head, in both men and women patients, treated

unconsciously as a female organ and why does it become the site of displaced masochistic attack? It appears that this displacement may be due to identification with a mother who regarded herself as abused and depreciated in her intellectual life. Often the mother was not really inferior in intelligence but she insisted upon seeming inferior, especially in comparison with her husband. This attitude maintained the mother's masochistic relation to men.

As has been noted by Johnson *(14)* and by Johnson and Szurek *(15)*, in school phobias, delinquent behavior, and perversions, the mother may press her child into giving her vicarious gratification of her unconscious needs. The child perceives the mother's wish as a command, and consequently behaves as the mother unconsciously wishes. This compliance with the mother's unconscious wish is necessary as a desperate attempt to maintain a secure relationship with the needed parents. It is an adaptive reaction, although an unfortunate one. The following example illustrates this mechanism in a patient with migraine.

The mother of the patient pictured herself as belittled intellectually by her family and frustrated in her cultural and artistic aspirations. In family discussions she complained bitterly that she wanted to enjoy the intellectual and cultural things of life, but said, 'Walter has always kept me from it'. In consequence, her life, as she described it to her daughters, had been a tragedy. The patient, the elder of two daughters, remembers her parents as unhappy, largely because of this incompatibility which had thoroughly permeated the family. The daughter did not fail to conduct herself as her mother had. She was an exceptionally bright child who read incessantly, but she never dared to discuss her interests with her father. Her mother encouraged the daughter's intellectual pursuits, largely as a matter of defiance to the father who gave no credit for such achievement. The daughter was soon in the same situation as her mother. She recalled that her father's usual attitude to her was derisive. Of her reading he scornfully remarked, 'Who wants to read all the time?'. Her communication with her father was

largely to shout and swear at him. He would say of her, 'Jesus Christ, that kid has a lousy disposition'. The mother would immediately exclaim, 'Oh, Walter', meaning that he was not to take the name of the Lord in vain: thus she completely overlooked and secretly condoned the derision and scorn toward the little girl. There was neither companionship nor respect between the girl and her father. In her attitude toward her father she not only mimicked her mother but also pleased her by satisfying the mother's need to see herself through her daughter as victimized by the father.

By this maneuver, the mother gained control over her rival, the daughter, who became the victimized object. The mother wished, and was secretly pleased, to see the child degraded. That the child must comply with this wish is the tragic consequence of her fear of abandonment as well as of her guilt over the wish to have her father's baby. This wish was particularly noticeable in the present patient, whose fantasies that she was the real mother of her younger sister appeared during the course of her treatment. During analysis, the patient was able so far to overcome guilt toward her mother as to be able to look at her father in a realistic light. She gradually found him likable. For the first time, she enjoyed having him visit at her home.

She had become involved in an identical situation with her own husband, a highly intellectual man who belonged to a group of *avant garde* intellectuals. She felt she could not hope to compare with him in his sensitivity to art, music, and literature. Throughout their marriage, he derided her for lack of artistic and literary appreciation, and always emphasized her resemblance to a gross *Hausfrau*. She felt inadequate and inferior, unable to attain her husband's level. Finally he left her and their two children because of lack of 'intellectual fulfilment' at home. She slowly came to understand her own part in seeking and ensuring such a marriage. As the guilt toward her mother decreased, she realized that she was not stupid, ignorant, and insensitive, as she made herself appear. She came to her analytic hour feeling excited. She exclaimed, 'You know how my husband

and my father were always telling me I was crazy, odd, and stupid. I don't have to believe them anymore! I'm not afraid to be me! It's very frightening. I feel so lonely, as if I'm separated even more from everyone.' The liberation had occurred during a visit to an exhibition of a famous artist's work. The pictures of this great master had a marked effect. She was aware of her own inner emotional response to the art. 'I almost felt as if he were painting a picture of me', she said. 'When I got home, I was terribly shaken. I felt like I would fall apart, and I can hardly believe I'm still in one piece.' It is important to note that her liberation from the masochistic attitude of intellectual inferiority to men involved a painful separation from her masochistic mother. This separation accounted for her shaken and lonely feeling.

After this episode she said, 'I wasn't afraid or ashamed to tell Ann where I was going. I have always been so ashamed to admit that I was going to an exhibit or to the Art Museum. When I told Ann, she seemed to think it was all right for me to go. She didn't think it was bad. And to my surprise I found that Ann loved art exhibits too.'

Her attitude of intellectual inferiority appeared also in the transference toward the male analyst. She had been a persistent reader before entering analysis. After starting treatment, she stopped reading entirely. It was only when the analyst went on vacation that she suddenly began to read again. She had finished one book and begun a second when he returned. Then she abruptly lost interest in reading and could not finish the second book.

Insistence on intellectual inferiority also serves as a disguised effort to obtain information about sexual matters. The patient can feign ignorance about sex and impregnation; by repeated statements that the analyst knows so much more and has read the numerous books on his office shelves, the patient unconsciously asks the analyst to tell her how babies are conceived and born. If she can promote intellectual discussion, she may succeed in establishing a disguised sexual relationship with the analyst.

She fantasies mutual productive intellectual efforts which are unconsciously perceived as the achievement of an œdipal wish to produce a baby in the mutual work with the analyst-father.

The patient freed herself from this transference repetition of the relationship to her father shortly after she had gained insight from the experiences such as the ones described above. She came to her analytic hour in an angry mood and promptly said, 'You don't have to tell me what to do all the time. I can decide for myself what I want to do. I'm getting damn sick and tired of always acting like a puppet, acting like I don't know any better, and always asking you if it is all right if I can do or say the least little thing. After all, I can think for myself sometimes, and you can take it or leave it as far as I'm concerned.' As she said this, she looked frightened; at times she wept. At the end of the hour she remarked, 'I feel so much more free about it now. I know I may fall back again, but I will never again be the same little girl I was, always so miserable and so desperate to please my father.'

In this way function of the head and brain, intellectual function, serves as a substitute for the female sexual function. This displacement leaves actual sexual function free, as shown by the fact that six of the women patients regularly experienced orgasm and the seventh was frigid only during her depressed states.

Because of this substitution, intellectual functions become erotized. For example, the patient just described had sexual feelings and masturbated when she went to bed. A headache rapidly developed during this time but disappeared later, before she went to sleep. She was asked what her thoughts and fantasies were at the time the headache left her. She had been thinking that she had renewed her subscription to The New Yorker. She had planned to drop this subscription in favor of another magazine, but the therapist had mentioned The New Yorker during a recent treatment hour. She then decided that she would need to continue reading The New Yorker so that she could enjoy discussion of articles with the therapist. At the time the headache disappeared, she was fantasying such a discussion which was

satisfying and interesting to her. The idea of intellectual discussion had taken on an erotic function and served to satisfy her sexual needs in these fantasies. Vega *(20)* has also noted the marked 'libidinization of thoughts and sexualization of the head' in migraine.

Because of the œdipal implications, erotization of intellectual function may account for a lack of sincere discussion and of frankness between daughter and father. The patient makes a stranger of her father. This may explain the frequent failure of psychotherapy in migraine, since intellectual participation in the analytic process unconsciously represents a forbidden sexual relationship with the father.

It is important to be aware of the specific transference reaction in migraine patients. It is especially necessary to interpret the patient's efforts to maintain an attitude of intellectual inferiority as a substitute for sexual submission and as a screen for the œdipal wish. When this transference behavior is carefully and convincingly interpreted, one notices increasingly confident use of intellectual faculties. One patient, for instance, after such a process of interpretation and working through, volunteered for work in a library and began to read. She enrolled in a 'great books' discussion group and was astounded to hear herself speak, offer her opinion, and even argue a point. This was a major advance for such a patient. She had been an exceptionally bright student until the sixth grade, when pubertal development began. Unable to tolerate this development, she retreated to an isolated state of withdrawal from intellectual pursuits. She became a poor student. Attempts by teachers to remobilize her intellectual abilities failed throughout her high school and college years.

During treatment, guilt toward the mother is prominent. This guilt is strongly encased within the close identification with the mother. It has proved helpful to be aware that the mother unconsciously fostered a masochistic attitude. Frequency of headache during therapy varies according to how much the patient masochistically identifies herself with her mother as a defense

against working through the sexual problem. Headaches become frequent when the patient has increased reluctance to give up the safety of this identification. Headaches also occur when sexual defenses are mobilized in the struggle against working through the dependent relationship to the mother. In later stages of treatment, headaches can appear as a last defensive effort to avoid final resolution of the œdipal conflict.

In the patients reported here, it was essential to recognize that submissive desires appeared in the form of intellectual submission. It also proved necessary for the patient to experience and understand the masochistic hope for submission in order to obtain permanent relief from migraine.

SUMMARY

In women, the attack of migraine is stimulated by conflict over sexual desires that revive competition and anger toward women. The anger is repressed. Anxiety and guilt over these rivalrous feelings force retreat to a masochistic attitude. The migraine headache reflects this masochistic attitude; the head serves as a substitute for female generative and sexual organs and their functions. Specific displacement to the head is caused by the patient's identification with a mother who is herself strongly masochistic in intellectual function. The patient's adoption of a similar attitude depends both on direct identification with the mother and upon unconscious compliance with the mother's wish, also unconscious, that the child be masochistic intellectually toward men. Retreat from sexual conflict is further evidenced by anal regression, so that the œdipal desire to have a baby with the father appears as the desire to produce an anal baby.

The same dynamic factors appear to operate in men with migraine. Their repressed passive homosexual desires are an identification with a masochistic mother.

In treatment, intellectual submissiveness in transference must be shown to the patient. It is a substitute for a submissive sexual relationship. It is also a disguised œdipal manifestation, an

attempt to get information about sexual matters and, by submissive behavior, to coöperate in the production of a 'brain baby' with the analyst.

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SOME ASPECTS OF SEXUAL ACTIVITY IN A FETISHIST

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Fetishism has been defined as a solution of the castration threat by the use of a nongenital object without which gratification cannot be obtained in a given sexual act. It has recently been established by Bak *(1)* and Greenacre *(6)* that fetishism not only is an attempt to solve the castration threat, but—more significantly—it also expresses the severe pregenital disturbances that underlie the castration threat. The case to be described in this paper, however, suggests that the sexual act for which a fetish is used is hardly a genital gratification at all; and that the sexual act preceded by an act of fetishism has a significance quite different from what has been supposed.

The patient could sometimes achieve sexual intercourse without using a fetish; at other times, however, he avoided intercourse or, if he attempted it, intercourse could not be successful without the aid of the fetish. His fetishism required that he see his wife undressing and that he note with great excitement her appearance in silk stockings, slip, and especially, high-heeled shoes. Failure to witness this scene would lead at times to avoidance of intercourse or to premature ejaculation.

It soon became evident that his fetishistic sexual activity did not occur when he had a normal intense genital urge. The conditions for its occurrence were as follows. In a Monday or Tuesday analytic session, for example, he would begin to think with uncomfortable, uneasy feelings about the coming Thursday or Friday night. On that night he planned to take his wife to the theater and there would be the problem of his driving the babysitter home. If he did this, he might miss viewing his wife un-

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dress to the stage of exposed stockings and high-heeled shoes and she would be in bed by the time he returned. He would then be afraid of failure, but would nevertheless attempt intercourse, and it would be unsuccessful. At times he would not even attempt intercourse because of his apprehension. He sometimes arranged to have a man from the garage take the sitter home to assure the patient his fetishistic view, and he would then have 'gratifying' sexual intercourse. But he worried whether the garage man could oblige him. He would also doubt whether he could afford to be so lavish and tip the garage man each time for this special pleasure.

Spending money, in fact, promoted his fetishistic urgency in some way. He had uncontrollable 'bad feelings', as he called them, when he had to spend money on his wife. He felt this to be the root of his trouble. He experienced his 'bad feelings' as feelings of depression, anxiety, and anger. He could control the 'bad feelings' that arose in contemplating the spending of money only by thinking of his fetishistic activity or intercourse. He suffered from them also when he took friends out to dinner or went to important professional affairs in which he had to participate prominently. 'Bad feelings' also occurred if his wife went to a beauty parlor or ordered groceries over the telephone. (Evidently the money spent on the groceries was not, as it had seemed at first, itself the important factor.) He had 'bad feelings' if his wife were busy feeding the children or attending to their other needs. He recalled that he had had 'bad feelings' in childhood when his mother prepared some dish that he did not regard as made especially for him, or when his father appeared to be more attentive to his younger sister than to the patient. If his wife did not kiss him actively during his orgasm in intercourse (whether or not it had been preceded by fetishistic activity), he would also have a 'bad feeling'.

He contrasted the 'bad feelings' with 'good feelings' when his wife prepared some dish that he believed was especially made for him and that reminded him of his mother's cooking. He exaggerated and embellished his accounts of his wife's cooking

especially for him. For example, a fruit salad with a variety of fruits that was made with extra effort and economy by his wife produced the 'good feeling'. Much of this was related to experiences during latency when he remembered his mother's special dishes for him with 'good feelings'.

Apparently a predominantly genital wish was not what caused the patient to plan his sexual activity several days beforehand. His 'bad feelings' seemed to be the impetus for his fetishistic activity. This fetishistic activity, moreover, was merely the initial step toward final gratification by the act of intercourse.

How did the patient's sexual activity serve to remove his 'bad feelings'? The conventional theory of fetishism suggests that castration anxiety must underlie these 'bad feelings'; that the patient wanted to see his wife partially dressed and in high-heeled shoes so that he could overcome his discomfort at seeing the naked genital which established her as without a penis and made him fear castration. And, in truth, the patient became still more disturbed when he viewed his wife's genital during a state of 'bad feelings'. But it was noteworthy that when he had no 'bad feelings' and did not need fetishistic sexual activity, the sight of his wife's genital did not disturb him.

The 'bad feelings' experienced by our patient were not primarily caused by castration anxiety. They appeared when he was not being actively attended to by another; and for him to be actively attentive to others also caused him discomfort. Entertaining his friends, or seeing his wife feed his children, implied that he had been separated from the good mother's breast and was now refused by a bad mother's breast with which he identified himself. This separation and refusal caused his 'bad feelings' of depression, anxiety, and anger. In his anger toward his wife he called her a 'fat thing' or a 'bad thing'. It was at the height of his identification with the bad mother and his separation anxiety over the loss of the good mother that his fetishistic wishes became prominent.

With this explanation in mind, let us consider in more detail a typical evening of fetishistic activity. It is the Thursday or

Friday night referred to. He and his wife are in a restaurant and as the meal proceeds he becomes irritable and angry. He thinks that his wife is the cause of his spending all this money. She begins to seem to him ugly and old. Now he says something critical about how she is eating and how she looks; now he complains how unhappy he is in his work, he should never have left his former place of work. (His job is in fact an excellent one as in more rational moods he well knows.) As he complains exaggeratedly about his work, his wife remains silent. He imagines that she is in agreement with him. For a moment he feels better. Then he thinks of the costly dinner and theater tickets. He feels increasingly irritable, depressed, and angry, and worries about what he will blurt out next. Then he thinks of how he will watch his wife undress and see her in her slip and high-heeled shoes. For a little while now he is affable and gay. Throughout the evening the fluctuating 'bad feelings' obtrude themselves, but now he controls their intensity by his determination to carry out his fetishistic activity. There is no other solution. If the play is musical, his intense 'bad feelings' are relieved by viewing the pretty chorus girls costumed in high heels, and with prominent breasts.

As he drives home, he is preoccupied with arranging for the garage man to drive the baby-sitter home. Once this is accomplished, he times his entrance to the moment his wife will be in a state of partial undress. His wife looks wonderful to him. She is good and beautiful. He proceeds to have intercourse with her. In the process he largely avoids contact with her breasts. Analysis shows, however, a strong preconscious wish to see her breasts in exaggerated prominence during the act. He wishes he might have intercourse from the rear because his wife's breasts might be most gratifyingly viewed in greatest prominence from this position. The patient also likes to place his penis between his wife's buttocks and have an orgasm. He has often done this when his wife was menstruating, a circumstance that seemed to him to justify the action. But he knew that he particularly enjoyed this act, though his wife disliked it. He also supposed that I dis-

approved of it, so that it became an infrequent practice during the period of his analysis. His wife disliked intercourse from the rear.

The patient's aim was to have the breast in view, but preferably in surreptitious view and for the longest possible time. These wishes toward the breast were inadmissible to consciousness. This is explained to some degree by the fact that they had to be consummated in fetishistic activity: it became clear in analysis that while he became excited by seeing the high-heeled shoes, he was at the same time briefly aware of his wife's breasts. The shoe seen at its highest in profile produced the greatest excitement as did the breast.

To recapitulate: the 'bad feelings' occurred if the patient felt that he was not first in his wife's motherly attentions; or if he must give of himself to others; or if he could not enjoy the sight of his wife in high-heeled shoes and with erect breasts; or if she did not actively fondle him at the moment of his ejaculation. Under these circumstances he would become depressed, anxious, and angry with his wife. As we review these causes for his 'bad feelings' it becomes evident that fetishistic activity counteracted them and made the patient feel elated by replacing separation anxiety by a sense of unity with the mother.

These interpretations of the fetishistic activity are nothing new. Bak *(1)* has pointed out that besides separation anxiety there is also a disturbance in the unity of mother and child, and this disruption causes the fetishist to cling to the object as a part. Gillespie *(5)* has remarked on the intensity of introjection and projection in fetishism, an intensity that helps us to interpret the meaning and the quality of the ensuing sexual act.

Sexual intercourse in this patient seemed to go beyond normal gratification. It did not occur in response to heightened sexual tension or wish, but rather when he was anxious and depressed. He often said, 'I did not feel like intercourse. I felt I *should* have it or something bad would happen.' Intercourse seemed more contrived and compulsive than spontaneous. The same quality marked the fetishistic act. Actual intercourse was

not essential. An ejaculation between the buttocks of his wife would have been more gratifying. In intercourse, viewing the breast seemed to parallel the incompletely repressed viewing of the breast during the fetishistic behavior. Any variation in intercourse that detracted from the unconscious gratification of having the partial object, the breast, seemed to threaten the gratification achieved by the fetishistic activities. On the other hand, intercourse maintained, strengthened, and prolonged the effects of the fetishistic act when it could be conducted in the same unconscious direction. 'Good feelings' were constantly enhanced. The 'bad feelings' of depression, anxiety, and anger, provoked by pregenital anxieties, continued to diminish. If at the height of his orgasm his wife kissed him actively, he was overwhelmed with 'good feelings'. It was as if the essence and ultimate of the unconscious introjected object had been achieved. If she failed in this kissing, it was as if his whole effort had come to naught; fetishism and intercourse were a dismal failure.

Many years previously the patient had been married to another woman. At his last meeting with his first wife he was bitterly unhappy, depressed, and disturbed that she was leaving him. In this most unhappy situation he had but one demand. He was so insistent on this that she agreed to have intercourse with him. He reported later that although he was deeply unhappy, the intercourse served to dilute his 'bad feelings' and helped him face a situation which he had felt utterly unable to handle. I do not know if this intercourse was preceded by fetishistic preliminaries; however, it had all the same qualities. Intercourse acted like the fetishistic act in relieving the activation of pregenital separation anxiety, perhaps disintegration anxiety, and certainly the loss of unity of mother and child,—all these anxieties having been roused in him at that time by the loss of his wife.

All these facts make it increasingly clear that this man's fetishistic activity was not in the service of warding off threats that impeded the way for genital gratification in the sexual act. It seems rather that the sexual act was in the service of the

fetishistic activity; it re-enforced the gratification of the fetishistic activity. In short, the ultimate aim of the fetishist is to feel the elation of the introjected good object and not necessarily to feel genitally satisfied.

The ego in fetishism is in a specific kind of disequilibrium. It is an ego that lacks certain permanent identifications. External objects are likely to be interpreted by projection as bad objects, such as the bad precœdipal mother or the mother who has no penis. Yet the ego is constantly striving for equilibrium. Therefore favorable external objects and events are interpreted by introjection as good objects, such as, for example, the breast of the good precœdipal mother or the phallic mother. These latter identifications temporarily approximate or simulate the state of a normal ego. Hence states of equilibrium are transiently attained and are constantly sought after at any expense to any other system, such as the superego. Fetishistic acts (as well as other perversions) are constantly acted out when the ego is most out of equilibrium, regardless of barriers imposed by the superego.

In fetishism, as well as in exhibitionism, homosexuality, and transvestitism, enactment of the perversion creates an identification,—with the good precœdipal mother or the phallic mother, for example,—which produces an equilibrium in the ego. The seeming genital functioning that accompanies or ensues upon gratification of a perversion is an expression of this temporary equilibrium, as well as an aid in maintaining and prolonging the state of equilibrium. The fetishist must enact his perversion to safeguard his ego just as the neurotic must defend himself against his instinctual drives for the protection of his ego.

This explanation calls into question the longstanding theory that a sexual act, whether masturbation or intercourse, heterosexual or homosexual, produces genital gratification with the use of a nongenital object,—the fetish. It further casts doubt on the theory that overcoming castration anxiety is the purpose of fetishism.

Perhaps these divergent theories can be reconciled. It has been

supposed that the fetishistic act inevitably culminates in a genital sexual act. Were this true, we might suppose that the final aim of fetishism is indeed gratification by genital activity. I believe, however, that the fetishistic component is often executed without an ensuing genital sexual act, and that the assumption that fetishism is connected with a genital sexual act is arbitrary and inaccurate. True, the two often occur together; but this may be true merely because the genital act, of whatever sort, offers the best opportunity of ascertaining and intensifying and completing the aims of the fetishistic act,—to undo fears of separation and body disintegration, and to replace identification with a bad object by identification with a good object. Another reason why the fetishistic gratification is increased by an accompanying genital sexual act is that the genital act is usually more acceptable to the ego, superego, and society than is the fetishistic act. Perhaps if my patient were able to view his wife wearing high-heeled shoes whenever he wished, without guilt or self-recrimination, he would be content enough without sexual intercourse. We must remember that the earliest fetishistic manifestation of infancy, such as the blanket or diaper fetish, is frequently interfered with at its inception. The infant fetishist has its oppressor from the beginning.

Sometimes the patient was disturbed by the sight of his wife's genital. This occurred when he was suffering from his 'bad feelings' of depression and anxiety. Her genital then seemed to him an ugly, bad, diseased thing, and he felt intensely uncomfortable in viewing or touching the vaginal area. But when he was in a state of 'good feelings', his attitude to the vaginal area was more or less normal. We may reasonably conclude that in his bad state he experienced a castration *threat* and felt separation *anxiety* of a precœdipal nature. This castration *threat* seemed to get its impetus from the danger of separation, which is a precœdipal danger; when that danger was absent, he felt no *anxiety*.

We may accordingly redefine fetishism thus: it is the use of something other than the genital for solution of a specific

pregenital disturbance which often, but not always, appears in the form of a castration threat. Genital sexual activity accompanying the fetishistic activity is also employed to solve these pregenital disturbances. Or we might say that in a certain type of pregenital disturbance a fetish which is the symbol of a primitive object is *'courted'* like a love object in a fetishistic act and then *'wedded'* as a love object in the accompanying sexual act.

Freud once posed the problem why the trauma of seeing that a woman has no penis is usually overcome but sometimes leads to fetishism. Perhaps the answer is that the trauma of such a sight provokes an intense separation anxiety in a few persons, whereas in most of us it causes intense and complicated castration anxiety; then for these few the trauma must be mastered by fetishism.

Greenacre in her recent paper, Fetishism and Body Image *(6)*, fully reviews the writings on fetishism. We will here consider those contributions that affirm or contradict our thesis.

Freud in 1938 *(3)* reaffirmed his statement that the fetishist has castration fears intensified by castration threats and the sight of a girl's genital after he has masturbated. The fetishistic object symbolizes a female phallus which was at first hallucinatory and was later allocated to another part of the body than the genital. We may add that the castration threat may seem more severe if it is of a special kind that implies a danger of separation. Greenacre suggests that the castration anxiety is combined with 'body disintegration anxiety' of an earlier phase. Bak has discussed the continuity of separation anxiety and castration anxiety.

