

INSTINCTS, CULTURE, AND SCIENCE

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I

A re-examination of Freud's writings (10, 11, 13, 14, 15) on the relationship between instincts and cultural development reveals several important methodological problems. Thus, the hypothesis that civilization requires a repression of the instincts is so vague as to be almost meaningless. The dominant mechanisms—suppression, repression, sublimation¹—are cited alternately, even antithetically, for illustrative purposes; but at times they are used synonymously or are lumped cumulatively under inclusive terms like 'subjugation' or 'privation'.

Further, since 'civilization' is an ambiguous concept which refers both to the *totality of human culture* from its earliest beginnings and to *complex* or *high cultures* in particular, and since it refers variously to phylogeny and ontogeny²—it is not clear in every instance whether the attendant instinctual subjugation characterizes the differences between animals and man, between children and adults, between prehistoric and contemporary men, or between all of these collectively. Nor is it always clear whether this subjugation or privation refers primarily to pregenital drives or to the totality of instinctual energy. At any

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¹ Freud (14, p. 63) himself asks: 'suppression, repression or something else?'.
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Moreover, the duality, or antithesis, between 'human nature' and culture requires a reconceptualization, with an increased awareness of the processes by which genotypical drives are given phenotypical shape within a cultural matrix (38, 40, 41).

² Freud sometimes uses 'civilization' in its ontogenetic aspects as a synonym for socialization, education, or 'enculturation' (15, p. 84); and the corollary follows that the 'civilized' child, in contradistinction to the primitive, must recapitulate a heavy and cumulative cultural phylogeny in a few short years. The 'weight' of this cultural phylogeny is then assumed to place an undue strain on the psychic apparatus.

rate, various points of view can be supported by quotations from Freud's work.³

It is significant that Freud's hypothesis about the correlation between repression and civilization has not been validated (or refuted) with any decisiveness; and it is doubtful if a proposition of such magnitude is even capable of empirical validation or refutation when it is applied to a million years of human history. The most ambitious attempt at verification, by Unwin (54), remains equivocal because of the terminological and conceptual difficulties which obscure the hypothesis, and also because most anthropological research before 1930 ignores such basic areas of psychocultural experience as childhood training.

The work of Sir James Frazer like many of the earlier English evolutionists is, for example, illustrative rather than comparative in its methods. The illustrative method, whether used parenthetically or voluminously, can confirm or deny any hypothesis, for it merely selects favorable but random examples from the enormous literature of anthropology and history. Too frequently it compares analogies rather than homologies, details rather than wholes, and thus remains selective and illustrative rather than truly comparative.

The problem is further complicated by the results of more recent field work among primitive peoples. In what appears to be the soundest psychocultural approach, certain psychic processes are isolated and described, or specific hypotheses about these are tested. In the more ambitious (if perhaps less precise) studies, an entire culture is labeled according to its 'flavor' (intuitively tasted) or orientations by means of a clinical metaphor; or the uniqueness of each culture (and of the putative 'basic' personality structure) is explained in terms of childhood training and the related traumata. Some of this work is very illuminating, but it does not—in fact cannot on the basis of a few examples—clarify either the variable degrees of instinctual

³ Cf. Marcuse's (32) logical and erudite discussion of the thesis that a nonrepressive civilization is not only feasible but urgently necessary.

subjugation or the relative importance of suppression, repression, and sublimation in the course of human history.

Although the data or our methods are not yet adequate for large-scale generalizations about man's past, we manage nevertheless to compound the problem by refracting the available knowledge through the spectrum of our personality. To cite an example which is complementary to the concept of instinctual subjugation, Freud speaks of the damages inflicted by repression on the young ego, (including the influence of civilization as represented by family education), among the determinants of neurosis (15, pp. 83-85). These concepts are meaningful and subject to validation if they remain in the ontogenetic frame of reference; but they do not so remain, for Freud immediately translates them into a phylogenetic proposition which is incapable of verification: 'It is easy, as we can see, for a barbarian to be healthy: for a civilized man the task is a hard one' (15, pp. 84-85).

If the neurosis is produced by repression and the attendant damage to the immature ego, then this is a universal condition on any level of cultural complexity, as is family education. If the problem results from the cumulative amounts of culture which a maturing individual in a complex culture must acquire, it is not clear why this should be described in mechanical terms, as 'weight', since no individual is required (or is even able) to master the totality of a complex culture.

It frequently occurs that quantitative changes result in qualitative changes, and that cultural cumulation may lead to simplification. Thus, many developments have taken place in lighting; and there has been a quantitative increase in this area over the course of history. The early forms of lighting remain (hearth fires, torches, candles, oil lamps, etc.) and could conceivably be interpreted by a Martian anthropologist as a source of doubt and perplexity. Yet there is no real competition between these early forms and electricity. The former survive and acquire secondary values, whether dictated by ritual, 'charm', conspicuous consumption, or emergencies; but none competes in

convenience, simplicity, or efficiency with electricity; and it is not even necessary for the consumer of electricity to be an electrician or a physicist.⁴

It is also clear that the easy 'health' of the 'barbarian' refers, in fact, to concepts of 'natural man'—an abstraction without any validity, for man is quintessentially a social being. 'Health', therefore, is a psychocultural as well as a physiological phenomenon.

A phylogenetic weakening of the ego, whether in its organization, autonomy, or functions, would result from the increasing demands of reality, the id, or the superego; but none of this has been demonstrated. The quantitative increase in cultural complexity is manifest; but it is equally clear that certain qualitative changes in the direction of simplicity and efficiency may accompany quantitative complexity. At any rate, the correlated increases in repression during childhood and the consequent difficulty in achieving a strong ego have not been confirmed, and they remain in the realm of conjecture. If this conjecture be true, and we have no way of knowing at the present time, then it would appear that psychotherapy is fighting an iron law of human evolution.

A generalization of comparable magnitude and mootness is offered by Róheim in one of his differences with Fromm:⁵

. . . Fromm believes that growing up is a process of individuation and that mankind is also growing up in this sense. That is, moving from a condition in which the individual is very limited by society to one in which the individual is free and self-reliant. This may appear true if we look at that section of European history from the Middle Ages to the nineteenth century. But if the testimony of anthropology indicates anything, it

⁴ It is clear, of course, that the quantitative and qualitative changes which result in functional simplicity and efficiency may also result in negative components: e.g., the vulnerability to mechanical failures, storms, bombings, and the like, over which the consumer of electricity has no control.

⁵ Candor requires me to state that I feel closer, both intellectually and emotionally, to Róheim's work than to Fromm's; but this has no bearing on the problem of unverifiable generalizations.

shows that primitive man is free, untrammelled, and truly self-reliant in comparison with Medieval or Modern man (45, p. 50).⁶

Róheim argues this thesis by pointing out that an adolescent boy in Central Australia is very close to economic self-sufficiency (which, of course, is a very segmental concept of self-sufficiency and flirts with the myth of 'economic man'), and that in primitive society as a whole the absence of true specialization means that every individual can master large amounts of the available culture: 'In other words, each individual is really self-reliant and grown up' (45, p. 51). On the other hand, 'the very marked specialization and division of labor which are characteristic of complex society do not make for any blithe self-reliance'.

Put so neatly, the problem has a deceptive simplicity. Again, the quantitative increases in culture can be documented; but these have no direct bearing on the problems of independence and dependence. Primitive 'freedom' or independence frequently connotes a hand-to-mouth existence and a heavy preoccupation with subsistence, a simple technology and a minimal control over the environment, and an immersion in fears and taboos whose neurotic analogies Freud and Róheim have so eloquently described. It also implies an identification with the group ('collective representations') and a relatively incomplete differentiation between the ego and the group⁷—an identification which is paralleled, via concepts of 'moral causality', by the overlap or assimilation between nature and society.

In complex cultures, no individual can hope to master the bulk of the culture; and there is no need for such aspirations. We see, rather, a development of specialization, an increase of productivity, and a proliferation of institutions and associations. There are, of course, variable degrees of specialization;

⁶ We need not initiate any semantic disputes about the meaning of 'freedom', 'self-reliance', and the like. They are admittedly vague and subjective terms. It is of greater interest to note that Róheim's point of view can be duplicated in Tacitus' *Germania*.

⁷ Cf. Róheim's analysis of the roles of the ego and superego in stratified or competitive society (45, p. 60).

but even the humble ditchdigger or shoeshiner is a specialist in that he does not raise his own food, create or repair his dwelling and clothes, and so on. Can it not be argued that this is interdependence (as efficient, and as vulnerable under some conditions, as the supply of electricity), and that the multiplicity of institutional and associational memberships may make for a strengthening of the ego?

The dichotomy between individual and group, which is an exaggerated aspect of urban society, may lead to feelings of estrangement, to the loss of the primitive or infantile sense of collectivity (whether with the group or the mother). But it also carries with it the possibility of heightened and creative self-awareness, of a strengthened ego. At any rate, all of one's interpersonal, material, and psychic eggs are not placed in the same basket.

Invidious distinctions which may be made between primitive and complex cultures, or between folk and urban societies, are frequently invalid because the units differ so markedly (in kind or degree) as to be not strictly comparable—and certainly not when ethical or moral biases are interwoven with the empirical data. Although kinship relationships and responsibilities play a quantitatively smaller role in complex than in primitive culture, and may even be reduced to the zero point in urban society, kinship (if only the nuclear family) is not absent from any culture. Warm, intense, 'primary' relationships are possible even in a metropolis: within the family, or between old friends or new sweethearts. Problems develop, however, when people reduce such important relationships to the zero point; or when the intense 'primary' relationships are transferred by default to those 'secondary' institutional and associational relationships which are diffuse, 'rational', contractual, segmental, and relatively impersonal; or conversely, when 'secondary' relationships come to dominate those important areas of experience where 'primary' relationships are more appropriate.

This is not to say that our society is without its contradictions, or that certain 'feedbacks' may not be seriously dysfunctional

both in social and in individual terms. Analogous contradictions may also be found in primitive society (37, 40, 41).⁸

To the degree that man is differentiated by culture from the other animals, he is a remarkably adaptable and interdependent being. The question of 'freedom' and 'self-reliance' can be argued pro and con, but without finality. It is akin, in its nebulousness, to the putative psychic 'health' of the 'barbarian'. The significant and answerable questions address themselves, I think, to the quantitative and qualitative changes which transformed a few primitive cultures into complex cultures, while other primitive cultures foundered, stagnated, or were destroyed. Among these changes are: the development of money, private property, the plough in agriculture, specialization, stratification, the state; the proliferation of associations and institutions; and so on. (Industrialization, the hallmark of western civilization, is omitted from the list because many great states and empires have flourished in its absence; but it is certainly an important process with many ramifications.) These, then, represent the great cultural divide between primitive and complex cultures; and it would be profitable to inquire if the crossing of this divide has introduced differences of kind, degree, or func-

⁸ The fall of the Inca empire provides an illuminating example of how internal contradictions may be exploited from without. The problem hinges partly on the degree and type of internal contradiction, and partly on the larger (even, global) frame of reference. Thus, the Inca empire was preparing for civil war and entering an incipient decline when the Spaniards arrived. In the absence of the Spaniards, or of a great technological advance from within, the cyclical pattern of Andean imperialism would undoubtedly have been repeated, for the Incas were only latecomers on the scene. The Spaniards, though related in no way to the internal contradictions within Andean culture, descended 'from the blue' (as the Incas saw it) and proceeded to exploit these contradictions. They also set Andean culture on a completely new course, technologically, socially, politically, and ideologically. Pizarro's easy victory over infinitely superior forces, and the easy assimilation of a mighty and remote empire into the Spanish orbit, may be correlated with the glaring contradictions in Inca culture. Of course, Pizarro was not a product of these internal contradictions; and from the Inca point of view he was hardly more than an 'accident' and an unexpected nuisance. In a global sense, however, his appearance in the Andes was *not* an accident, nor was his victory.

tion in the psyche. They are also manageable problems, around which specific if limited hypotheses may be formulated.

Only after we have dealt with such hypotheses and problems can we hope to sum them up in a larger hypothesis about the sociocultural conditions which make for psychic 'health', or optimal function.⁹ Massive generalizations, in the initial phases of a new scientific development, may serve to launch a breakthrough, either into new areas of experience or into new techniques and methods of comprehending experience. (It is in this sense that Freud's achievement was so titanic; and he will remain 'the Columbus of the mind' even if future generations reject or alter his basic concepts and methods.) But, to retain the military symbolism, the massive break-through does not always result in the consolidation of the newly won area. The latter task requires a refinement of concepts and methods—in brief, validation.

Thus, as Schmidt (47) has recently pointed out, and as Freud well knew, the meaning of 'scientific method' is twofold: it refers to the techniques of discovery and to the techniques of verification. Similarly, Woodger (57), in referring to the techniques of discovery, points out that an important hypothesis may not be 'true' (in the degree to which it corresponds to certain facts or processes, or in its low degree of probability); yet it may be of signal importance because it leads into new scientific realms or techniques.

Unfortunately, the tendency toward massive generalizations and inexact terms may become an end in itself; and, since confirmation or refutation is impossible, sects and other schisms follow; or certain generalizations and hypotheses are labeled 'pessimistic' and 'extremist', while others are described as 'optimistic' or 'conservative' (38, 39). The ensuing polemics may

⁹ Mental health—to repeat—is a psychocultural as well as an organic concept and can be meaningful only in a specific cultural context. To ignore the socially adaptive quality of the psychic apparatus is to fall into the relativistic fallacy that a 'sick' (passive) Kwakiutl would be a 'healthy' Zuni, or that a 'sick' (aggressive) Zuni would be a 'healthy' Kwakiutl. In either case, a serious failure of adaptation is implied, and individual function is impaired; yet the meaning of human adaptation is a complex problem.

provide considerable satisfaction or entertainment; but such diversions are harmless only if the polemicists appreciate, as they rarely do, that they are talking past each other, or that they may have only an intuitive grasp of the problem, or that they have chosen sides in a scientific controversy because of deeply seated unconscious needs.

II

The concept of instinctual 'subjugation', with all of its political and social implications, was roundly challenged by Wilhelm Reich (42, 43). He saw repression and renunciation as the basis of 'patriarchal-authoritarian culture', but not of culture in general. It is not necessary to enter into a discussion of Reich's psychiatric theory or of the psychopolitical philosophy which he elaborated in pursuit of 'de-subjugation'; but it must be conceded that the logic of his reasoning is clear. It should also be noted that Reich's viewpoint and philosophy derive from the broader psychoanalytic position which admits that 'in general we have no cause to deny the hostility of analysis to culture'.

Culture involves neurosis, which we try to cure. Culture involves superego, which we seek to weaken. Culture involves the retention of the infantile situation, from which we endeavor to free our patients (44).

Reich, of course, carried this much further, and into areas where many of his colleagues did not wish to tread: namely, an active hostility toward the social system, including its moral and sexual values, which is allegedly responsible for instinctual subjugation. The broader psychoanalytic 'hostility to culture' is rarely concerned with doctrinaire politics or will-o'-the-wisp Utopias. It sees the human dilemma (e.g., the œdipus complex) as transcending cultural variations; and it addresses itself toward a heightening of mature creativity and self-consciousness, insight, and that type of adaptation (to internal and external reality) which is not synonymous with an unquestioning conformity to infantile or cultural values.

Although Reich has translated this into a revolutionary phi-

losophy with considerable emphasis on acting out, he has placed his finger on the cultural values which enter into psychoanalytic theory and therapy—for example, the limitations on the latitude of direct sexual expression which is permitted to adolescent girls in certain strata of western civilization. In taking issue with the freudian thesis that the bringing into consciousness of repressed sexual desires makes possible their control, Reich cites the case of an adolescent girl in Nazi Germany, the daughter of a prominent official. She suffered from hysterical attacks which her analyst ascribed to unconscious incestuous strivings. In discussing the long-term goals of such an analysis—goals which transcend the lifting of the hysteria—Reich asks:

But what happens to the sexual need? . . . When the girl, with the aid of the analysis, frees herself from her father, she liberates herself only from the toils of her incest wish, *but not from her sexuality as such*. Freud's formulation neglects this basic fact. . . . [It] postulates a renunciation on the part of the girl of all sexual life. In this form, psychoanalysis is acceptable even to the Nazi dignitary and becomes, in the hands of analysts like Müller-Braunschweig, an instrument for the 'breeding of the heroic human'. This form of psychoanalysis, however, has nothing in common with that psychoanalysis contained in the books which Hitler had burned. The latter kind of psychoanalysis, not hide-bound by reactionary prejudice, states unequivocally that the girl can get well only if she transfers the genital desires from the father to a friend with whom she satisfies them. . . . [And] it is not sufficient that the girl have a free genital sexuality; she needs, in addition, an undisturbed room, proper contraceptives, a friend who is capable of love, that is, not a National Socialist with a sex-negative structure; she needs understanding parents and a sex-affirmative social atmosphere; these needs are all the greater the less she is in a financial situation which would allow her to break through the social barriers of adolescent sex life (43, pp. 14-15).

The positive or negative correlations between culture and renunciation which have been alternately postulated by Freud and Reich require further cross-cultural and multidisciplinary

study. Neither correlation has been demonstrated with any scientific validity. The larger theoretical dilemma is however resolved in particular cases by a necessarily therapeutic pragmatism. In clinical procedures the concept of psychocultural adaptation is applied, whether consciously or unconsciously. Sex or sexual maturity is estimated by the therapist as a social and economic matter (as well as a biopsychic one) which varies culturally and subculturally.

Reich rebukes those German psychoanalysts who attempted a *Gleichschaltung* between psychoanalysis and the Nazi ideology (though this, too, might be held to be a manner of adaptation); and he points to 'the contradiction between the scientist and the middle-class cultural philosopher in Freud' (43, p. 14). We believe that this 'contradiction' (or socioscientific synthesis) is typical of most applied sciences, including the practice of medicine. No therapeutic procedure can be logically equated with the amoral and asocial 'pure sciences'.