Freud also stated that fetishism, besides being a safeguard against castration, serves as a safeguard against homosexuality. This is difficult to understand in view of the fact that fetishists are often overt homosexuals. It also suggests that the homosexuality of a fetishist is his safeguard against the danger of castration and that fetishism protects both the homosexual and the heterosexual against threats other than castration,—namely, pregenital threats.

Bak writes, 'The triad—fetishism, transvestitism, homosexuality—represents different phases of the compromise between the simultaneous identification with the mother'. More specifically, Bak seems to imply that in fetishism the partial object (the breast) of the total object (the mother) is an identification crucial for the appearance of separation anxiety; in transvestitism and homosexuality, the identifications crucial for castration anxiety are with the phallic and nonphallic mother. Too often the study of fetishism has been undertaken in cases complicated by transvestitism and homosexuality. Perhaps this is why the importance of castration threats and of identifications with the phallic or nonphallic mother has been exaggerated. The fetish is essentially a symbol of a very early pregenital object and can serve as a panacea for all sorts of later developmental disturbances involving identification with the mother.

Fetishism can appear without transvestitism and without homosexuality. Therefore it is clear that problems of identification with a phallic or nonphallic mother, and castration threats, can be dealt with and overcome by other means than fetishism; and these problems in homosexuality and transvestitism are not necessarily related to the conflict over separation anxiety and the problems of earlier identification with the mother, as in fetishism. The significance of sexual acts connected with fetishism must therefore be difficult to evaluate if it is studied in cases complicated by other perversions.

As early as 1931, and for years thereafter, many authors *(8, 2, 7)* pointed out the pregenital significance of fetishistic symbols. However, they all supposed that the pregenital nature of the fetish represented an ego regression which avoided castration anxiety. They failed to make clear what pregenital level is represented by the fetish. Hence the status and quality of the ego regression in fetishism remained obscure.

Gillespie *(5)* was the first to show that castration anxiety has minor importance in fetishism. He stated that fetishism, although it appears to be an attempt to avoid castration anxiety, is in fact derived from pregenital disturbances.

Bak's emphasis on the disturbance of relations between mother and child, the ensuing separation anxiety, and the clinging to the mother seems to agree with Gillespie's insistence that a pregenital disturbance is required for fetishism. Bak also emphasizes the pregenital fixation in fetishism and the pregenital symbolism of the fetish. He finds a correlation between these pregenital disturbances, with their solution in fetishism, and the more obvious castration fear and its solution by fetishism; each fetishistic act resolves simultaneously a castration threat and a pregenital separation threat. This formula offers an economic solution of the problem of fetishism which results from complex disturbances in development of both ego and instinct.

Somewhat similar formulations have also been given by Greenacre *(6)*. She has demonstrated the existence of disturbances in the formation of the body image during the early months of life, and has pointed out that in connection with castration anxiety in the phallic phase there are new disturbances of the body image complementary to those of the earlier period. These several disturbances are mastered by development of fetishism.

Gillespie, Bak, and Greenacre have made most important contributions to our understanding of the relationship of fetishism to disturbances of ego and instinct in pregenital development. But their formulations seem to be limited by their adherence to the conventional definition of fetishism,—that it is a solution of the castration threat that interferes with the gratification in sexual intercourse. Yet how improbable does it seem that such a phenomenon as fetishism, which has been demonstrated to have major connections with severe pregenital disturbances, should become manifest only at the occurrence of a threat of castration! Are there not many more threats than the castration threat alone that the individual with such severe pregenital disturbance must contend with?

The classical definition of fetishism may also be criticized for establishing a priori that the main aim of fetishism is in the service of genital sexual gratification. It has become more and

more evident in recent years that we must consider the possibility that the sexual act can be an autonomous ego function and in the 'conflict-free' sphere of the ego. My contention here is that the sexual act coupled to fetishism does not have the normal autonomous or conflict-free quality. The fetishistic sexual act in my patient was not concomitant with mounting physiological sexual drive or any mounting genital wish but seemed to be promoted by special fetishistic needs and to have compulsive characteristics. Clinical descriptions of the sexual act in fetishists show that there is a severe pathological disturbance about the sexual act itself. When the act is masturbation, it usually has abnormal voyeuristic, sado-masochistic, and compulsive features, as in Kronold's case *(7)*. When the sexual act is intercourse, few descriptions of the act itself in a fetishist fail to show severe pathological regressive components, such as sado-masochistic oral and anal features together with primitive object identifications. None of this suggests that the sexual act resembles an autonomous, conflict-free function.

The final disadvantage of the classical definition of fetishism is that it has narrowed our analytic understanding of the fetishistic phenomenon. For example, little attention has been paid to the possibility that the fetishist with his acknowledged pregenital disturbances and his specific fetishistic solution may express many of these conflicts by character traits. To illustrate, the relations of my patient with other persons were characteristically fetishistic, so to speak. He treated people like inanimate objects. If he had 'bad feelings', he would communicate them to his wife or to me but show no interest in our opinions about them. He always assumed that our silence represented loving approval by an object which he introjected as a good breast, as he did with the fetishistic object.

Both Wulff *(10)* and Winnicott *(9)* have reported the continuity of the fetishistic object with the mother's breast. Winnicott emphasizes that although the fetishistic object is equated with the mother's breast, it must be differentiated from normal transitional objects which are also continuous with the mother's

breast. He believes that the fetishistic object is linked with the *delusion* of the maternal partial object whereas normal transitional objects are linked with the *illusion* of a maternal partial object; the fetishistic object results from a disturbance in reality testing. I suggest that the fetishistic object is not only an object but also an identification.

SUMMARY

Sexual activity accompanying fetishism is not under the impetus of a heightened genital wish. This is even true when the activity is sexual intercourse and produces gratification. The sexual activity augments the work of the fetishistic activity by safeguarding against anxieties caused by pregenital disturbances,—fears of disintegration and separation and their accompanying disturbances of affect and object relationship.

Fetishism attempts to achieve an ego identification with a good breast in order to undo an identification with a bad breast. The sexual activity that may follow the fetishistic activity strives toward completion of this process of substituting identifications that produce comfort and gratification above and beyond the usual sexual genital gratification. Fetishism reflects a state of ego disequilibrium; the fetishistic act and the ensuing sexual act temporarily create a transient state of ego balance. A fetishistic response is more likely to be elicited by castration threats when they provoke pregenital anxiety than when they provoke castration anxiety. Castration anxiety does not appear to be the crux of the problem in fetishism; nor is fetishism an aid to genital sexual activity.

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The Waiting Syndrome

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THE WAITING SYNDROME

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This report will present evidence that waiting is an activity with a purpose, an intensely busy process rather than a blank state or an absence of functioning. Waiting can be a dynamic, vital process. To make clear the nature of the waiting I have in mind and to describe the processes producing it, I propose to give clinical examples.

Waiting is a common occurrence. It is a familiar and inevitable necessity. We wait for trains, favorable weather, the propitious moment, decisions of others, kind fortune, and the flow of the tide. Often there is no alternative. One waits out the seasons and the climate; one waits to catch one's breath, or to digest a good meal or an experience. And the timetable of biological events maintains a schedule for maturation of gestation, dentition, locomotion, and the function of speech.

To mention only two of a host of current expressions from all walks and activities of life that bear testimony to the ubiquity of the process of waiting: the military originated the expressive 'Hurry up and wait', a world-wide trade-mark of futility and frustration. Our American tin-pan alley reflects the sentiment of a sizable portion of the adolescent population of the country. It grinds out an interminable series of waiting cries, usually linked with mating calls. 'Wait Till the Sun Shines, Nellie', 'The World is Waiting for the Sunrise', are only a few of the ballads that reflect this need.

Two antithetical meanings govern the use of the idea of waiting. One is entirely active in the sense of a watchful readiness, preparatory to some expected action. The German word *Wacht* conveys this meaning; it stands for a watch or guard. To be awake, aware, alert, to lie in wait or on guard for something with hostile intent is implied; also to look for, observe, wait for, expect, look forward to, or remain in readiness for the arrival of a person, event, or favorable time for action. Waiting also

conveys the idea of serving, acting as attendant or servitor. In Scotland and Ireland the word has an unusual sense: it is used to express the idea of expecting to die. The other and passive meaning is covered by the idea of deferment or postponement.

The waiting I have in mind consists of prolonged suspension of effort or lack of intention to proceed with any kind of endeavor, and is encountered in patients undergoing either superficial or intensive therapy. Waiting in the treatment assumes various forms, just as may waiting in other situations. It may be expressed by delay, procrastination, or hesitation. The patient may give the impression of being defiant, hostile, depressed, apathetic, immobile, or indifferent; he may be silent or express a sense of futility. Sometimes he seems to be in a trance or in a satiated state bordering on sleep. It is a picture of suspended animation. The countertransference attitude may take the form of an impulse to ask such people, 'What are you waiting for?'.

However, the patient is not simply blissfully floating in time, he can also be quite importunate. Although nothing may seem worthy of his attention he still is very much on guard. He may seem to have lost his vitality, he may be tranquil or agitated, or seem to be at rest; but the machinery has only apparently ground to a halt. It is a matter of 'Stop, look, listen, do not proceed, make no move, at present there is nothing to be done; wait'.

This kind of waiting also contains diverse elements of activity. The patient may seem determined not to do anything in the treatment or outside it, yet he may be frantically energetic in many directions without getting anywhere. Through it all the waiting can be discerned.

Suspension of effort, postponement, coasting (or standing still), and, what is most important, a reliance on time to come to their aid are pathognomonic for the waiters. They behave as though they really believed that time heals all things. Time plays a most important part in the waiting syndrome; it can be adjusted according to one's own reckoning. This way of dealing with time is reminiscent of the child's disinclination to pay any

attention to the clock and to put off what the adult considers necessary while its play is to be continued indefinitely. In a sense the waiting is like the child's playing, with disregard for time.

Masturbation and masturbatory fantasies lead to the disturbing consequence of never finishing anything. Without exception those individuals who exhibit the trait of unduly prolonged waiting prove to have an unusually active fantasy life. Children who masturbate or who have masturbatory fantasies dawdle. Adults do the same thing when waiting; dawdling becomes doodling.

The following is an example. As a child, Muriel had innumerable fantasies concerning childbirth, pregnancy, and conception. In these she visualized waiting nine months for a baby to come and saw the baby inside waiting for the moment to emerge. Sometimes she was the waiting baby itself. She masturbated from the age of eleven. Today, at age thirty-one, she has difficulty finding a husband although she has had a great many affairs. She is attractive, a good dancer, and a fine athlete. Latent homosexuality blocks her way to full freedom with men. She fantasies now that some day the right man will come along. Some day she will write an important novel. Tomorrow things will go better. She oscillates between deepest despair and highest hope. After having intercourse she frequently must finish it by masturbating. She masturbates with the fantasy of being poor Cinderella who waits for Prince Charming, or of being Madame Butterfly who has to wait for her lover to return to her. Sometimes she masturbates in the morning before going out in order to prepare herself against disappointment and tension which she regularly expects. Simultaneously she daydreams of great conquests and of seducing all the men she meets. Living in a constant frenzy of activity and restlessness, forever planning involved schedules, she is remarkably inefficient and disorganized. Her endless aspirations center about the unconscious need for her father whom she will someday conquer and take away from her mother. She doodles incessantly.

Another patient reminds one of the chess player described by Ernest Jones *(2)*. The game of chess with its checkmate and its powerful queen re-creates for the player his œdipal situation and the inhibiting consequences of that fateful process. The patient had a game that fascinated him like chess. It too was an œdipal game; it involved him in rivalry with his father. His inhibition, expressed both in the game he played and in the waiting that went on in his life, was the outcome of his œdipal struggle.

He was an intelligent young artist who lived alone in a cheap and dingy flat doing menial jobs to keep himself alive. Rather than get work befitting his skill and intelligence, he floundered, lingering over the possibility of painting a masterpiece but doing nothing about it. He kept to himself, hoping for a miracle and waiting in a kind of torpor for it to occur. Meanwhile, not merely for something to do, but because it fascinated him, he played a game of solitaire, using matchsticks which he deployed in imitation of a football team. Neither side was allowed to win. After playing this game for hours, he would brush it aside and masturbate. Sometimes he simply fell quietly asleep in the middle of the game.

He described himself as follows: 'I am unable to ask for a job. The funny thing is that I don't really seem to care. Not even when things are terrible. It doesn't seem to matter. I can't take a step, I'm frozen. I lie around the house and worry but I can always arrange an excuse. I wait for Providence, and by God, something always comes along to save me. Just like now, right here with you, sitting on my ass and not doing anything unless I'm kicked into it. I'm waiting for somebody to tell me to do something. When everything stacks up against me I still have a "so what?" attitude. I've spent my whole life sitting around the house, sitting and waiting it out. It's like a game, this waiting for something to pop, really blow, something to happen.'

During his adolescence he had played soccer on his school team. A particularly painful memory which he frequently recalls dates from this period. He was about to pass the ball in

accordance with a strategy that had been rehearsed many times during training and with which he was thoroughly familiar. Almost as if deliberately he did the wrong thing. Although he knew better he had to proceed to a conclusion that he knew was disastrous. His improperly executed play resulted in defeat for his team. He could remember how he was amused afterwards rather than dismayed by his action and pleased when people reminded him of the bizarre occurrence.

As a small boy he would play a solitary game using toy soldiers or marbles which he drew up in two teams. He maneuvered these back and forth across a field, keeping careful tally of both sides. Competition would go on and on, strategy would change, the score would mount, but even after hours of this he would not become weary. The team that finally won achieved victory only at the very last minute. The winning had to be done by 'clever waiting and holding back to win'. His ultimate comment on this pastime, which was a source of intense excitement for him, was, 'I rigged it nicely'.

In the following statement he expressed the œdipal genesis of his waiting, which can be understood as outwaiting and outwitting his father. 'I had a way of dealing with my father. I pretended interest in everything he did and played it up by asking him about it although I didn't care one bit. He fell for it and would open up. He liked to talk and explain everything he did. He thought he was sharing things with me. We were going to be real pals. I let him go on and played up to him but the whole thing was a phony. Where we clashed was on my coming home late. He insisted that I check in with him at a certain time and he used to wait up for me. But this was too much. This I couldn't go along with and so I did as I pleased. I let him wait up for me; the hell with it. Now I do the same thing with other men and they think I'm great. I show a lot of interest in everything they do and I ask them all about themselves. I really get to know a lot of things that way. It's surprising how much I can get to learn and what a great advantage this is. I know what they want and what they're interested in, and then I can talk to them

on their own level. Meanwhile I haven't given myself away at all. The only trouble is that I'm aware that it's so phony and I can't have respect for myself when I do this. I seem very plausible, I can pass, but that's all.'

Another patient, a young woman reported that, 'I've always wanted to be the best at whatever I did. I can't stand not being the tops. I never wanted to learn to play tennis and I stayed away from it or did nothing while others played because I knew I wouldn't do well. So I waited around and did nothing. I'd rather do nothing than do something badly.'

This illustrates the importance of infantile, megalomanic omnipotence and narcissism in waiting. Here it is complicated by timidity and withdrawal used as protection against failure, but the egocentricity is apparent. This waiting results in part from the wish, derived from infantile sources, for magical control over destiny. Frequently waiting is an act of coercion, of forcing another person to act. Or it may serve the character type who must prove himself the exception; his waiting expresses the thought: 'Time passes for everyone else but not for me. I have all the time in the world. Time must wait on me.' At the heart of the narcissistic, megalomanic substructure of waiting is the idea derived from infancy of being cared for and looked after without necessity of one's own volition; one simply waits to be waited on. Telling me of his egotistic imaginings, my artist patient says: 'There are two parts to me. One can seemingly do nothing. The other is the mastermind who arranges everything.' He has what he calls a 'crudely staged' fantasy that runs, 'You, my doctor, are walking around on the street, pitifully, raving mad. I am overcome by seeing you in this condition and yet something in me feels caustic about it at the same time. However, I take you by the hand and lead you back. It feels like a moment I have been waiting for.'

By his waiting he has successfully outmaneuvered the omnipotence he attributes to me, and thus he has overcome his own helpless castration. As though to prove the connection with castration and the role of the fantasy in undoing it he tells me a

second fantasy. 'I have killed somebody and then I walk away with arms extended in a helpless gesture, meaning, "What's the use?".' This represents castration for castration.

The mechanism of castration and the important role it plays in his propensity for waiting is evident in his compulsive and fetishistic urge to look up women's skirts. Whenever he is in mixed company he arranges to sit on the floor waiting for a glimpse of the fantasied penis on a woman's genitals. Furthermore he says, 'I am not interested in anything; I can't even get involved in what I'm doing. It's as though I'm just playing around. I just seem to be waiting for the real thing [a penis] to come along. When my wife goes away I really don't know what to do. I often think of somebody with a spade hitting me in the penis. All my activity, even looking at women, is aimless and doesn't mean a thing to me. It doesn't even stand up by itself.'

'Wait until you grow up.' These are classical words. Children have always heard them. They apply to all sorts of grown-up things denied to children. Little Hans *(1)* watching his seven-day-old sister being given a bath, remarks, 'When she grows up it will get bigger, all right'. He refers to her 'widdler'. His researches have yielded the conclusion that every animate thing has a penis and inanimate things do not. There can be no nothingness. The 'widdler' is still very small but it has to be there or else one must wait for it to grow.

This form of denial of reality leads to other forms later on. Waiting itself is such a denial. The origin of waiting in the castration complex creates a special kind of insistence and compulsion. If it is a matter of the absence of a penis, one has no choice, so to speak, but to wait for it to grow. The fantasy that someday the penis will grow is in part magical, and in part the only way of expressing the desperate need for such an essential organ. How else is it to get there? Wait until you grow up.

Waiting and longing are unavoidable accompaniments of childhood. Several pretty stories and myths have this for their theme. In the story of Sleeping Beauty, who lies waiting for her

hero to awaken her, and the similar story of Brunhilde, waiting and sleep are equated.

The apparent passivity of waiting is associated not only with infantile narcissistic and omnipotent aims; it also serves as a strong defense against aggressive and destructive behavior or fantasies. The adolescent boys who congregate on the corner watching the girls go by are a pathetically familiar sight. Except for whistling at the passing girls and holding whispered conferences among themselves, the boys do nothing. They merely wait for something to happen. Their waiting is a result of their fear and avoidance of their sexual aggression. Action is precisely what they are afraid of because of its content, which has to be neutralized by waiting.

The sadistic urges held in control and warded off by waiting reveal their presence in the process of 'killing' time. As we should expect, ambivalence, masochistic disorders, and obsessive compulsive symptoms are frequent in waiters; they serve to maintain a balance in the conflict over destructive, aggressive impulses.

Preoccupation with death invariably colors the atmosphere of waiting. This is a retributive contribution from the superego. The waiting then has the function, like catatonia, of preventing any untoward or destructive impulse. Now the defense assumes the characteristics of the thing it was designed to avoid. The silent, immobile waiter is a paradigm of death itself, conducting a wake in his own person.

Death in many cases represents the ultimate defense against unacceptable impulses. A married woman who was plagued by recurrent obsessional thoughts in which obscene words and images played a prominent part was also distressed by shame at the recollection of her successful childhood attempt to seduce an older male relative. She swore to herself that she would carry her secret to the grave; she would 'rather die than let it be known'. This function of waiting is analogous to the mechanism of phobic avoidance. Its purpose is to safeguard against any

revival of disturbance. As the same patient said, 'If I am apathetic and don't do anything, how can I be disturbed? If I don't feel anything, how can anything bother me? If I just wait, maybe the whole thing will go away by itself.'

Waiting can represent a delaying process while activity is still attempted. It then expresses the antithetical relation between activity and passivity in which exaggerated and uneconomical activity constitutes a defense against passive strivings. The young artist, so utterly unable to do anything for himself, was always the leader in doing things for others. He was outstanding for his activity in the Boy Scouts, church affairs, and entertainments at the Young Men's Christian Association. Although he drifted, he took the lead in guiding and directing others. When he married, he assumed the role of protector and counsellor and took over all his wife's domestic duties.

Another patient reported, 'In childhood I had a habit of throwing my eyes out of focus. I could make my head feel lumpy. It was almost a game in which I made my thoughts play tricks. I could make my mind sink down and get heavy and then my whole head would feel that way. Sometimes I would wait to get these funny feelings which I could produce.' In this game waiting combined manipulation of time, megalomanic omnipotence, controlling the body, and a narcissistic fantasy of magical influence. The patient's problems centered around his predominantly anal masturbation fantasies. In childhood he had held back to increase the pleasure derived from defecation. His waiting was part of an obsessive compulsive disorder that completely stultified him by doubting and ambivalence.

Another patient whose ambivalence swung him to and fro like a pendulum became particularly paralyzed during his hours in treatment. He could not begin talking until after a long wait during which he had to argue with himself as to whether he would or would not start. He said: 'I have to wait until the constant battle with myself over yes or no, this damn debate, subsides. Everything becomes long and drawn out when I can't make up my mind. I postpone, put off, dilly-dally, and everything takes forever.'

A young woman interested in acting in the theater described what she called her 'waiting game' as follows: 'Every move I make I feel is false, so I don't move at all. I follow what they call the "Stanislavsky Method" in the theater. The idea in this is to let things happen to you. You are not supposed to do anything but you must let the whole situation of the play, together with the ideas and feelings that go with it, come to you. You are supposed to wait for it.'

Waiting as a prolongation of sexual pleasure, particularly forepleasure, and lingering over pregenital activity to postpone orgasm are often to be correlated with fear of failure of genital capacity. This is evident in premature ejaculation and inability to maintain erection. Here waiting means holding an erection and maintaining sexual adequacy. In amorous dalliance time is of consequence only in so far as it can be made to stand still. In this respect, erotic needs, particularly pregenital needs, are characteristically endlessly voluptuous, timeless in their longing and yearning; and they are under the influence of the primary process. Theoretically pure genital impulses however would be more finite in their time span and more in accord with secondary ego processes which press toward a conclusion. Waiting and infinity are compatible with the primary process. To conclude and settle an issue in a given time belongs, on the contrary, to reality, the ego, and secondary processes.

Romance and poetry lean heavily on the theme of waiting and longing, waiting for reunion with the loved object. In the words of a patient well versed in medieval literature, 'I frequently live as though I were playing both roles in Heloise and Abelard or Tristan and Isolde. I live out all the ballads composed for the schools of love. I and my own true love are always waiting for each other. Gershwin's "Someday He'll Come Along, The Man I Love" was composed for me. I like things to be endless. I hate to have anything real materialize because that would spoil the whole show and everything would be over.'

In the analytic situation, the transference establishes a renewed and extended version of romantic yearning. The patient's

unfulfilled longing for the analyst follows its infantile prototype in frustration and waiting. The actress quoted above said, 'I don't really want to keep coming to you forever. I know this has to stop sometime. But I had hoped that after the treatment was over you would not be able to get along without me. When I have to stop coming here I hope I'll be able to do something else besides wishing for my dreams to come true in the future. You get tired of waiting for the future but it's still so much more fun than having everything come to an end.'

What she has waited for so longingly is not the future but what it represents, a return to the lost paradise of her infantile past, an overcoming of the barrier to the realization of infantile œdipal demands. It is poignantly expressed in a typical fantasy of childhood: 'I am going to wait until I grow up and then some day I will marry Daddy'.

SUMMARY

Waiting, as a fantasy, represents infantile ideas of omnipotence, realization of œdipal wishes, reunion with parents, pleasure in anal retention, and pregenital satisfaction in general. As a defense, it may serve to ward off frightening, aggressive, and hostile drives, and to deny castration anxiety and anxiety caused by demands of the superego.

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Transference and Motility

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TRANSFERENCE AND MOTILITY

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I

Lagache *(22)* writing of transference, points out that 'what is transferred is a total situation. . . . The affect directed toward the psychoanalyst cannot be dissociated from the patients' whole behavior.' But the whole behavior always includes motor phenomena, and when it is infantile behavior that is being 're-edited' (as occurs in transference), the motor aspect must often be predominant; for in no other stage of development is there so close a relation between affective life and expressive motility as there is in infancy with its constantly changing intense emotions, its lack of verbal expression, and its extraordinary 'luxury of movement' *(19)*.

The observation that many patients 'act out in transference' has been the point of departure of many vigorous discussions of technique. But because analysts dislike anything suggestive of acting out, which we regard with good reason as often dangerous to the patient, to society, and to the treatment, they often tend to neglect the motor manifestations of transference that occur on the couch. Our therapeutic effectiveness is, however, increased if we utilize not only what the patient says but also what he does or avoids doing. The skilful analyst learns as much from the patient's movements and motor attitudes as from his words. This has been said more or less implicitly in several papers by Ferenczi *(10, 11, 12, 13)*, Fenichel *(7, 8, 9)*, and Reich *(24, 25, 26)*, and it is very clearly formulated in several recent publications by Felix Deutsch *(3, 4, 5, 6)*, and by myself *(20)*.

II

Anna Freud *(14)* writes of 'transference of libidinal emotions' and 'transference of defense', a differentiation that emphasizes the various origins of transference but fails to discriminate between positive (friendly) and negative (hostile) transferences.

We may, I think, arrive at a compromise definition by considering positive transference as predominantly libidinal, and negative transference as predominantly aggressive, and by opposing to these two a third phenomenological category, transference of anxiety. Transference of anxiety always serves as a defense, but there are often also defensive components in libidinal and aggressive transferences. Thus we may list five types of transference: 1, libidinal; 2, aggressive; 3, libidinal-defensive; 4, aggressive-defensive; and 5, anxious-defensive. How are these transferences expressed in behavior?

1 and 2: *Libidinal transference and aggressive transference.* Motor manifestations of purely instinctual origin are rarely seen, at least in neurotic patients, and even when they do occur, they often cannot be seen by the analyst who sees only part of the body of his patient. Especially are movements and tensions in the oral, anal, and genital regions invisible to us. We see, however, something more of muscular actions in the trunk and extremities, such as closing the fists or beating the couch.

3 and 4: *Libidinal-defensive transference and aggressive-defensive transference.* Motor expression of these two types of transference is frequent. It must be interpreted with caution. A young woman undergoing analysis, during periods of positive transference, repeatedly displaced her whole body toward my chair, supporting herself on her heels and occiput and raising her pelvis. When I asked her if this were an exhibition of her genital region, she indirectly confirmed the interpretation by vehemently assuring me that she was so little an exhibitionist that she had even refused to show her father how to dance 'boogie-woogie' (in which she was an expert). It soon became evident, however, that this 'instinctual' action also had an important defensive function, and that my correct interpretation only increased the anxiety that lay behind it. The patient now went into a typical *arc de cercle* position, explained by Freud *(16)* as denying a wish for coitus. A young alcoholic often expressed his strong oral aggressiveness by grinding his teeth. He was in actual fact, however, an anxious, submissive person who

by this grinding also 'sealed' his mouth; he thus defended himself against an aggressive impulse to bite. (In fact, this tendency was so strong in him that he had developed hypertrophy of the muscles of mastication.) The defensive meaning of this action was clear when it occurred in transference. When he had aggressive thoughts concerning me, he sometimes found it physically impossible to open his mouth to speak, and on two or three occasions complained of pain in the region of the masseters after he had verbally attacked me.

5: *Anxious-defensive transference.* Motor manifestations are most important in this type of transference because the patient can usually better tolerate awareness and discussion of thoughts that do not seem to him to express instinctual drives, and because movements and tensions of anxious-defensive nature often permit the analyst deeper penetration into the unconscious than do spoken communications, probably because the first defenses we develop are motor defenses against the fear of death.[1]

The woman who seemed to exhibit her genitals and the man who ground his teeth exemplify anxious-defensive transference motility of body orifices. We must observe the patients' tensing and relaxing the adductors, the glutei, and the masticatory muscles; these are the 'protectors' of the vagina, the anus, and the mouth, respectively. This observation is usually not too difficult because the analysand often tells us about such motions even when he makes no visible movements,—when, in fact, the movement is merely intended or when there is only more or less permanent tension. But the analyst must not rely upon spontaneous communications; he must himself observe, and the 'posturogram' recently recommended by Deutsch *(3, 6)* is useful for ensuring that such observations be systematic.

Even more important are movements and tensions of the trunk and lower extremities because they are likely to express regression that is often undetected by the analyst in the verbal communications. We may differentiate grossly two types of

[1] In a previous paper *(21)*, I explained my reasons for assigning genetic priority to certain motor defenses.

motor behavior: restlessness and rigidity. Restlessness seems to express a tendency to escape from a dangerous environment; rigidity expresses a tendency to avoid a potential danger *(Totstellreflex)*. In my opinion both these reactions stem from intrauterine experience and therefore permit us to penetrate into the preoral (fœtal) stage of personality development.

As I have tried to show *(20)*, the origin (or as Ludwig Binswanger [*1*] says, the 'first place of irruption') of anxiety seems to be the experience of anoxia by the fœtus. It has often been observed that nothing stimulates fœtal movements more than deprivation of oxygen. The studies of Graham Brown *(2)* suggest an intimate physiological relationship between locomotor and respiratory movements.[2] It is also probable (as is suggested by Graham Brown's work) that certain active or passive movements of the fœtus obstruct its normal oxygenation. The excessive displacement or 'falling' which the fœtus must perceive from, at latest, the fourth month onward *(23)* may therefore 'motivate' defensive rigidity, a defense against all movements.

An eighteen-year-old student, analyzed because of a neurotic inhibition of all adult activity, showed from the beginning a curiously inhibited, awkward, and abrupt motility. This 'dystonia' increased during the first weeks of his analysis which made little progress. One day, while the patient was displaying particularly striking restlessness, I suggested that he felt like my prisoner and that he would prefer to escape from my influence. His first reaction to this interpretation was a general rigidity so intense that the patient complained of pains in his extremities, pains which reminded him of his sufferings from rheumatic fever in his childhood. Later, however, he accepted my interpretation and brought a whole series of anxious associations ranging from fantasies of desertion by me to the terrifying recollection of risking asphyxiation in his mother's fur coat.[3] After this the analysis progressed in a more satisfactory

[2] Deutsch, in his study of bronchial asthma *(5)*, likewise offers preoral motor explanations.

[3] See Garma's paper *(18)* on the uterine symbolism of clothing.

manner: the patient understood his œdipal problem and overcame his castration anxiety concerning his father and his older brother. Later, however, therapeutic progress was again obstructed. The patient was showing a marked motor rigidity, and this occurred just as he was beginning to resume activity in society, as desired by his mother, and sexual activity, toward which he felt I was urging him. I considered his muscular rigidity a defense against this new freedom of action with women, and told him that probably he was inhibiting all movements because he felt impelled toward dangerous activities. This interpretation permitted the patient to emerge from his resistance almost immediately, and it facilitated the solution of his œdipal conflict on the deeper level of fear of his seducing and castrating mother. This brief account illustrates to what extent the problems of security and submission, freedom and danger are rooted in the first experiences of the individual, and shows how they find expression in motor transference.

III

Clearly we must treat motor phenomena as if they were free associations, dreams, or—what is particularly helpful—parapraxes,[4] and must utilize the associations evoked by correct and properly timed interpretations.

Ferenczi *(12)* said, 'Sometimes . . . one is compelled to draw the patient's attention to the habit [of dystonic motility] and so, to some extent, to "mobilize" it. As a rule this results in review of material previously hidden or repressed, in particular of affectionate or hostile tendencies.' Wilhelm Reich *(25)* wrote that 'the dissolution of a muscular rigidity . . . brings back into memory the very infantile situation in which the repression had taken effect'. I doubt, however, that it is sufficient simply to draw the patient's attention to his motility. I agree with Deutsch *(3)* that such an intervention 'leads usually to an immediate

[4] As Deutsch points out *(3)*, the first references to the value of interpreting movements in psychoanalysis were by Freud himself in The Psychopathology of Everyday Life *(15)*.

suppression or control of involuntary movements'. We must, rather, interpret the movements; and even this we should not do without previously having explained to the patient that analysis of motility has value for psychoanalysis. In other words, successful interpretation of motor transference presupposes a small extension of the 'fundamental rule'. The patient must be invited to mention in the course of his analysis not only all his thoughts, fantasies, and emotions but also the sensations and impulses he feels in his body. Even with this precaution the patient will sometimes complain that the analyst abuses his position to spy on him; but when the analysand is properly prepared this reaction is no more important than the familiar reproach that the analyst abuses his patient by asking him to reveal intimacies that 'have nothing to do with the treatment'.

If we consider the total nature of the phenomenon of transference, we see that just as 'dissolution' of the motor transference frees the flow of associations, the free flowing of associations renders normal the motor state of the patients. As Deutsch *(3)* says, '. . . postural configurations become more variable and free from restraint as analysis progresses'. Fenichel *(7)* describes muscular dystonia as an 'objective' corollary of the 'struggle of repression', and Wilhelm Reich *(26)* notes the 'functional identity between neurotic character and dystonia'. It is not surprising that awareness of unconscious motivation and acquisition of a more supple and differentiated motility seem to be achieved together. I emphasize this because a psychoanalysis often fails to advance because the patient resists the progress of treatment with devices that the analyst neglects. For example, some analyses are characterized by superabundant verbal productions with almost total lack of real understanding. These 'perfect patients' often hide their strong resistances in motor expressions, as is proved by their anxious restlessness when motor behavior is interpreted. The opposite tendency also exists: the patient collaborates little or not at all by verbal communication but rapidly modifies his motility and his whole behavior in order to escape from the analysis.

No doubt the resistances we are discussing may be dissolved by the techniques conventionally used. I am convinced, however, that this result can usually be achieved more surely and more rapidly if one follows the patient into the area he has chosen for his principal defenses,—if one interprets now his motor, now his verbal resistances. Fenichel *(8)* says the analyst must navigate between the Scylla of intellect and the Charybdis of emotion, and Freud *(17)* advises us to lead the patient toward present reality when he speaks too much of his infantile experiences, and toward childhood when he speaks too much of present events. I believe that passing from the verbal to the motor and from the motor to the verbal has a similar technical value. Analysis is concerned with what the patient tells us only that it may help him to improve his behavior. The study of associations is but a means, not the goal, of psychoanalysis.

SUMMARY

Transference includes every aspect of the patient's attitude to the analyst. None of these aspects should escape analysis. Transference is expressed by motor as well as verbal activity. Analysis of these motor transferences presents certain technical difficulties. It is particularly useful for overcoming some types of resistance.

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Science Fiction a New Mythos

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SCIENCE FICTION

A NEW MYTHOS

BY EDNITA P. BERNABEU, M.D. (NEW YORK)

In recent years an important development in popular reading in this country has been the rapid rise of science fiction in magazines, books, and other media, equaling or surpassing the detective story and the 'western' in appeal to addicts of 'escape literature'. The last two forms, each with its avid following of 'fans' who seem to have a repetitious need for the stereotype each affords them, have been studied by Leopold Bellak, Edmund Bergler, Edith Buxbaum, Theodor Reik, and more recently by Geraldine Pederson-Krag, who have elucidated the psychodynamics of the detective story, and by Warren J. Barker who has studied the stereotyped western story.

Bellak *(3)* notes that in the detective story anxieties are initially intensified, followed by a feeling of release. The reader can identify himself both with the aggressive criminal and the blameless detective. Bergler *(4)* is impressed with the identification of the reader with the victim, a masochistic gratification, as well as with the re-creation of 'uncanny' feelings which recall infantile beliefs in omnipotence. Pederson-Krag *(10)* attributes the essential attractions of the detective story to the unconscious need for unraveling and discovering the mystery of the primal scene, repetitively mastering the trauma it represents. Barker *(2)* details the importance of the œdipal conflict in the stereotyped plot and action of the 'western', and the multiple identifications ('isomers' of the hero) which permit a reliving and perhaps working through of the œdipal situation, with indications also of the expression of certain pregenital conflicts.

In science fiction, which like the other two becomes a repetitive, even addictive need among its 'fans', the plot is not nearly as stereotyped as in the 'western'. It is nevertheless becoming a new myth, with repetitive values and contexts not merely imposed by a common framework of knowledge, extrapolations,

and assumptions about the universe and its workings, but also as if an underlying orientation were molding the author's work to satisfy the needs of the readers.

This becomes evident in reading even a fraction of the flood of such literature. But what is here meant by science fiction should first be defined. Much of it is pure fantasy, shading off into horror and the supernatural; some is sociological satire in technological terminology; some is simply 'space opera' which substitutes the spaceship and 'ray gun' for earlier destructive weapons. The genre may best be classified by quoting L. Sprague de Camp's definition: 'We might try to define science fiction . . . as fiction based upon scientific or pseudoscientific assumptions (space travel, robots, telepathy, earthly immortality, etc.) or laid in any patently unreal although not supernatural setting (the future, or another world, and so forth). . . . Established usage has included stories of strange worlds and Utopias' *(7)*. De Camp traces the origins of such stories to the 'vast body of myths and legends of ancient times and of primitive peoples'. He includes Apuleius' Metamorphoses, Aristophanes' The Birds, Plato's Atlantis, Ariosto's Orlando Furioso, Rostand's Cyrano de Bergerac, Swift's Gulliver's Travels,[1] and many others including Voltaire, Poe, de Maupassant, Henry James, and Capek. More popularly thought of in this connection are Jules Verne and H. G. Wells; but there are a number of factors which differentiate the 'hard core' of current science fiction from its predecessors.

Science fiction is intent on problems of space and time; the individual's sense of reality and identity; problems of prolonged isolation and individual existence in mortal combat either with machines or alien forms of life. These fantasies utilize devices of extraterrestrial travel through time and space, the exploration of other worlds, the discovery of Utopias, the world-within-world theme, whether macrocosmic or microcosmic.

[1] Swift predicted with uncanny accuracy the discovery of the two moons of Mars, Deimos and Phobos, much as the later science fiction writers actually and accurately foretold the atom bomb and the new satellite, much to the astonishment and dismay of security officials.

An alien 'mind', for example, may be imagined as requiring another, more concrete form of life to 'feed on', as existing within it, accompanying it, or even as displacing the original individual. A person may in this medium be projected forward or backward in time. In one story, this transformation requires a substitutive corporeal 'host' for each successive leap.

A recurrent theme is the transformation of individuals by invasive material or telepathic influences, symbiosis, or obliteration of the personality by other life forms and forces. Thus, symbiotic assimilation is a repetitive theme, whether by other species or in the process of 'psychic time travel' within the same species.

The mechanisms of projection and introjection of good or bad objects are freely used to concretize the assumption of the actuality of other life forms as an evolutionary progress of the human race, or as achieved by overwhelming technological methods. These methods may be either mechanistic or eerily accomplished by 'psychotechnicians', endowed with almost magical powers, foreshadowing future pharmacological and bioelectric methods.

In this myth it has become an attribute of the 'Martians' to have these omniscient telepathic powers which enable them to read the minds of 'nontelepaths'. The ability to influence the 'receptor' varies with the theme evolved. Its use by the author depends on his ethical evaluation of the telepath. Some versions of such magic include the ability to modify the shape and form of the body. In one series the fate of a human expedition to Mars is effortless destruction to the last man because the 'Martians' can assume the shapes of the explorers' dearest kin and, by illusion, create around them the places in the past the explorers loved best. By this device the 'Earthmen' relive their happiest moments, lose all mistrust, and are easily trapped. The reliving of these 'happiest moments' is evidently in this author's plot a form of autistic gratification for which the condign punishment of the 'explorers' is their destruction.

There is a relatively high correlation between the power of

transformation of physical bodily attributes and the power of possession or influence. This immediately brings to mind the article by Tausk *(15)* where the origin of the persecutory influence is the victim's image of her own body projected to the outer world.[2]

Incorporation is another recurrent theme. Voracious organisms or creatures, and forms of matter which can consume other matter including bodies or energies, are capable of devouring 'terrestrials' by traveling along television or radio waves. This alien power can feed on and consume all matter or energy directed against it, no matter how lethal. Nuclear weapons cannot prevail against it. As it grows and feeds, it spreads across the land, destroying everything in its path. The horror of being consumed, annihilated, or eaten prevails as one of the basic dangers in these fantasies.

In one story a terrified boy is being interviewed by the police following the sudden disappearance of his parents during a moment when he stepped from the room, as the family were viewing television. There had been, he said, prior 'strange sequels' which seemed to be commercials, but which became progressively shorter forms of the word 'eat', culminating in 'et'!

All forms of oral cravings find varying degrees of expression. There are the 'city machines' which by automation not only provide for all human needs but repair themselves long after the race has been destroyed. There are long periods of suspended animation (years of sleep) during which only the few nurturing members of the crew who remained awake are correspondingly aged. The weight of the threat to the ego requires recourse to the regressive timelessness of the unconscious.

Other means of conquering space are represented as instantaneous transportation by a 'leap through hyperspace' (the 'warp' in or the 'fault' in space), thus enabling spaceships to exceed the speed of light.

The autistic world-destruction fantasy of the schizophrenic

[2] Note also Hanns Sachs' paper *(13)* in which he traces the connection between the fate of the cathexis of body ego and the development of the machine.

has become the potentially immanent reality of the atomic age. Correspondingly, world re-creation fantasies have their representation in the utopianism of the writers whose fantasies fight the trend toward dehumanization, dissociation, and destruction. The once all-powerful, protective, providing but limiting parent is giving way to implacable thinking machines; the once great gods of Light and Darkness, Good and Evil, are quaint hobgoblins that pale into insignificance when confronted with 'Martians', advanced galaxies, and other extraterrestrial superpowers of time and space.

The detached inhumanity characteristic of much science fiction, which centers around robots and the 'science of robotics', is offset by the painful struggle to reach or maintain a feeling of aliveness (libidinal needs and strivings) recurrent in fiction dealing with advanced models of robots and 'androids' (scientifically created 'humanoids')—an expression of the struggle against schizoid feelings of self-alienation or estrangement. After destroying man, the robots in some of these opera try to re-create him in preference to reproducing only their own kind!

Another aspect of this type of fiction is a preoccupation of a number of its authors with psychology, parapsychology, and psychiatry. Often the patient's ostensible psychopathology—in the psychiatrist's estimation—proves to be reality on the patient's 'home planet'. If the psychiatrist is not incompetently deluded he is mostly represented as a 'psychotechnician' tampering impersonally, so to speak, with the works, for better or for worse.

Sexuality is scarcely mentioned and women are conspicuously absent. When romance is introduced it is often an unimportant device required by the plot. There is a denial of femininity and feminine strivings. The conflicts around passivity in confrontation with insuperable forces are some of the most threatening, as might be expected. The asexual atmosphere excludes even homosexuality; although this element is at times detectable, the general denial of object relationships excludes such partial, regressive attachments as well. Women are more often than not

included as 'technicians' and 'academicians' who surprisingly, to the reader, turn out to be attractive to the 'spacemen'. In one novel all living creatures, because of a change in cosmic irradiation, undergo an enormous increase in intelligence. This includes the wife and a woman colleague of a scientist. Although the sudden increase in intelligence poses great problems of adaptation to all, it is significant that it is the wife who breaks under the stress, allowing the scientist and his female 'academic' co-worker to pair off in the end.

Women are feared as mothers and as sexual objects; yet there is a persistent preoccupation with 'seeding' the outer galaxies with the human race, and with finding other species and 'humanoids' by exploring all the habitable planets. The insoluble question of childhood—where do babies come from?—is reopened on a cosmic level, denying the female as mother and conferring on the male the exclusive processes of direct reproduction.[3] This is an important topic as robots and androids are man-made. Their sterility—meaning their inability to give birth, despite their capacity to *manufacture* their own kind—is frequently stressed, despite the assumption that any other life process can be duplicated among these beings.

Spaceships are completely enclosed structures in which the individual is isolated for prolonged periods of time, (except for disaster), with all his needs provided until he arrives at his destination. The language which describes 'take-off' and 'planet-fall' is suspiciously reminiscent of expulsion at birth. Problems of living in space, of gravity, disturbances of equilibrium, orientation, and locomotion, have their ontogenetic equivalents in the infant's struggles with orientation, equilibrium, and motility.

That 'space' has an unconscious sexual meaning was clinically expressed by a patient, a mathematical engineer and an ardent science fiction 'fan', who associated to 'vagina' the concept of 'concentrating on a far point between the stars'. That this was an expression of its unavailability, as far as he was concerned, is

[3] *Cf.* Macalpine, Ida and Hunter, Richard A.: *The Schreber Case.* This QUARTERLY, XXII, p. 343, ff. [Ed.]

also important in this context. The earth, as planet or soil, has long been known to be a symbol for mother. Flight from it is an escape from woman, as noted by Mandel and Fingesten *(9)*. There is also in the concept of the rocket or spaceship a return of the repressed in a phallic representation which pierces space.

The question may well be asked, 'Who reads this kind of stuff?'. Certainly a great many people and, as shown by its sale in the Oak Ridge drugstore, many of them professionals in the sciences. Several surveys quoted by de Camp *(7)* indicate that among those who answered questionnaires about a third were students ('juveniles'), a third 'miscellaneous', and the rest scientists and engineers. The 'average reader' is reported to be thirty, a college graduate, and over ninety percent are males. This of course does not illuminate what kind of intelligent young male avidly reads this genre and answers such questionnaires. There is nothing to contradict the hypothesis that he is an intellectualized, somewhat detached individual who has severely repressed his sexual interests.

If the stereotype of the 'western' reflects the attempt to resolve the sexual and the aggressive aspects of the œdipal conflict, and the repetitive detective story reflects the unconscious curiosity, hostility, and guilt associated with the primal scene, science fiction represents much more primitive, infantile fantasies of defense. The progressive illimitability of space, and the consequent magnitude of previously unimagined physical dangers and psychological loss of identity, are countered in imagination with equal and opposite regressive and omnipotent, schizophrenoid fantasies. Reality has overtaken among adults what was not long ago discovered to be expressly the reactions of neglected or abused infants whose only recourse—in the absence of adequate ego development—was resort to autism and persistence of the primary process.

The two forms of regression differentiated by Alexander *(1)* are here represented: '. . . a regressive evasion of an unsettled conflict by returning to a preconflictual adaptation or a return to an unresolved [pregenital] conflict in the past'.

The mechanisms predominantly displayed are those of the earliest ego. The libidinal strivings are appropriately predominantly narcissistic-oral with corresponding absence of progression to, or massive regression from œdipal development. It is postulated here that the œdipal conflict is more threatening and is met by severe regression to primitive ego mechanisms and pregenital libidinal levels, antedating those found in other types of escape literature.

The ambivalence toward psychiatry finds justification in the fact that Freud himself was a 'spaceman' into the hitherto unexplored reaches of the psyche. That he equated maturity with genitality, in the psychoanalytic sense, is a subsidiary prejudice.

No implication is intended or believed that readers and writers of this fiction are schizophrenic, which would be as mistaken as to assume that all the authors and readers of detective fiction are potentially homicidal *(4)*.

SUMMARY

Every age has evolved its mythology. In recent times the popularity of detective stories and sagas of cowboys and Indians has been equaled or exceeded by science fiction. Comparison of these myths indicates that the dazzling speed of technological innovation in the present generation has psychological effects to which the rapidly increasing vogue of science fiction may give some tentative clues. In an age in which mechanical 'brains', satellites, and flights to other planets exist, or are impending realities, the fantasies of science fiction are vehicles for expression of far greater anxieties and more deeply regressive defenses even than those which evoked the demigods, devils, and witches of other times.

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Edward E. Hitschmann 1871-1957

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EDWARD E. HITSCHMANN

1871-1957

Death came suddenly to Doctor Hitschmann on July 31st, 1957, only a few days after his eighty-sixth birthday. On the morning of the day he died, he said smilingly: 'Today I feel as well as I did twenty-five years ago—as if I were sixty'.