The concept of 'subjugation' has more recently been challenged by Marcuse and Fromm, individually and in polemic exchanges (16, 17, 18, 32, 33, 34). Without evaluating these re-interpretations of Freud, which can be judged on their own merits, we are confronted here with a series of antagonistic but ultimately Talmudic exegeses. Each writer cites a different part of Freud's work, and each reaches a different political and philosophical conclusion. Marcuse thus accepts the label of 'human nihilism' (34, p. 81) to describe his rigorously argued thesis. Fromm appears to be arguing for some private type of Utopian socialism (actually a projection into the future of a collection of copybook quotations from the Hundred Great Books or the like), against which he measures—and finds wanting—the present and the past. Fromm provides, in fact, an adroit and uplifting mixture of sociological and psychoanalytic concepts, but without clarifying or resolving the problems of either discipline or the area where they overlap.

Since Marcuse and Fromm agree—like the communists, whose position neither shares—that Freud did not offer a critique of

the socioeconomic structure of contemporary society, it is possible to play the game of exegesis and quotation with them and to cite lines in Freud's work which have serious, if not revolutionary, implications.

It need not be said that a culture which leaves unsatisfied and drives to rebelliousness so large a number of its members neither has a prospect of continued existence, nor deserves it (13).

I submit that such a game is sterile. The clarification which results is apparently inversely proportional to the degree of satisfaction achieved by the polemicists.

The differences between Marcuse and Fromm, and between Freud and Reich, nevertheless arise from the confusion of science with cultural values. To the degree that psychoanalysis is a science of human behavior, it is amoral and asocial, concerning itself solely with the discovery and verification of psychic facts and processes. As psychoanalysis is also a therapeutic technique motivated, like medicine in general, by goals and values which are culturally derived, it must in this role suspend scientific amorality and take sides among the various psychic (cultural) processes that are producing the symptom.¹⁰

The scientists and the therapists are moreover in no manner debarred from taking opposing sides in political controversies, especially if they regard certain social forces as detrimental to themselves or to their work. As a therapist, at any rate, the analyst is using his scientific knowledge and training as an agent of society—as a parental substitute in fact—who tries to correct the too much or too little of the true parents and others who profoundly influenced the development of the patient during the years when he was most helplessly susceptible to environmental influences.

III

Before exploring the amoral nature of science, or the meaning which this amorality has for psychoanalysis, we must return to

¹⁰ Dingle (8) has written cogently on the difference between medicine and the pure sciences.

the problem of adaptation which is a corollary of instinctual subjugation or privation. Adaptation is difficult to define because it has denotations and connotations which are derived from psychology, biology, and anthropology.

Since, in psychological terms, adaptation is the measure of optimal functioning, it is a balance between internal needs and external demands. It is not, however, necessarily synonymous with social conformity. Unlike the cultural relativists who have dominated so much of recent anthropology, freudian psychologists do not equate adaptation or optimal function with standard patterns of behavior (statistical in concept if not in fact) which characterize a specific culture (35, 38). The freudian approach to the concept of normality is not limited to such criteria as conformity or statistical norms; it is not indifferent to social adaptation, but it also inquires into such related and superrelativistic criteria as genital primacy, integration, the absence of anxiety, and the like.

In a 'sick' or 'neurotic' society,¹¹ social conformity may occur at the cost of optimal function. Thus, the antigenital attitudes of contemporary western and other civilizations may be described as dysfunctional. Similar antigenital attitudes have also been noted among precapitalistic hunters and gatherers as, for example, the aboriginal Yurok of northwestern California (37, 40, 41). Although some degree of social adaptation is a necessary adjunct of optimal function, such social adaptation is closer in meaning to the reality principle (prudence) than to unquestioning conformity. In some instances, psychic adapta-

¹¹ Such concepts find no favor among those anthropologists who are committed to cultural relativism. On the other hand, the concepts of 'anomie' and 'social dysphoria', introduced into the social sciences by Durkheim and Radcliffe-Brown respectively, address themselves boldly, and in nonpsychiatric terms, to the problem of the 'sick' society.

This paper was already in press when a most significant contribution to psychiatric anthropology came to my attention: Devereux, George: *Normal and Abnormal, The Key Problem of Psychiatric Anthropology*. In: *Some Uses of Anthropology: Theoretical and Applied*. Washington, D. C.: Anthropological Society of Washington, 1956. Devereux demonstrates that an absolute norm of sanity is compatible with anthropological concepts of culture.

tion may be achieved through variable degrees of nonconformity. There are those people who place interpersonal or 'primary' relationships and certain subcultural and supercultural values above the values and loyalties required by the total culture or the state.¹² At any rate, complex cultures are not homogeneous; and the dichotomy between ego and society appears to be a characteristic of complex, stratified culture.

In its biological dimension, adaptation is a physical process dependent on the mutual fitness and interrelationships of organism and environment. It is an amoral and infrarational process which operates without any complementary system of ethics and values. Among animal or insect populations, adaptation or maladaptation is governed by the genetic transmission of instinctive traits. Man's uniqueness does not rest on the absence of genetic selection or transmission but on the fact that he has no fixed hereditary psychic reflexes of personal and environmental adaptation. His relationship to his fellows, and to his intrapsychic and external environments, is, in other words, mediated by culture. To describe culture as 'social heredity' is only meaningful phylogenetically.

In a two-dimensional diagram, the mediation of culture between organic man and his physical environment is easily misrepresented; and culture, whether it is interpreted as a shield or a weapon, becomes reified. Multidimensional models are needed, for culture is a series of processes which are variably internalized by different individuals (channeling their drives and genetic potentials), and also externalized in various techniques of adaptation. The locus and intensity of stress is thus shifted from the physical environment to the culture, which in turn creates further stresses of its own, whether internal or external. Since culture is less stable than the physical environ-

¹² It is notable in this connection that some European analysts resisted Hitlerism and emigrated; some remained and attempted a synthesis of psychoanalysis and Hitlerism. The adaptation of one group was not the adaptation of the other. The apologists for Hitler placed a high value on social conformity or simple prudence.

ment, it follows that human adaptation is not only less genetically determined but also more tentative and unstable than animal adaptation.

The evolutionary consequences of this tentative human adaptation, and the fallacies which are implicit in the concept of 'social homeostasis', have been discussed by Henry (25).

As I see it, the crucial difference between insect societies and human ones is that whereas the former are organized to achieve homeostasis, the organization of the latter seems always to *guarantee and specifically provide for instability*. And this is the hub of the matter from the standpoint of human evolution: life stresses bring about important physiological changes in the human organism. These can become hereditary through selective processes, and only organisms that can adapt to the stresses and the ensuing changes will survive. But since human society and culture determine the nature of the stresses, and since human society is unstable, the stresses on the organism are always changing. Hence physiological adjustments are always changing, and hence biological selection is always taking place in terms of the changing stresses that are produced by the perpetual instability of human social systems. Thus we reach the conclusion that *man evolves physically in terms of a perpetually unstable social life*, as well as in terms, perhaps, of inherent tendencies of the organism itself to change.

It is thus impossible, in view of the instability of human society and culture and the tentative quality of human adaptation, to equate biopsychic adaptation and social conformity for, as indicated, they may be antagonistic under certain conditions, or even inherently antagonistic. This would be especially meaningful if psychosomatic ailments ('the diseases of adaptation') are used as a criterion (23, 25, 50).

In the 'culturological' extreme represented by White (55), adaptation is assumed to be largely unconscious, and the individual or society is so heavily predetermined by the superorganic system which is culture that the question of controlled or rational change is hardly less irrelevant than in astronomy. And,

although White demonstrates a quantitative and qualitative increase ('evolution') in energy potentials over the course of human history, it is not clear if an increase in the 'efficiency' of personal relationships or of intrapsychic processes has also taken place. It is in the psychological dimension that man experiences and considers the implications of adaptation, and he finds that the problem is inadequately resolved unless it is correlated with an individual or collective system of values. Yet these cannot be derived from amoral science; and, on the level of man, even the simple criterion of personal survival is not subjectively meaningful in every instance.

Our growing awareness, as scientists and citizens, of the relativity of values makes the ephemeral values of today as unsatisfactory as the supernaturally sanctioned values of yesteryear. This dichotomy cannot be bridged by the pure sciences. Psychoanalysis, however, because it stands with one foot in the camp of pure science and with the other in value-oriented therapy, can provide rational and authentic values; and it is eminently suited to span the gap between ethical relativity, which is purely descriptive, and those absolutist values which claim universal and supernatural validity (9, 38).

Culturalists and 'environmentalists', whether in psychiatry or the social sciences, frequently argue that psychoanalysis is trapped in psychic determinism and biological reductionism, and ignores the cultural milieu. It is clear nevertheless that the cultural milieu, which is never uniform or identical for any person, begins to be internalized very early in infancy and becomes a part of the psyche. Since members of the same family do not experience or acquire culture uniformly and homogeneously, the degree and quality of enculturation varies even more widely if regional, racial, occupational, class, caste and other differences are taken into account. (To these subcultural factors must also be added the relevant differences in genetic constitution and those situational determinants which include the unique experiences of each individual from birth.) For these reasons, and others, the so-called 'cultural psychology' of Hor-

ney, Fromm, *et al.*, which treats culture as a homogeneous entity analogous to a blanket, is even more seriously deficient methodologically than the classical ('orthodox') psychoanalysis which concerns itself primarily with libido theory and the nuclear aspects of the œdipus complex.¹⁸

As a therapeutic technique, psychoanalysis is thus concerned with an optimal degree of individual adaptation to a given culture at a specific time and place. It aims at a relatively unique adjustment for each analysand and considers (more correctly, takes for granted) the regional and class differences which are subsumed within a national culture. In view of the uniqueness of each analysand, and of the unique combination of determinants (physical, sociocultural, and situational), only variable degrees of adaptation may be postulated. Only a rule of thumb formulation (the ability to love and work) is thus available when the psychocultural adjustment of the analysand is considered; and only a similar rule of thumb formulation is possible when the adaptation of the psychoanalyst is questioned.

Hartmann has pointed out that adherents of different philosophies and of different political and religious denominations may be competent analysts, and he considers it unrealistic to expect that the analyst cannot share some of the prejudices of his culture, nation, social class, or age group. But he cautions against an excessive conformity—'too strong a bent toward general conformism, or conformism beyond a certain threshold' (24, p. 45)—which can create a disposition unfavorable to psychoanalytic work. Such a caution is conspicuously meaningful in the United States during the present generation.

Hartmann's remarks have pragmatic value, but they leave certain aspects of the problem unresolved. He does not, for example, clarify the differences between adaptation and conformity, or between 'normality' and maturity. Therapy which brings

¹⁸ Gervais (20) concedes that Freud is partially guilty of ignoring social and cultural factors; but he points out that these charges have been exaggerated and that the 'culture psychologists' are even more heavily burdened by the same faults.

The difficulties inherent in any 'synthesis' of psychology and anthropology will be appreciated after a perusal of Kroeber and Kluckhohn (30).

the patient to some degree of adjustment to a 'sick' society may be more positive and functional than the state in which the patient operated before therapy; but such a 'cure' does not constitute the maximal benefits which may properly be expected from psychoanalysis.

Analytic therapy reduces conflicts among the ego, id, and superego, and it enables the individual to function 'harmoniously' in his environment—that is, to coördinate his internal and external environments. With sufficient ego strength, variable degrees of conformity or nonconformity are possible; and under such a condition, even extremes of conformity or nonconformity are not necessarily dysfunctional. Culture may be viewed in internal or external terms, or both, but a reciprocity between the organism and environment is always involved. Thus, in view of the overlapping and reciprocal relationship between psyche and culture, it is conceivable that a cultural milieu can be productive of psychic dysfunction, with this dysfunction becoming perpetuated and intensified with time.¹⁴ In a pathological socio-cultural milieu, is not the therapy of individuals only a partial aspect of the social and scientific function of psychoanalysis?

Since conformity is not necessarily synonymous with reality testing, the problem is not one of conformity vs. nonconformity. Nor does the possible conflict between the individual and society preclude a functional and positive adaptation. Certain social values are contradictory or are undergoing changes; and there are also areas of volition in which some values are more highly cathected than others. Similarly, every culture, primitive or complex, has formal or informal patterns of deviation. Culture is never a blanket because values are variably internalized.

Political values, however, being a superstructure to variable social values, are less flexible. Whereas social values may or may

¹⁴ Though Reich sometimes paints Freud as an apologist for middle-class 'authoritarian and patriarchal culture', it is clear that Freud recognized (and was perhaps 'pessimistic' about) the fact that increasing cultural repression releases increasing destructive forces. The present century has demonstrated the reality of this danger, which lends a special urgency to Marcuse's (32) pleas for a nonrepressive culture.

not be institutionalized, political values are always institutionalized (by the state and its various agencies) and deviations from them result in specific punishments. In times of crisis particularly, the political values and certain social values which become assimilated to them require unanticipated decisions about conformity and adaptation. Whether the crisis be social, economic, political, or military, a need develops for a 'united front', with the result that real or superficial conformity takes precedence over individual needs and initiative. Because such crises can last for generations, their psychic consequences cannot be ignored—not in this century, at any rate.

It is obvious that the conformity or collectivity which is engendered and exploited by the state, especially in times of crisis, puts a curb on individual responsibility and conscience (12). Leo Alexander (1) is apprehensive lest scientific amorality bring the scientist to the abyss where utility is preferred to the moral good; and he implies that scientific amorality was responsible for the Nazi policy of genocide, and for people like Dr. Karl Brandt, whom Alexander describes as Hitler's plenipotentiary in charge of extermination. Brandt's conversations with Alexander (p. 89) nevertheless reveal that his exaggerated loyalty to the German state spared him from feelings of guilt. In other words, political values, rather than amoral science, underlay the Nazi violations of medical and social ethics.

We need not explore the ethical dilemmas which are inherent in political allegiances and nationalism. The immediate problem is this: science can turn human beings into soap; but whether this shall be done is not a decision for the scientist. Similarly, a physicist teaches engineers how to build bridges; whether the bridges shall be built, where, when, and why, are matters which have no bearing on physics or engineering, for a bridge may be built to create employment, to win an election, or to line a politician's pocket. And even when the scientist is a government consultant, he may recommend on matters of method but he does not set goals or make policy. As it is sometimes put, he may give advice—but he takes orders; and he can

also quit when his personal values are outraged. Brandt was not outraged by his tasks because he placed his political allegiance above medical ethics or simple compassion. He was a good and loyal German from the viewpoint of the German state!

It is also evident that Hartmann's pragmatic formulation begs the question—for what is a reasonable or excessive degree of conformity or nonconformity? To the extent that this is partly an individual matter and partly an ethical problem, the question cannot be answered with any scientific validity; and the rule of thumb formulation is perhaps the only possible solution, as it is in many nonscientific areas of life. Each professional organization thus can (and does) decide at what point a member's deviations threaten either his professional competence or the coherence of the profession. Yet such a procedure is more meaningful in the applied sciences than in the pure sciences. For example, a communist psychiatrist may not be acceptable to his colleagues because so much of his personality and system of values enters into the therapeutic situation. A communist physicist, on the other hand, may understandably be *persona non grata* to the government, but his professional and scientific competence is not necessarily impaired as a consequence of his political beliefs.

Although the philosophers of communism despise as 'bourgeois' those who differentiate between the pure and applied sciences, there is no question but that physics, chemistry, mathematics, and astronomy can be taught identically in communist and noncommunist countries, despite the ideological trappings and goals which may irrelevantly be introduced; whereas the applied sciences, including therapy, rest on specific goals and values, and can be taught and applied variably within different social systems.

Jaspers (28, 29) and other proponents of the 'new' religion may choose to equate communism and psychoanalysis, despite the hostility which has long existed between the two. Such spurious equations will not turn back the clock or even impress those who are versed in politics and science. The essential point, however, is that psychoanalysis, as a therapeutic system shaped

within a specific culture, can be used to raise communists, Nazis, and democrats; whereas as a science of human behavior, it can and must have the austere amorality of the pure sciences.

Although there are differences in temperament between those who aspire to dogmatic creeds and those who are motivated by scientific or therapeutic interests, these differences are not absolute; nor should we ignore the fact that social rewards accompany the practice of science or therapy, whereas such rewards must be foregone by those espousing unpopular religious or political creeds. At any rate, psychoanalysis, like any other profession, has had its fair share of adventurers, political extremists, and the like, including incompetents. The immediate problem under discussion is not the putative inhibition which a religious or political dogma may exercise on scientific or therapeutic work, but that values of any sort—extremist or conservative, socially acceptable or not—have no bearing on the work of pure science, whereas values and goals are an inherent aspect of the applied and therapeutic sciences. Psychoanalysis, standing athwart the pure and applied sciences, is thus confronted with difficult problems.

Hartmann's pragmatic compromise (the phrase is not used invidiously) requires a necessary and proper differentiation between science and 'common sense' (24). The latter includes the socially shared knowledge and usages of a given culture at a specific time. Since every adjustment to life is based upon and determined by the reality principle, we must note that the reality principle includes two aspects of experience: physical and technological reality, including science; and sociocultural reality. The latter is less absolute or stable than it appeared in the second half of the nineteenth century; yet it is also true that even the physical sciences have experienced 'crises' in the past seventy years.

Every culture, primitive or complex, must to some degree restrict and renounce the pleasure principle in favor of the reality principle. But what is an individual or a society to do if that part of the reality principle which has been developed in science

and technology moves into, or grows at the expense of, that part of the reality principle ('common sense') which is concerned with sociocultural usages, interpersonal relationships, and the like? I do not refer to those who use intellectualism and rationality as an ego defense, or as an exhibitionistic and aggressive weapon, but to the progressive secularization of everyday life in the past four hundred years and to the intrusion of science and technology into ever-increasing areas. The contemporary medievalists, among whom I have listed (38) Jaspers, Jung, Toynbee, *et al.*, yearn in variable degrees for the precapitalist, pre-Protestant stability of medieval Europe and its folk culture; and there are not wanting those who would describe the work, say, of Freud or Bertrand Russell as moral and social cancers. Even worse was said of Darwin.

There is no use pretending that science is not socially unsettling to some degree; so is genius (38). Science must ask questions relentlessly, must challenge traditional views and 'common sense', whereas society requires for its stability a general unquestioning acceptance of traditions. This problem is as old as Plato's Republic and antedates the historical development of science since the Renaissance. It cannot be resolved by a flight into religion or medievalism. Even stable, theocratic societies have gone to seed; and neither the torch nor the Index has halted the modern development of science or the progressive secularization of nominally devout societies which lie outside the Protestant or capitalist orbit.

Science is not only a body of knowledge, largely provisional, but a method of investigation. As such, it may address itself to any and all types of behavior, but it cannot, of course, answer numerous personal and subjective questions which hinge on values and which are important in many areas of life. To the laity, therefore, science presents a Janus-like duality: it has the face of a redeemer when technological improvements follow from scientific research; and it presents the face of a destroyer or betrayer when it denies the scientific validity of virtue, religion, 'human rights', and so on—as it must—because the latter

rest, not on empirical facts and verifiable processes, but on changing values and opinions.

It is in this sense that Chisholm (5), speaking as a scientist, is justified in saying that the scientists of this generation (I should say, of any generation) 'have no obligation to admit superiority of knowledge or wisdom in any body of traditional belief or authority . . . everything we think and do and believe should be looked at'. Chisholm adds also that 'we cannot afford to squander our best brains on psychotherapy', except in the interests of teaching, research, and preventive psychiatry.

Leo Alexander rejects Chisholm's 'sweeping and destructive generalizations . . . not only on the basis of their amoral implications, but also from the standpoint of practicality and truth' (1, p. 87). Alexander concedes that scientific truth is devoid of moral value, and that only the uses to which the truth is put possess moral connotations. He concedes further, that although the morality of truth and the morality of its practical applications may perhaps be luxuries which science cannot afford, it is just these luxuries which will save us (pp. 85-86).

Needless to say, there is no real conflict between Chisholm and Alexander. One is speaking as a pure scientist, and the other as a physician and a citizen. Although a certain admixture of scientific amorality, Christian morality, and psychiatrocentricity is manifest in Chisholm's general approach, a similar thesis has been argued by Russell and is incontrovertible, especially because it is shorn of all psychiatric referents and panaceas (46).

Respect for observation as opposed to tradition is difficult and (one might almost say) contrary to human nature. Science insists upon it, and this insistence was the source of the most desperate battles between science and authority. There are still a great many respects in which the lesson has not been learnt (p. 18).

The triumphs of science are due to the substitution of observation and inference for authority. Every attempt to revive authority in intellectual matters is a retrograde step. And it is part of the scientific attitude that the pronouncements of science do

not claim to be certain, but only to be the most probable on present evidence. One of the greatest benefits that science confers upon those who understand its spirit is that it enables them to live without the delusive support of subjective certainty. That is why science cannot favour persecution (pp. 110-111).

This, too, is amoral and asocial, but not completely deficient in 'practicality and truth'. Nor does it necessarily lead to the Hegelian or Nazi abyss where the utility of evil will make it preferable to the moral good. The scientist is not a scientist twenty-four hours a day, but suspends his amorality when he interacts in nonscientific relationships and institutions. He can suspend science and determinism in many areas of his life without thereby becoming irresponsible or irrational. In fact, large areas of his life are determined by variable degrees of conscious or unconscious conformity to socially shared knowledge and usage rather than by science alone. But to the degree that he is a pure scientist, rather than an applied scientist or a therapist, he must be ruthlessly amoral¹⁵ and asocial in his scientific work.

It follows, therefore, that a scientist's competence or the correctness of his scientific work can be judged only by his peers, and quite apart from the uses to which his work may be put by others. Einstein's scientific genius is respected by those who recognize his contribution to the making of the atomic bomb and are apprehensive about its military potentialities. If, however, the scientist offends his friends by his manners or conduct, holds unpopular opinions in the areas of religion and politics, or breaks the law, reprisals will follow, whether socially or officially.

The austere point of view expressed by Chisholm and Russell is, of course, most typical of the older physical or 'pure' sciences, but it is also valid in the social sciences and in the nontherapeutic aspects of psychoanalysis. It is less valid in those disciplines

¹⁵ Note the amorality which is characteristic of the market. The merchant or trader does not inquire into the sources of his customers' income, to what use the product will be put, the degree of need or deservingness, etc. With the growth of a network of credit, the phenomenon of 'character' (really a calculation of probability) enters but does not alter a profoundly amoral relationship.

(applied sciences and therapy) which are motivated by social values and aims. Thus, medicine, though buttressed by pure science, remains an 'art'; but it is also akin to engineering in that it applies scientific technology to the implementation of social values and goals. The cure is of pressing interest to the therapist, while the *research* physiologist or *research* psychiatrist, for example, is concerned with amoral facts and processes. The knowledge derived from the latter may contribute to therapy; but this should not obscure the differences between the two types of work, which are as distinct as astronomy and surgery in their respective goals and values (8).

The differences between medicine and pure science have apparently been forgotten by that historian of medicine (51) who has recently compared psychoanalysis to 'the cult of phrenology' and anticipates a comparable fate for it. Like all young sciences, psychoanalysis is characterized by polemics, 'schools', and the like. It is only in the past few generations that orthodox medicine, which has a longer history than psychoanalysis, has overcome most of these stigmata; but even medicine remains a hit-or-miss business compared to physics, chemistry, or mathematics. Such comparisons are invidious, and sufficient to each discipline are the methods and problems with which it labors.

The differentiation of therapeutic 'art' or technology from pure science is more significant if one subdivides medicine into the various sections which constitute a continuum: surgery, diagnostics, general practice, psychiatry, psychoanalysis. The transition is from manual and mechanical skills to verbal ones. This is not contradicted by the fact that the surgeon communicates verbally with his patient before and after the operation, or that the medical psychiatrist may supplement his work with surgical, pharmacological, or electrical techniques. Large degrees of social conformity or disconformity may be expected to have less of a bearing on the techniques and competence of the surgeon than on those of the psychoanalyst. This brings us back to Hartmann's rule of thumb, and to Chisholm's call for a science of psychiatry which will not be limited in scope to therapy.

Psychiatry and psychoanalysis are rooted in social usefulness and perhaps cannot divorce therapy from research at the present time. Yet medical practice has separated itself from medical research and from the nonmedical sciences without any violations of truth, practicality, or morals. Similarly, research and prevention are as important to medicine as the therapy of the individual, while some specialists in medicine (e.g., public health) may be totally unconcerned with individual therapy. In this connection, a student of epidemiology writes

No mass disease of man has ever been adequately controlled by attempts to treat the affected individual. Some progress can be made, there are ethical reasons for that approach, but if the objective is control of the condition in a population the fundamental approach is through definition of the nature and extent of the problem, the recognition of causative factors, and prevention. A program based on treatment of the exaggerated illness is temporizing and with no great promise of productive result; it is good clinical medicine but poor public health (21).

It is noteworthy that these comments were made during a conference, not on contagious diseases, but on alcoholism. They also have a bearing on mental hygiene in general and on Chisholm's opinions in particular.

It does not follow that those presently engaged in medical teaching and research, or in public health, have 'better brains' than those engaged in medical therapy. Such factors as academic and professional politics, temperamental inclinations, identifications, and 'accidents' of life experience and financial resources may play a part in such decisions. The importance of research is as fully acknowledged in medicine as are the individual, social, and ethical needs that therapy fulfils in treating the sick.

Until recently, therapy and research in psychiatry have operated together in the same skull, but with a change of hats; yet a separation of the two pursuits is feasible and desirable, as it is in medicine. It is not expected that psychiatric or psychoanalytic research will divorce itself completely from therapeutic consid-

erations; but to the degree that such research is amoral and asocial, the more will it sharpen and refine the techniques of therapy. The training of research specialists is not thereby precluded. Recruited in part from the social sciences, these could play an important role in the multidisciplinary study of human behavior.

If Chisholm's formulation is too austere, a more poetic expression of the same concepts may be found in Groddeck:

But psychoanalysis, and this cannot be repeated too often since the tendency is to forget it, has more, and more important, spheres of work than that of treating the sick; it is, there can no longer be any doubt, the open road, and the road that must be used, for the investigation of human nature, and so for the investigation of the world, and it is the road open to all who wish to unlearn hatred and to learn love (22).

Perhaps the climactic irony of the entire situation is that, in the United States at least, while psychoanalysis is being monopolized by the medical profession and therapeutic considerations are dominant, an American anthropologist who is a specialist in 'personality and culture' has recently decided that psychoanalysts, medical and lay, can make no contribution to this subject, the reason being that they are irresponsible and shameful when they venture into the social sciences (48).

IV

The significant differences between science and values can best be illuminated by reference to the two controversial topics, politics and religion.

Although it may be argued that political radicalism is a patterned disconformity and therefore a minority or subcultural type of conformity, it is perhaps more illuminating to view the political radical as pursuing social adaptation at the price of social conformity. At any rate, it is not the proper business of any mature science, physical or social, to pass on the merits of competing political or religious creeds. In England and in western

Europe, there are a number of highly respected scientists who are professed communists. Although œdipal roots for such a political choice have been postulated and may be significant where sufficient biographical data are available, it does not follow that every communist outside the Russo-Chinese sphere of influence is psychopathological. Similar œdipal conflicts may lead others into conservative or reactionary political parties and into highly respectable callings like the ministry and the army. A voluntary adherence to an anticapitalist party in a capitalist country, or a conversion to Catholicism in a Protestant country, is within the realm of legal choice. If some psychopathology is involved in such a choice, and it need not be, this is a problem for the therapist and patient to work out between themselves. If no serious dysfunction is involved, and if the patient understands the deep-seated motives and drives which are operative within him and have contributed to his atypical political or religious adherence, the problem ceases to be of therapeutic interest.

No immunity from political authority or social pressure is thus acquired, and the adherent can hardly expect it. The state monopolizes the right to judge treason; the church, heresy. Science is concerned with neither. As a citizen or a churchgoer, the scientist is entitled to the same political and religious privileges as the day laborer; but it is dangerous for him to expect that science can validate his political or religious beliefs.

A psychoanalytic study of Lenin's life, for example, can reveal the infantile sources of his adult behavior; it cannot, however, by the same methods, judge its propriety. The study of motivations, and of the ensuing behavior, is scientific; the appraisal of this behavior, whether we approve or condemn it, is ethical. In this sense, any judgments—whether based on hedonism, utilitarianism, and so on—are not scientific. Ethics and values are as essential for the individual as for the culture and they are as important as science in the totality of human life, but they should not be confused with science. The putative psychoanalysis of communism may be insightful in particular instances; but

it cannot confirm or deny its validity as a political philosophy. Communism can and must be judged by contrary philosophies, neither of which can aspire to scientific validity.

Similarly, the psychology (or history, or sociology) of religion cannot deal with a supernatural causality which transcends all empirical requirements. Science can study the nature, structure, and function of religion; it can inquire into the individual and social origins of religion; it can correlate religion with other aspects of the culture; and it can attempt classifications of religious experience, degrees of institutionalization, and the like. It can even differentiate, by rough criteria, the pathological religious symptom from the nonpathological. But it cannot appraise the truth or validity of religious ideas and practices.

We are long past the point in history when a blatant atheism or vehement anticlericalism seemed necessary in the interests of science. In fact, the wheel has turned so far that religion is once again fashionable. Eminent scientists and mathematicians now find a personal or impersonal deity in, let us say, a test tube or an equation. This is unfortunate because the theism, deism, agnosticism, or atheism of the scientist are as irrelevant in the physical sciences as they are in the scientific study of religion. Science, physical or social, nevertheless ignores supernatural causation, and inevitably makes inroads into faith. Secularization follows on the heels of empiricism; but areas of life remain where ritual, poetry, and many other forms of emotional communication and interaction remain meaningful.

In the second half of the nineteenth century, when Darwinism began to rout its enemies, it seemed to some (including Freud) that religious ideas were antithetical to the complete intellectual and emotional development of the individual. This has not been confirmed conclusively. There have been men of great intellectual attainments who have been religious to some degree, although their degree of 'awe and wonder' might not always meet the formal requirements of certain religious denominations. The relationships between anxiety and magical thinking grow progressively clearer (36), and we should perhaps be

grateful to religion for minimizing the regression toward undisciplined, dysfunctional, and purely private forms of magic.

Freud's opinions on religion are so well known that they are periodically contested by the editors of weekly magazines. Although he was prejudiced against religion (and it is possible to share his prejudice while recognizing it for what it is), his work represents nevertheless a valid if tentative approach to the psychology of religion. If psychoanalysis aspires to be a science of human behavior and not merely an adjunct of medical therapy, it must study religion, as it does other forms of behavior, with the objectivity of the naturalist. Freud's observations on religion do not, by his own admission (13), exhaust the nature of the problem; the various dimensions of religion require further scientific study, and not merely by the use of brilliant analogies. Such a study cannot concern itself with the propriety or impropriety of the various shades of religious belief or disbelief which are characteristic of contemporary western culture.

In this sense, Freud's prejudices are as irrelevant as Toynbee's biases. It is significant of the intellectual climate of our times, however, that the right to disbelieve requires as much (and perhaps more) protection as the right to believe, and that Toynbee, with Jaspers, Jung and other Protestant intellectuals may be found in the camp of those theologians who are returning to the twelfth century for their model of society and religion. Toynbee, in fact, by pretending that society exists for the church, is nothing short of a medievalist; but it is never clear in such a work what the nonmedieval answers to contemporary problems may be. The use of theology and revelation in the struggle against personal anxiety and social evils is valid, while the subtle interweaving of theology with history, philosophy, or the social sciences is a violation of the basic premises of scientific method. It is noteworthy, therefore, that Canon Roger Lloyd has recently written: 'Dr. Toynbee's long historical study and unrivalled immensity of historical knowledge has now led him to the point where the historian is barely distinguishable from the theologian' (31).

Just as science does not deal in values or ethics, it is not adequate to 'first causes', genesis, essence, purpose, or 'totality'. The last is sometimes described as a 'fundamental', 'transcendent', or 'basic' reality. If such there be, it is clearly not accessible to the rigorously delimited methods and investigations of science.

Ayer (2) has helped to clarify this problem by pointing out that science and logic can neither support nor refute religion; and that theism and atheism are irrelevant to sober empirical work. No critique of ethics or religion is intended; yet it is important to indicate that ethical and religious concepts, like æsthetic ones, have no factual meaning. They are not 'significant propositions' (i.e., statements of fact or process which can be verified or refuted empirically), but 'nonsignificant' expressions of value, beliefs, or acceptances (57). In other words, God is a nonsignificant term—akin to such 'facts' as 'Honesty is the best policy' or 'I prefer Bach to Beethoven'. We may approve of, and aspire to, various ethical, religious, and æsthetic concepts in the nonscientific aspects of our daily lives; but to the extent that these concepts are without significance, they may be defended with blood, yet they still remain meaningless and indefinable in the scientific sense. It is also clear that those who try to synthesize 'evolution and ethics' (27) are trying to reconcile basically incompatible concepts.¹⁶

From this point of view, the Thomist dichotomy between reason and faith, or between science and values, remains valid and is considerably more sophisticated than many contemporary pronouncements from those who are, so they say, synthesizing science and religion. The Thomist formulation is perhaps even more sophisticated than the deistic compromises that were achieved during the 'age of reason'. Deism, which remains fashionable today, postulates a Maker or a First Cause, except that such Maker or Cause is not considered relevant to the empirical study of lower-level phenomena. This tradition, despite its original tendency to postulate 'special creations' to account for dis-

¹⁶ This has been carefully discussed by Ayer (2) and Woodger (57), and especially by Stevenson (53).

crepancies between the sacred literature and scientific evidence, bears an ironic and analogous similarity to the primitive concept of the 'otiose deity'. According to this formulation, which is characteristic of certain hunters and gatherers, the physical world and all human institutions were created by one or more deities—frequently, a pair. The creative and divine qualities of these deities are generously acknowledged; but prayers and the like are considered futile, because these omnipotent deities, after their acts of creation at the beginning of time, promptly went back to sleep; and they have since remained at ease or asleep. This, too, is a kind of crude deism. Contemporary deism may or may not be sound theology, but it is certainly good manners and 'common sense'.¹⁷ For these reasons, and others, the acute remarks of Wittgenstein (56) remain pertinent.

Most propositions and questions, that have been written about philosophical matters, are not false, but senseless. We cannot, therefore, answer questions of this kind at all, but only state their senselessness. Most questions and propositions of the philosophers result from the fact that we do not understand the logic of our language. . . . And so it is not to be wondered that the deepest problems are really *no* problems.

The ambiguity of language permits not only a synthesis of the incompatible, but it also leads to a confusion between metaphor and proof. Psychoanalysis and the social sciences are permeated with large amounts of reification and anthropomorphism. It is not expected that these can be eliminated in a day, but we should be wary of them. We can take hope from the knowledge that the physical sciences were also confronted with, and surmounted, the ambiguities of language.

The importance of mathematics need not be emphasized, and any tendencies toward quantification are of interest; but the complex problems of psychoanalysis and the social sciences still evade algebra and calculus. Interaction theory (3, 4, 26) has clari-

¹⁷ I have also learned that 'it is fairly clear that deists of whatever pattern have the support of intuitive human judgment to a degree that the atheists do not' (49).

fied some of the data of sociology and anthropology by addressing itself to the quantification of interaction (in terms of duration, frequency, intensity, etc.). This is valuable, but it leaves many aspects of culture and personality untouched. There is, indeed, even the contrary danger of aping the physical sciences and applying mathematics prematurely and with futile results. It would be sterile to count the number of hairs on a dog's tail, even though an average number for a given breed could be ascertained. Biological taxonomy settles in this case for a rough and verbal approximation—e.g., 'bushy'—and it is not necessary to call in a corps of mathematicians to differentiate a collie from a Chihuahua.