In anticipation of Freud's sixtieth birthday in 1916, Hitschmann wrote a tribute intended to be read on that occasion. It was not read but sent as a letter to Freud. Freud in his answer commented: 'Usually only a eulogy at the cemetery is as beautiful and kind as your undelivered speech'. 'No doubt', Hitschmann wrote in his last book, Great Men, which he thought of as his own epilogue, '. . . unconscious identification with the master gave me the impulse to write interpretative analytical papers as he had done'. Freud had encouraged him more than forty years before to do so: 'Continue with me in your scientific pursuits and in your friendship and interest in our mutual destinies'. And that Edward Hitschmann did to the last day of his life.

Ernest Jones wrote him four years ago: 'You have been practicing psychoanalysis fourteen years longer than Freud, and of course longer than anyone else'.

It was in 1905 that Paul Federn introduced Hitschmann to Freud. From then on Hitschmann was an ardent protagonist of psychoanalysis, one of its most assiduous workers, one of the earliest exponents of Freud's work, and a man whose intellect and culture earned him a singular, prominent place in our ranks. It will always remain his incontestable merit to have initiated the science of psychoanalytic biography. He did it so well because he was a 'bookish man', as he called himself. He was the first librarian of the Vienna Psychoanalytic Society and its vice-president under Freud's chairmanship. He was also one of the forty-two people who attended the first meeting for 'Freudian Psychology' in Salzburg in 1908.

Until the end he remained an investigator, searching in great men's lives for the manner in which their minds had developed, to find the motives that impelled them toward their various acts of creation. With the indefatigability which signifies the conviction of a purpose, he sought to unriddle the secrets of the creative impulses which were hidden in the unconscious. He made men's genius humanly understandable as he discovered in the fountains of their creativity the universal struggle of all human beings. He could accomplish that task because he possessed the qualities of a scientist combined with those of an artist.

It should be noted that in 1913 Hitschmann wrote the first comprehensive book on Freud's Theories of the Neuroses. His most outstanding contributions, however, are to the analysis of literature and of writers. Already in his adolescence he had become interested in the great philosophers. He did not become a philosopher himself because, he said, 'The man who is healthy enough to become a philosopher, does not do so; he becomes an analyst instead'. That attitude enabled him to understand not only the nature of creativity in man, and the creative process, but every phase of man's life, and how through creative work he comes to terms with reality and also with his inner fears of life. He knew through his own experience that the ecstasy of creativity is neither pathological nor superhuman, but that the medium which a productive ego chooses for its expression is directed by inherent talent. This he possessed and of his gift he made full use till the end, even when he knew his powers were beginning to falter.

He met the end of his life with equanimity because it did not mean to him a destruction, to which some respond with aggression, but the end of a life that was fulfilled. Thus he could meet death with euthanasia.

The gap Hitschmann leaves in the ranks of psychoanalysts can scarcely be filled as he was an indispensable part of a unity. He lived and worked in accordance with the words of Goethe which so often he quoted: 'Aim always at the whole with all your

strength. If you cannot attain this goal, aim at becoming at least one of the parts of the whole in serving it.'

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BOOK REVIEWS

NOSTALGIA. A PSYCHOANALYTIC STUDY OF MARCEL PROUST. By Milton L. Miller, M.D. Boston: Houghton Mifflin Co., 1956. 306 pp.

The complexity of Marcel Proust as man and as artist has challenged biographers and critics alike in attempts to interpret his life and works. Dr. Miller accepts this challenge. He states that it is his intention to apply to Proust the theories of Thomas M. French on the integration of behavior as well as to attempt a 'closer understanding of the nature of the intuitive processes as they are related to art, to psychoanalytic method, and to instinctual expression'.

No study of Proust can be more than a foray into intricacy and perplexity, and even a minor penetration is a valuable accomplishment. In reviewing this book one must assess what it adds to an understanding of Proust's works, and specifically how the author uses the tools of psychoanalysis. The book may be divided into three parts: 1, the exegesis of Proust's major work, Remembrance of Things Past; 2, a general discussion of various psychoanalytic topics and their application to Proust and his work; 3, the application of French's theories to Proust. The author's aims are difficult to pin-point but they are implicit throughout the book.

In the first of the three parts Dr. Miller is most successful. He guides us through the expanses of Proust's novel and the path is intelligible, illuminative, and plausible, and there are psychoanalytic interpretations. Whether or not one agrees with the presentation and interpretation, this study stimulates the reader to return to Proust's novel and to find in it new meaning. The second part of the book is devoted to general topics of psychoanalytic interest and the attempt to apply them to Proust and his work. These include chapters on symbolism, a comparative study of Proust and Freud, and an examination of Proust's homosexuality and his asthma. In his discussion of symbolism the author does not distinguish clearly between the unconscious symbol and the preconscious or conscious indirect representation, a distinction made many years ago by Ernest Jones. Dr. Miller paraphrases Proust's search for 'inner meanings', 'true feelings', and so forth, in psychoanalytic terms but the attempt to establish a parallel is not convincing. Proust's statements, I suggest,

are preconscious and conscious considerations and not interpretations in the analytic sense.

The purpose of a psychoanalytic biographical study is to determine what the subject has revealed beyond his conscious awareness. According to the author, Proust expresses 'through fantasy his great anxiety, curiosity, and fascination regarding what may be interpreted as symbols of birth and pregnancy, intrauterine symbols'. This is related to Proust's reaction to the birth of his brother, a character prominently omitted from the novel, his sense of closeness to death, his œdipal guilt, and his need for love. Proust's homosexuality is examined both with regard to its origins and its expression in his works. Here again it is the relationship to the brother, Robert, that is pivotal in the development of Proust's personality and his neurosis. Dr. Miller recognizes that many of the remembrances are screen memories, for instance Albertine represents a male. In a discussion of Proust's asthma, Dr. Miller suggests that this illness may be the penalty of artistic achievement. Having no direct evidence of the psychological significance of Proust's asthma, this suggestion is without basis and falls back on the equation of creativity and pathology. In all these instances there is a serious methodological error which may be found in many psychoanalytic biographical studies. It consists of first making a generalized statement and elaboration of a psychoanalytic concept and then applying this generalization to the subject of the study. To borrow a term from the *couturier,* the generalization is 'appliquéd' rather than applied and usually the generalization is broad enough to fit any person. The result lacks the specificity that is the hallmark of a significant psychoanalytic interpretation.

In his comparison of Proust and Freud, Dr. Miller unconvincingly attempts to present Proust's novel as a self-analysis similar to Freud's. We may here be guided by a comment Proust himself makes in a letter quoted by Dr. Miller in which he states that he would replace the term 'analytic novel', which had been applied to his work, by the term 'introspective novel'. There is indeed a wide gap between introspection and analysis. It is doubtful that Proust, who used the word 'unconscious' very freely, was aware of the distinction between unconscious and preconscious.

The artist, and it is certainly true of Proust, has the capacity to sense intuitively profound psychological truths and to evoke in his

audience corresponding emotional responses. But Dr. Miller indicates more accurately the limitations of Proust's insight when he says: 'He had a tendency to generalize, to draw psychological laws of cause and effect, which he himself also saw he used as an intellectual escape'. We find in Proust a multiplicity of example, a detail of recital, and a richness of imagery, that are sources of provocative material for analytic interpretation. But, like resistance in the compulsive patient, he buries us in the wealth of his productions which are isolated by intellectual dissection and repetitive exposition.

The third component of the book is the attempt to apply to Proust what the author designates as Thomas M. French's theories on 'integration of behavior'. This is the most controversial part of the book and the most difficult to follow. In fact, no conclusive statement of these theories is possible as French's work has been published only in part. Consequently the parallels drawn between Proust and the Mr. X of French's studies suffer from lack of specificity. Dr. Miller attributes to the neurosis of Mr. X and to the art of Proust an integrative process. Though this cannot be denied it is not clear where it differs from the well-established concept of the synthetic function of the ego. The author believes the main revelation of Proust's work to be his method of recapturing lost memories by a process of association. Proust and 'memory' are constantly linked together and I wish we could know more of what memory meant to Proust: did he seek the forgotten memory to evoke the lost emotion, the lost experience, or did he seek the memory because it was important to him to remember, defensively and compulsively?

Although the book raises many controversial questions it remains a valuable book, deserving attention and thought. The author has courageously undertaken a task that was certain to bring to him criticism and contradiction. Proust cannot be set in a simple frame and every reader of Proust has his own reactions and opinions which he will defend vigorously. Dr. Miller gives us his, but also allows us to keep our own.

DAVID BERES (NEW YORK)

BEYOND LAUGHTER. By Martin Grotjahn, M.D. New York: Blakiston Division, McGraw-Hill Book Co., Inc., 1957. 285 pp.

When an analyst writes a book entitled Beyond Laughter, the reader

mentally adds a subtitle, 'Or Beyond Wit and Its Relation to the Unconscious'. Dr. Grotjahn's first chapter is a condensation of Freud's classic work, and the following chapters paraphrase the elaborations of Freud's ideas by his disciples, including the author himself. The subjects are the sense of humor, its connections with psychosomatic illness, with optimism or pessimism, its part in character formation, and its variations with sex; the smile as the badge of humanity and the signal of human communication; the anality of laughter, the concurrent acquisition of speech, and a store of jokes. From these generalities the author turns to such specific phenomena as clowns, burlesque queens, circuses, mystery stories and 'westerns', Alice in Wonderland, Ferdinand the Bull, the cartoon idol, Mickey Mouse, and the soldiers' character, Kilroy. In so doing, he explains the sense of the uncanny, artistic creativity, sensational pleasures, and the clinical significance of laughter in psychoanalysis.

However highly we esteem Freud's work on wit, it would be unjust to consider this book merely as its elaboration. The key to its importance lies in the opening words of Chapter Seven: 'Man has just begun to find the answer to some of the problems of survival, he must now tackle the problems of prosperity'. Psychological patterns change so little that Freud turned to the ancient Greek myths for a term to describe his great discovery, the œdipus complex. The present author explores the methods for lessening psychic tension—regressions to, or repetitions of, infantility or a mature integration of id and reality—in terms of contemporary life.

These two presentations, one published in 1957, the other in 1905, demand comparison. Strikingly, they demonstrate how times have changed. Studying both, the reader finds himself picturing the cautious progress of a pioneer through uncharted and possibly dangerous territory, and the dashing confidence of his successor over the same route. Or, he sees an elaborate Gothic or Regency building erected by the laborious placing of one stone on another, and the modern edifice where large expanses of glass and metal are joined in short order. Both these similes exemplify the contrast between Freud's style and Grotjahn's, and the way in which the content of their works mirror the contemporary scene.

GERALDINE PEDERSON-KRAG (NEW YORK)

THE HOSTILE MIND. By Leon J. Saul, M.D. New York: Random House, Inc., 1956. 211 pp.

From the first page where is written, 'What we mean by hostility is—the tendency of an organism to do something harmful to another organism', to the last page which states, 'Hostility should be made universally known for what it is, a neurotic symptom, a symptom of weakness and frustration, a primitive method of defense which has become mankind's principal enemy', this book is striking for its lucidity. There is no ambiguity in any of the short sentences that are linked each to the next in an orderly development of ideas. The clinical examples with which the exposition is interspersed are illuminating.

Clearly, hostility is delineated as a social force, as a biological by-product, and as a response to the early conditioning of the individual. Seven mechanisms are shown by which this emotion is handled, as well as the role it plays in politics, and its relation to religion and to happiness. The final chapters contain encouraging suggestions of how the wisdom and knowledge presented here can be put into practice for the benefit of mankind in general.

In fact, this book well exemplifies how psychoanalytic concepts can be applied and used by intelligent laymen of goodwill, even though they have not themselves been analyzed. The usefulness of the ideas set forth here for mental hygiene can hardly be overestimated.

In such a volume, consideration of the theoretical dynamics of hostility which now exercises the minds of many leading analysts would be out of place. The subtlety and complexity of theories, as yet only tentatively formulated, would blur the clearness and shake the sureness with which analytic concepts must be offered to the general reader. The analytic student should, therefore, not be disappointed, though well he may be, at finding that lucidity is not always accompanied by depth.

GERALDINE PEDERSON-KRAG (NEW YORK)

MYTH AND GUILT. The Crime and Punishment of Mankind. By Theodor Reik. New York: George Braziller, Inc., 1957. 432 pp.

This book is full of interesting and informative material. The first two parts set forth the author's speculations about the deeper mean-

ing of the Fall of Adam and Eve. The story of their temptation by the serpent and commission of the 'crime' with manifold consideration of each detail consumes, with the author's hypotheses on the true nature of the act, somewhat over two hundred pages. The attempt is made to hold the reader's attention while bit after bit of 'evidence' is introduced in an attempt to discover the secret meaning of our original parents' 'delinquency'. The origins of mankind's guilt, according to Reik, lie in the murder of the old man of the tribe (precursor of God-father) and the subsequent eating of his body. Later the author invokes the concept of hubris, (i.e. overweening pride and arrogance) to account for the perpetration of this crime. The magnitude of the crime and the emotional climate—hubris—of its commission seem to this reviewer somewhat overdrawn.

The last two sections are more substantial and rewarding. Here the author is at home and able to marshal all his fine scholarship and philosophic talent. His searching comment on present and past religious enthusiasms and his clear delineation of man's all-pervasive aggression are passionate and profound. That his conclusions parallel those of most analytically oriented thinkers is to be expected. The force and lucidity Reik reveals in his treatment of these topics is impressive and add significantly to the value of the book and the satisfaction of the reader.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

ART AND PSYCHOANALYSIS. Edited by William Phillips. New York: Criterion Books, Inc., 1957. 552 pp.

William Phillips, the editor of Art and Psychoanalysis, describes his anthology as a collection of outstanding contributions to applied analysis in art. He divides his selections into three groups: analytic studies of single works of art or artists; a group of theoretical essays; and, finally, some literary pieces.

Part One opens with a reprint of Freud's Dostoevsky and Parricide. Other selections are Marie Bonaparte's Poe and the Function of Literature (a chapter from her book on Poe); Saul Rosenzweig's analytic interpretation of The Ghost of Henry James; a short piece on Jonathan Swift by Phyllis Greenacre; Erich Fromm's excellent essay on Franz Kafka; and Ernest Jones's recently published paper, The Death of Hamlet's Father. Theodor Reik's The Three Women

in a Man's Life and Fritz Wittels' Heinrich von Kleist—Prussian Junker and Creative Genius are also included. Part Two is given over to the anthropologists, among them Geoffrey Gorer who analyzes The Myth in Jane Austen, and Nathan Leites with his interpretation of The Stranger. Part Three contains some theoretical papers by Ernst Kris, Henry Lowenfeld, Otto Rank, and Géza Róheim. Franz Alexander presents intriguing and controversial views in The Psychoanalyst Looks at Contemporary Art. In contrast to the majority of contributions, he does not study literature, but painting,—an exception for psychoanalysts, perhaps because ideology is more easily assimilated by analysis than form. Alexander considers contemporary painting as a revolutionary preparation for more mature art expression in the future. His thesis may antagonize the artist but probably will confirm the opinion of most analysts. Part Four includes Thomas Mann's Freud and the Future, William Barrett's Writers and Madness, Kenneth Burke's Freud—and the Analysis of Poetry, and finally Lionel Trilling's Art and Neurosis and Edmund Wilson's Philoctetes: The Wound and the Bow.

For the analyst, the usefulness of this book would have been increased had the selections been followed by a bibliography of the authors' works. However, the aim of this anthology, as stated in the preface by the editor, is well served by the selection. For the analytic 'old timer' the book reads like postcards from well-remembered travels all over the analytic world, but for the newcomer it may be a tempting travelogue.

MARTIN GROTJAHN (BEVERLY HILLS)

READINGS IN MARRIAGE COUNSELING. Edited by Clark E. Vincent. New York: Thomas Y. Crowell Co., 1957. 500 pp.

If a desperate, 'analytically oriented' Noah should decide to escape the flooding rains of new analytic publications, and retreat into his Ark, then he does not need to worry what book to take along for the days of the rains. In case he is interested in using his time to study problems of marriage, then he will take along Vincent's Readings in Marriage Counseling. It is not just a pocket book but a veritable pocket library, containing, on five hundred pages, fifty-two different papers about all aspects of marriage counseling.

The authors represented range from Ackerman, Alexander, Al-

port and Appel, down the alphabet to Whitehorn. The fifty-two chapters are divided into seven parts. A start is made with the attempt to find the place of marriage counseling as an emerging interdisciplinary profession. It includes a free and sober discussion of premarital counseling. Much place is given to definitions, methods, and principles of counseling and the practice is frequently illustrated by case material (The Married Virgin, Sexual Incapability, etc.).

Of greatest interest to the analytic reader should be the chapter about marriage counseling with individuals, couples, and groups. A symposium debates the question whether one partner can be successfully counseled without the other. Fritz Schmidl describes Contact With the Second Partner in Marriage Counseling. The special aspects of The Joint Interview are treated by Rex Skidmore and Hulda Van Steeter Garrett. Peter Martin and H. Waldo Bird describe their stereoscopic psychotherapy and the paper by Bela Mittelmann, known to the readers of This QUARTERLY, The Concurrent Analysis of Married Couples, is reprinted. Abraham Stone and Lena Levine give examples of Group Therapy in Sexual Maladjustment.

Theories about personality formation, research possibilities and problems relating to marriage counseling as an emerging profession conclude the selection of readings.

The book is written for the marriage counselor in the widest sense. It is focused upon the husband-wife relationship rather than family counseling, and it is slanted to increase the counselor's humility and caution. (Special thanks is expressed to Saxton Pope, M.D.)

For the passionate reader this 'pocket library' contains much valuable information. It would be unfair to argue about possible omissions, but there is one omission which is most regrettable. There are no bibliographical notes to the chapters and there should be one selective summary, or guiding review, about the main points of the analytic and related pertinent literature.

MARTIN GROTJAHN (BEVERLY HILLS)

ANXIETY AND MAGIC THINKING. By Charles Odier, M.D. New York: International Universities Press, Inc., 1956. 302 pp.

Psychoanalysts have looked forward to this translation of Dr. Odier's

L'Angoisse et la pensée magique, hoping that it would furnish a bridge between Piaget's investigations on the stages of development in children and the observations and theories of psychoanalysis, particularly psychoanalytic ego psychology. In this review, no attempt will be made to give a detailed account of the content of the book, since this was done some years ago in considerable detail in a review of the French edition (This QUARTERLY, XVIII, 1949, pp. 503-508). I shall, rather, attempt to evaluate this book critically as a contribution to psychoanalytic and psychological literature.

The book is written in the style of an impressionistic, philosophical essay, rather than a scientific monograph. In this reside both the strength and the weakness of the work. It makes interesting and thought-provoking reading. But it does not succeed in bridging the gap between the two disciplines. One reason for this appears to be Odier's ignoring of psychoanalytic ego psychology; his knowledge of psychoanalysis seems to be limited to id psychology, with emphasis mostly on the œdipus complex. To this he welds, rather mechanistically, Piaget's theories of ego development. The resulting 'combined method' of psychological investigation and psychotherapy is based on the oversimplified concept that anxiety produces regression of a sector of the ego to externalism (Odier's term), or infantile realism (Piaget's term), or adualism (the term of the American psychologist, James Baldwin). In this regressed sector, which is dominated by anxiety, the ego will revert to infantile prelogic and magic thinking, while the healthy sector of the ego functions on the adult level of logical thinking. Odier states:

> In every clear-cut neurosis, two structures exist in the ego, and each sector is in opposition with the other. We have, then, two antinomic systems whose laws conflict with each other and cannot be coördinated. They correspond to two very distinct stages of mental development. Their differences and divergences account for numerous neurotic symptoms, for much bizarre and inconsistent behavior.
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> The concept of structural duality seems to me to fill a gap in the understanding and the usual definition of adult psychoneurosis. A psychoneurosis consists of the presence and action of unconscious complexes to which is added an antinomy at the level of the ego. These two groups of morbid phenomena are related to each other but nevertheless distinct. In psychotherapy, it is important to analyze first each group as such, with its characteristic nature and functions, and only later treat one as a function of the other.

The second part of the book consists of clinical examples, particularly of what Odier calls the 'neurosis of abandonment', apparently a character neurosis containing elements of orality, dependency, passive-aggressive tendencies, and a large measure of masochism. The author states that this neurosis has 'assumed the character of an epidemic typical of our times'. This portion of the book reveals Dr. Odier as a wise, sensitive, and skilled psychotherapist, an original thinker, and a provocative writer. It provides stimulating reading of great charm and high literary quality. It abounds in quotable statements and aphorisms, such as: 'The phobic patient appears as a kind of anxious god who constructs a malevolent reality to which he then adjusts himself as well as possible'; or 'Masochism is always a sin against self-respect'.

Although Dr. Odier does not quite achieve the task he set himself of consummating a theoretical integration of Freud and Piaget, his pioneering effort will no doubt stimulate others to carry forward this difficult assignment.

ISIDORE ZIFERSTEIN (LOS ANGELES)

FUNDAMENTALS OF LANGUAGE. By Roman Jakobson and Morris Halle. The Hague: Mouton & Co., 1956. 87 pp.

This is the initial essay in a projected series, entitled The Gate of Languages, 'seeking the laws that govern language and its relationship with other social institutions'. The series is dedicated to the memory of an eminent Dutch linguist, Nicolaas van Wijk, who pioneered in the study of structural laws of language in relation to time and space. This essay is written by two authoritative students of linguistics who intend it mainly as a survey of current views on phonology—the study of the evolution of basic units of speech sounds, the phonemes, within a particular language and of the ultimate semantic elements—the morphemes. It thus represents the microscopic description of langauge structure. The second, and shorter, portion deals with a few linguistic problems in their global aspects. These include the twofold nature of language in general, as expressed in disorders of similarity and contiguity, as well as in aphasia; also the phenomena of metaphor and metonym.

The major portion of the essay dealing with the phonemes dis-

cusses different concepts of their origin and nature. It includes a comprehensive though pithy description of their distinctive features and patterning. It would be impossible here to restate or to summarize any or all of these aspects. Reading through them, with all their intricate involvements, one is struck with the rich possibilities for psychologic insights latent therein. Several problems appear to be of interest to the psychopathologist, particularly the conceptual views of the phoneme as distinct from the phenomenological; also, the early or mental stages in the speech event. The latter seems basic to such recent studies as those on communication in general and another on communication networks in free association; the application of feedback experiments in the production of stuttering and in attempts at curing it; finally, studies on the speech of schizophrenic children.

The problem of the great need for collaborative effort between the linguist and the psychopathologist is discussed very aptly. With true impartiality, the authors cite telling examples of data in each discipline that are potentially very meaningful for the other, but have been allowed to lie fallow. One such noteworthy area is aphasia, infantile and adult. The linguists have not sufficiently utilized the clinical findings on adult aphasia, and the neurologists and psychiatrists have not availed themselves of the data possessed by some experts in child language.

As already mentioned, an important feature of the second, or what I might call the 'applied' part of the essay, is the chapter on aphasia. It is treated from two levels. The first is briefly mentioned and the second is elaborated more fully. Regarding the first, the authors state that it is 'one level of aphasic phenomena where amazing agreement has been achieved during the last twenty years between those psychiatrists and linguists who have tackled these problems, namely, the disintegration of the sound pattern. This dissolution exhibits a time order of great regularity. Aphasic regression has proved to be a mirror of the child's acquisition of speech sounds, it shows the child's development in reverse. Comparison of child language and aphasia, furthermore, enables us to establish several laws of implication. This search for the order of acquisitions and losses and for the general laws of implication cannot be con-

fined to the phonemic pattern but must be extended also to the grammatical system.' But even here the authors add that 'only a few tentative trials have been made in this direction, and these efforts deserve to be continued'.