Perhaps the worst abuses of language are current among those who are trying to synthesize science and religion. Coulson (7) tells us that science is essentially a religious activity, though not the whole of religion, and that many scientists remain unaware of the religious nature of their work. His proof rests on the statement that science, like religion, seeks to tie 'facts' together by means of unifying 'concepts' and that the underlying assumptions of science are 'moral' and 'spiritual', as honesty, humility, hope, patience, coöperation, etc. Similarly, men of considerable scientific competence and eminence probe 'the biology of the spirit' (52) or 'the biology of ethics' (19). These minor aspects of contemporary medievalism put the Thomist and Cartesian dichotomies of the past into a most sophisticated and progressive position.¹⁸

One also hears that the *œdipus* complex is only a modern version of original sin, and that the libido lacks an organic locus and is therefore as meaningless a concept as the soul. It is not enough to say that these analogies are false because the *œdipus* and the libido are psychological concepts, while the soul

¹⁸ 'We really have no quarrel. We work in different fields, and we produce a number of semantic and conceptual difficulties. These difficulties come from the clinician who tends to speak of spiritual things in physiological terms, and from the religious leader who hates to hear of the physiological aspects of spiritual values, and who seems to wish to express so many psychobiological phenomena only in theological, moralistic terms' (58).

is a theological concept. Such an answer makes invidious comparisons between psychology and theology, or equates them in scientific validity. The essential point about Freud's hypotheses is that they are rooted in materialism, determinism, and causality, while theological hypotheses are not; also that Freud's work is biologically oriented. As a psychologist, however, he did not find it necessary that every psychological function be correspondingly equated with an organic entity.

The antideterminism and indeterminism which have crept into modern science need no documentation. Even if relevant to the behavior of certain particles in physical science (the Heisenberg principle), such concepts cannot appropriately be transferred to other areas of experience.

It is noteworthy that Collingwood (6), in chiding Eddington and Jeans for their 'subjective idealism', prefers the 'objective idealism' of Plato—and presumably the antiempiricism with which it is correlated. Platonic idealism is probably more sophisticated than the idealism of contemporary scientists who are apostles of the new religion; but neither is adequate to the day-to-day and year-to-year problems and methods of empirical science. The yearning for archaic solutions and compromises, however, is a subject with which the psychoanalyst is eminently familiar, and he will not be surprised to find that this yearning is frequently rationalized in the language of science.

It is, I think, as improper to dissuade a person from going to church as it would be to discourage him from consulting a physician or dentist. Yet it also seems clear that those scientists and therapists who attempt to lend scientific validity to religion (or antireligion) are insulting either their own intelligence or the hypotheses of their sciences.

SUMMARY

Certain lacunae in Freud's theory of culture are discussed. There is a need, not for massive and unverifiable generalizations but for a refinement of concepts and empirical validation. The differences between science and values indicate that the position of

psychoanalysis is a very difficult one: to the degree that it is a science of human behavior, it must be rigorously amoral and asocial; to the degree that it is a therapy, it must accept the orientations, limitations, and responsibilities of the prudent physician, who, though he is not a scientist, is a prince among pragmatists. Although the two aspects of psychoanalysis coincide, they should be conceptualized apart, and perhaps in time be separated. The antiscientific quality of the contemporary intellectual atmosphere is also discussed.

REFERENCES

1. ALEXANDER, LEO: *Moralisms and Morality From the Viewpoint of the Psychiatrist*. In: *Ministry and Medicine in Human Relations*. Edited by Iago Galdston. New York: International Universities Press, Inc., 1955.
2. AYER, ALFRED J.: *Language, Truth and Logic*. Second Edition. London: Victor Gollancz, Ltd., 1946.
3. CHAPPLE, ELIOT D. and ARENSBERG, CONRAD M.: *Measuring Human Relations*. Provincetown, Mass.: Genetic Psychology Monographs, XXII, 1940.
4. ——— and COON, CARLETON S.: *Principles of Anthropology*. New York: Henry Holt & Co., 1947.
5. CHISHOLM, G. BROCK: *The Psychiatry of Enduring Peace and Social Progress (The Re-establishment of Peacetime Society)*. *Psychiatry*, IX, 1946, p. 3.
6. COLLINGWOOD, R. G.: *The Idea of Nature*. Oxford: Clarendon Press, 1945, pp. 156-157.
7. COULSON, C. A.: *Science and Christian Belief*. Chapel Hill: University of North Carolina Press, 1955.
8. DINGLE, HERBERT: *History of Science and the Sociology of Science*. *Scientific Monthly*, LXXXII, 1956, p. 107.
9. FEUER, L. S.: *Psychoanalysis and Ethics*. Springfield, Illinois: Charles C Thomas, 1955.
10. FREUD: 'Civilized' *Sexual Morality and Modern Nervousness* (1908). Coll. Papers, II.
11. ———: *Contributions to the Psychology of Love. The Most Prevalent Form of Degradation in Erotic Life* (1912). Coll. Papers, IV.
12. ———: *Group Psychology and the Analysis of the Ego* (1921). London: Hogarth Press, 1922.
13. ———: *The Future of an Illusion* (1927). London: Hogarth Press, 1928.
14. ———: *Civilization and Its Discontents*. London: Hogarth Press, 1930.
15. ———: *An Outline of Psychoanalysis* (1938). New York: W. W. Norton & Co., Inc., 1949.
16. FROMM, ERICH: *The Sane Society*. New York: Rinehart & Co., Inc., 1955.
17. ———: *The Human Implications of Instinctivistic 'Radicalism'*. *Dissent*, II, 1955, p. 342.

18. ———: *A Counter-Rebuttal*. Dissent, III, 1956, p. 81.
19. GERARD, R. W.: *The Biology of Ethics*. In: *Society and Medicine*. Edited by Iago Galdston. New York: International Universities Press, Inc., 1955.
20. GERVAIS, TERENCE W.: *Freud and the Culture-Psychologists*. British J. of Psychology, XLVI, 1955, p. 293.
21. GORDON, JOHN E.: *The Epidemiology of Alcoholism*. In: *Alcoholism as a Medical Problem*. Edited by H. D. Kruse. New York: Paul B. Hoeber, Inc., 1956.
22. GRODDECK, GEORG: *Exploring the Unconscious*. London: C. W. Daniel Co., 1933, pp. 218-219.
23. HALLIDAY, JAMES L.: *Psychosocial Medicine*. New York: W. W. Norton & Co., Inc., 1948.
24. HARTMANN, HEINZ: *Notes on the Reality Principle*. In: *The Psychoanalytic Study of the Child*, XI. New York: International Universities Press, Inc., 1956.
25. HENRY, JULES: *Homeostasis, Society, and Evolution: A Critique*. Scientific Monthly, LXXXI, 1955, p. 308.
26. HOMANS, GEORGE C.: *The Human Group*. New York: Harcourt, Brace & Co., 1950.
27. HUXLEY, THOMAS HENRY and HUXLEY, JULIAN: *Evolution and Ethics, 1893-1943*. London: Pilot Press, 1947.
28. JASPERS, KARL: *Man in the Modern Age*. New York: Henry Holt & Co., 1933.
29. ———: *Reason and Anti-Reason in Our Time*. New Haven: Yale University Press, 1952.
30. KROEBER, ALFRED L. and KLUCKHOHN, CLYDE: *Culture: A Critical Review of Concepts and Definitions*. Papers of the Peabody Museum, XLVII. Cambridge, Mass.: Peabody Museum, 1952.
31. LLOYD, ROGER: *Governed by Tribulation. A Review of An Historian's Approach to Religion* by Arnold Toynbee. London: Books of the Month, LXXI, 1956, No. 10, p. 13.
32. MARCUSE, HERBERT: *Eros and Civilization*. Boston: Beacon Press, 1955.
33. ———: *The Social Implications of Freudian 'Revisionism'*. Dissent, II, 1955, p. 221.
34. ———: *A Reply to Erich Fromm*. Dissent, III, 1956, p. 79.
35. MONEY-KYRLE, ROGER E.: *The Anthropological and the Psychoanalytic Concept of the Norm*. In: *Psychoanalysis and the Social Sciences*, IV. Edited by Warner Muensterberger and S. Axelrad. New York: International Universities Press, Inc., 1956.
36. ODIER, CHARLES: *Anxiety and Magic Thought*. New York: International Universities Press, Inc., 1956.
37. POSINSKY, S. H.: *Yurok Ritual*. Ph.D. Dissertation, Department of Anthropology, Columbia University. Ann Arbor, Mich.: University Microfilms, 1954.
38. ———: *Freud, Logos and Eros*. American Imago, XIII, 1956, p. 319.
39. ———: *Lessa on Róheim*. J. of American Folklore, LXIX, 1956, p. 390.
40. ———: *The Problem of Yurok Analogy*. American Imago, XIV, 1957, p. 3.
41. ———: *Yurok Shell Money and 'Pains': A Freudian Interpretation*. Psychiatric Quarterly, XXX, 1956, p. 598.

42. REICH, WILHELM: *Der Einbruch der Sexualmoral*. Berlin: Sexpol Verlag, 1932.
43. ———: *The Sexual Revolution*. New York: Orgone Institute Press, 1945, pp. 14-15.
44. RÓHEIM, CÉZA: *The Riddle of the Sphinx*. London: Hogarth Press, 1934, p. 236.
45. ———: *Magic and Schizophrenia*. New York: International Universities Press, Inc., 1955.
46. RUSSELL, BERTRAND: *The Impact of Science on Society*. London: Allen & Unwin, 1952.
47. SCHMIDT, PAUL F.: *Some Merits and Misinterpretations of Scientific Method*. *Scientific Monthly*, LXXXII, 1956, p. 20.
48. SCHNEIDER, DAVID M.: *Review of Psychoanalysis and the Social Sciences, IV*, edited by Warner Muensterberger and S. Axelrad. *American Anthropologist*, LVIII, 1956, p. 953.
49. SEARS, PAUL B.: *Personal Communication*, 1956.
50. SELYE, H.: *The Stress of Life*. New York: McGraw-Hill Book Co., 1956.
51. SHRYOCK, R. H.: *The History and Sociology of Science*. *Items*, X, 1956, p. 16.
52. SINNOTT, EDMUND W.: *The Biology of the Spirit*. New York: Viking Press, 1955.
53. STEVENSON, C. L.: *Ethics and Language*. New Haven: Yale University Press, 1945.
54. UNWIN, J. D.: *Sex and Culture*. Oxford: Oxford University Press, 1934.
55. WHITE, LESLIE A.: *The Science of Culture*. New York: Farrar, Straus & Co., Inc., 1949.
56. WITTGENSTEIN, LUDWIG: *Tractatus Logico-Philosophicus*. London: Routledge & Kegan Paul, 1933, p. 63.
57. WOODGER, J. H.: *Biology and Language*. Cambridge: Cambridge University Press, 1952.
58. ZILBOORG, GREGORY: *Derivation, Structure, and Function of the Superego*. In: *Ministry and Medicine in Human Relations*. Edited by Iago Galdston. New York: International Universities Press, Inc., 1955, p. 118.

The Role of Object Relations in Moral Masochism

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THE ROLE OF OBJECT RELATIONS IN MORAL MASOCHISM

BY BERNHARD BERLINER, PH.D., M.D. (SAN FRANCISCO)

I

'Moral masochism' is used in this paper as a general term for those forms in which masochism appears as a 'norm of behavior' (6) in contradistinction to masochistic sexual perversion or 'sexual masochism'. Freud defined moral masochism as the form that has 'loosened its connection with what we recognize to be sexuality', in which 'it is the suffering itself that matters'. However, the motivation is found in an unconscious feeling of guilt or need for punishment by some parental authority. Freud concludes that the œdipus complex is regressively reactivated and morality is resexualized. Libido is after all the driving force in moral masochism as well as in sexual perversion.

However, there are forms of nonsexual masochistic behavior in which a need for punishment in terms of the œdipus complex does not appear to be the primary motivating force and in which 'morality' is not manifestly involved. Other terms have therefore been proposed, such as 'social masochism' (Theodor Reik) or 'neurotic masochism' (Otto Sperling) or 'psychic masochism' (Edmund Bergler). In searching for more elementary psychodynamic mechanisms I find it impossible to draw a line of demarcation with regard to forces of morality. As the term 'moral masochism' has long been in general use and has outgrown the original narrower definition I see no reason not to apply it to all 'nonsexual' masochistic phenomena.

In psychoanalytic practice, however, the concept of masochism itself has become somewhat clouded because the term is often used for any form of self-inflicted neurotic suffering. The most frequent confusion is between moral masochism and obsessional

Based on a paper presented at the midwinter meeting of the American Psychoanalytic Association, December 3, 1955.

neurosis. What, then, are the criteria essential for masochism?

Two main theories have been proposed. Freud's later concept was based upon the hypothesis of a death instinct. In the present state of our knowledge the assumption of a death instinct is a profound and stirring speculation, but it cannot be used for understanding the individual or in therapeutic work. If there is such a silent force within all living substance directed toward return to the inanimate, we do not have today the knowledge to comprehend in what ways and by what means it may produce a will to suffer or may be turned outward as a force of destruction.

Most analysts are inclined to follow Freud's earlier theory, which considers masochism a turning of the person's sadism upon the self, whereby the active aim is changed into a passive one and some person is sought as an object who takes over the original sadistic role of the subject. However, the turning of sadism upon the self is not yet masochism. Freud (7) has made an important statement on this point which apparently is often overlooked. He writes that in obsessional neurosis 'we have the turning upon the subject's self without the attitude of passivity toward another. . . . Self-torment and self-punishment have arisen from the desire to torture, but not masochism.' This means that masochism is not simply self-torment and self-punishment. A prerequisite for it is a relation to *another person*. This is the point of departure for my presentation. My thesis is that the other person does not enter into the picture only after the passive aim is established. The other person is a reality from the very beginning and is instrumental in bringing about the whole masochistic process.

The term masochism was introduced by Krafft-Ebing for the masochistic sexual perversion. Phenomenologically, the sexual masochist is in love or sensually infatuated with a person who gives him ill-treatment. The partner is always a sadist,—for example, a phallic woman with a whip,—or at least a person who does the masochist the favor of acting the role of sadist. The sado-masochistic performances depict in genital patterns

scenes between a love-hungry child and a parent who is cruel and punishing but also sexually complying. By that, as Rudolph Loewenstein (14) has pointed out, the parent figure undoes the castration threat and gratifies the incestuous genital desire.

What justifies the use of the term masochism for the non-sexual or moral form? First, there is no sexual masochist who is not also a severe moral masochist.¹ The perversion is a superstructure over a character formation which the pervert and the moral masochist have in common. This is evident in all descriptions of masochistic perverts, including the biography of Sacher-Masoch himself and the characters in his novels (2). But the analogy goes deeper.

In previous presentations (1, 3) I have proposed the view that masochism is neither a peculiar instinctual phenomenon (death instinct), nor the expression of a component sexual drive; nor is it the subject's own sadism turned around upon his self; it is, I suggested, in the sexual as well as in the moral form a disturbance of object relations, a pathologic way of loving. Masochism means loving a person who gives hate and ill-treatment. This is manifest in sexual perversion, and analysis makes it evident in moral masochism too, where the superego and transference manifestations take the place of an original sadistic love object. Masochism is the search for love or, in sexual perversion, for sexual pleasure, through the troubled medium of displeasure which originally was forced upon the subject and thereafter bends the search for gratification of erotic needs in the specifically masochistic direction.

Masochism (I shall speak henceforth only of the moral form) is the neurotic solution of an infantile conflict between the need for being loved on the level of oral and skin erotism and the actual experience of nonlove coming from the person whose love is needed. It is also a defensive structure against this need for love and experience of nonlove. Nonlove is to be understood

¹ The manifest character of a pervert does not always show this. There are some active and seemingly masculine types among them. However, this seems to be a compensatory reaction-formation analogous to the 'ulcer personality'.

in the widest sense of the word. There are cases in which a parent has been outrageously cruel to the child. In other cases milder forms of rejection have occurred, including traumatic events in weaning or toilet training, discipline against masturbation, absence of the mother (studied by Spitz), appearance of a sibling, demanding or overauthoritarian attitudes or œdipal defenses on the part of a parent, and many other forms of deprivation which may leave in the child a serious feeling of frustration and a lasting distortion of the relationship of parent and child. The constitutional intensity of the child's erotic needs is, of course, another important variable, and so is a re-enforcement of these needs by pampering preceding the frustration. I do not want to be misunderstood. I do not emphasize the environmental factors in order to deny the libido theory, as does the school of Karen Horney. I adhere strictly to the dual instinct theory. Both sides are important: the libidinal drive in the subject and its relations with the environment. In masochism, however, the decisive forces in the environment are the aggressive ones.²

The conflict between the infantile need for being loved and the experience of suffering at the hands of the love object is the basic and most clearly causal pattern in all the cases I have seen. The masochistic attitude is the bid for the affection of a hating love object. Childhood experiences of this kind result in a character structure that keeps the original situation alive through transferences to any person or set of circumstances. Masochistic suffering represents in the unconscious the original personal love object that once gave suffering. *Masochism is the sadism of the love object fused with the libido of the subject.*

² In reporting these observations at the midwinter meeting of the American Psychoanalytic Association in 1955, Dr. Martin H. Stein (16) remarked, 'This would imply that we should be able to find a truly cruel parent in the history of masochists'. The overstatement is not mine. What is meant by 'truly cruel'? Cases of severe and overt cruelty occur, but they are not the rule and may not be the most pathogenic ones for masochism; perhaps they are more likely to lead to rebellion or delinquency. In my cases I have seen the 'untrue' cruel parent, one whose ambivalence tends more toward the hostile side and enjoins ill-treatment or guilt upon the child under the guise of love.

Freud's concept which bases masochism upon an unconscious sense of guilt or need for punishment should be supplemented in two directions: 1, regarding the motivations of the sense of guilt or the need for punishment, and 2, its place in the ego and its relation to outside objects. To explain the sense of guilt from the œdipus complex alone is not sufficient. Our cases regularly show that the œdipus complex itself is under the influence of masochistic mechanisms of earlier origin. The same holds true for the castration complex.

It should be remembered that in the Œdipus legend the father's attempt to kill his infant son, the crippling injury he does to the child's feet, and his tearing the child away from the mother, precede the son's deed. It is the technique of the Greek tragedy, and apparently of myth formation in general, to illustrate with external events the motivations operating within a person. George Devereux, in his paper *Why Œdipus Killed Laius* (4), has dealt with the Œdipus legend in great detail. He calls attention to the widespread failure to recognize the parents' participation in the œdipus situation and to the adult's deep-seated need to place all responsibility for the œdipus complex upon the child.