The next plane of the discussion on aphasia relates it to what the authors call 'the twofold character of language',—combination and selection. Regarding the first mode of arrangement—combination—the authors state that any sign is made up of constituent signs and occurs only in combination with other signs. This means that any linguistic unit at one and the same time serves as a context for simpler units and finds its own context in a more complex linguistic unit; thus, any actual grouping of linguistic units binds them into a superior unit: combination and contexture are two faces of the same operation. The second mode of arrangement is selection. 'A selection between alternatives implies the possibility of substituting one for the other, equivalent to the former in one respect and different from it in another. Actually, selection and substitution are two faces of the same operation.' Hence, they regard aphasia as a disorder which is also twofold in character: a contiguity disorder and a similarity disorder. There is an intermediate category formulated by Kurt Goldstein, where words are identified, distinguished, and reproduced—i.e., grasped as known, but not understood. 'Here the word loses its normal significative function and assumes the purely distinctive function which normally pertains to the phoneme.'

The essay concludes with some very interesting and highly suggestive remarks on the use of the metaphor and metonym, the two different semantic lines along which a discourse may develop, as they are employed in several artistic media of communication in addition to the verbal. For example, both devices are manifested in symbolic processes including the structure of dreams. The authors state that 'the decisive question is whether the symbols and the temporal sequences used in dreams are based on contiguity (Freud's metonymic "displacement" and synecdochic "condensation") or on similarity (Freud's "identification symbolism")'. Another example: 'the principles underlying magic rites have been resolved by Frazer into two types: charms based on the law of similarity and those founded on association of contiguity'.

This essay is recommended unqualifiedly to all who are initiated

in linguistics but only to those among the less initiated who prefer their introductory studies tough.

I. PETER GLAUBER (NEW YORK)

FREUDIANA. Presented by A. A. Roback. Cambridge, Mass.: Sci-Art Publishers, 1957. 240 pp.

The full reasons for Freud's dislike of America will in all probability never be known. Yet it is easier to guess how the prejudice began, than why he maintained it for most of his life. The trip to this country was the longest he ever undertook; New York was the scene in which Freud's 'American colitis' began. These and other reasons are cited in Ernest Jones's biography. The book under review perhaps provides another clue to why Freud maintained his prejudice.

Responding to a letter from Roback, Freud wrote, '. . . I feel impelled to put a stop to a situation that is very unusual for me. For over thirty years I have let people say and write whatever they wish about myself and my teachings. Only in very exceptional cases do I make a rebuttal (e.g., in History of the Psychoanalytic Movement). I know very well that my protests would not do any good, since people feel a need for expressing themselves in just the way they do. And now I find myself involved in an exchange of criticism and countercriticism with you, although I cannot dispute *your* right to express yourself about me as freely and incorrectly as you please. I know this exception is due to the fact that you strike a chord of Jewishness which reverberates so sensitively in me. My sympathies were aroused, and then I was sorry that I seemed to find a discrepancy between the high position you wish to accord me and your knowledge about me and your understanding of my work. No harm meant; I won't do this sort of thing again.' As if Freud were saying, If I have many more friends like you in America, I won't need enemies.

Later in the same letter, Freud says, 'Since you cite your youth as an excuse for this erroneous statement, you give me an opportunity of admitting a misconception of my own regarding yourself. Because of the great assurance of all your statements, I had assumed you were a dignified old gentleman. For your sake I am glad that I was wrong. I had overlooked the necessary result of the com-

bination of the American democratic mind and Jewish *"Chuzba"* [audacity, impudence].' We are indebted to Roback for publishing this criticism of himself. Freud speaks clearly here in the accents of a genteel tradition of learning; and it is certainly true in America today, as it was in 1930 when this letter was written, that the dignity of learning is respected only when it stands aside from public life.

Six years later, Freud wrote to his incorrigible correspondent, 'Today I received your book on Peretz which is assured of my interest and for which I thank you very much. I am less grateful for the news in your letter of a few days earlier regarding the enterprise which you are planning in honor of my eightieth birthday. I am surprised that you did not first consult with me before sending out the invitations. That would have been the proper way for anyone to choose who doesn't happen to want to give his hostile attitude free reign. Why you denied me the consideration to which a living person is entitled is beyond me.

'You sent me a list of people whom you invited to make a statement about psychoanalysis. Among these there are some few who have a right to be heard. As for the others, they either (a) have no connection with psychoanalysis, or (b) know nothing about it as is easily demonstrable, or (c) are declared enemies of it. What may be produced under these circumstances can only be quite useless and unedifying. Naturally, I myself would not think of taking any part in the symposium. I can only hope that you will be obliged to drop the matter by the majority of those invited declining to participate. Of one man I know for certain that he will not answer you: it is Sante de Sanctis, who died last February.'

Refusals did pour in. They are faithfully reproduced, along with other trivia and views of the author on matters he deems psychoanalytic, to pad out a book whose title is largely a misnomer.

Nothing is spared Freud. From London, in 1939, the dying exile writes, 'I have not been able to figure out the reason why you enclosed a solitary dollar bill with your letter. I have always been able to take care of my correspondence myself, and a dollar would be too little to distribute among the refugees here. Nor did I know what it was that you expected me to reply to so urgently.

'Unfriendly American criticism will hardly affect my frame of mind. The state of my health is not very satisfactory.'

EDWARD E. HARKAVY (NEW YORK)

THE DOCTOR, HIS PATIENT AND THE ILLNESS. By Michael Balint, M.D. Foreword by Maurice Levine, M.D. New York: International Universities Press, Inc., 1957. 355 pp.

This book examines general medical practice and its psychological implications from the vantage point of the trained psychotherapist and analyst. It is the result of a long-term research project conducted in conjunction with a training course in psychotherapy for general practitioners at the Tavistock Clinic in England. The program, developed jointly by Enid and Michael Balint, consists of weekly seminars in which a group of eight to ten general practitioners discuss cases with one or two psychiatrists. There are no formal lectures but the seminars continue for an average of two to three years. Reports on their cases by the participants are unprepared and the reports as well as the ensuing discussions are recorded verbatim. In the book itself twenty-eight cases are reported by fifteen participating physicians and six of the doctors are represented by more than one case. This makes it possible to become acquainted with certain individual characteristics of these physicians. At the same time, it illustrates the author's observations on the importance of the distinct atmosphere created, quite unwittingly of course, by every physician in his office. Further, the case presentations serve to illustrate the problems encountered and the various therapeutic measures most frequently adopted in general practice.

In the first section, Diagnosis, Dr. Balint scrutinizes the relationship of physician and patient and seeks to establish some of the reasons for the strains and stresses which arise despite good will on both sides. It becomes readily apparent how physician and patient misunderstand each other at times and how they talk at cross purposes. In this connection medical training and medical tradition come under severe criticism by the author. The physician is not taught to 'listen' properly. Moreover, a hierarchy of diseases, with organic illness at the top and functional disorders at the bottom, is slowly established and quietly sanctioned by our teaching methods. Among other evils this leads to what Balint calls 'elimination by appropriate physical examination', which frequently involves the patient in unnecessary expense and the specialist in futile work. In addition, the danger to the psychological state of the patient and to the continuation of a favorable doctor-patient relationship is usually

completely overlooked. Therefore, Dr. Balint calls for the re-education of the medical profession to another level of diagnostic thinking and for 'deeper' diagnosis. This would enable the physician to have a better understanding of his cases although, admittedly, it would not always lead to better or more effective therapy.

The second part of the book, Psychotherapy, includes straightforward reports on the workings of the discussion groups without any attempt to hide difficulties or mistakes. One gets a refreshingly vivid picture of the actual treatment as carried out by some of the participating physicians and also of the criticism, doubts, exhortations, or approval, the therapists met with in the discussion group. Pointed observations and remarks on 'advice' and on 'reassurance', and chapters on 'how to start' and 'when to stop', complete this section.

The last part of the book, General Conclusions, deals in greater detail with the positive or negative effects of the individual physician's personality and outlook on his work and on his patients. Dr. Balint is, of course, aware that factors in both doctor and patient play a role here and that they interact in various and complex patterns. As a matter of fact, throughout there is constant emphasis on pleas for more research into the 'pharmacopeia' of the drug 'doctor', its results, and its possible untoward side effects.

At this point mention might be made of certain criticisms. This reviewer, at least, found himself quite irritated at times by the tedious repetition—to the point of slogan formation—of some of the author's favorite formulations. Also, despite excuses and rationalizations by the author, a bibliography should not be dispensed with in a scientific publication and it would certainly enhance the value of the present work. In a chapter, The Patient and His Illness, Dr. Balint develops the theory that 'all the pathological states of later years, the clinical illnesses, would have to be considered symptoms or exacerbations of the "basic illness", brought about by the various crises in the individual's development, both external and internal, psychological and biological'. He admits that his idea is far from new, but then continues: 'What is original in it is the bringing together into one picture the illnesses of adulthood and the experiences in the early formative period of life and relating them to each other'. This claim from an analyst sounds rather strange even if he does not talk exclusively of the types of neurotic nosogenesis.

Apart from such lapses, the book makes many valid points, raises a host of questions which deserve further inquiry, stimulates one to examine afresh things long taken for granted, and is therefore of great interest both to the general practitioner and the specialist.

There are three appendices by the author. One discusses the training of general practitioners in psychotherapy and is aimed mainly at psychiatrists interested in undertaking this task. Another gives the reason why there was no selection of candidates at Tavistock and outlines the subsequent fate of these self-selected groups. A third appendix collects the follow-up reports on the cases discussed in the book. An additional appendix by Dr. John D. Sutherland, Director of the Tavistock Clinic, defines the functioning of the clinic in a supervisory capacity as an essential additional role after the training period of the general practitioner is completed.

WERNER NATHAN (NEW YORK)

THE FUNCTIONS OF SOCIAL CONFLICT. By Lewis A. Coser. Glencoe, Illinois: The Free Press, 1956. 188 pp.

Dr. Coser, a sociologist, disagrees with the majority of American sociologists who, he contends, have badly neglected and misunderstood the concept and function of social conflict. He defines social conflict as '. . . a struggle over the values and claims to scarce status, power and resources in which the aims of the opponents are to neutralize, injure, or eliminate their rivals'. He believes that the prevalent tendency is to look upon conflict as dysfunctional and pathological.

A half century ago, the first generation of American sociologists were social reformers and addressed themselves to a similar audience. They assessed social conflict as a positive force. It provided the chief element in the analysis of social change and progress. After World War I, this attitude began to change and the average sociologist now either orients himself to a purely academic audience or to authorities in public or private bureaucracies. This has resulted in centering attention on problems of adaptation rather than of conflict.

The author's interest is in the consequences of social conflict which increase the adaptation or adjustment of particular groups. He does not deny that certain forms of conflict are destructive to group unity

and lead to disintegration of social structure. His aim is to correct the overemphasis on the disintegrating factors in social conflict current in contemporary sociological thinking. Dr. Coser derives his main propositions from the work, Conflict, by Georg Simmel, the German philosopher and sociologist, who died in 1918. He extends these propositions with ideas derived from recent sociological works and from psychoanalysis.

Briefly, it is his thesis that conflict within a group may help to re-establish unity where it has been threatened by hostile feelings among the members. The function of the conflict is to make possible the readjustment of norms and power relations within the group in accordance with the need of the members. This is best performed in a society which institutionalizes and tolerates the conflict.

Groups which are engaged in continual struggle with other groups tend to limit the amount of internal conflict permitted the members. When conflict occurs, these groups tend to disintegrate through splits or forced withdrawal of members. Rigid social systems, by suppressing conflict, maximize the danger of catastrophic change. Groups that are not involved in continual struggle with the environment are more likely to tolerate internal conflict with a consequent stabilizing influence among the group. Conflict may produce new associations and coalitions helping to unite previously antagonistic groups. Once these have been formed, conflict may further serve to maintain boundaries between them and the social environment. Social conflict thus helps to stabilize societies by assigning positions to various subgroups within it and by helping to define the power among them.

In Freud's Group Psychology and Civilization and Its Discontents, the task of social evolution is in the main attributed to the instincts. It is, of course, true that Freud states '. . . what we are concerned with are scarcely ever pure instinctual impulses but mixtures in various proportions of the two groups of instincts (Eros and Death). A sadistic cathexis of an object may legitimately claim to be treated as a libidinal one.' Conflict would here chiefly belong to the death instincts. In this respect, Freud differs from Simmel and the author of this book. Dr. Coser also does not make clear the ambivalence inherent in the term 'social conflict' and in his descriptions of the various situations given as examples of social conflict. The range of positive libidinous investment seems to be considerable as is also the

amount of aggression. From the theoretical viewpoint this is a shortcoming in a book which claims in part to derive from psychoanalytic insight. This work contributes to our understanding of the psychological economy of social conflict, the evolution of new social forms and the abandonment of outmoded ones.

JOSEPH BIERNOFF (SAN FRANCISCO)

DYNAMICS OF PSYCHOTHERAPY. The Psychology of Personality Change. Volume I. Principles. 211 pp. Volume II. Process. 398 pp. By Percival M. Symonds, Ph.D. New York: Grune & Stratton, Inc., 1956 and 1957.

The author of this projected three-volume work on the dynamics of psychotherapy is a professor of education at Teachers' College, a clinical psychologist, and a member of the Association for the Advancement of Psychotherapy. Volume I deals with principles of psychotherapy and Volume II with the process from the viewpoint of the 'client'; Volume III is to deal with the procedures from the point of view of the therapist. The approach is eclectic, attempting to cull the valuable contributions of all schools. Each chapter consists of a large series of headings and subheadings so that the text is basically organized into a long series of short paragraphs, each briefly discussing an important topic in psychotherapy.

Such an approach results in too much pigeonholing and generalizing. Illustrations from the author's clinical experience are conspicuously absent, and essentially the volumes are a compendium of psychotherapeutic writings. This results in a deceptive verbal facility and overlucidity which would arouse the scepticism of experienced clinicians.

According to Dr. Symonds, psychoanalysis is not necessarily therapy; it may be used primarily as a method of investigation. He states that in many persons who undergo a freudian analysis the neurotic problems remain. He further states that psychotherapy places the main accent on experience, whereas psychoanalysis is essentially a mental exercise—'although because of the nature of the subject matter, it also arouses emotional responses'. All this will certainly astonish the analyst who has seen failure in psychotherapy followed by success in psychoanalysis. The author seems unaware of the role of

transference neurosis in psychoanalysis, where affects are re-experienced in a 'here and now' fashion unattainable in any other form of therapy. The experiences of psychoanalytic practice enable the analyst to become a more skilled psychotherapist. The psychoanalyst will be surprised to read that transference in general is 'greater' where the ego is weak. Such dubious aphoristic formulations abound.

The author considers abreaction the main therapeutic agent in psychotherapy. Abreaction is defined as a 'reaction with release of feeling excitement hitherto impossible because of repression. . . . In abreaction the client emotionally relives some traumatic experience of childhood which is translated into the therapeutic situation' (II, pp. 312, 313). While he discredits psychoanalysis as a therapy, Dr. Symonds seems to encourage the lay therapist (for whom these volumes seem primarily intended, judging by the use of the term 'client' instead of 'patient') to a kind of wild analysis. The final impression is that the substance of these volumes is such that probably neither good nor bad will be engendered by them.

BERNARD BRODSKY (NEW YORK)

LIVING MAGIC. By Ronald Rose. Chicago: Rand McNally & Co., 1956. 240 pp.

This is a fascinating report on some aspects of the lives and beliefs of the aborigines of Central Australia. While the author does not pretend to extensive training in either psychology or anthropology, he is obviously well-informed in both fields. What his book may lack in authority is offset by its refreshing freedom from some of the more tedious manifestations of expertness.

The author set out to investigate the facts behind the repeated accounts which implicitly or explicitly foster the notion of a mysterious, if not supernatural, reality behind the occult aura which completely envelops the otherwise outwardly drab lives of the aborigines. Technically, the primitive tribes of Central Australia have never progressed very far from stone-age culture. They still live a hand-to-mouth nomadic existence, without agriculture, clothes, and with few implements beside the primitive digging stick and the boomerang. It has frequently been reported that their means of communication over great distances, ostensibly with no apparatus for effecting this

save thought itself, are far superior in certain respects to the cumbersome techniques of physically mediated transmission of signals such as are exclusively relied upon in more advanced cultures. Besides this, there have always been sporadic stories, many seemingly well attested by reputable observers, of various powers possessed by the natives, and especially by their 'clever' men, which to us would by definition be 'magical'.

The author and his wife spent six years getting to know the aborigines and gaining their confidence. What they found on the whole was that in so far as the allegations of spontaneous or intentionally induced 'magical' occurrences—including telepathy—were concerned, their attempt to separate fact from fancy was hobbled from the very start because their informants' notions as to a fundamental distinction between these two categories were somewhat rudimentary. When judgments concerning time, space, and causality (as measured by independently applied tests) as well as the very forms of sense perception, are as fluidly vague as those of these aborigines, whose lives are thoroughly permeated by primary process thinking, anything approaching objective evidence becomes extremely difficult to obtain. It is like trying to empty a reservoir with a sieve. The author presents, for what they are worth, many accounts of weird occurrences—some allegedly at first hand from his informants, some not—pointing out where he thinks they might be suggestive or impressive on one ground or another, and where he thinks they are unconvincing. The basic pattern of these accounts is quite similar, he says, to reports about occult happenings in all other parts of the world, with some allowance for the effect of local cultural conditioning, such as the symbolic use of totemic animals in premonitory dreams.

The situation was quite different when it came to experimental testing for the presence or absence of a latent psi (or 'extrasensory') type of awareness among the aborigines. Here the very conditions which made for almost insurmountable difficulties when it came to evaluating reports of spontaneous experiences provided the very factor which made it a good presumption that if the trap—in this case a statistical one—were properly baited and set, there would be no particular trouble in making a catch (if there were anything at all to be caught). At all events, under conditions which we are led to presume to have been reasonably well controlled, the standard

card-calling ESP tests, employed for years at Duke University and other centers of this kind of investigation, were administered. What with no prejudices on the part of the subjects against the type of test they were being given, the percentage of statistically significant positive scores was far higher than what it runs to among populations where strong defenses against 'magical thinking' are the rule. One high-scoring, old lady (odds of millions to one against chance results) maintained her lead over the others when retested after a lapse of three years, suggesting that quite apart from facilitating or inhibiting cultural influences on the hypothesized factor under test, there may still be marked individual differences to be reckoned with and accounted for.

The author has many interesting observations to make about the socioeconomic conditions of the aborigines he studied, and about the tragic deterioration of those of them who are progressively drawn into the orbit of the white man who long ago gave up magical practices as too piddling a means of exerting destructive influences.

JULE EISENBUD (DENVER)

THE URGE TO PUNISH. NEW APPROACHES TO THE PROBLEM OF MENTAL RESPONSIBILITY FOR CRIME. By Henry Weihofen. New York: Farrar, Straus and Cudahy, Inc., 1956. 211 pp.

Those who are responsible for choosing the recipient of the Isaac Ray Award have rung the bell again. They invited another lawyer; and the results are on the high level established by the first three holders of the Award.

Weihofen discusses the M'Naghten and the New Hampshire Rule (the Ray Rule) in reference to a complicated case, and this device illuminates the true subtlety of the question facing a jurist or a physician. He is willing to go along with the abandonment of M'Naghten and the acceptance of the 'product' test. But in a valuable chapter on The Search for Certainty he argues forcefully against overestimating the impact of verbal formulae, citing in this connection the preliminary report of the University of Chicago Jury Project. The facts of the Durham case were presented to a number of mock juries drawn from the Chicago Municipal Court Jury Pool. Many factors were demonstrated to affect the outcome.

'But one factor that did *not* seem to affect the results was the instruction of the judge on the law governing insanity as a defense. Half the juries were given the right-and-wrong test in their instructions; the other half were given the product rule. This did not seem to affect the verdicts one way or another' (p. 46).

Weihofen calls attention to the fact that when a rule comes to be regarded as illiberal it is nullified in practical operation. This is the state of affairs in England, for example, where the verbiage of M'Naghten is retained. However, a considerable percentage of persons charged with crime is found 'unfit to plead'; and several other nullifying practices are well-rooted.

'The same factors also operate in varying degrees in the American states . . . In New York, I understand—over half the cases are disposed of [on a plea of mental unfitness to stand trial]' (pp. 53-54).

An excellent chapter is devoted to a detailed evaluation of the 'capacity' test of the Model Penal Code. Weihofen would reject the test. He is ready to accept the rule recommended by the Royal Commission—a 'product' test—which frankly asks the jury to decide whether the accused was suffering from mental disease or defect 'to such a degree that he ought not to be held responsible' (p. 97).

In many ways the greatest achievement of this book is the change of emphasis from debates about doctrinal language to the delicate task of evaluating *procedures.* Chapter Five is a lucid assessment of the procedural reforms incorporated in the Model Penal Code.

On reflection, many psychiatrists may come to the conclusion that they have given entirely too much prominence to the phrasing of doctrinal rules. After all, one of the commonest observations made inside or outside the clinic is that general maxims are differently applied as a function of predispositional factors and of factors that impinge upon the applier in the immediate environment. Among environing factors are procedures by which information is given (or withheld from) attention. If the decision process of the body politic is to be more rational, our procedures of selecting (and training) decision makers will be recast; likewise, procedures for bringing informative data and interpretations to the attention of decision makers will undergo extensive change.

HAROLD D. LASSWELL (NEW HAVEN)

THE IMAGE OF THE HEART AND THE PRINCIPLE OF SYNERGY IN THE HUMAN MIND. By Daniel E. Schneider, M.D. New York: International Universities Press, Inc., 1956. 267 pp.

Some useful clinical ideas can be extracted from this otherwise confusing book. These may be summarized as follows: because one can hear it beat and feel it pulse, the heart achieves psychic representation. Consequently, it may become a symbol for the genitals, a child, or the person's own body; it may also become the subject of unconscious fantasies of being attacked or dismembered. Such fantasies probably originate in the period of early object relations when the infant animistically endows its mother with its own destructive rage. The fear engendered by these fantasies stimulates the autonomic nervous system, causing the heart to pound and its rate to increase, and these sensations are then misinterpreted as the expected attack on it. A reciprocal relationship is thus established: heart fantasies affect heart action, and heart action re-enforces heart fantasies. A person with such fear unconsciously wishes for a unity with the good mother in which her heart works for him while his rests. But this longing is masked by driven activity and an attempt to control people, money, emotion, and time. The author believes that the terror associated with fantasies of attack on the heart has an important role in paroxysmal tachycardia and premature coronary occlusion.

The author, however, is not content with making a clinical contribution. He states that he has opened the way to a 'new science' called 'synergic psychoneurology' which he claims is based on 'sonic-cybernetic concepts' of the nervous system. Nowhere are these terms explained in an understandable way. His description of the superego as a 'cybernetic steersman-repressor', his statement that anxiety 'is dyssynergy between the image of the heart and the rest of the ego', and his claim that repression is related to a hypothetical 'sonic-ultrasonic barrier' in the nervous system, all strike this reviewer as abstruse and fancifully theoretical.

Almost every other page prickles with phrases italicized for emphasis, apparently on the theory that insistence dispels obscurity. The tone of messianic evangelism throughout puts the reader on guard. In the author's view psychoanalysis is a 'cult of orthodoxy' and analysts treat anxiety by trying to 'locate troublesome impulses

from the id or by wild symbolism'. Naturally he warns against such folly, urges that 'restoration of synergy' is the only hope, and proclaims that he has tried 'to forge a new advanced psychodynamic instrument equally neurophysiologic' to fulfil this hope. His fervor is not matched by clarity.

MILTON LESTER (BEVERLY HILLS)

INSANITY, ART, AND CULTURE. By Francis Reitman, M.D. New York: Philosophical Library, Inc., 1954. 111 pp.

In this second book on art and psychosis, written shortly before his death, Dr. Reitman continues to interpret organic defects as the sole source of mental illness. He regarded art merely as a biological function of man. In justifying his own scientific approach to psychotic art, he points to a 'misleading psychiatric concept that affected the evaluation of abnormal drawing behavior . . . the term functional. . . . It has been used to deny an "organic basis" of certain mental illnesses. The contradictory nature of such a term is self-evident: function must be related to an organ; in this special case, to the brain. Art then, is a manifestation of human brain functions.'

Dr. Reitman, as a neurologist, believed that the only truly scientific method of investigating psychotic art must be 'quantitative and statistical. Only the anthropological and social sciences [should be employed] in the study of psychopathological phenomena.' As in his previous book, Dr. Reitman again criticizes both the freudian and Jungian evaluation of symbolism in relation to psychotic art as both a subjective and qualitative approach, and therefore neither objective nor scientific.

The early chapters purport to illustrate an objective investigation of psychotic art. Such a study should '. . . deal with the diagnostic value of psychotic paintings in particular, whether their symptomatic significance is of universal or relative character'. With this objective in mind, Dr. Reitman states, 'I shall first examine psychotic art products originating from various cultures other than the Western'.

To carry out this so-called statistical investigation, the author requested from two hundred and fifty hospitals in all parts of the world the loan of examples of psychotic art, with accompanying descriptions concerning the history, diagnosis, and treatment of each pa-

tient. The results brought him answers from exactly seven hospitals. The cultures covered in these responses, he states, included New Zealand (Maori), Mexico, East Africa, Egypt, India, Ceylon, and Japan. Dr. Reitman is somewhat apologetic about the limited number of replies on which he based a statistical study. But this does not prevent him from drawing conclusions concerning 'either the universal or relative character' of the psychotic art of patients in different cultures.

Claiming to develop an objective study, the author passes the most subjective and superficial judgments on the cultural differences between Western and Eastern psychotic art as proof of differing cultural conditioning. One quotation will suffice to illustrate. In making a comparison between Western and Japanese psychotic art, he states, 'In Western chronic schizophrenics it was found, for instance, that they tend to show an *unpleasant* color choice, and that they employ an unsatisfactory interrelationship of colors not presented by others. On the other hand, the Japanese psychotic pictures present a *rather pleasing* choice of, and matching of colors, which are, however, boldly used. Another characteristic in these pictures is the frequent employment of black.'[1]

Other subjects discussed deal with various cultural factors in psychotic art: the work of a psychotic painter, the sculpture of some psychotic patients, and the paintings of automatists. While claiming to be objective studies, these chapters are also based on superficial or inadequate data.

In the final paragraph of the book, Dr. Reitman refers to what he considers the difficulties in making a diagnostic evaluation of psychotic art. He concludes, 'Yet it may be that "psychotic art" is an unsatisfactory method of approach to be used in such a project'. This reviewer can only agree that what is described in this book is most certainly 'an unsatisfactory method' for evaluating the importance of psychotic art.

MARGARET NAUMBURG (NEW YORK)

PERSONALITY IN A COMMUNAL SOCIETY. An Analysis of the Mental Health of the Hutterites. By Bert Kaplan and Thomas F. A. Plaut. Lawrence, Kansas: University of Kansas Publications, 1956. 116 pp.

[1] Italics added.

The interdisciplinary team that studied the mental health of the Hutterites, and whose findings have already been published by Eaton and Weil in Culture and Mental Disorders, has now released another report. The earlier book attempted a survey of Hutterite mental illness and a comparison of the incidence rates with those found in other groups; the present volume deals with the relationship between Hutterite personality and culture. The results, in terms of method and data, are most inadequate.

Written by two psychologists and relying heavily on the Thematic Apperception Test and a modified Sentence Completion Test, this book provides only another Pisgah-view of the area under study. A bolder application of psychoanalytic concepts would have led closer to the Promised Land.

It is this reviewer's impression that there is more mental illness among the Hutterites than the observers appreciate. Some of it, whether diffuse or periodic, blends deceptively into the cultural landscape of this archaic and repressive Utopia. On the other hand, even severe psychoses go unstigmatized by the society, and they are not massively disabling (or socially disruptive) in every instance. This is probably related, in part at least, to the unusual exclusiveness and simplicity of the Hutterite sect.

As among the theocratic Pueblo Indians, rigid and supernaturally sanctioned ties of kinship and community result in dependency, intense noncompetitiveness—and the attendant passivity, headaches, depressions, etc. In an abstract sense, it may be that even the well-adapted Hutterite is paying too dearly for his 'belongingness'.

S. H. POSINSKY (NEW YORK)

MYTHOLOGY AND VALUES. An Analysis of Navaho Chantway Myths. By Katherine Spencer. Philadelphia: American Folklore Society, 1957. 240 pp.

This fine monograph, though written primarily for anthropologists, contains a wealth of information for the psychoanalyst; and it can well serve as a convenient, if not simple, introduction—by way of mythology—to the enormous literature on the Navaho.

Following Boas's classic studies of the degree to which a culture is reflected in, and functionally re-enforced by, its mythology, Spencer has examined the large body of Navaho chantway myths in order to

ascertain their relation to Navaho values. The chantways, which may be described as socialized dreams and fantasies, bulk large in the therapeutic ritual which is performed over a patient; and they play a significant role in a culture which is characterized, not only by a fear of witchcraft, institutionalized hypochondria, and pervasive uneasiness, but also by a high incidence of infectious disease, economic distress, and other reality problems which seem to intensify the pre-existing anxieties.

The chantways epitomize those magical techniques, largely but not exclusively verbal, which are employed by Navaho 'therapists' to relieve guilt and anxiety. The multiplicity of chantway plots and themes does not disguise their underlying uniformity, namely, œdipal strivings and guilt—just as the late Géza Róheim noted in several published prolegomena to his ambitious (and as yet unavailable) study of the Navaho. Although Spencer touches on Róheim's work only parenthetically, and came to it after her own research had already taken final shape, she indicates that her findings are congruent with his. Her book is not phrased in psychoanalytic terms, but it is highly recommended.

S. H. POSINSKY (NEW YORK)

MINISTRY AND MEDICINE IN HUMAN RELATIONS. Edited by Iago Galdston, M.D. New York: International Universities Press, Inc., 1955. 173 pp.

Among all the interdisciplinary endeavors so much to the fore today, probably none has such a long history as the interrelationships of the ministry of religion and the practice of medicine. The very fact of this long and complicated coexistence, however, has until recently made practical coöperation difficult and mutual understanding rare. Efforts to breach the walls, chiefly by psychiatrists and pastors, have produced a considerable amount of coöperation, but even there the divergent modes of thought in the two disciplines have often been more confusing than convincing. Sandor Rado slightly caricatures the situation in describing conferences of such a group where, while a philosopher sat in the chair, the doctors talked about religion and the clergy talked about medicine, and discussion soared to the highest levels of abstraction!

To circumvent such competitions and complications, the New York Academy of Medicine, chiefly under the guidance of Iago Galdston, has held two conferences which centered attention not on speculative but on operational concepts. The papers of the conferences make up this useful volume. The first was concerned with the doctor and the minister as they meet the therapeutic needs of the individuals they serve. Otis Rice discusses the occasion of pastoral contact and the manner of pastoral approach; Erich Lindemann, the psychological substratum in all medical approaches; and Sandor Rado gives a concise summary of problems to be referred to a psychiatrist. These papers are suggestive, not comprehensive, samples of approach, not systems of synthesis and—to their great merit—they are professedly so. In all of them one is made aware of the relationships of all branches of learning, especially of the social sciences, and yet kept close to the actual tasks of each professional service. Above all, these writers themselves are aware that in speaking of 'the individual' they are already rising to one level of abstraction.

A different type of abstraction, if fortunately not always on a higher level, is found in the papers of the second conference on 'morals and moralisms', on the component of morality in social existence. Interestingly all the writers assume value judgments to be present in medical judgments, as well as in ones designedly about 'faith and morals'; their question is not whether 'values' relate to 'facts', but how facts are to be seen through and in values, and what valued facts are most valuable. Some take the title 'morals and moralisms' to distinguish the permanent from the passing, others the required from the desired, still others the authentic from the superficial and distorted. This makes an altogether happy confusion, because it reflects both experience and theory and because it gives occasion for different disciplines to view and to demonstrate their strengths and limitations. The anthropological treatment from the broad and penetrating mind of Ashley Montagu neatly bypasses any simple cultural relativism and points out universal social regulation in universally significant areas of life, under, of course, quite varying regulations. A. B. Hollingshead writes informatively of the scope of sociological study, stressing the differences between official and working rules, and the learning of regulation by means of social participation. Gregory Zilboorg, with characteristic brilliance and

humor, describes Freud's views of conscience, throwing in illuminating remarks on the language of theology and psychology, and their angles of vision. Robert A. Clark contributes a brief paper comparing the scope of freudian and Jungian concepts of personal integrity, again with interest not in a common language but in a translatable tongue.

To my mind the two most interesting papers are those by Leo Alexander and by Paul Tillich. Dr. Alexander raises the question of the psychiatric assessment of Nazi policies of extermination and of the diagnoses of the Nazi leaders themselves. Professor Tillich, from the point of view of moral philosophy, speaks of the element of the unconditional demand experienced in the changing conditions of personal and social life; he then briefly points out the polarities there experienced of authority and risk, law and grace, justice and love. This notably high level of abstraction is however clearly in touch both with operational concepts and with the realities to which such concepts refer.

The contributions of these conferences will be of interest to countless physicians and clergymen, even though they come only from various representatives of Protestant thought and of psychoanalytic thought. An obstetrician present, gazing bemusedly at the title of the conferences and at the list of contributors, remarked, 'And psychiatry used to be the stepchild of medicine!'. Psychiatry here seems an able spokesman for medicine, as medical men and ministers speak with, and against, and for each other, and as they all unmistakably direct themselves to the value of human beings in human relationships.

THOMAS J. BIGHAM (NEW YORK)

MEDICINE IN A CHANGING SOCIETY. Lectures to the Laity, No. XVIII. The New York Academy of Medicine. Edited by Iago Galdston, M.D. New York: International Universities Press, Inc., 1956. 166 pp.

The eighteenth volume of the New York Academy of Medicine Lectures to the Laity maintains the high tradition of its predecessors in gathering five distinguished authorities to discuss the subject of medicine in a changing society. This volume displays a strong

psychosocial emphasis and, significantly, conveys a tone of disquietude in surveying current trends.

Franz Alexander keynotes the series in a broadly reflective essay depicting the present social tendency toward security as opposed to adventurousness, and warns that our civilization will stagnate unless the surplus energy liberated by technology is used creatively rather than for destruction. Overconcern with security fosters submission to authority and curtails creativity.

This latter aspect is further elaborated at the level of the family unit by John A. Rose in a most timely and forthright article, which presents the unhappy image of parents intimidated by overzealous professionals whose goals disregard specific family values. Anxiety undermines the parents' morale until they are willing to relinquish their child-rearing function to outside agencies, even books. Rose stresses the need for greater understanding and effort in restoring the confidence of parents.

Next, William Malamud contributes an extremely lucid survey of the difficult and complex subject of organic factors in personality, followed by W. Horsley Gantt's summary of thirty years' research in the extension of Pavlovian reflexology. The latter may prove quite formidable for the 'intelligent layman' but highly valuable for fellow physicians. The psychoanalyst, while disagreeing with Horsley Gantt's 'conditional reflex' approach to nervous breakdown and preventive psychiatry, will nevertheless have great interest in the thinking of a distinguished investigator in animal psychology.

Finally, Iago Galdston turns from an admirable job of editing to appear as contributor of a scholarly article—virtually a thumbnail history of medicine—which compares modern 'scientific medicine' to the 'philosophy of health' of the ancients. Without detracting from the real achievements of the modern school, he attacks its narrow complacency. Since he feels it has fallen 'far short of what should be its primary goal, the promotion of robust and enthusiastic living', he calls for a reinfusion of the spirit of the ancients in a total positive approach to health which he terms 'comprehensive medicine'.

All in all, these essays, displaying a healthy attitude of self-criticism, are to be highly recommended.

CHARLES KLIGERMAN (CHICAGO)

PRINCIPLES OF GENERAL PSYCHOLOGY. By Gregory A. Kimble. New York: The Ronald Press, Co., 1956. 400 pp.

This book is modestly designated a textbook for an introductory course in psychology. Actually, it is of more ambitious scope since the definition of the encompassing term, 'general psychology' as the science of behavior, constitutes its organization. Consequently the two main pillars of the presentation are scientific methodology—in present-day psychology synonymous with statistically controlled experimentation—and the infinite variety of observable behavior. In addition, the twofold aim of the selection of subareas is to give the beginning student a solid foundation and, at the same time, to offer a clear-cut survey of the entire field to the reader for whom this may remain the only encounter with a text.

For the most part the author has succeeded admirably in what he set out to do. This is no mean accomplishment, due chiefly to his remarkable ability to formulate complicated matters with simplicity and clarity. The second chapter, Psychology as a Science, is a masterly and succinct exposition of the nature and types of psychological laws, of the role of models, theories and hypotheses, and of methods of investigation. By reducing fundamentals to common-sense principles, Dr. Kimble achieves two goals: he dispels the anxiety and confusion frequently concomitant to the first brush with a science that not only may have intense personal meaning, but is also predicated upon mastery of ancillary disciplines, and he equips the future professional psychologist in any area of specialization with a basic manner of questioning which should prove equally fruitful in practical application and in research.

Unfortunately, the last statement has to be qualified in the field of psychodynamics in which the author's bias is evident. While Dr. Kimble is securely grounded in experimental psychology and its derivatives, behavioristic and learning theories, his discussion of psychoanalytic theory is severely distorted and bristles with errors, misunderstandings, and prejudice. Again one finds evaluation of Freud's work based on his earliest writings only and coupled with shopworn and obviously secondhand criticism. Needless to say Freud is accused of exclusive concentration upon the 'sexual drives' as motivation. 'In the freudian system dreams are a representation of our primitive sexual urges in a disguised fashion . . . dream symbols

are sexual . . . [p. 353]. Except for the most orthodox freudians, no one takes Freud's theory of dreams with complete seriousness any more' [p. 354].

Without wishing to detract from the indubitable merits of learning theory, this reviewer cannot help wondering whether subsuming defense mechanisms under the heading, Reactions to Frustration, is scientifically tenable, let alone useful, disregarding, as it does, their adaptive value. Similar doubts attach to the mechanistic explanations of phobia as an 'association between a neutral stimulus . . . and a fear-eliciting situation', of obesity as based on the 'most elementary principles of classical conditioning', namely, the mother's insistence on a balanced diet (which would make obesity a rigidly social-class determined disturbance!), and of ambivalence toward the mother as her acquisition of 'negative secondary drive value'. Rather than learning theory (as credited here) it would seem that it is psychoanalytic ego psychology (which this book obliterates by scotoma) that has placed 'the dynamics of human adjustment . . . inside the individual'. In addition, it constitutes a more adequate theoretical framework for the solution of core problems such as the retention of unrewarded, or even of punished, behavior for which learning theory so far has not found comparably satisfactory solutions.

Nevertheless, the book is an immensely readable introduction to psychology proper and a valuable reference work for pertinent experiments.

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ABSTRACTS

International Journal of Psychoanalysis. XXXVII, 1956.

Symbolism and Its Relationship to the Primary and Secondary Processes. Charles Rycroft. Pp. 137-146.

Symbols arise by displacement of cathexis from the imagoes of objects of primary instinctual interest onto the imagoes of objects that have been perceived in the outside world. The symbol thus formed may be used by either the primary or the secondary process. When used by the primary process, its meaning becomes independent of the object originally represented; it becomes woven instead into the fantasies that produce neurosis and dreams. When used by the secondary process, the symbol represents the appropriate object and becomes part of the conscious and unconscious imaginative processes serving the sense of reality. There are objections to limiting the concept of symbols to their defensive use by the primary process. Such limitation of the concept of symbolism implies qualitative differences between conscious and unconscious mental activity. There is but one kind of symbolism, but symbols are invested with two different kinds of affect, affect from the primary process and affect from the secondary process. Symbolism is not inherited, and it is not exclusively the language of the unconscious.

Notes on Symbolism. Emilio Rodrigué. Pp. 147-158.

In the first oral phase, the infant sees a 'mother' in every object and, splitting her into a good and a bad component, it creates two sets of symbolic equivalents. On losing the loved object the child goes through the depressive experience, and assimilates (recaptures) the object as a symbol within the ego. This is the fundamental mechanism in symbol formation: every aspect of the lost object, every situation that is surrendered in the process of growing, gives rise to symbolic representation. Symbols enable one to conceive and elaborate feelings and ideas concerning objects.

The Vocational Hazards of Psychoanalysis. Allen Wheelis. Pp. 171-184.

The choice of a career is sometimes a natural and easy decision, sometimes the result of one or more inner conflicts. Some vocations selected as solution to a conflict may, however, aggravate rather than resolve the problem, and unfortunately the discovery that this is the case may occur only after the lapse of many years, when any change would cause a major dislocation. Art, the church, and psychoanalysis are among the professions one can know only after such years of investment. Among the major determinants for the choice of analysis is the capacity for insight, with the conviction that knowing is better than not knowing, and an implicit faith in the adaptive potential of the intelligence. One of the stresses upon the analyst is his becoming the object of intense and sustained demand for magical performance. Another is the disillusionment that comes with the awareness of the limited efficacy of insight. To retreat into dogma is a temp-

tation: one can thus abolish doubt and uncertainty, but only at the price of intellectual freedom and growth. Wheelis describes other hazards too, including those arising from the longing for intimacy.

Psychoanalytic Reflections on the Development of Ball Games, Particularly Cricket. Adrian Stokes. Pp. 185-192.

The author contends that all the most popular field games in England are derived from pastimes once associated with building. The satisfactions of games are related to the primary æsthetic sensations from that aspect of architecture having to do with smooth and rough surfaces, of texture in relation to breast and nipple, of recess and projection. Games provide various satisfactions: aggressive and masochistic; expectant readiness with contempt of danger and consequent mastering of situations; repeated endurance of symbolic castration with resurrection of potency when one wins. There is the experience of victory after imminent or actual defeat. The libidinal content of some ball games is not limited to genital aspects; the more varied the libidinal outlets, the more 'civilized' are the games.

Some Psychoanalytic Aspects of Biography. Edward Hitschmann. Pp. 265-269.

An inner conflict of some kind is apparently essential for the process of creative imagination. Biographical studies suggest that the rejected child or the child with bodily defects is more likely to become creative than is the 'normal' child. The energy of the daydreamer is harnessed to creative effort and creative power when he gives up excessive daydreaming with the guilt it engenders. Redistribution of energy, with change from passivity to activity, and the narcissistic impulse to communicate and win an audience seem essential for creation. Biographical studies reveal also that the father is the principal influence, the leader, and inspiration.

The Transference in Symbolic Realization. M. A. Sechehaye. Pp. 270-277.

Experience with schizophrenics who have undergone extreme regression and deterioration of ego indicates that the transference is the most important instrument of treatment, as it is in classical analysis. The schizophrenic does not spontaneously develop a transference; it must be induced by the analyst. It is essential to establish contact with the patient at the exact level to which he has regressed. This sometimes requires physical care and other procedures directed to the 'body ego'. In the transference these patients express their repetition-compulsion in two ways: they repeat expressions of frustrated primary needs, and they repeat the defenses established earlier against these frustrations. Needs that have been revealed in delusional psychotic behavior are, in treatment, directed in a purposeful way toward the analyst, who becomes the object of the hope of finding an ideal mother. The patient's authentic needs should be satisfied at the level at which he expresses them: a symbolic-projective level. The transference is a 'true graft', and with it the patient surrenders his autistic state in favor of a symbiotic state. Only when this has been established can identification with the mother, and then

differentiation from her, be achieved. Because of the real nature of the analyst's relationship to the patient, the analyst's personality plays a greater role than in classical analysis, and countertransference reactions are correspondingly more complex.

The Communication of Primary Sensual Experience (The Yell of Joy). Marion Milner. Pp. 278-281.

Patients' drawings can throw much light on the interplay between the wish to communicate and share feelings, and the impulse toward primary narcissism. Attitudes toward the boundaries and characteristics of one's body, feelings of oscillation between love and hate, feelings of bliss or of chaos: these and many other internal experiences are revealed. Of special interest is the expression of the desire for the undifferentiated oceanic state, equated with the orgasm.

The Reality of the Object and Economic Point of View. F. Pasche and M. Renard. Pp. 282-285.

This paper is intended to justify the coexistence of two types of postulates in freudian theory: the mystical quality of the memory of primal events, and the basically mechanistic nature of postulates dealing with the economic distribution of instinctual drives. The authors believe that the failure to employ both concepts has led various writers, notably Melanie Klein, to a limited and distorted theoretical outlook.

Beyond the Oral Stage. Arnaldo Rascovsky. Pp. 286-289.

The ego of the oral stage, in the opinion of the author, occurs after an earlier (prenatal) ego state with its own unique characteristics: there is, for the ego, 'an existence forerunning oral experience'. There is an early 'looking' having to do with internal plastic images that constitute the substratum of the primary process. This 'interior looking' is best expressed in dreams: 'to dream is the remnant of primitive prenatal psychical activity'. At birth, perception by the ego splits into perception of inner and of outer objects. The ego is now forced to find outer, real objects onto which to project the inner, phylogenetically derived image or concept.

The Closed Circle. An Early Image of Sexual Intercourse. Hilde Lewinsky. Pp. 290-297.

Mouth-genital sexual relationship represents a fixation to an early fantasy of an ideal intercourse, representing a 'closed circle' with its sense of completion, perfection, security, endlessness. These concepts exist also in the fantasy that the mother not only suckles but also sucks from the child. We have here the prototype of combined activity and passivity, of both infantile and maternal orality. One also finds illustrations of the 'closed circle complex' in the equation of penis and clitoris with the nipple, in the conditioning experience of obtaining relief on

'giving up' in the form of eructation ('one gets when one gives'), and in other ways. 'The preambivalent idea of the closed circle reappears again as a postambivalent ideal of love, mutuality, give-and-take', each partner in the heterosexual relationship giving and receiving with mutual enrichment.

On the Oral Basis of a Case of Male Homosexuality. Alfred Winterstein. Pp. 298-302.

Winterstein distinguishes between the homosexual pervert and the spurious homosexual who misleads himself and others. The homosexual pervert by oral fixation escapes his repressed masochistic attachment to the precœdipal mother. The spurious homosexual is a hysterical neurotic, unconsciously identified with the passive œdipal mother and fixated at the negative œdipal phase. By these criteria, the patient discussed is a true homosexual even though he has had no actual homosexual experience.

Dynamics of Transference Interpretations. Paula Heimann. Pp. 303-310.

Perception is the basic function of the ego, and the foundation on which all contact with the outer world is built. Perception in analysis is the prime mover effecting reconciliation of disparate, repressed, and conflicting elements of the patient's personality. In analysis the patient's ego learns to perceive in a new fashion.

The specific instrument of analytic therapy, in contrast to other forms of therapy, is the transference interpretation on the basis of which the patient's perception acquires a new quality. Heimann believes that differences in analytic technique are caused by differences in degree of the analyst's appreciation of the role of unconscious fantasies in mental life and in the transference. Unconscious fantasy is the fertile matrix that determines motivation, behavior in and out of the transference, and readiness to utilize interpretation; but these fantasies must be made conscious. Only transference interpretation achieves the desired change in the patient's ego, and such interpretations constitute the answer to the question the analyst must constantly ask himself: why is the patient now doing what to whom?

Psychoanalysis and Criminology: A Political Survey. Edward Glover. Pp. 311-318.

This paper surveys analytic contributions to criminology and the relations of analysis to other sciences concerned with delinquency. Most analysts have had little or no experience in institutions for the delinquent or criminal; consequently they lack the basic data from which valid conclusions and inferences may be drawn. Diagnostic labeling is confusing and scientifically unsound. Analytic principles have been employed in treatment, but Glover believes that true analysis has rarely been employed. Analysis is much more valuable for research and for prevention than as a method of treatment.