Freud assumed a phylogenetically inherited foundation of the sense of guilt. In *Moses and Monotheism* (8), he says that 'men have always known that once upon a time they had a primeval father and killed him'. If this statement is correct, it may be equally correct to say that men have always known that once upon a time,—and still in historic times,—it was customary and legally permitted to kill unwanted children. Freud was not far from making this assumption, for he attributed a phylogenetic inheritance to the castration complex as well as to the œdipus complex. Parental cruelty is a frequent theme in fairy tales. In legend both Œdipus and Moses, who meant so much in Freud's thinking, were unwanted children who were exposed to die but were rescued and raised by foster parents. Neither became a masochist but rather the opposite; they became parricidal rebels. And when we read in Freud's book on Moses the references to

Christ we cannot fail to remember that in the infancy of Christ too there is the threat of death coming from a father figure and the rescue from it while a multitude of other infants were slain. Otto Rank (15) has shown that the theme of the unwanted or feared child who is exposed to die but is saved and later becomes the hero who takes revenge on the cruel father occurs in numerous sagas of various peoples.

Freud says in *Totem and Taboo* (9), 'I have supposed that the sense of guilt for an action has persisted for many thousands of years and has remained operative in generations which can have had no knowledge of that action. I have supposed that an emotional process, such as might have developed in generations of sons who were ill-treated by their father, has extended to new generations which were exempt from such treatment for the very reason that their father had been eliminated. It must be admitted that these are grave difficulties; and any explanation that could avoid presumptions of such a kind would seem to be preferable.' With this passage Freud himself opens the door wide for a new approach to the problem of guilt and of masochism. We can avoid Freud's 'grave difficulty' if we examine what we hear daily not only of the childhood of our patients but also of the hostilities toward their children revealed by men and women in their analyses. From this we learn that the ill-treating parent does not belong to the dim prehistoric past, that he has not been done away with once for all by the parricidal gang of brothers; this parent is, rather, still very much alive. If there is an inborn knowledge of ill-treatment by parents, it can perhaps help to explain certain childhood fantasies and the disproportionate sensitivity of some children to minor degrees of traumatization. At any rate, I do not favor explaining such sensitivity solely on the basis of projection of instinctual aggression and of sadistic fantasies on the part of the child, as Rank did with regard to the myths he had collected. Such an assumption would ignore a vast amount of empirical facts regarding primary impulses of cruelty in adults to which the child reacts.

Whatever importance we may attribute to hereditary patterns,

they are of no help in our clinical work. As far as the sense of guilt and the need for punishment are concerned, I contend that they mean the need for the love of a person who punishes and makes one feel guilty. This love, or the imagination of it, can be attained through submission and suffering. Masochism I do not consider an instinctual phenomenon like sadism or aggression. Masochism is a defensive reaction, motivated by libidinal needs, to the sadism of *another person*. Without this reference to an individual, a need for punishment as the moral form of an instinctual 'lust for pain' does not seem to exist. Sense of guilt and need for punishment are secondary to object dependency and part of the defensive structure against the original conflict.

The defense mechanisms involved are primarily denial and libidinization of suffering. The experience of hate and ill-treatment is repressed. The child, in its imperative need for love, accepts this hate and ill-treatment as if they were love and is not conscious of the difference. Suffering thus libidinized is introjected. Essentially the same process underlies depression. Moral masochism can also be defined as the manifestation, with regard to object relations, of a depressive character. When the introjection occurs, the pain-giving love object and the suffering caused by it become constituents of the superego. The libidinization makes the trauma egosyntonic and protects from a too deleterious degree of suffering, but it does not heal the narcissistic wound. The superego throughout life forces the subject to relive and to re-enact the original trauma which the analysis detects in the unpleasurable situations that the masochist not only must experience but must actively bring about. The masochistic phenomena represent a regression to an early libidinal phase plus its traumatic disturbance. Like the melancholic, the masochist hangs on, so to speak, to a breast which is not there and which he has to repudiate when it could be there, symbolically. The goal of the masochistic defense (denial and libidinization) is not suffering but the avoidance of suffering. However, like every neurotic defense, it is unsuccessful and even helps the

return of the repressed. Suffering, repressed in its original form, reappears as the price to be paid for obtaining a little bit of love or the imagination of it.

II

There are few individuals, mainly depressed children, in whom masochism appears in the asthenic form of search for love through libidinized suffering only. The majority of our patients show aggressive attitudes as an essential part of their masochism.

The aggressiveness of the masochist is only to a small extent conscious to him. We meet in our work with very unpleasant types. They are often greatly astonished and resistive when attention is called to their nastiness. The motivation for this repression is simple. Hostility would cause loss of the love object. With the repression of hostility and the acceptance of suffering instead, this ever-present danger is denied. But this defense is also unsuccessful. Hostility manifests itself all the more in character traits.

To understand the aggressive behavior of the masochist is the most difficult problem we have so far encountered with this condition. Freud expressed a pessimistic view even in his last work, *An Outline of Psychoanalysis* (10), with regard to severe cases of masochism: 'It must be confessed that these are cases which we have not yet succeeded in explaining completely'. They present a 'form of resistance, our means of combating which are especially inadequate'.

Aggression appears in several ways and with different motivations which for better understanding should be studied separately.

1. Hostility can be a remnant of a justified and normal hatred against a hating love object. The struggle for self-preservation is not entirely left to denial and libidinization. This hate may be repressed from consciousness because the need for love serves as a repressing force; in itself it would not be masochistic. Masochism does not simply mean to defend against hate, it means to attempt to save love through suffering.

2. More important, therefore, is the aggression exercised in the service of the masochistic need for love. It is an intensified bid for affection. The masochist inflicts himself upon his love object with possessiveness and reproachfulness. He tries to extort love. Being loved means in his mind also being given the license to be naughty. His provocative attitude gives the impression that he needs and asks for punishment, but such an interpretation, if it is given, remains unintelligible to him. He knows only that he is unhappy and needs love, and he acts as if it were the partner's duty to love him. Of course, that is the duty of a parent.

Hostility does not supersede the masochistic search for love. The latter remains the operational basis and the purpose of the aggression. When the masochist not only accepts but even seeks suffering and exhibits it in the way of martyrdom, it is not because he wants to suffer and to punish himself; it is because suffering gives him a feeling of increased love-worthiness, a narcissistic gratification. Feeling sorry for himself does him good and he also feels that he has a claim not only to being loved but also to prestige and domination, which means the privilege of exercising aggression. He is a grievance collector who collects and retains causes for resentment. Having a cause against the object is more important for him than having the object. His object relations have started 'against' instead of 'with'. Masochism is an unsuccessful attempt to substitute the 'with' for the 'against'. The masochist welcomes being hurt, not because it hurts, but because it makes him right over others. He would rather be right than happy. Being right also emphasizes his love-worthiness, and so do his megalomania and exhibitionism. These attitudes serve the continuation of the denial of rejection. However, the motivation of this righteousness does not lie in any primary aggressive need. It is one of the means to put pressure on his love objects,—those of childhood, of course,—that they may change their minds and give more love. He feels and acts as if he could force his past to change,—an irrational magic gesture.

3. The ambivalent blending of the plea for affection with

aggression appears particularly in the attitude expressing the idea, 'You will be sorry'. The love object which cannot be given up is punished through self-destructive attitudes destined to make the other person guilty, but simultaneously concerned for the subject. The vindictiveness is kept in repression by this libidization and by suffering. I am not referring here to a defense against feeling of guilt by denial and projection. Projection of hostility is of course frequent; it is one of the ways in which the masochist arranges for trouble. This is not the principle I have in mind here. I refer rather to the insistence upon being loved by the hating object. There is more projection of love into the hating partner than projection of hostility. A sense of guilt may have the meaning of an unconscious sense of the guilt of the parent,—the not infrequent phenomenon of 'borrowed guilt'. The need for love results in a need to exonerate the parent, as if saying: 'I am the bad one, not you'. This may be the same process that we find, in higher degrees, in the self-accusations of the melancholic which, as Freud (11) has shown, do not fit the patient but relate to another person who is a frustrating love object. Making sorry results from the need to get back at, to get even with, the frustrating love object; in other words, to punish the object that formerly did the punishing (again a magic revival of the past) but that nevertheless must be preserved as a needed love object. Forms of self-sabotage such as being 'wrecked by success' or the negative therapeutic reaction or the so-called fate neurosis may be caused by a sense of guilt as described by Freud; if so, we are dealing with the pathology of obsessional neurosis, not of masochism. The masochistic form of these processes derives from the *drive to punish* the love object with the help of failure and unhappiness which simultaneously emphasize love-worthiness and the bid for affection.

The aggressive attitudes of the masochist, which I need not further describe, look very much like sadism, sometimes more oral, sometimes more anal, but if the diagnosis masochism is right they are secondary to his bid for the affection of a hating

object in a transference situation. The quarrels and troubles in which he involves himself are an acting out of the repressed original situation between the child and a rejecting or ill-treating parent. The primary defense against suffering at the hands of a love object, denial and libidinization, leads into a painful state of neurotic depression (in serious cases it may even be psychotic). Against this condition a secondary defense is established in the form of aggression, that is, turning passivity into activity. However this defense, too, fails because it embodies all the elements of the conflict against which it is directed. I have previously proposed to call this aggressive defense a 'counter-masochistic attitude' in analogy to the counterphobic attitude described by Fenichel.

I see no objection to explaining also as adaptational phenomena what I have described as defenses. There is only a difference in the point of view. 'Defense' refers to mechanisms and motivations, 'adaptation' to the result.

III

In the drive to punish, the original traumatic situation is re-enacted by *identification* in the masochist with the frustrating love object. I have come to recognize that the analysis of this part of the masochistic character structure is the most important part of our work.

The defense mechanism involved here is that described by Anna Freud (5) as identification with the aggressor. In the case of the masochist the aggressor is the original parental person who gave the child hate or rejection, all that I have referred to previously as nonlove.

This identification is the most powerful mechanism in the masochist and in his neurotic defense against guilt and suffering. I presented my ideas about it ten years ago. My work since then has increasingly convinced me that they are correct. Therefore, I may be permitted to quote from my previous paper (3).

The drive to punish is associated with a feeling of righteousness. However, it is not the feeling that punishing the rejecting

parent would be a just revenge. That would not be masochistic at all. It is a feeling . . . that arises from the superego. Analysis regularly reveals that the person feels he is doing the right thing according to the sadistic object whose love he craves, and that he will gain the love and approval of the object when he expresses aggressive trends which copy those of the object. These aggressive trends, originally experienced in the love object, appear in two ways: they are directed against the ego, causing self-inflicted suffering or what appears to be self-punishment; or they are directed against the external world in the way the original love object has treated or would treat external objects.

The permanent wish to please the once rejecting, introjected [love] object causes the person to lose his identity. To accommodate [and to appease] a hating parent [figure] he may make himself as unlovable as he feels the parent wants him to be. He may deny his good qualities or his intelligence, often to the degree of pseudodebility; he fails to exploit his opportunities or to seek legitimate enjoyments, confusing an irrational asceticism with virtue that earns love; he [pleads guilty and] 'lives down' to the views of those who resent him in order to be accepted by them. He feels that he has to make efforts and sacrifices to reconcile the world with his existence, and he does so by suffering as well as by being hostile or mischievous, which lowers his value as a love object and releases the hater from having to love him. He is stigmatized with unwantedness and displays his stigma as his bid for affection.

On the other hand, with submission to the parental power the masochist borrows the authority for his drive to punish. . . . The aggressiveness of the masochist is not the manifestation of his primary sadism; the latter only furnishes part of the energy with which the identification with the hater is set into action. It is this imitation, out of his search for love, which makes the masochist feel that by being aggressive he is the way he is *supposed* to be. This accounts for the fact that these persons are often so astonishingly unaware of their provocative behavior. The superego shields the ego and furnishes the motives for aggression. . . .

The identification with the hating and punishing love object is the motivation for what Freud, in his earlier theory, considered

the essential mechanism in masochism, namely, the turning of sadism against the self. However, what is turned against the self is not the person's own sadism, but the sadism of a love object incorporated, through the oral need for the object's love, in the subject's superego. The blending of the subject's libido with the sadism of the other person makes the original aggressor unrecognizable except through analysis.

The need for punishment which Freud considered the central motive of moral masochism is the acceptance, in form and content, of the drive to punish which operates in the love object, resulting in punishing oneself and in punishing others, thus developing one's own drive to punish and passing it on to the next generation. The identification with the parental drive to punish seems to be the strongest foundation of our moral standards. . . . It accounts for the universality of moral masochism in our culture. No death instinct needs to be postulated to explain masochism.

It may be mentioned parenthetically that this mechanism tends to raise large problems of countertransference in therapeutic work.

The statement that the subject's own sadism furnishes part of the energy with which the identification with the hater is set into action may need some amplification. The introjected and libidized sadism of the object and the subject's own sadism are operative in various proportions for constitutional reasons. In some cases the subject's own sadism seems to be only the instinctual potentiality for identification with the aggressor, while the libidinal component prevails as the motivating force. In other cases with a stronger sadistic endowment it may be more accurate to say that the sadism of the object steers the sadism of the subject against the self and against the outside. These are the cases nearer to the pathology of obsessional neurosis with motivations derived from masochistic mechanisms. There is a wide variety in the degree to which masochistic suffering serves both instincts, the need for love and the gratification, with the help of justification, of aggression. In any case I do not think

that the diagnosis masochism should be made if the introjection of another person's sadism is not the essential pattern.³

IV

It has been my purpose to outline the psychodynamic factors specific for masochism. This outline provides a guide for therapeutic procedure and it also helps to detect and treat accordingly those masochistic features that are admixtures in the structure of almost any other neurotic illness. On the other hand, in the analysis of a predominantly masochistic person we have to deal with hysterical, obsessional, or paranoid features too, in which, however, masochistic motivations play their part.

The analysis of moral masochists is generally considered difficult. Transference resistances can be very strong, negative therapeutic reactions, and resistances against final success are frequent. However, it seems that the main technical intricacies have arisen from erroneous theoretical premises, namely: 1, that the masochist 'wants' to suffer because pain and humiliation are for him substitutes for sexual pleasure; 2, that the masochist has to satisfy his need for punishment because of his guilt for either incestuous or aggressive impulses (this holds true for obsessional neurosis, not for masochism); 3, that his self-damaging attitudes are the expression of his own sadism turned upon his self, (also belonging to the pathology of obsessional neurosis), or perhaps even of his death instinct.

Some analysts believe that with a moral masochist they must be very stern and cool, even openly unfriendly, in order to bring the sadistic trends of the patient into the open. It has also been stated that such an attitude corresponds to the rule of abstinence which requires that we establish an impediment against the sticky love-seeking attitude of the masochistic patient. I have found this to be a mistake. A rejecting attitude in the analyst, or any reference to the theoretical premises mentioned above, makes the patient feel criticized and confronted with his own

³ On some differential points between masochism and obsessional neurosis, see Ref. 3, p. 470.

nastiness and guilt in the same way as he once was criticized or reproved or punished by a parent. A transference is established in which the analyst comes too close to being a new edition of this parent, and the analyst may have exercised a countertransference of the same order and lent himself to the acting out of the patient's masochistic tendencies. To dissolve this transference situation analytically can be very difficult.

As to the rule of abstinence, I find it better to afford the patient an emotional atmosphere in which he finds abstinence from his habitual search for libidized suffering and in which, perhaps for the first time in his life, he has the experience of a human being who gives him a friendly understanding instead of the criticism and punishment to which he has been accustomed. Such an attitude conforms also with the principle that in the transference situation the analyst should be as different as possible from the original role that is being transferred upon him.⁴

I follow the theory that masochism is a libidinal reaction to traumatic influences from outside, originating in infancy and being re-enacted throughout life. Freud (12) has stated: 'There can be no doubt that, when the etiology of the neurosis is traumatic, analysis has a far better chance. Only when the traumatic factor predominates can we look for . . . such a re-enforcement of the ego that a correct adjustment takes the place of that infantile solution of the patient's early conflicts which proved so inadequate.'

⁴ This recommendation is not an innovation by the Chicago Institute for Psychoanalysis, as a recent publication from that Institute (13) makes it appear. This principle is as old as psychoanalytic technique.

Dr. Martin H. Stein, in his report cited above (16), finds that I recommend 'that the analyst play the directive role of the "improved" or ideal parent, in order to accomplish the purpose of avoiding interpretation which might be regarded by the patient as accusatory or insulting'. It is difficult to see how such avoidance, which is indeed my principle, can be called 'playing a directive role'. I should reserve such a term for exactly opposite behavior. Dr. Stein is here in error; there is nothing of role-playing or manipulation of the transference in the technique outlined here. It is entirely nondirective, taking its direction only from what the patient says and not from any educational function of the analyst.

The analysis of masochism offers the opportunity to take advantage of this view. We must not forget, of course, that besides the traumatic experience, the form and strength of the libidinal needs are also determinants.

The masochistic patient appears in a double light: he is the *victim* of a traumatic childhood, and he is a *troublemaker* who entangles himself in actual conflicts by which he continuously makes himself the victim again. He is sinned against and sinning, to paraphrase Shakespeare. We give the analysis of the victim priority over the analysis of the troublemaker.

I have found it helpful to do what I can to slow down the development of an intense emotional transference to the person of the analyst. This is accomplished by examining with the patient the transferences he forms to his external world at large before analyzing his transference to the analyst's person.

The patient talks about his unhappy reality situation; he complains and accuses. The analyst makes no criticism, expresses no doubt; but he notes, and in due time shows to the patient, that the persons the patient accuses are always in some sense love objects, either in actuality or in transference representations. The picture of suffering at the hands of a love object is thus established in the analysis. The patient becomes aware of his passivity and dependence and how he acts out the unhappy experiences of his childhood and invites others to treat him with the same rejection as that he encountered from his earliest love objects. I have seen analysis penetrate in this way to very early oral traumata, which could be reliably reconstructed. The patient is helped to arrive at a more mature evaluation of those beloved but unloving persons who started his neurotic suffering. He will find that he is not guilty and needs no punishment, but that he has been the recipient of a parental drive to punish. The sense of guilt is analyzed by breaking it down into elements that are not guilt, namely, the need for affection and the experience of the punishing parent, and thus the sense of guilt is deprived of its moralistic aspect. 'Sense of guilt', it seems to me, is sometimes a wrong name for

what more accurately should be called 'sense of defeat'. It is the defeat by a rejecting parent or parent substitute in transference; and it is this defeat rather than guilt that is introjected and forms a character pattern for acting out. Although it sounds almost trivial to say that a prerequisite for a need for punishment is the existence of a punishing parent, the function of this parent has so far been much less recognized than the instinctual processes in the child.