The Contribution of Psychoanalysis to Forensic Psychiatry. Gregory Zilboorg. Pp. 318-324.

Though advanced thinking seeps rather than flows into the legal world, analysis has made at least two significant contributions to forensic psychiatry. The machinery of justice centers on the criminal act, but analysis focuses on the actor, the criminal. Moreover, analysis provides insight into the psychological bias of the jury, the judge, and others. Legal punishment reflects the culture, for the court and its agents are influenced not only by social psychology but also by waves of human passions.

The Anxieties of Michelangelo Buonarroti. Richard and Editha Sterba. Pp. 325-330.

Like Beethoven, Michelangelo was driven by such enormous aggression as to be incapable, at times, of self-control. This aggression, neutralized, was indispensable for his creativeness: great art is born of conflict; it is not conflict-free. Michelangelo's work from the time of his statue of David expresses the control of aggression and the taming of instinct. Much of his remarkable misanthropy and violent ill temper arose from his early experiences. Though his mother died when he was six, until his tenth year he was reared in the home of a peasant stonecutter, whereas his three younger brothers remained in the far superior home of their parents. These events influence much of his work.

The Release of Internal Images. Gustav Bychowski. Pp. 331-338.

The author has previously studied the vicissitudes of internal images within the ego. He finds that during psychic evolution, in some individuals, there is an alternating internalization and externalization of images of significant objects of love and hate. The release (ejection) of these images is a reversal of earlier incorporation, the ego feeling compelled at certain critical phases to extrude these objects. Deep ambivalence and oscillation between activity and passivity are among the prerequisites for this process. Real individuals become the carriers, externally, of these internal images, and consequently the targets of the intense ambivalence. 'The schizophrenic ego, threatened by the loss of its object world, tries to re-create it by perceiving not the objects as such but their internalized image which becomes suddenly released from the unconscious.'

Depression in the Schizophrenic. Hanna Segal. Pp. 339-343.

Schizophrenics reach a depressive position and, finding it intolerable, project their depressive anxieties onto an object (the analyst) by projective identification. They thus defend themselves against depression and anxiety. As the schizophrenic improves, greater integration of his impulses into his ego, and awareness of the reality of these impulses, lead to intolerable guilt and distress, with consequent reversal of the process (regression). It is at this point that the patient immediately projects the depressed part of the ego onto the analyst, who is seen as a perse-

cutor, since he now contains the depressed part of the patient's ego and wants to force this back into the patient. Segal discusses the problems of transference in this situation.

Development of Schizophrenic Thought. W. R. Bion. Pp. 344-346.

If we ignore the external environment, the schizophrenic personality reveals four features: an unresolved conflict between life and death instincts; preponderance of destructive impulses; hatred of external and internal reality; tenuous but tenacious object relationships. This constellation necessitates a progression through the infantile paranoid-schizoid and depressive positions different from that in nonpsychotic personalities, because the schizophrenic resorts in a massive way to projective identification (projection of a split-off part of the personality onto an object, leaving the psyche impoverished). Treatment of the schizophrenic is unsuccessful until he works through his attacks on his ego and his substitution of projective identification for repression and introjection. The author believes there is a psychotic component in the severe neurotic, to whom similar principles therefore apply.

Repetition and Repetition Compulsion. Walter Toman. Pp. 347-350.

Man and some animals possess a 'sense of time' for satisfying needs and desires. This is understandable if we assume that desires increase steadily from zero (the moment of satisfaction) to maximum intensity (when any further delay of satisfaction produces panic). The sense of time is, therefore, the awareness of intensity of desire. Toman discusses the complicating interactions of concurrent desires and other external and internal forces, and describes the relation of desire to repetitive behavior.

A Contribution to the Problems of Female Sexuality. Hilda C. Abraham. Pp. 351-353.

Study and treatment of a number of women who had been unable to consummate intercourse even after years of marriage led to the conclusion that in some cases the problem was due to the feeling of being 'too small for father'. Many women with such vaginismus showed no other important neurotic symptoms. The women fell into two groups: those at the œdipal level, with fixation to the father, and those with fixation to the mother, who show evidence of 'castration complex'.

The Theory of Instinctual Drives. Jeanne Lampl-de Groot. Pp. 354-359.

Lampl-de Groot discusses the doubts most psychoanalysts feel about the theory of life and death instincts. Similar constructive (unifying) and destructive (dissolving) forces exist in the inanimate universe, in biology, and in mental life. The term 'drive' should be reserved for psychological phenomena, 'force' or 'tendency' for somatic phenomena. Freud's theory of life and death instincts is no more mystical than are other hypotheses in other sciences.

Normal Countertransference and Some of Its Deviations. R. E. Money-Kyrle. Pp. 360-366.

Countertransference can be a personal disturbance or a useful tool in understanding and interpreting. In 'normal countertransference' there is rapid oscillation between introjection and projection, the patient receiving effective interpretations. In a disturbed situation, however, there may be symbiosis: the analyst prolongs the introjection of the patient he is unable to help, the patient projects parts of himself onto the analyst (as Melanie Klein believes). Here the analyst is hampered by insufficient self-understanding. It is most important to be able to discriminate sharply between two similar things: one's own ineptness at a given moment in analysis, and the patient's awareness of this and his contempt for that part of himself projected onto the analyst. Money-Kyrle describes other conditions that disturb 'normal countertransference', particularly the patient's use of projective identification, and tells how to cope with them.

Introduction to the Discussion on Problems of Transference. Robert Waelder. Pp. 367-368.

In these remarks introducing the papers that follow, Waelder suggests that we may consider transference in three ways: as an obstacle to treatment, as a vehicle of treatment, and as a means of direct influence through identification and retraining.

Current Concepts of Transference. Elizabeth R. Zetzel. Pp. 369-376.

Large modifications of analytic technique are a flight from the œdipal conflict. But in the author's observations of analysts with widely divergent theoretical orientation, impressive therapeutic results are achieved so long as the primary importance of transference analysis is recognized. Recent developments mainly concern ego psychology, the significance of object relations, the role of aggression, and the part played by regression and repetition-compulsion in the transference. Zetzel examines various theories about the elements that constitute the essence of transference and the factors that lead to therapeutic change.

Transference and Transference Neurosis. W. Hoffer. Pp. 377-379.

The author comments on the relation between these two terms. The existence of true object relations between patient and analyst is sometimes overlooked. The analyst becomes in many ways a part of the patient's psychic reality. Hoffer acknowledges difficulty in distinguishing precisely between the analyst's transference and his countertransference. He compares the two concepts and examines the dynamic flow between analyst and patient.

Transference: The Analytical Setting and Its Prototype. René A. Spitz. Pp. 380-385.

Close analogies exist between the relations of infant and mother and of patient

and analyst. The lying down, the passivity, the regression, and other aspects, make the situations similar. Greenacre has also emphasized that the matrix of transference comes largely from the original quasi union of mother and child in the first months of life. The analytic situation is in some respects like the earliest stages of development of the infant's object relations.

On Transference. D. W. Winnicott. Pp. 386-388.

The patient in a state of primary identification is absolutely dependent. Like the infant, he may emerge in two ways: a 'good environmental adaptation' leads to healthy ego development and adequate transference relationship, or inadequate 'environmental adaptation' leads to a poorly developed ego and a pseudo self. The stage of emergence from primary identification is therefore a crucial one. In treatment of a patient with a pseudo self (a damaged ego incapable of real transference) the analyst must make those adaptations described by Sechehaye as 'symbolic realization'. Under those conditions a true self can emerge, a more mature ego can develop.

Cold and Warmth in the Transference Experience. E. E. Krapf. Pp. 389-391.

Interruption of analysis by weekends or holidays often precipitates separation anxiety, which usually appears as an oral danger, the danger of being inconsiderately weaned. Often, however, symptoms involving the skin and references to the skin occur, with allusions and dreams about clothing and being 'left out in the cold'. Friendliness (being held close to mother) is equated with warmth, coldness with hostility. The author suggests that such data are insufficiently recognized and utilized in the transference.

Transference and Thought Transference. Emilio Servadio. Pp. 392-395.

One of man's most primitive needs is to communicate, to reinstate a lost primordial unity by bridging distances and filling gaps between the self and significant other persons. Servadio discusses thought transference (telepathy) in the analytic transference situation,—a situation that establishes strong emotional relationships and begets a powerful effort to overcome frustration in communication.

The General Theory of Sexual Perversion. W. H. Gillespie. Pp. 396-403.

Sexual perversion can no longer be considered a manifestation of infantile sexuality that has evaded defense. Rather, the ego accepts certain elements of infantile sexuality, the other elements and especially the œdipal wishes being warded off by repression or otherwise. Thus the perversion represents a defense against the œdipus complex and castration anxiety, the defense involving regression of libido and aggression to pregenital levels. The behavior and defensive maneuvers of the ego are as important in the perversions as are the vicissitudes of instinct.

The Ego in Perverse Relationships. S. Nacht, R. Diatkine, and J. Favreau. Pp. 404-413.

The ego of the pervert, frightened by the mingling of aggressive with libidinal impulses, flees from the feared and sought object. 'Eroticization of defense mechanisms or of anxiety with the consequent possibility of orgasm is the specific characteristic of sexual perverts whereas in neurotics this eroticization, even when it exists, is never recognized as such by the ego and in no case leads to orgasm.' One can treat the pervert satisfactorily only when neurosis coexists.

The Meaning and Genesis of Fetishism. Angel Garma. Pp. 414-415.

The author presents clinical observations of a foot and shoe fetishist whose conception of the vagina as phallic was motivated by a wish to submit to castration rather than to deny it. The fantasies of the phallic vagina were analogous to those of the toothed vagina.

The Rebirth Motif in Homosexuality and Its Teleological Significance. I. Peter Glauber. Pp. 416-421.

Homosexuality meets various needs: to compromise latent bisexuality by projecting it onto the love object, to compromise between aggressive and libidinal impulses, to be transformed through some form of integration, and others. In this paper, the restitutive aspects are discussed with reference to the further development, or synthesis, of the ego organization.

Delinquent Acts as Perversions and Fetishes. Melitta Schmideberg. Pp. 422-424.

Certain delinquent acts can be classed as perversions or fetishisms, even when the act is not obviously a sexual one. Treatment must make use of our understanding of ego psychology.

The Development of the Ego Concept in Freud's Work. Heinz Hartmann. Pp. 425-438.

Limiting himself to the history of the development of ego psychology in the work of Freud and some of his immediate precursors, Hartmann poses two questions. With what concepts did Freud begin his work? What evolutionary modifications in the concept of the ego were introduced? The idea of unconscious dynamic processes is found in Schopenhauer and Nietzsche, especially the latter. In the work of Meynert, whom Freud venerated, are found many close correspondences with analytic concepts of the ego. Freud differed from other profound thinkers in being a great clinician who could check theory against experience. The functions of defense early assumed major importance in the evolving conception of the ego. Absorption with other discoveries, however, led to postponement of Freud's expanding interest in ego psychology, later work on which was enriched by the new insights into the unconscious and the drives. A later emphasis, and one of crucial significance, is the biological function of the ego, which is the 'organ of centralized functional control'. Still later new ideas about anxiety

appeared: the ego was now considered the only seat of anxiety; anxiety was now recognized as a danger signal that gives the ego its capacity for anticipation. Freud's genius lay not merely in his discovery of new facts, but also in his ability to look at them in an entirely new way, changing modes of thinking.

Re-Evaluation of the Process of Working Through. Phyllis Greenacre. Pp. 439-444.

Analysts have somewhat lost interest in the process of working through even though it is in many situations essential for adequate therapeutic results. For although one may reach early buried memories and the patient may relive them with what seems to be adequate abreaction, it often happens that no sustained therapeutic result ensues. In such situations the defensive conflict over the early trauma or fantasies retains its structure until it has been repeatedly worked with and has been seen operating in various situations. Patients with grossly unresolved œdipal relationships, and those with traumatic experiences of the latency period projected back to infancy, seem especially prone to cling to their neuroses, and they especially need sustained working through. Such children, entering latency with strong impulses toward acting out of infantile drives, 'arrange' for experiences that reproduce the earlier fantasies. The effects are severe, for reasons which Greenacre examines in detail. These experiences serve as a wellspring for later neurotic revivals. It may be difficult to determine the traumatic experience that requires this working through.

On Some Vicissitudes of Insight in Psychoanalysis. Ernst Kris. Pp. 445-455.

The 'good analytic hour', in which patient and analyst achieve new depth and clarity of understanding and insight, cannot be explained merely by the tendency of repressed material to reach consciousness. Such 'good hours' are, rather, the result of preconscious mentation, and are a reflection of the integrative function of the ego. Kris suggests that preconscious mentation may, in fact, explain most if not all significant intellectual achievements. Through its integrative capacities the ego prepares and arranges the configuration or structure of the material in such a way as to enable the analyst or the patient's consciousness to add that final step or phrasing that illuminates. This tends to occur after a resistance has been dissolved. Perhaps transformed aggressive energy, hitherto frozen in anticathexis, plays a specific role in the integrative functions of the ego. In instances of such real insight, the cognitive elements merge with a kind of assurance derived from 'the id aspect of insight'. Other functions of the ego, important for the production of insight, are the control of temporary and partial regression; the ability of the ego to view the self; and the ego's control over the discharge of affects. Without insight and those ego achievements leading to it there is no real analysis.

The Role of Identification in Psychoanalytic Procedure. Jeanne Lampl-de Groot. Pp. 456-459.

Identification, which can occur only after differentiation between the self and the outer world, permits the ego by introjection or incorporation to assume the

image or characteristics of another. Through identification one's bodily and psychic needs are met, learning is achieved, and a basis for the ego ideal is established. Identifications with the analyst may be normal or pathological. But the analyst's identification with the analysand may be a source of difficulty. If the analyst has a well-balanced personality, identification leads to favorable 're-educational aftergrowth'.

Some Remarks on the Role of Speech in Psychoanalytic Technique. Rudolph M. Loewenstein. Pp. 460-468.

Speech comprises three functions: representation of things and the connections between them; expression of what is within one; appeal to another. Nunberg has stressed the patient's use of language as magic to influence others, and speech as a substitute for action. Resistance against verbalization of what is conscious may be due to fear of revealing intimate secrets, fear of loss of love, or fear of punishment. In his role as an auxiliary 'autonomous ego' to the patient, the analyst serves as an additional memory, helping to overcome such resistance. When this occurs, recounted material becomes more real to the analysand and interpretation more useful. Affects expressed in words become external as well as internal realities.

Verbalization is of great importance when analysis replaces acting out with ideas and then words. Resistance against verbalization may rise from the fear of being carried away by too much emotion. On the other hand, to put emotions into words may destroy the gratification hitherto achieved in the unverbalized experiencing of the affect. 'Both the discharge function and the binding function of verbalization underlie the curative effect of insight in analysis.' In achieving effective analytic insight, therefore, verbalization is essential.

Language also plays a decisive role in the formation and development of thought processes: in bringing to consciousness thoughts and affects that were previously unconscious, language becomes a kind of scaffolding on which conscious thoughts may be built.

The Nature and Function of the Analyst's Communication to the Patient. Charles Rycroft. Pp. 469-472.

The theoretical formulations of analysis understate the communicative aspects of human behavior and the communicative and evocative nature of affects. Structural and economic aspects of psychic life are stressed at the expense of the communicative. The analyst's objective and explicit verbal interpretations always contain implicit communications; these Rycroft believes to be the major cause of therapeutic movement. The implied ideas convey the analyst's concern for the patient and the reassurances that enable the patient to be himself, to grow, and to have a relationship without violation of his personality and his intrinsic capacity for growth.

JOSEPH LANDER

Psychoanalytic Review. XLIII, 1956.

Preliminary Notes on Transference in Borderline Neurosis. C. V. Ramana. Pp. 129-145.

Because of the weakness of ego of these patients, it is useless to offer them repeated interpretation of their masochistic tendencies; to do so, moreover, causes the patient to increase his aloofness from the analytic process. Such a patient 'lives on and for his superego rather than on his ego'. Extreme deprivations in the early relations to parents cause these patients to avoid genuine object relationships. The author agrees with Ferenczi's recommendation that the analyst acknowledge that he finds the patient's behavior unpleasant, but recognizes that there must be some adequate basis for that behavior. This admission of fears and 'objective hate' carries certain hazards but strengthens the patient's ego. Such patients, with their almost 'psychotic insight', are aware of the analyst's unconscious loves and hates and are therefore dealing not merely with projections but also with reality, which should be admitted frankly. In this fashion one may overcome the utter aloofness which such patients maintain, and one may ultimately transform the unconscious sense of guilt into a conscious one: the environment has been made a safe one in which the patient can feel freer to communicate and to identify himself with the analyst.

The Psychodynamic Significance of Beliefs Regarding the Cause of Serious Illness. Morton Bard and Ruth B. Dyk. Pp. 146-162.

A study of one hundred patients who had undergone major surgery indicates that man needs to establish beliefs explaining events that happen to him. The more serious the disease (threat), the more urgently does he need to explain it in order to preserve his sense of mastery and emotional integrity. The selection of any specific belief explaining the threat is a function of the character structure of the patient, but the most striking finding of this study is the prevalence of beliefs that personal relationships can be sufficiently injurious to cause severe illness.

An Operational Reformulation of Some of the Basic Principles of Psychoanalysis. Albert Ellis. Pp. 163-180.

The concept of 'operational' in this context implies that a statement or formulation must be to some extent confirmable, at least in principle, and must be related to observable data. Analytic principles can be scientifically and legitimately *formulated* in terms of hypothetical constructs, but these principles can be *presented* so that they become more easily empirically confirmable, clearer, less tautological, and more practical. Ellis offers a basic operational vocabulary enabling him to restate, in operational terms, some of the main hypotheses of Freud's An Outline of Psychoanalysis. The key words used in operational definitions are anchored in human perception and response, and it is shown how those hypotheses may be confirmed or disproved by clinical or experimental observation.

Some Recent Psychoanalytic Theories of Schizophrenia. Arnold H. Modell. Pp. 181-194.

Recent developments in ego psychology have led to increased interest in the theory of schizophrenia, with special reference to very early stages of infant development. Some studies lay stress on predispositional factors: a primary disturbance of the instincts with quantitatively increased aggression; insufficient libidinal neutralization of aggression; and maternal deprivation. Pathological ego formation, with its grave consequences, results under such conditions. According to Melanie Klein, some schizophrenia develops from an accentuation of the usual process of splitting an object into good and bad portions, with corresponding splitting of the ego. Hartmann believes the central problem is failure of neutralization of aggression because of defects in the inherited ego apparatus. Mahler and Eissler also emphasize constitutional factors to explain ego defects. The author suggests that such a defective ego fails to protect the very young infant against too great intensity of stimuli,—in nursing, for example. That experience therefore is unpleasant; there is failure to derive normal gratification in nursing, and the relative depletion of libidinal investment in the object, the breast, upsets the balance of libidinal-aggressive forces, producing unneutralized aggression. Modell also discusses the relation of structural defects to symptoms.

On the Ontogenesis of Repression. Gove Hambidge, Jr. Pp. 195-203.

Repression is defined as 'inner negativism or impulse negation which has become automatized and dropped out of awareness'. By clinical examples and theoretical discussion Hambidge explores some of the normal and pathogenic influences on the development and use of repression.

Forms of the Family Romance. T. A. Watters. Pp. 204-213.

Investigation of the family romance in analysis can lead quickly to vital areas of conflict. Watters discusses various aspects of fantasy, especially in relation to misfortunes and disappointments. Prepuberty is likely to bring a rich crop of fantasies and to reawaken dormant ones. The family romance contributes to some myths and legends and to the work of some great writers.

Œdipus the King. An Interpretation. Charles Rado. Pp. 228-234.

The struggle of man against fate is essentially a struggle within man himself, between his conscious mind and his unconscious drives. The voices of several of the actors in Sophocles's drama are the voices of Œdipus's unconscious. The riddle of the Sphinx is thus interpreted: 'four' refers to the primal scene (four parental legs), the result of which is 'two', the legs of the child, who later develops a 'third' leg, the penis. The Sphinx personifies the mother in her aspect of Medusa; the child splits her into mother and whore. Various other aspects of the tragedy are interpreted in dynamic terms.

Externalization of the Toxic Introject. Marie L. Coleman. Pp. 235-242.

The impasse reached in the treatment of such cases can sometimes be overcome if the analyst accuses himself of traits attributable to the pathological introject. For example, when the author said of herself: 'I am dumb and crazy', she became, for the moment, the objectified mother imago. This patient had a psychotic mother who had been introjected, but the patient had been unable to 'establish contact' with that introject until the analyst enacted the role as described. The rigid neurotic equilibrium was thereby upset, and the patient was enabled to establish a much more useful relationship with the therapist: hostility directed by the patient against the unhealthy ego nucleus was externalized and directed against the analyst in an entirely new fashion.

A Comparative Study of Symbol Formation in the Rorschach Test and the Dream. Rose Palm. Pp. 246-251.

In the Rorschach test, the regressed part of the subject's ego uses pictorial images as the dreamer uses memory images. The Rorschach blots serve just as does the day's residue as raw material through which the unconscious expresses itself. Because the blots have fluidity and loose structure, the subject may use any detail as an intermediary link upon which the unconscious may construct its symbolic representations. In Rorschach testing there is much more cathexis of reality than during sleep. The testing process resembles, in this respect, the situation in free association: there is partial loss of reality testing, partial ego regression, and free rise of unconscious demands.

The Psychodynamism of the Analytic Process. Durval Marcondes. Pp. 261-271.

Marcondes examines processes within the analysand and the analyst. Cure is the result of incorporating an auxiliary superego; permanent transformation of the patient's superego results from successive projections and introjections. In the transference, the analyst as representative of reality enables the patient to renounce his archaic fantasy objects and thus detach himself from infantile fixations. The author rejects the 'mirror' concept of the analyst's role; this concept is a narcissistic self-protective barrier erected by the analyst against his own anxiety and fear. If the analyst is to provide the medium for emotional growth, he must reproduce the role of the parent much more actively and clearly than the 'mirror' concept permits. Otherwise he will fail to produce that alternating rhythm of identification and separation, that blend of frustration and indulgence, which are necessary for the surrender of neurosis and the resumption of growth. The analyst freed of fear and regressive counteridentification should offer himself actively as a mature and attainable ego ideal.

Black Magic and Superego Formation. Stanley Rosenman. Pp. 272-319.

Internalization of another individual contributes to initial and later components of the superego. Such internalization is due to imagined retaliation by that other individual for one's fantasy of penetrating and controlling that other

from within. This fantasy of universal occurrence appears in many patients in defensively propitiative, restitutive, disguising, and expressive functions connected with fantasies of incorporation. The importance of this theme for the structure of the personality has been seriously underestimated by clinical workers.

The Dynamic You-and-I Relationship With a Borderline Personality. Gerald Hill. Pp. 320-336.

A major question in the treatment of mildly psychotic or prepsychotic patients is their capacity for object relationship. The author suggests that treatment is furthered when the therapist becomes 'a real person who will protect the patient' from himself, and who will 'nurture every tendency toward self-reliance and self-observation'. The therapist must be strong enough to control the patient, he must not be seduced, and he must be able to induce dependency on him. Under such conditions one can guide the patient toward activity, good judgment, and initiative, and can discourage regression. Unfavorable results often stem from mistaking a narcissistic object relationship with the therapist for a true and mature object relationship. The hostile transference can be worked through only when the separateness of patient and therapist is worked through.

Love and the Psychodynamics of Adaptation. Henry B. Richardson. Pp. 337-347.

This paper explores Rado's psychodynamic theory of adaptation and its orientation toward pleasure. Any process of psychodynamic adaptation is based fundamentally on the desire and need for love by, for, and with another person. This innate motive is expressed in the first few weeks of life. The need for adaptation arises from fear that love will cease or be lost.

Lesbianism as a Transitory Solution of the Ego. Rudolph Wittenberg. Pp. 348-357.