In this way we try to conduct the analysis with a minimum of acting out in the analytic situation itself. When it occurs it is easier to analyze. The analyst can point out not only that the patient sees in him a new edition of an original of his childhood, but also that the analyst shares this role with numerous other figures in the patient's life.

The first preliminary goal is to make the patient realize that it is his need for the love of rejecting love objects that makes him accept suffering as if it were love. The recognition of this 'plus quality', as a patient has called it, is a great help against the ever-present resistance caused by the expectation and invitation of criticism. The second goal, after this, is to make the patient better acquainted with his sadistic tendencies and with the fact that his drive to punish the love object is responsible for the maintenance of his suffering. In the transference situation achieved by the first part of the work this can now be done without arousing the feeling of being criticized or accused.

The identification with the aggressor constitutes the phase of working through. All the features of the illness are recapitulated in the analysis of the identification. This work often greatly stimulates the interest and coöperation of the patient. The recognition of the feeling of 'being supposed to' is a very effective revelation. The superego relaxes. The patient learns to differentiate between love and hate and to adjust his life accordingly.

Lest this picture of the therapeutic process appear too optimistic, a word of caution may be in place here regarding the nature of the masochistic acting out. We have to deal mainly

with preœdipal factors, and there is an important difference in the operation of defenses according to whether they are directed against œdipal or against preœdipal conflicts. It is comparatively easy to bring the incestuous love of the œdipal situation into consciousness and to free actual relations from the re-enactment of those old bondages. Preœdipal conflicts are much farther removed from consciousness and more deeply engraved in the unconscious. In particular, the earliest traumatic experiences in the oral phase cannot be remembered at all; the analysis has to rely here on reconstruction alone. These unrecallable early conflicts leave in the personality a permanent tendency to acting out in which the person returns into an early symbiosis, a symbiosis lived with no possibility of conscious ego participation, which therefore left an identification not only with persons but also with situations and with special traits in these persons, such as their punitiveness. What is being acted out is neither the libidinal need in itself nor the defense against it. It is always the total conflict, the libidinal striving plus the outer and inner forces that oppose it. The person needs love but can never find it. What he finds is only frustrated, unhappy love, a re-enactment of the original situation with which he is identified. When it seems that the longing for love can find a fulfilment, the counterforces, stemming from deep unconscious sources, may be simultaneously stimulated and intensified to such a degree that the individual must perish from this fulfilment. While the danger of suicide is usually not too great so long as the transference is well in hand, there is always the danger that the patient will get himself into very unfortunate life situations, and there is particular danger of psychosomatic complications. The recognition, late in his life, that there are hostilities in people near him of which he had not been aware because of his defenses may result in temporary depressive and paranoid reactions. There are types reminding one of the Flying Dutchman. Although the legend calls it redemption, what happens is death. That the Dutchman for his salvation needs the love of an absolutely faithful woman, such as only an ideal mother can be,

makes the legend a symbolization of a very early traumatic situation with its only solution annihilation. Persons with self-destructive tendencies must be watched for their acting out of a preœdipal libidinal need that has deep and intense association with frustration. This association precludes any self-healing of the masochistic character. The analysis of these cases belongs to our most laborious but also most rewarding tasks.

REFERENCES

1. BERLINER, BERNHARD: *Libido and Reality in Masochism*. This QUARTERLY, IX, 1940, pp. 322-333.
2. ———: *The Concept of Masochism*. *Psa. Rev.*, XXIX, 1942, pp. 386-400.
3. ———: *On Some Psychodynamics of Masochism*. This QUARTERLY, XVI, 1947, pp. 459-471.
4. DEVEREUX, GEORGE: *Why Œdipus Killed Laius*. *Int. J. Psa.*, XXXIV, 1953, pp. 132-141.
5. FREUD, ANNA: *The Ego and the Mechanisms of Defense*. New York: International Universities Press, Inc., 1946.
6. FREUD: *The Economic Problem in Masochism*. *Coll. Papers*, II.
7. ———: *Instincts and Their Vicissitudes*. *Coll. Papers*, IV, p. 71.
8. ———: *Moses and Monotheism*. New York: Alfred A. Knopf, 1939, p. 159.
9. ———: *Totem and Taboo*. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. XIII*. London: The Hogarth Press, 1953, pp. 157, ff.
10. ———: *An Outline of Psychoanalysis*. *Int. J. Psa.*, XXI, 1940, pp. 58, ff.
11. ———: *Mourning and Melancholia*. *Coll. Papers*, IV, p. 158.
12. ———: *Analysis Terminable and Interminable*. *Int. J. Psa.*, XVIII, 1937, p. 377.
13. JOHNSON, ADELAIDE M.: *Psychoanalytic Therapy*. In: *Twenty Years of Psychoanalysis*. Edited by Franz Alexander and Helen Ross. New York: W. W. Norton & Co., Inc., 1953.
14. LOEWENSTEIN, RUDOLPH M.: *A Contribution to the Psychoanalytic Theory of Masochism*. *J. Amer. Psa. Assn.*, V, 1957, pp. 197-234.
15. RANK, OTTO: *The Myth of the Birth of the Hero*. New York: Nervous & Mental Disease Monograph Series, No. 18, 1914.
16. STEIN, MARTIN H.: Report on the Panel Discussion: *The Problem of Masochism in the Theory and Technique of Psychoanalysis*. *J. Amer. Psa. Assn.*, IV, 1956.

THE MEANING OF THE CONCEPT OF MENTAL REPRESENTATION OF OBJECTS

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INTRODUCTION

That external objects have a psychological representation within the mind has proved a most useful concept in psychoanalysis. The concept was necessary from the very beginnings of psychoanalysis in order to differentiate between those things that have an existence in a world of time and space and those that are a product of inner psychic experience. Freud adopted this classification because it was most consistent with a scientific attitude toward human behavior. To designate things that have an existence in time and space he employed the term 'external reality'. This external reality impinges upon the individual more or less forcefully throughout his existence. Freud also posited a world of inner psychic experience, as opposed to external reality, that drives the individual toward motor response to the world of external reality.

As psychoanalysis developed, the apparently clear boundaries between external reality, existing outside the individual, and inner psychic experience, occurring inside the individual, became less clear; confusion of the two arose when it was discovered that psychic incorporation of certain significant 'external objects' occurs, forming them into an intimate and indistinguishable part of the personality. The process of incorporation was eventually integrated into the theory of identification. This new concept created a new problem: when shall we speak of external reality impinging upon the individual, and when shall we regard the incorporated form of this same external reality as perceived by the individual, as a part of the self? This question was somewhat clarified when Freud advanced his theory of narcissism, positing the investment of the self or others with libidinal energy. He chose the term 'object' for what is invested. We qualify

7. the term 'object' by appropriate adjectives to denote various qualities of investment of the object.

✓ The concept of mental representation of objects, as employed in psychoanalysis, has much in common with the earlier psychological theory of apperception, which was a highly intellectualized and philosophical attempt to examine how percepts are influenced by the perceiver's previous experiences with persons important to him. 'Apperception' was introduced as a term to differentiate perception in this sense from perception as simple sensory experience. This concept seems to have been drawn upon heavily, although informally, by psychoanalysis; but certain critical alterations were made and far greater emphasis was placed on the applications of theory to clinical practice. The theory of apperception has in psychoanalysis been enlarged by the concepts of defense and of motivation or instinct. Within recent years the motivational view of perception has been widely employed also in psychology, where it has been entitled 'the new look' (1). Murray (15), Lewin (14), and Snygg and Coombs (17) have developed differing theories of personality which emphasize the internal perceptual experiences of the individual. In simplest form these theories state that the way the individual interprets the sensory experience determines his behavior. It is of interest that the problems of perception and inner experience have come into increasing prominence not alone among psychoanalysts.

✓ The inner concept of reality (that of inner experience) and the outer concept of reality (that of the natural sciences—time and space) have remained disparate; they have never been brought into a logical relationship by any philosophical system although this is a subject of deep concern in present-day analytic philosophy. Vaihinger (20) argues that they will never be brought into a truly unified association by any rational formula. In psychoanalysis it is necessary, however, to employ some type of working formula which, though it is not a 'solution' of this problem, will at least serve for our particular investigations quite aside from the philosophic question of its ultimate truth.

THE NEED FOR CLARIFICATION

One frequently hears reference in psychoanalysis to internal objects, external objects, introjected objects, good objects, bad objects. One hears also less discriminative, but more poignant, references to mother, father, and others; the reference may be to internal representatives of these persons, or it may be to them as a part of external reality. These usages have arisen out of the need for some means of describing and organizing the observable data in psychoanalysis. The development of a series of qualifying adjectives for various kinds of 'objects' has also been useful but it has caused confusion and has tended to obscure the theoretical basis upon which the concept of objects rests in psychoanalysis.

Psychoanalysts also use the expression 'object seeking'. The concept of the infant as being 'object seeking' is a play upon terms and fails fully to recognize the significance of internal representations as the essential psychological objects. The infant is potentially capable of responding to the stimuli supplied by what we, as observers, should identify as an external object. The external object we speak of as the mothering person. This potential response by the infant is essential if it is to survive at all, but hardly merits the term 'seeking' as we know it. There is ample reason to believe that the newborn is incapable of internal representations of objects and incapable of differentiating self and 'not self'. It seems reasonable to posit an anlage of the ego with the potential for later object representations, but it is not desirable to confuse this primitive state with the later more elaborate organization of the ego. It is in this sense that Fairbairn's (4) concept of the ego as being object seeking and of the id as being extruded from it as relatively objectless has roused such opposition in psychoanalysis. It is evident that the relation of the schizophrenic, for instance, to significant people such as the mother is of great importance in determining and often in maintaining the illness, but this is always a secondary factor. The internal imagery of the mother is the prime matter. There is no

✓ reason to believe that even the death of the external mother of time-space will alter the course of such an illness.

✓ It is necessary to arrive at some systematic idea of the spheres of usefulness of the concept of objects in psychoanalysis. This may be done by schematizing the qualifying adjectives commonly employed in association with the term 'objects'. The considerations about objects that concern us in psychoanalysis always have to do with persons or symbolic representatives of persons or parts of persons. Such persons are inevitably invested with energy (cathexis) and are inevitably associated with an affective state of some sort by the individual carrying out the investment.

✓ With this in mind, we may classify internal representations of objects as follows. 1, External objects: those having an existence in a time-space world and about which a consensus can be established with other persons (Freud's external reality). 2, Internal objects which may be classified in three ways: by origin, e.g., from either parent; by topography, e.g., in ego or superego; by quality, e.g., as good or bad.

✓ The individual's evaluation of these internal representations of objects may vary widely, or he may be unable to evaluate them at all. They will, however, have their influence with or without his conscious awareness; in fact their influence tends to be greater when they are not conscious. His inner experience of such objects is, however, of prime significance in determining both his degree of internal comfort and his capacity to carry out more or less integrated motor performance including social behavior. It may be added that objects which are judged by the individual to be internal or external to himself may carry with them a convincing *sense* of reality or unreality for the individual, quite aside from their existence in a time-space world.

✓ The term 'objects' often lacks clarity in psychoanalysis. So variously has it been used that the editors of the recent edition of Freud's works (9) felt constrained to add the following footnote in connection with his use of this term. 'It is scarcely necessary to explain that here as elsewhere, in speaking of the li-

bido concentrating on "objects", withdrawing from "objects", etc., Freud has in mind the mental presentations (*Vorstellungen*) of objects and not, of course, objects in the external world. ✓

Moreover, certain recent developments in psychoanalysis have emphasized the need for greater clarification of the character of object representations. The contributions of Paul Federn (5) in his studies of the psychoses and of Melanie Klein (13) in her studies of emotional disorders in children are outstanding examples of these newer developments. The lack of clarity in our old concept of 'objects' was emphasized by these fresh developments of psychoanalytic insight. With these discoveries, it became apparent that there were deficits in our understanding of the object relationships of adult neurotic patients as well as of children and psychotics. The recent increasing emphasis on the role of aggressive energy in personality development has also focused attention on object relationships.

Earlier in the evolution of psychoanalysis the concept of object relations was developed with regard to the distribution of libidinal energy alone, and out of this arose the theory of narcissism. General acceptance of the contributions of aggressive energy to personality development has made necessary a modification of our concepts of object relations and their correlation with the theory of narcissism. The theory of narcissism has been so valuable in psychoanalysis that it cannot, as some have recommended, be assigned a minor role in personality organization or be discarded altogether.

Why is it particularly in the study of psychotics and children that the limitations of our earlier concept of 'objects' is most evident? In a previous paper (16) I pointed out the difficulty we experience in examining our own object relations in a dispassionate manner, and it is perhaps this difficulty that has prevented exploration of the object relations of our neurotic patients beyond that point where they begin to show gross deviation from our concept of our own object relations. If we perceive the character of the object relations of our neurotic patients, we are at the point of perceiving them in ourselves; and ✓

✓ this we are loath to do because they threaten our own sense of reality. It is thus easier for us to investigate the depersonalization of the psychotic or the primitive object relations of infants, ✓ whose operations we regard as so different from our own, than to investigate our own constructs or those of our neurotic patients which we experience emotionally as 'real'. Often, however, ✓ our own concept of ourselves has much in common with the psychotic phenomenon, as well as much that differs from it.

✓ In Freud's attempts to conceptualize the theory of the investment of objects with energy (cathexis), he proposed the process of 'reality testing'. In its primitive form, at least, it was conceived of as determined by the development of motor activity in the infant; consequently what is capable of alteration in the ✓ 'external world' by motor activity was conceived of as being 'real'. Applied to the primitive stages of infancy this view is interesting, but it has limited applicability to the later more complex mental process.

Richard Sterba's (18) lucid discussion of this subject elaborates this fact. He has vividly described the concept of object representation and has clearly brought out its relative independence from motor activity in the adult under the sway of the reality principle. He writes:

✓ In order to understand psychosexual processes and object relationships a term must be explained which is constantly employed in psychoanalytic literature, that of object cathexis. Cathexis signifies an accumulation of psychic energy in any one part of the psychic apparatus. Our sense organs receive innumerable perceptions and stimuli from every individual object in the outside world and these are experienced intensely if our interest in the object is intense. Intrapsychically, these perceptions form a unity of the ideas and memories which were experienced in connection with the stimulating object in the outside world. This intrapsychic unity of ideas and memories is ✓ termed the object representation. The psychic relations, changes of attitude, increase or decrease of interest, briefly, the process of 'cathexis with psychic energy', takes place on the object representation. Some of these processes are expressed in the

relationship with the real object in the outside world. A great many, however, remain in the interior of the psychic apparatus; even the varying intensity of interest resulting from the perceptions received from the object in the outside world is not immediately expressed in action toward the object; it is first expressed in feelings and thoughts, according to the increase or decrease in the cathexis of the object representation. An object relationship may never be expressed to the object. A man may fall in love with an actress whom he has never seen off the screen or stage, the actress may be unaware of her admirer's existence, nevertheless he has effected an object relationship because the object representation of the actress, which is within his mind, has been cathected or charged with libido. It is easy to understand that countless psychic processes can occur in the idea and memory unit we have of a person—which is called the object representation—without a corresponding real action in the outside world; it is clear also that often there could be no such action, because interior and exterior inhibitions prevent the psychic process from being transformed into action toward the real object. The concept of object representation will help us to understand the psychic devouring of an object either at the cannibalistic level, or in a regression to this phase, and how at the first level of the anal phase an object can be expelled psychically as excrement. These processes of psychic energy cathexis occur on the object representation independently of the real object or person, although they may be released by the behavior of the latter; few are transformed into real actions toward the object. Briefly, object cathexis means a charging of the object representation with psychic energy derived from the various instinctual sources.

We speak of object representations as occurring relatively independently of the real object, but it is through the clues offered by their motor performance, including speech, that we as psychoanalysts gain access to our patients' inner representations of objects. The motor performance of our patients may or may not bear an apparent direct relationship to significant external objects, as Sterba emphasizes, but this very fact compels us to re-examine *all* relations to external objects. This must be done with special attention to the inner psychic representations

*inner
world*

which are always a critical part of what we commonly describe as relationships to external objects, however 'objective' they may seem to be.

Some of the present lack of clarity in our theory of objects results from the fact that the ego was assigned so limited a role during the earlier phases of the development of psychoanalysis. Although the ego was seen as the mediator between 'id drive' and 'external reality', its extensive synthetic and integrative role was not then fully appreciated. Federn attempted to remedy this defect by introducing a series of additional concepts. Central among these were: 1, the differentiation of 'reality perception' and 'reality testing'; 2, the concept of 'ego boundaries'; and 3, a clearer description of the processes of alteration of ego cathexis. He deduced the concept of 'reality perception' from the fact that one may have the inner experience of reality, an ego function, even in a hallucination. Freud's concept of reality testing had to do with 'real external objects' in time-space. 'Reality perception' refers only to the quality of our inner sensory experience, without regard to external reality.

Federn's concept of ego boundaries is not, as his unfortunate choice of terms might suggest, a geographical concept of the ego; it describes rather an ego with multiple functions, able more or less to accept stimuli at any given instant from within and without and to integrate them into itself, thus performing the function of differentiating reality perception and reality testing. Federn understood that Freud's concept of the cathexis of objects, using the analogy of the amoeba, was potentially misleading; for the object must always be taken into the ego in a grossly altered form. To put it more correctly, it is the inner representation of the object in the ego that is cathected.

The redefinition of the concept of secondary narcissism by Federn was a natural corollary to this classification of object cathexis. Since it is the inner representation of the object and not the external object itself that is cathected, we should not speak of libido as being invested in 'external objects' or of libido being withdrawn from objects and reinvested in the ego. Federn

therefore postulated a flow of instinctual energy between the ego and the 'id or the biological organism' as an alternative hypothesis in his attempt to maintain a structural model approximating the one Freud had used. I believe that the matter is not one, however, of a flow of energy between the ego and any other topographic area. The process is, rather, a shift in the flow of energy within the ego itself. The ego cathects the inner representations of objects, not the 'real objects' themselves. The change in energy is therefore always within the ego itself. Stimuli are always, of course, being received from the 'external world', and these stimuli are capable of altering the inner economy to a greater or lesser degree; but these alterations are always secondary to alterations in cathexis *within* the ego. According to this formulation, secondary narcissism is a particular order of cathexis within the ego: this cathexis invests the image of the self, in contrast to catheces that invest representations of objects within the ego that are not identified with the self. This definition of secondary narcissism resembles Freud's definition but is more exact.

Much confusion has arisen over the concept of secondary narcissism because analysts have failed to differentiate between different parts of the ego. We must discriminate between the inner view of the self and the inner view of objects regarded as 'not self'. The inner view of the self is a special sort of object representation; but it is an object representation just as truly as is the inner view of objects regarded as 'not self'. We are prone to speak of the 'not self' group as external reality and to overlook the essential existence of this group as object representations within the ego. Hence when we loosely speak of secondary narcissism as the cathecting of the ego as opposed to the cathecting of 'external objects', we are overlooking the fact that the external object itself has a *psychic* existence in the ego and only in the ego. The tendency to envision certain internal representations of objects as 'external objects' is well illustrated by the way dreams are often told to us: the dreamer identifies himself with a particular person in the dream and envisions all the

other persons introduced by him into the dream as 'not me', although they are incontrovertibly 'internal objects'.

From this point of view, what we describe as psychosis is a disturbance of the internal operations of the ego; the disturbance between ego and reality is only secondary. Those definitions of psychoses based primarily upon such factors as social performance are not convincing to the skilled clinician, for we often observe fairly adequate social conformity in an individual whom we, with good reason, believe to be in a psychotic state. Our opinion is based upon our appraisal of the inner stability of the ego, on the quality and quantity of its cathexes of its internal representations of objects. One often hears it said that diagnoses of psychosis or imminent psychosis where there is no immediate evidence of asocial performance depend on intuition or on our unconscious appraisal of the patient. It is possible, however, to explain rationally such appraisals if we know how to approach the problem. What the patient experiences as real or unreal depends upon the character of his investments in his internalized objects, and fragmentation of these investments may or may not be manifested by evident changes in social behavior. Where such fragmentation is severe we are entitled to speak of it as psychosis.

MENTAL REPRESENTATION AND THE CONCEPT OF PERCEPTION

Before we consider further the concept of object relations as employed in psychoanalysis, we must make clear exactly how perception is understood in psychoanalytic theory. Perceptual experience is of necessity something more than a simple sensory experience. The evidence seems overwhelming that a perceptual experience may occur without conscious awareness (7). On this premise, a perception—the impact of a thought or a sensory stimulus from within or without—may occur without the subject's awareness, yet be a powerful stimulus as evidenced by motor response in the subject. For example, numerous goal-directed motor acts may be carried out without specific aware-

ness; these are preconscious acts. Moreover, we often postulate (by observation of a person's motor behavior) an unconscious sense of guilt quite outside of awareness (in the dynamic unconscious). Perception, in psychoanalytic theory, is thus the sensory part of a system that is potentially capable of motor response and it bears no special relation to the state of awareness.

In chapter seven of *The Interpretation of Dreams* (8), Freud developed his model of the 'mental apparatus'. He regarded consciousness as functionally a sensory organ for perceiving psychic qualities, for knowing them. He further regarded it as having two surfaces, one excited by stimuli entering through the sense organs directed toward the external world, the other excited by stimuli arising within the psychic apparatus itself (unconscious memory images of prior sensory experiences). In equating consciousness and the perceptual end of the apparatus, he was seeking to clarify the regressive nature of dream images and of hallucinations. Unfortunately, however, this diagrammatic approach obscured the problem of the impact of sensory experiences from within or without the organism that can lead to motor response without recourse to consciousness and hence outside of perception, if perception is equated with consciousness (3). Freud's further elaborations of this problem make it certain that he was cognizant that sensory experiences from within or without have an impact quite aside from the conscious perception or knowing of such experiences. He did not, however, definitely state the theorem that seems most logical: that all sensation, whether from our sense organs or from our inner experience, goes through an unconscious phase before it appears in consciousness and only then do we have the experiences of awareness of such sensation. Since the perceived sensations may never appear in consciousness, they have been variously referred to by other authors as unconscious, subconscious, preconscious, or sublimated.

Freud was deeply impressed by the severe limitations of the state of consciousness as an instrument of perception; but few writers have noticed his insistence that this limitation applies

both to inner psychic experience and perception of time-space reality. In *The Interpretation of Dreams* (8) he states: 'The unconscious is the true psychological reality; in its innermost nature it is as much unknown to us as the reality of the external world, and it is as incompletely presented by the data of consciousness as is the external world by the communications of our sense organs'. Psychoanalysts have done much research into the unconscious and the inner experience of reality. Of necessity, investigations of the limited role of consciousness in dealing with the data of our sense organs have been slighted. Only now is the faulty perception of the external world in consciousness receiving more consideration. It is true that this faulty perception is related to our unconscious motivations, but we have not always appreciated the fact that faulty perception is an inevitable and necessary characteristic of the adequately functioning conscious state. This thesis is supported by Freud's consideration of secondary revision (elaboration) in the same book. He emphasizes our tendency to alter perceptual material (sensory impressions) in such fashion as to make an intelligible whole of it, to make it consecutive and intelligible in consciousness. He points out that other authors have overemphasized this factor, but he considers it an important determinant of the admissibility of experiences to consciousness and hence a characteristic of the normal state of consciousness.

The psychoanalytic theory of object relations is intimately bound to that of the perceptual apparatus. The very process of psychoanalysis consists of assisting the analysand in bringing into conscious awareness certain archaic object relations, the cathexis of which causes inhibitions. The impact of these archaic objects on performance infers some inner awareness of them, if not within consciousness then certainly at some other level of experiencing.

MENTAL REPRESENTATION AND INTROJECTION, PROJECTION, AND IDENTIFICATION

To some it may seem naïve to stress so self-evident a thesis as that of internal representation of objects. It is through the rec-

ognition of this principle, however, that our knowledge of such fundamental processes as introjection, projection, and identification have developed. The complex processes of introjection and identification are said to result from the individual's attempts to cope with reality and to master it as best he can. Such processes depend upon the nature of the object, including its emotional and physical responses, as well as upon the internal reactive processes of the subject. This statement supposes, of course, that the object, as eventually represented in the subject, will have undergone substantial change from its original state. Or we might say that the internal representation of the object that is introjected or identified with by one individual may be significantly different from the internal representation of the same object in another individual.

Ferenczi (6) first used the term 'introjection' to describe the tendency of the neurotic to help himself by 'taking into the ego as large as possible a part of the outer world, making it the object of unconscious fantasies'. This process, he said, 'is a kind of diluting process, by means of which [the neurotic] tries to mitigate the poignancy of free floating, unsatisfied and unsatisfiable, unconscious wish impulses. One might give to this process, in contrast to projection, the name of introjection.' Ferenczi was thus suggesting a motivation for the internalization of 'external objects' and he was setting the stage for the introduction of the theory of identification. He contrasted projection and introjection, which clearly stand in opposite positions in the inner *experience* of them. They are alike in that both processes have to do with cathected objects and that both are techniques for dealing with unconscious wish impulses.

Because the process of identification has unfortunately been poorly defined in psychoanalysis, there is considerable confusion on this subject. In general, there are two forms of identification: primary and secondary. Primary identification is the early incorporation of significant persons by the child; this process is associated with the erogenous zones. It occurs during a phase when the boundaries between self and object have not begun to be established or are in the primitive phase of being established.

It is a phenomenon occurring before the establishment of object relations. We suppose that this identification is experienced by the child as *being* the object (not so discriminated by the child, but by the observer), rather than being *like* the object (a condition that is discriminated by the child). Secondary identification refers to the shift of cathexis from an 'external object' (more exactly, from the internal representation of an object) to the ego; capacity for secondary identification presumes the ability to set up object relationships. Secondary identification is a term used as if it were the same thing as introjection, but the two processes differ in that during the early stages of introjection the object is experienced as foreign to the ego while secondary identification is not so experienced. Object representation cannot occur before enough development of the ego has occurred to permit maintenance of object relations. This capacity is, of course, weak in infancy because development has not gone far enough, and weak in severe psychotic states because regression has occurred.

Analysts tend to confuse energetic shifts or cathexes with perceptual experiences. The concept of objects is basic to our theory of shifts of energy, whereas perception is secondary. The problem is made more difficult by the fact that it is not always clear where one has to do with the perceptions of the subject and where one is concerned with the perception of the person observing the subject. In psychoanalysis we are accustomed to weigh the subject's perceptions against our own and it is sometimes difficult to avoid the false assumption that the patient's perceptions of objects are of a kind with our own. Not infrequently the patient is undergoing a degree of regression that carries him into a state antedating object relations, and then we are in danger of falsely interpreting his experiences in terms of object cathexes according to our own perceptual position.

Edith Jacobson (11, 12) has developed her reconstruction of the process of identification by making careful studies of the differences between the perceptual sense of the self and of objects. She introduced the term 'self-representations' to designate the narcissistic cathexis of the self by libido. She employs the

term 'self' as opposed to ego, since she rightly believes that the system 'ego' has other energetic functions, including the cathexis of object representations. The self thus represents one kind of object, of particular significance, among a number of objects that the ego cathects. Jacobson emphasizes the origins of our self-representation—'first, from a direct awareness of our inner experiences and, second, from indirect self-perception, that is from the perception of our bodily and our mental self as an object'. She emphasizes this dual origin to point out that the 'self-representations' remain under the influence of our subjective emotional experiences and are less conceptual than are 'object representations'. In so far as the self constitutes a special order of object that is cathected, the self-representation is really an especially significant kind of object representation.

Using this hypothesis, Jacobson describes identification mechanisms in the young infant who does not discriminate between self and object but regards them as one and the same; whereas in ego identification of the older individual, changes in the ego arise out of attempts to be 'like' the object and there is relative clarity as to subject and object. In infants Jacobson supposes the existence of an early stage in which subject and object representations are not yet in existence through lack of adequate ego development; and in psychoses there is regression to this state.

The interplay between objects in time-space and objects that have been internalized is exceedingly complex and has many variant forms. Hill (10) has vividly described a particular aspect of the relationship of the schizophrenic to his mother: each treats the other both as an internalized object and as an external object (time-space). He points out how the mother of the potential schizophrenic molds him into a pattern that coincides with her internal representation of him; this molding produces a catastrophe in his development. Here we have a striking instance of the molding of an external object to make it congruent with an internal object,—an example of the reciprocal relationships of internal and external (time-space) objects.

The concept of projection has more meaning if we view it in

this light. Whether we refer to the projective techniques employed in normal infantile development or to the projections of the paranoid state, we have to do with the internal representation of an object and with an 'external object' that must meet certain criteria for its suitability. The inner perceptual experience in consciousness is a relevant but separate problem. In *The Interpretation of Dreams*, Freud speaks of the function of residues of the day's waking life in the creation of dreams. He argues against underrating their importance, but states that 'the conscious wish becomes effective in exciting a dream only when it succeeds in arousing a similar unconscious wish which re-enforces it'. Such unconscious wishes are affected by all our significant past experiences with 'objects'. The greater suitability of some external objects than of others depends on a similar process. For apparently even the least object-related paranoid projection has within it a nucleus of truth; it responds to some equivalent chord, usually unconscious, within the object that thus determines its suitability.

Brierley (2) has expressed this very clearly in her description of the subjectivity of objects when she writes, 'mental objects are invariably mental and the objects of experience, as constituents of experience, are subjective. There is thus no difference in subjectivity between the object identified with the conscious self and the object distinguished from this self, wherever the latter may be localized; the difference is not one of subjectivity but of endopsychic economy, i.e., of mode of relationship. From this point of view, introjection and projection appear as methods of changing the mode of relationship.'

More recent studies of early ego development have drawn attention to the individual variation in the primitive ego and the consequent individual variation in the capacity to engage in introjection, projection, and identification in connection with significant people from the earliest time of life. For many years we have paid special attention to the vital importance of the parents for both healthy and pathological preœdipal and œdipal development. The contributions of the child to this develop-

mental process are much more difficult to discover. We assume that early in its development the child has some kind of inner psychic representation of the parents,—first, perhaps, only of the mother. In our attempts to relate this representation to biological process and to the earliest observable sphere of mastery, we speak of this primitive process as being oral in character. This early representation we regard as an incorporation, and in so far as it has to do with an object, we speak of it as introjection and we suppose it to be the precursor of the later more clearly psychic process of identification.

We have no difficulty in the biological sphere in perceiving that ingested food undergoes various biochemical and physical processes before becoming an intrinsic part of the organism, but we seem to have much greater difficulty in perceiving of an equivalent process in the psychic sphere. This difficulty arises partly because of the way the inner perceptions of our patients are reported to us. For instance, the patient with a rigid, distorted superego will often experience his inner perception as an alien 'thing' within him and will so report it to us. The analyst is, for reasons we will consider later, often required to communicate with the patient in terms of this alien object (as the analysand perceives it); and consequently the analyst easily forgets that the 'alien' object is actually a mental representation and an intrinsic part of the personality.

The same trouble arises with 'part objects'. Analysts often say that a patient identifies himself with the penis or breast of someone and behaves as if he had some qualities of the organ. What is implied, but sometimes overlooked, is that the patient behaves in a fashion dependent on his inner perceptual image of the anatomical part. This behavior has to do with the mental representation of the anatomical part as a symbol, as an internal representation of the part. It infers the suitability of the given object for such imagery, but what is represented is really an internal cogent symbol and not the 'external object' as such. The same thing may be said about such part objects as the 'superego of the parent', or other part introjections of the parents, which

may have had a decisive influence upon the patient's character. We tend to define these ideational parts more easily in terms of anatomy than in terms of functional units of personality. We find it easier to speak, for example, of identification with the breast than of introjection of the superego, although the latter comes closer to a clear statement of the process. The ideational concept of castration and that of separation from some significant person, in so far as they are both internal representations, may constitute one and the same experience to the patient, one occurring at the œdipal and the other at a preœdipal level of development. If we are bound by a narrow view of external objects this identity is inconceivable.

Let us next consider internal representations of objects described as differing in quality from each other,—as being 'good' or 'bad' objects or as having other specific qualities. Such expressions are imprecise; often we are led to suppose that an attitude of the total personality to an 'external' object is described as if the object existed somewhere outside the personality, and could be introduced into or extruded from the individual at will, as it were. But this is quite untrue. Some of the confusion has arisen because we oversimplify the problem by considering objects as they are viewed by the consciously perceptive ego, and we are voicing its views. There are many such introjected objects of which (because of its defensive or other needs) the conscious ego is unaware, and which it in fact perceives as foreign to it. This fact does not make them foreign, however; and it may indeed give them a more powerful role in the personality. Freud's dictum,—that we make the unconscious conscious,—derives its meaning from the unconscious role of such introjections in the production of emotional disorders.

THERAPEUTIC IMPLICATIONS

In psychoanalysis we are primarily interested in psychic processes and in the prospects for their therapeutic alteration. Our interest is therefore primarily in the psychic representations of objects. It is true that we are also interested in the motor mani-

festations of psychic processes and in the nature and characteristics of external objects, but this interest is of a second order of importance. I say this because for the most part we make little or no direct therapeutic approach to our patients' performances, but rather make our approach through exploration and alteration of the internal motivations for these motor performances. It is by failure to appreciate this distinction that those in psychoanalysis who have emphasized the role of social factors as primary in human development have been in error. The view has caused some analysts to emphasize certain superficial and ancillary interactions but fail to appreciate and explore the essence of human experience and human interaction.

For convenience and for technical reasons psychoanalysts like to speak to their patients of the influence of the mother, father, or other significant persons in their lives as a literal isolated fact in the external world. We speak thus rather than refer more correctly to the 'inner representation of the object' or to Federn's 'reality perception of the object'. The analysand experiences the object, for instance the mother, as being 'outside' and his affective relations to his mother are bound to this perceptual image. (Occasionally the analysand reports that the mother is 'inside'. Always, however, he so refers to her in terms of her being a foreign body and not a part of the self.) It is necessary in psychoanalysis to employ the emotionally charged speech of the patient for effective communication. So we speak of mother, or father, or nurse, just as the patient does, without resort to the more correct but less poignant and hence therapeutically sterile 'mental representation of mother, or father, or nurse'. It is in fact one of the tasks of insight therapy gradually to reintegrate these dissociated fragments of the personality into their proper place in the internal economy before the patient can establish more appropriate object relationships. As long as these 'objects' are viewed as external objects by the analysand, their critical role as mental representations in the internal economy is not appreciated by him. He thus lacks the ability to bring about changes in them. They remain unalterable 'external objects'.

When we speak of the significant curative effects of psychoanalysis as being dependent upon changes in the superego, are we not talking of such shifts of cathexis from archaic mental representations of objects to current more appropriate mental representations of the same objects,—shifts of cathexis to representations more congruent with the character and nature of the object as viewed by others? This broad consensus of one's inner perceptions with the perceptions of others we speak of as being 'reality oriented' (19).

In therapy we must distinguish between various kinds of 'internal objects'. The difference is clearly great between the cathexis of a mourned object and that object cathexis related to a person who has present existence. Yet both are cathexes related to 'mental representations of objects'. The difference depends upon the ego's perceptual displacement to the outside of what is experienced within. It is, however, true that objects in time-space have some impact on these mental representations, as is evident in the experience of mourning. These perceptual differences are of significance in therapy and are a regular part of the separation anxiety one observes in interruptions of therapy or its termination. In the analysand's regressed state he perceives of the time-space object as being part of the self, just as does the infant with inadequately developed ego boundaries, and separation is therefore experienced as loss of part of the self. Failure in therapy to deal with this quality of separation when it occurs may expose the analysand to devastating anxiety. Another example of the importance of the ego's perceptual relationship to significant objects is the depressive state accompanying somatic illness. The depression seems to be a response to abandonment by the inner representation of the self, an object representation of critical importance.