Narcissism is pathological to the degree to which it takes the place of object strivings. Oral eroticism, an important component of Lesbianism, is strongly narcissistic. Study of a case of Lesbianism reveals how 'pathological narcissism fixated the pregenital wishes which were defended against the superego by denial' and by autistic thinking. Repressed wishes ultimately were acted out in homosexuality, which is one of the various possible solutions for a partially split ego.

Defensive Meaning of a Specific Anxiety Syndrome. Peter L. Giovacchini. Pp. 373-380.

Giovacchini describes a woman suffering from lifelong anxiety of specific type: the anxiety served the needs of defense, but its more important function was to afford relief from basic fears by providing an affective experience. This experience was essential for her in order to enhance her self-awareness, as 'proof of existence', and to delineate her sharply from her twin.

Ulcerative Colitis as an Anniversary Symptom. Bernhard Bressler. Pp. 381-387.

A twenty-eight-year-old woman, moribund from rectal hemorrhage, was seen as an emergency after the medical service of the hospital had given her up as hopeless. Dramatic results were achieved in a total of fifty hours of treatment. She treated her illness as though it were a person; she was carrying on a 'death struggle with an introjected destroying object and had reprojected the image of this personification'. Bressler clarifies the dynamics of the acute illness, though he attempts no full analysis.

JOSEPH LANDER

Samiksa. VIII, 1954.

Contributions to the Psychology of Homosexuals. Edmund Bergler. Pp. 205-209.

The author begins with a fine descriptive quotation from Somerset Maugham concerning homosexuals, scrutinizes it, and shows it to be superficial. It disregards the great inner conflict of the homosexual and takes at face value qualities that represent his basic defense mechanism: psychic masochism and the collecting of injustice. In the male infant destined to become a homosexual adult, the narcissistic wound of weaning is so greatly exaggerated that he dissociates himself from the disappointing female sex. The feminine identification reported is in reality only an imitation, a pseudo identification. Homosexuals should be neither prosecuted by the police nor considered normal. Homosexuality is an illness and it is curable.

Belief, Superstition, and Symptom. George Devereux. Pp. 210-215.

Customary belief, superstitions, and individual symptoms have identical functions: to assuage anxieties, gratify needs, and serve as means to discharge tensions. They are, however, used in different ways. Customary beliefs (and to a lesser degree superstitions) are socially and culturally integrative, part of the ethos, and in the mainstream of culture. Symptoms are endopsychic in origin and socially divisive, irritating to the environment. The irritating and socially divisive quality of a symptom is not accidental but purposive and indicative of the rebelliousness of the subject. The degree of this 'social negativism' of the subject may determine whether he chooses a customary belief, a superstition, or a symptom as the solution for a particular conflict. Some protective superstitions that appear superficially to be phallically exhibitionistic are anal in origin. The erect penis, for instance, exhibited as a treasured possession, is truly of anal origin, it exhibits a possession, not a feat.

LEWIS J. FIELDING

Bulletin of the Philadelphia Association for Psychoanalysis. VI, 1956.

Critical Discussion of the Concept of an Instinct of Destruction. Robert Waelder. Pp. 97-109.

The theory of a destructive drive has sometimes been accepted or rejected irrationally. Impressionistic data, ease of applicability, and de-emphasis of sexuality have favored its acceptance. Distaste for the idea of primary destructiveness in man together with a faith in the benevolence of human nature have formed the basis of opposition.

Some destructive activity does not require the assumption of a destructive drive,—for example, reactions against threats to self-preservation and reactions to frustration; by-products of ego activity, such as mastery of the outside world or control of one's own body or mind; and aspects of the libidinal urge that imply aggressiveness toward the object such as penetration or incorporation.

But there are instances of destructive behavior,—in psychosis, in epilepsy, in the personalities of such insatiable haters as Hitler,—that are so intense and inexhaustible as to 'make it doubtful whether the whole of aggressiveness can ever be explained in terms of a reactive behavior. They seem to suggest strongly that allowance must be made for the existence of inner needs of destruction.'

Assuming the existence of a destructive drive, Waelder suggests that destructiveness can be detoxified or neutralized by the influence of the libido or of the maturing ego, as shown by the fact that behavior is likely to become more destructive not only when the libido regresses but also when the ego regresses.

EDWIN F. ALSTON

Psychosomatic Medicine. XVIII, 1956.

Influence of Symbolic Processes on the Role of Instincts in Human Behavior. Lawrence S. Kubie. Pp. 189-208.

Kubie describes the confusion and complexity in our present concept of instincts. All instinctual patterns have physiological roots which fall into a series of increasing complexity. Each of these primary roots is the source of 'a spreading network of interdependent derivative patterns of behavior of increasing complexity, and finally . . . in man, for each of these at a specific point, psychological (to wit, symbolic) processes enter into the picture'. In man the automatic components of instinctual behavior are influenced by: 1, certain homeostatic patterns such as time intervals for physiological processes, and the warning mechanisms they produce; 2, increasing opportunities for choice of alternative objects and alternative aims; 3, the increasing complexity of networks of interdependent instinctual patterns; 4, the increasing role of symbolic processes and their compulsive and phobic mechanisms. The greater the complexity of the various physiological systems, the greater is the choice of alternative objects and aims and the greater is the possible psychopathological distortion. This concept is particularly apropos to procreative activities, in which there can be no choice of tissue substance but a wide choice of objects and aims limited only by psychological and symbolic factors. Each step in the network of 'primary instinctual acts' and all the instinctual derivatives receive symbolic representations by which psychological pressure can increase or decrease the instinctual activity quite apart from any qualitative or quantitative variation in the underlying

biochemistry of the body. The whole 'instinctual constellation', particularly in regard to sexual activity, is far too complex to justify the oversimplified 'outlet' concept of sexual behavior.

Psychological Factors in the Neurodermatoses. Sidney E. Cleveland and Seymour Fisher. Pp. 209-220.

The unconscious fantasies and the personalities of patients with neurodermatoses suggest that they have marked masochistic tendencies, depreciating their own bodies as unclean. They differ from control subjects in their defenses against exhibitionistic tendencies. They show more repressed hostility and are in conflict with a powerful, distant father and a rejecting mother; and they tend to conceive of their bodies as surrounded by a kind of barrier that serves to control both internal disruption and external threats.

Psychological Aspects of Cardiac Disease. Stanley M. Kaplan. Pp. 221-233.

The emotional implications and complications of disease vary considerably in different individuals according to how the disease process is incorporated into the personality. Some patients are able to benefit psychologically as well as physiologically from surgical relief of their cardiac symptoms. In others, however, the surgical removal of the symptoms also removes a kind of 'scapegoat' mechanism whereby the patients have been able to avoid coping with emotional problems.

Response During Anesthesia and Surgery. Fred H. Herring. Pp. 243-251.

An attempt was made to define and study various relations between personality and patients' stability during surgery. A series of psychological variables was examined in each patient before operation. Rorschach reaction time, the deformed response on the Rorschach, and the cold pressor test proved to be most useful and promising in predicting stability in the operating room.

EDWARD M. WEINSHEL

Journal of the Hillside Hospital. VI, 1957.

The Meaning of Insulin Therapy to a Schizophrenic Patient. L. Bryce Boyer. Pp. 3-6.

A twenty-six-year-old woman with a schizophrenic illness equated insulin injections with a part object which proved ultimately to be the breast and its contents.

The Origin of Money in the Animal Sacrifice. William H. Desmonde. Pp. 7-23.

This paper is abstracted from the author's future book, Magic, Myth, and Money. The first part collates studies in ancient Western cultures to establish the

hypothesis that money in Græco-Roman cultures originated in the ritualistic animal sacrifice of ancient religions. The latter part presents psychoanalytic interpretations of the early forms of money.

The central ritual within ancient religion,—either the family-clan ancestor cult or the later city-temple deity,—was the common meal at the altar followed by the apportionment and eating of the sacrificial animal. The sacrificial bull, representative both of a god (Dionysius-Zeus, for example) and, in some centers, of the king-city-father, became a unit of value. The sacrificial offering with its subsequent distribution at the communal ritual meal became a fixed good of definite type and quality eventually subject to regulation by the priests. Transactions between man and god were mediated through the offering of the sacrifice. In the common meal following the sacrifice, the portion of flesh was a gift to the citizen or official. Besides the animal, the altar and various cult objects were also endowed with magic. Gradually, in nonreligious commercial transactions, the bull became the standard unit of value. Cult objects, and eventually medals, were valuated by this standard.

The earliest coins were religious medals, used only in religious transactions. When the King gave them, they were a sign of honor or commemorative of a personal relationship; they might be objects endowed with his *mana*. This coin medal was also the equivalent of the sacrificial portion. However, it is not clear how these coin medals eventually entered into commerce as money.

Supposing that the emotions and ideas associated with these ceremonials were carried over to coin medals and thence to money, the author proposes interpretations of the pregenital and œdipal meanings of money. Besides its infantile and magical significance, he makes special note of its symbolization of the higher creative communal activities of man.

Psychotherapy With a Case of *Maladie des Tics*. Joseph William Slap. Pp. 43-54.

Maladie des tics is a syndrome of severe multiple body tics accompanied by coprolalia, echolalia, coughing, spitting, and swearing. The psychotherapy of an eight-year-old boy with this syndrome was characterized by the introduction of rough-and-tumble games. There was a marked alleviation of symptoms. After this, psychotherapy proceeded with more use of verbal means. This boy demonstrated an arrest in development between the pregenital and œdipal phases. He also presented evidence of an anal compulsive character with a severe conflict over aggression. The author suggests that the hypothesis of an organic etiology for this illness is unnecessary.

JOSEPH AFTERMAN

British Journal of Medical Psychology. XXIX, 1956.

The Effects of Sudden Weaning on Zulu Children. Ronald C. Albino and V. J. Thompson. Pp. 177-210.

The authors, psychologists from the University of Natal, discuss a standardized form of sudden weaning in sixteen Zulu children, nine male and seven female,

aged fifteen to twenty-four months. A control group of ten children ranged in age from thirteen to thirty-six months. The mean age of weaning was nearly nineteen months. The reasons for weaning were: ability to walk and to talk well enough to be understood when demanding food, ability to obtain food from the pot if hungry, and ability to compete successfully with siblings. In all cases the breast was smeared with the bitter juice of the aloe in the presence of the child.

It is apparent that every child was disturbed. This disturbance lasted from one to seven or more weeks. Every child showed an increase in aggressive behavior following weaning and this symptom showed the greatest tendency to continue. The earlier the weaning occurred the more marked were the aggressive symptoms. Weaning at a later age produced increased concern for strangers, greater facility in the use of language, and more independence; it seemed to be also a socializing and maturing influence. In earlier weanings this did not appear to be true. The reaction to weaning was not simple frustration but, after an initial disturbance, was followed by a series of adaptive changes in the organism. It may be a most powerful stimulus to ego development.

The Effects of Mother-Child Separation: A Follow-Up Study. John Bowlby, Mary Ainsworth, Mary Boston, and Dina Rosenbluth. Pp. 211-247.

Sixty children, all of whom had been patients in a tuberculosis sanatorium for periods of months or years starting before their fourth birthday, were studied at a time when they had reached ages ranging from seven to thirteen and a half and were living at home and attending school. This group was matched with a control group according to age and sex and class in school. The data were obtained from teachers' and psychologists' reports. The sanatorium children showed greater withdrawal, apathy, roughness, and bad temper than the control children, but they were less maladjusted and retarded than the institutionalized children permanently separated from their mothers whom Goldfarb has described. Disability in the present study was less than expected. At least half the group made friends reasonably well and few appeared to be delinquent. The authors believe that statements implying that children brought up in institutions or those who suffer other forms of serious deprivation in early life *commonly* develop psychopathic or affectionless characters are mistaken. The outcome is varied, and of those who are damaged only a small minority develop those very serious disabilities of personality that first drew attention to the pathogenic nature of separation and institutionalization. The authors add, however, that their present study gives no ground for complacency.

Sir Kenelm Digby on *Folie à Deux*. A Historical Note. H. Phillip Greenberg, Richard A. Hunter, and Ida Macalpine. Pp. 294-297.

Sir Kenelm Digby (1603-1665), writer, naval commander, diplomat, and philosopher, described a condition now known as induced psychosis or *folie à deux* more than two hundred years before Lasegue, Falret (who coined the name *folie à deux*), and Baillarger, to whom priority is generally ascribed. Digby, at a time

when individuals were hanged and burned for being witches, denied supernatural effects and possession by evil spirits and substituted a psychological explanation.

MC CLAIN JOHNSTON

Revista Uruguaya de Psicoanálisis. I, 1956.

A Study of the Concept of the Idealized Object: Its Assimilation and Its Encapsulation. Willy Baranger. Pp. 26-63.

The author describes two patients in whom 'assimilation' or 'encapsulation' of the idealized object occurred. In one, the object became an abstract ideological system. In the other, it was reintrojected by her becoming pregnant. Patients of this sort are likely to be dependent and autistic. They lack capacity for sublimation, but make frequent changes and displacements in their idealized objects.

Sickness Fantasy and Development of Insight in the Analysis of a Child. Madeleine Baranger. Pp. 143-182.

Baranger describes the living and reliving of sickness in a patient's fantasies, and the patient's acquisition and use of insight. Insight produces a well-organized conception of the patient's external and internal worlds and of himself and his sickness; of what is good and bad, of love and hate. Proper objective evaluation of the external world permits better understanding of internal feelings and thoughts. Insight serves as an integrative force by revealing the structure of psychic reality. It is similar to scientific or artistic intuition. This redistribution of the elements of reality and the discovery of new ones gives a wider perspective and greater scope to the ego. Insight permits discrimination of love from hate. It supports the mechanisms of restitution, symbolization, and sublimation. Clearer awareness of what is external and what internal permits better use of introjection, projection, and other ego mechanisms. Acuteness of perception of body image (of the person inside the body) lets the ego recuperate and integrate its functions. The person becomes able to comprehend and express in an integrated way the bodily, symbolic, and verbal aspects of the personality.

Trauma in Reality and Analysis of Children. Hector Garbarino. Pp. 342-354.

Garbarino describes the anxieties and symptoms of a three-year-old girl and their relation to her play in transference. The events of her life affected her fantasies and conflicts by increasing, displacing, modifying, or minimizing them. In treatment, information obtained from the parents should be communicated to the child. This abstractor would add Berta Bornstein's remark, that to do otherwise with this information would render it useless.

GABRIEL DE LA VEGA

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Meeting of the New York Psychoanalytic Society

John Donadeo

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NOTES

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 27, 1956. RE-EVALUATION OF THE PROCESS OF WORKING THROUGH. Phyllis Greenacre, M.D.

In certain cases, a sound and thorough working through is essential for a sustained therapeutic result. In the early days of psychoanalytic treatment working through subserved first, a progressive and repetitive overcoming of resistances which uncovered the repressed instinctual demands; second, a *working to* the supposed traumatic memories which were considered the nuclei of the neuroses. With the realization that many of the events described were partly wishful fantasies connected with developmental conflicts, the theory of traumatic etiology became underemphasized. It was not the event but the fantasy that was assumed to be of primary etiological significance.

Different combinations of subjective and objective experiences may however occur so that the 'typical' fantasies of the infantile years do not appear in generic form, but are, rather, given a special repetitive strength, form, and pressure through having been confirmed by external events, either instigated by the child or, more rarely, by occurring more or less coincidentally. When the infantile fantasy is re-enforced by external verification, it becomes powerfully real. The organizing effect of such an event is incalculably great and the fantasy behind it gains much force and predisposes to later repetitive acting out.

The cases presented are those in which the acting out is focused on fantasies based upon real experiences. Certain patients, despite repeated analyses by competent analysts and consistent improvement, were subsequently drawn into former neurotic tensions and symptoms. Of these the author states that further analysis revealed that the adhesiveness of the neurosis seemed to be due to the persistent effect of severe, organizing experiences of childhood and adolescence. The author was impressed with the fact that the realities occurred most often in the latency period, and that despite the relative lateness of the experiences, the traumata had either been repressed or retained as isolated 'dry memories', while the emotional contents were retrojected to the infantile years where they enhanced the elements of libidinal gratification and added elaborations to early screen memories. The repression is an immediate and forceful denial. In some patients of this type, the organizing effect of the real experience tends to appear in recurrent attacks of depressions, phobic and obsessive states with depression, recurrent states of overactivity (hypomanic states). Susceptibility to recurrence of such attacks is not diminished by reconstructions of the repressed infantile conflicts and fantasies unless there is a thorough working through or recovery in memory of the actual experience.

These cases present special difficulties in treatment by distracting the analyst into too active a participation in current realities which vitiates the clearness of the transference necessary for the working through process. Though detection of evidence of such experiences is not easy, there is always some blank representation of it or some vacuole of memory which is a hint, showing up incongruously again

and again in certain infantile fantasies. Further clues are the repetitive appearance in dreams or associations of some specific age or place insistently associated with events belonging to another period; a special repetition and content of the dream within a dream; frequent appearance of dreams which exactly reproduce realities and seem at first to be barren of associations; the occurrence of isolated and peculiar delusions or hallucinations in the setting of a generally sound sense of reality; the repetition through a series of dreams or series of symptomatic acts of some apparently unimportant but realistically embellished detail.

Dr. Robert C. Bak noted Ferenczi's part in shifting the emphasis in the 1930's back to the traumatic event. He indicated that while working through goes on all the time, there appears in some cases a demand for the emergence and recovery of some realistic detail of focal significance lest defenses be re-established. Those patients for whom, in the transference, the secret plays the major role, the central secret may become conscious, but the crucial element, relating to the activity of the child in the traumatic event, may be withheld. Dr. Lillian Malcove emphasized the value of the analyst's willingness to believe in the reality of significant memories, even though they may be elaborated, altered, fused, or misinterpreted by the patient. She asked if the amnesia for crucial events in the latency period could be considered pathognomonic of a more serious pathology, taking the form of repeated paranoid panic. Dr. Alexander Bromley remarked that the concept of the organizing significance of the traumatic events constituted an original contribution of major importance. Dr. Young called attention to some analogous mechanisms in the technique of humor where a bit of reality is repudiated just as in sleep, dreams, and the psychoses. Viewed thus, the clinical material reveals the reproduction of sleep and dreamlike phenomena by way of varied symptoms and attacks. The screen memories are related to the dream screen described by Lewin and to the Isakower phenomenon. Mrs. Berta Bornstein said that the amnesia of latency was something the child analyst sees every day. Parents, too, are just as apt as the child to repress from one day to the next any expression of the child's infantile sexuality. These children have a marked tendency to project, and while this may remind one of what appears later in the adult as paranoid, it cannot be equated with primordial reactions, though it may be an expression of a paranoid attitude. Dr. Rosen is of the opinion that the process of working through is particularly applicable to the traumatic neurosis. He offered the hypothesis that working through might be considered a therapeutic endeavor analogous to the repetition compulsion in healthy development.

In conclusion, Dr. Greenacre emphasized that the particular group of patients she was referring to suffered from severe neuroses with more than ordinary lack of resolution of œdipal and precœdipal problems; that she was interested in trying to establish criteria for detecting indications of some experience in reality which exerts an organizing influence on the persistent fantasies. The actual experience cannot be considered separate from the fantasies, and it is especially important insofar as it verifies the pre-existing fantasies.

JOHN DONADEO

The Program Committee of the AMERICAN PSYCHOANALYTIC ASSOCIATION announced the following panels for discussion at the Fall Meeting which was held at the Biltmore Hotel, New York City, December 6-8, 1957.

1. Disturbances of the Superego in Childhood
   Chairman: David Beres, M.D. (New York)
   Reporter: Irving Kaufman, M.D. [by invitation] (Boston)
   Participants: Sidney Axelrad, D.S.Sc. [by invitation] (New York); Edith Jacobson, M.D. (New York); René A. Spitz, M.D. (Denver)

2. The Psychoanalytic Concept of Character
   Chairman: Helen Tartakoff, M.D. (Cambridge, Mass.)
   Reporter: Arthur F. Valenstein, M.D. (Cambridge, Mass.)
   Participants: Samuel Atkin, M.D. (New York); Maxwell Gitelson, M.D. (Chicago); Ralph R. Greenson, M.D. (Beverly Hills); Joseph J. Michaels, M.D. (Belmont, Mass.); Annie Reich, M.D. (New York)

3. Technical Aspects of Regressions in Psychoanalytic Treatment
   Chairman: Douglass W. Orr, M.D. (Seattle, Wash.)
   Reporter: Kenneth T. Calder, M.D. (New York)
   Participants: Morris W. Brody, M.D. (Philadelphia); Jan Frank, M.D. (New York); Norman Reider, M.D. (San Francisco); May E. Romm, M.D. (Beverly Hills); Emanuel Windholz, M.D. (San Francisco)

4. Technical Aspects of Transference
   Chairman: Jacob A. Arlow, M.D. (New York)
   Reporter: David Leach, M.D. (Detroit)
   Participants: Grete L. Bibring, M.D. (Cambridge, Mass.); Mabel Blake Cohen, M.D. (Chevy Chase, Md); Joan Fleming, M.D. (Chicago); Phyllis Greenacre, M.D. (New York); Rudolph M. Loewenstein, M.D. (New York); Robert Waelder, Ph.D. (Philadelphia); Elizabeth R. Zetzel, M.D. (Cambridge, Mass.)

The New York Psychoanalytic Society and Institute and The Western New England Psychoanalytic Society organized a clinical program as a MEMORIAL TO DR. ERNST KRIS (1900-1957) at the Academy of Medicine, New York City, in the afternoon and evening of Tuesday, September 24, 1957.

During the afternoon session Dr. Ruth Loveland presided as Chairman. Dr. Lawrence S. Kubie introduced Dr. Phyllis Greenacre who read a paper, The Family Romance of the Artist. Next, a paper based on Dr. Kris's discussions of case presentations in the Gifted Adolescents Research Project was presented by Dr. Leo S. Loomie, Dr. Victor H. Rosen, and Dr. Martin H. Stein, with Dr. Mary O'Neil Hawkins as moderator. The Influences of Early Mother-Child Interaction on Identification Processes as Observed in a Longitudinal Study was discussed by Dr. Samuel Ritvo and Dr. Albert J. Solnit, with Dr. Charles Brenner as moderator.

During the evening session Dr. Robert C. Bak was Chairman. Miss Anna Freud was introduced by Dr. Heinz Hartmann. Miss Freud discussed Problems of Development.

The Trustees and Staff of the INSTITUTE FOR PSYCHOANALYSIS OF CHICAGO held the Twenty-Fifth Anniversary Banquet, and the first Franz Alexander Lecture, Education or The Quest for Omniscience presented by Bertram D. Lewin, M.D., Friday, November 15, 1957, at the Hotel Sheraton-Blackstone in Chicago. The Anniversary Program continued Saturday morning and in the afternoon. Two papers were read: Psychoanalysis and Introspection by Heinz Kohut, M.D., and The Organization of the Reproductive Drive by Therese Benedek, M.D.

The William Alanson White Psychoanalytic Society is sponsoring a lecture as a MEMORIAL TO DR. FRIEDA FROMM-REICHMANN. It will be delivered by Edith Weigert, M.D., at the Academy of Medicine, New York City, on January 10, 1958, at 8:30 P.M. The subject of Dr. Weigert's address is The Rediscovery of Trust in Psychotherapy.

SOCIÉTÉ PSYCHANALYTIQUE DE PARIS, INSTITUT DE PSYCHANALYSE. Rencontres organisées à l'Institut: I. Colloques entre psychanalystes et medecins des hopitaux; II. Colloques entre psychanalystes et medecins des hopitaux psychiatriques; III. Colloques entre psychanalystes et pediatres (chaque trimestre); IV. Colloques annuel entre psychanalystes et psychologues cliniciens (consacré à l'apport des tests de projection au diagnostic psychopathologique); V. Colloque annuel entre psychanalystes et sociologues; VI. Seminaire bimensuel organise à l'intention d'un groupe de travailleurs sociaux.

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