The phenomenon of transference in psychoanalysis offers an exceptional opportunity to observe the subtle interplay between the mental representation of objects and objects in time and space. The shifts in cathexis of the mental representations of objects are related to the person of the analyst, who is variously

perceived by the analysand as being representative of one or more of his internal representations of objects. The analyst, as a helping person, is also internalized as a new object representation besides having the role of interpreter of unconscious phenomena. This new internal representation is a critical part of the process of analytic therapy. The necessary analysis of the transference does not require dissolution of that inner representation of the analyst based upon the real life experience of psychoanalysis.

In the therapeutic situation the therapist must maintain a constant awareness of the analysand's tendency to dissociate his conscious perception of these 'internal objects' from himself by the processes of introjection and projection. This is immeasurably easier if the analyst has a clear theory upon which to base his understanding and if the projective and introjective devices are properly identified as mental representations.

SUMMARY AND CONCLUSIONS

For our purposes in psychoanalysis, the concept of mental representations of objects cannot be defined in terms of a simple sensory perception system. In order to include the useful concepts of unconscious objects and of the superego we must have a more complex but more precise model of the perceptual system and hence also of the ego. It is essential to distinguish clearly between the psychic perceptual system and the physiological sensory apparatus, since the latter does not by itself determine the perceptual experience. Conscious perception can occur only after a physical sensory experience has been worked over in the unconscious; in this respect sensory stimuli from without are equivalent in kind to stimuli arising from within the organism. A conscious perceptual experience is bound by the principle of secondary revision (elaboration) in the waking state as well as in dreams.

To understand the problem of perception, we must suppose that the ego has multiple functions, which must include both simple sensory perception and the internal representation of

objects. The cathexis of 'external objects' occurs in the ego and not in the world of time-space. Secondary narcissism is a particular kind of investment of a part of the ego, of that part *perceived* as the self. The withdrawal of cathexis from 'external objects' is thus not accomplished by withdrawal of cathexis from object to ego (Freud), or from object to id or physical self (Federn), but is an energetic shift from one part of the ego to another.

The hypothesis of multiple part-egos infers that they will have various relations to each other in the ego perceptual system. Federn's 'reality perception' usefully defines the idea of coincidence, or lack of it, between perceptions in time-space and inner perceptual experience. It rightfully differentiates reality testing from the inner convincing sense of reality that one can have without finding any of the criteria for reality of the time-space world. The inner view of self is only one part of the ego and coincides with 'external reality' to a limited degree at best. That part of the ego that is internally not consciously perceived or is looked upon as 'not self' may nevertheless coincide with time-space reality (11, 12).

REFERENCES

1. ALLPORT, FLOYD: *Theories of Perception and the Concept of Structure*. New York: John Wiley & Sons, Inc., 1955.
2. BRIERLEY, MARJORIE: *Trends in Psychoanalysis*. London: The Hogarth Press, 1951.
3. DALBIEZ, ROLAND: *Psychoanalytical Method and the Doctrine of Freud*. New York and London: Longmans Green and Co., 1941.
4. FAIRBAIRN, W. R. D.: *A Revised Psychopathology of the Psychoses and Psycho-neuroses*. Int. J. Psa., XXII, 1941.
5. FEDERN, PAUL: *Ego, Psychology, and the Psychoses*. New York: Basic Books, Inc., 1952.
6. FERENCZI, SANDOR: Introjection and Transference (1909). In: *Sex in Psychoanalysis*. New York: Robert Brunner, 1950.
7. FISHER, CHARLES: *Dreams, Images, and Perception*. J. Amer. Psa. Assn., IV, 1956.
8. FREUD: *The Interpretation of Dreams*. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vols. IV and V*. London: The Hogarth Press, 1953.

9. ———: *Three Essays on Sexuality. Ibid.*, Vol. VII.
10. HILL, LEWIS B.: *Psychotherapeutic Intervention in Schizophrenia*. Chicago: University of Chicago Press, 1955.
11. JACOBSON, EDITH: *Contributions to the Metapsychology of Psychotic Identifications*. J. Amer. Ps. Assn., II, 1954.
12. ———: Contribution to the Metapsychology of Cyclothymic Depression. In: *Affective Disorders. Psychoanalytic Contributions to Their Study*. Edited by Phyllis Greenacre. New York: International Universities Press, Inc., 1953.
13. KLEIN, MELANIE: *Contributions to Psychoanalysis, 1921-1945*. London: The Hogarth Press, 1948.
14. LEWIN, KURT: The Conceptual Representation and the Measurement of Psychological Forces. In: *Contributions to Psychological Theory, Vol. I*. Durham, North Carolina: Duke University Press, 1938.
15. MURRAY, HENRY A.: *Explorations in Personality*. New York: Oxford University Press, 1938.
16. NOVEY, SAMUEL: *Some Philosophical Speculations About the Concept of the Genital Character*. Int. J. Ps., XXXVI, 1955.
17. SNYGG, D. and COOMBS, A. W.: *Individual Behavior*. New York: Harper & Bros., 1949.
18. STERRA, RICHARD: *Introduction to the Psychoanalytic Theory of the Libido*. New York: Nervous & Mental Diseases Monographs, 1947.
19. SULLIVAN, HARRY STACK: Syntactic Mode of Experience. In: *The Interpersonal Theory of Psychiatry*. New York: W. W. Norton & Co., Inc., 1935.
20. VAHINGER, H.: *The Philosophy of 'As If'*. London: Routledge & Kegan Paul, Ltd., Second Edition, 1935.

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COMMENTS ON A COMMON FORM OF ACTING OUT

BY GERT HEILBRUNN, M.D. (SEATTLE)

In the analysis of a number of patients, I have found a type of resistance where the patient seizes upon a current reality which seems insurmountable to him and makes it the exclusive theme of his associations. Acknowledging intellectually the futility of this exclusive preoccupation, he continues his obstinate siege. The hypercathexis of a reality situation draws its intensity from two sources. One is an important if not the most vital element of the patient's neurosis; always it is a wish which is appropriately displaced onto reality. The other source arises from the defense against relinquishing the substitutive or expected gratification of an infantile wish.

A thirty-two-year-old man sought psychoanalysis for relief from social uneasiness which was occasionally mildly paranoid. He was of medium build, pleasant and polite in manner, sensitive and intelligent, interested in good books, music, and art, moderately active in sports but on the whole somewhat shy and retiring. He had made a rather unhappy marriage to a wife who was immaturely dependent and emotionally unstable.

When he was a year and a half old, his mother developed a chronic psychosis which necessitated frequent and long periods of hospitalization. Whenever she returned to the family, her state was precarious and great care was taken lest she be burdened with difficult decisions or too much housework. The father assumed full responsibility for the family. Shortly after the mother became ill, the patient and his brothers, five and six years older, were placed first in a foster home for one and a half years; later in a second one for an additional five years. The

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father lived in a nearby hotel and visited the children weekends. Although the patient grew rather fond of his first foster father and his second foster mother, the dispersion of the family made him a very lonely and wistful child, forcing him into passive emotional isolation. He remembered that there was no closely affectionate relationship with his father: 'I just held still and waited for what was coming next. I pulled in and held all my energy together.'

His conditioned distrust in the permanence of human relations was reflected by his caution in the transference, in which he avoided expression of any definite emotional attitudes as he did in his other personal associations. The father having been the only reliable as well as the dominant person throughout his life, the patient tried to maintain, through passive, feminine devotion to him and putting himself in his mother's place, his isolation in the transference as a patent defense against homosexual involvement. When in the analysis he became aware of this homosexual orientation, he settled into a comfortable positive transference and resisted efforts to move from that newly won stronghold. The analysis had reached an impasse. Straining to overcome his passivity, he forced himself to participate in group discussions, sought social contacts, welcomed appointments to professional committees, and took an active lead in matters pertaining to his house and family.

The greatest part of his energy was spent in a strenuous attempt to modify his professional status as a social worker. He was determined to establish himself as an independent psychotherapist, functioning in complete freedom from any supervision by an institution or a physician. Encountering insuperable practical difficulties, he became obsessed with the determination to become a physician, reasoning that only as a doctor could he be independent, practice psychiatry, and earn more money. In a flurry of activity he wrote to numerous medical schools, solicited his father's pledge of financial help, and anticipated in detailed fantasy the future course of events. The entire plan collapsed within a few months as one medical school

after another declared him ineligible because of his age and unsatisfactory grades in certain college courses. Characteristically, but much to his surprise, he felt greatly relieved when he received negative answers from various universities. His obsessive flurry of striving to gain independence had served as a denial of his passive dependent cravings which he was not ready to relinquish. The pseudoactivity gave him the dubious advantages first, of seeming, rather than being, in competition with his two brothers who were academicians in independent positions; second, of rescuing his mother by becoming a psychiatrist; third, of engaging in noncompetitive rivalry with his analyst.

During this period he complained bitterly that his brothers always enjoyed the rights of seniority, could be 'active and independent', and always 'belonged' whereas he did not. He felt alone and 'had to earn belonging by thoroughly capitulating'. In a session following such complaints, he reported dreaming of a sweet little girl in a slip, singing. This representation of himself was accompanied by speculations about the possible advantages of having been born a girl which protected him from coming to grips with his oedipal conflicts.

He recalled vaguely his first foster mother as a tense and nervous person who argued frequently with her husband, 'a warm, gruff, and very masculine man'. There were at that time many separations which contributed to his feelings of insecurity. The second foster mother was remembered as a very pleasant and cordial person, her husband as a big, jovial alcoholic; a carriage whip on display for disciplining was used on rare occasions. There were pleasant memories of cookies for Christmas, riding on the foster father's knees, of a summer house near the main house. No sense of belonging to a foster family could develop because his own father claimed the loyalty of his sons through his weekly visits, which undermined any intensive relationship between the child and the foster parents. The patient thus found himself in an oedipal situation with women whom he could only consider as temporary mothers and with men who

were not fathers, or with a father who gave no support but was powerful.

When, after an initial phase of resistance, he became aware of old tender longings in the transference, he denied them by a competitive demand for professional equality with the analyst. This posed again for him an insoluble problem. Unconditional victory would have meant the loss of his only security. It was symptomatic that he was forever in financial debt to his brothers, his father, and to loan agencies.

I should like to add briefly appropriate excerpts from two other cases to illustrate further the point in question.

A married man of thirty-four had acceded to his physician's advice that he be admitted to a hospital as protection against alcoholic and homosexual excesses. From the hospital he was escorted for therapy daily to and from my office by hospital personnel. His wife, children, and relatives lived two hundred miles away.

His illness is best described by the term 'borderline neurosis'. His illness became manifest several years after his discharge from the armed forces. At that time he held a mediocre office job in the fairly sizable family corporation although his formal training had been classical with emphasis on mythology. He had shunned applying himself to teaching as a career by not completing his studies. Now he found the task of helping keep the company's books and the obligation toward his family unbearable. Therapy prior to his hospitalization had consisted of various forms of psychotherapy; also a series of electric shocks.

He became, after a few months, increasingly critical of the hospital to the point of frank revolt. He accused the sanitarium of not living up to its promises; in his opinion, the staff lacked consideration and failed miserably in their obligation to consider the individual needs of the patients. His insulting, arrogant, and belligerent behavior would at intervals culminate in the demolition of doors, walls, books, and clothing and, occasionally, in physical assaults upon his most despised aides and

nurses. One could hardly give credence to accounts of such hostile and destructive conduct from a patient so apparently consistently sincere, confiding, and sometimes even warm. He reported his violent behavior at the hospital faithfully and honestly, and defended his rages with righteous indignation. He attributed his belligerence in a large measure to his hypersensitivity. He appreciated the natural limitations of the employees, acknowledged fully the necessity for a hospital routine, and realized that such a routine could not possibly be altered to fit the requirements of each individual. Despite all this tolerant understanding, he repeatedly acted out his rage whenever a door was shut too noisily, an aide forgot to bring his shaving kit, or an attendant walked by his door shod with leather instead of rubber heels, when a nurse tried to engage him in conversation at an inopportune moment, and when his mail was not delivered promptly.

The patient was the middle of five brothers: two were three and one and a half years older; the other two, three and eight years younger than he. The children were brought up according to rigid, inflexible discipline. Parental demands were never unreasonable but had to be obeyed without question. When help was required in the garden, the sons simply followed orders. Protestations or postponements were unthinkable. Certain daily responsibilities detailed to each child, commensurate with his age, became part of a stern life. At one time his father kept a chart on which the dutiful performance as well as the neglect of daily chores was recorded. There was no reward for faithful performance but proportionately severe spankings at the week's end were meted out for any derelictions. Mother intervened only to ask her husband to soften the blows. The parents, particularly the father, believed that this training would prepare their sons properly for the exigencies of life. Emphasis was laid not only on the ability to shoulder duties matter-of-factly but also on proof of independence. To acquire that valued quality of self-reliance the boys, among other exercises, had to select their own clothing, without guidance, from the age of eight or

nine. Their status in the community, they were warned, obliged them to exhibit especially decorous conduct. They were permitted no mistakes in reaching the goals which their parents had staked for them. The patient and one of his younger brothers could not cope with this rigorous system and its lack of concern for the individual. They needed tender care and indulgent guidance and both regressed into overt homosexuality. The patient's actual and fantasied predilection for blond homosexual partners revealed his intense sibling rivalry as he was the only one of the five boys with dark hair. A sexual experience with the younger brother precipitated a panic which led both to seek treatment.

The patient's remarkable talent for knitting, his keen interest and exquisite taste in interior decoration, and some effeminate gestures as, for example, drawing his legs under him in an overstuffed chair, were attributable in part to his identification with his mother and in part to her often and dolefully expressed wish that her third child had been a girl.

Rebellion against rigid rules, which he had had to restrain as a child, was now directed in full measure against the hospital. He seized upon the 'stupidity' of the hospital personnel to take vicious revenge for his parents' insensitivity. The intensity and persistence of his attacks were generated by his impetuous demand for love. He could thus conveniently project his own inadequacies, avenge himself for the hardships of his childhood, and entertain hope for a remedial change. It was easier for him to combat the anonymity of the hospital than to come to grips in the analysis with his fear and hatred of his father and the rage against his mother. In this way he maintained a *status quo* which saved him from adult responsibilities, the danger of mistakes, and the pain of criticism.

Gradually his hostile reactions in the hospital were less frequently acted out, and when he approached plans to leave it, his polite deportment toward the analyst was often punctured by sudden outbursts of intense hatred: 'I don't trust you. You are

a doctor, a sadistic bastard just out to torture people.' An early experience with a cruel physician who had torn crusted bandages from an injured finger provided the background memory. His father had taken him to that physician repeatedly. He had gained the courage to express his hatred of the father in the transference, and to rebel against the submissive homosexual role which had seemed to him to be the only mode of a relationship with his father.

A middle-aged, married housewife wished to obtain relief from a great number of physical complaints which accompanied a chronic state of anxiety. She was plagued by urinary frequency in the company of others, and by chronic diarrhea for which the most careful examinations revealed no tangible pathology. Several times during and particularly toward the end of a rather lengthy analysis the patient developed chronic rhinitis and otitis media. She was especially bothered by dried secretions which blocked her nasal passages, creating a feeling of appearing 'puffed up and unclean', for which medical treatment served only to increase her preoccupation with her discomfort, and to convince her that this ailment was an indication of slowly progressing, general deterioration of her body due to advancing age. She felt useless, ugly, old, and dirty.

This patient's father was such an inhibited and ineffectual man that, according to family tradition, he refused to push the baby carriage lest he admit publicly that he had sired a child. The patient and her sister, eighteen months older, had to be content with a trickle of fatherly attention. When members of the family prepared to go out singly or together, the father made sure that they had emptied their bladders to safeguard against an embarrassing search for toilets away from home. It is not surprising that his anxious precautions had exactly the opposite effect, a fact which induced him to re-enforce his indoctrination, thus establishing a vicious circle. In later life her urinary frequency, her compulsion to locate toilets in strange places, and her frequent use of them proved to be the patient's belated

method of compromising her father for his false modesty.

On a much deeper level, however, the patient believed that her father remained aloof because her genitals were dirty. Her urinary compulsion and her immaculate cleanliness were symptoms of placation and seduction. Her various intestinal and upper respiratory afflictions signified to her that she was dirty; therefore to be cured was in part a striving to be clean and lovable to father. It is a matter of speculation if and to what extent the displacement upward of genital impulses kept the nose and ears in a state of chronic engorgement and subsequent infection; but it was a matter of fact that the undue emphasis on a low grade infection and search for its successful treatment issued from her chronic conviction that she was dirty.

The patient suffered four such major chronic sieges during her analysis, two before and two in quick succession shortly after termination of treatment had been discussed. To the first two she had paid no more attention than was usual for her, whereas the latter two occupied a great deal of her time through appointments with physicians and absorbed nearly all of her emotional energy by a well-rationalized flight to the sanctuary of physical disease. She circumvented the painful task of working through the solution of a very intensive, ambivalent transference and very deftly resisted the progress of the analysis until the essence of this resistance became intelligible as the maintenance of the œdipal transference was threatened by termination of the analysis.

SUMMARY

A report of three clinical instances demonstrates the use of well-defined, adverse reality situations as formidable defenses in psychoanalysis. The mobilization of infantile conflicts in the transference stimulated dramatization of repressed instinctual impulses. The repetition compulsion of past experiences, or their derivatives, was motivated by the hope of gaining gratification of persistent (ego-alien) infantile strivings (2). The displacement of the cathexis from the repressed memories to der-

ivates was economically in the service of attenuating the attendant anxiety, invoking defenses of rationalization to keep dangerous impulses in repression (1). The selection of rationalized acting out as the particular mode of resistance had its specific reason in each case and had to be analyzed as such, aside from its specific content. These patients interlaced their latent conflicts with situational exigencies which isolated those complexes from the analysis. As Glover has observed: 'When even for a short space of time the patient puts up an effective total resistance, we are nearest to the core of his conflicts' (3). The shift of the cathexis from the id to the domain of the ego was prompted by the latter's need of mobile re-enforcement to cope with the dynamic forces of the unconscious. The final convergence of the various specific defenses into action repeated regressively the historic pattern of mastering masochistic stimuli by motor activity.

REFERENCES

1. ARLOW, JACOB A.: Rationalization as Resistance. In: *Clinical and Theoretical Aspects of Resistance*. Reported by Heinz Kohut. J. Amer. Psyc. Assn., V, 1957, pp. 552-553.
2. FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., 1945, p. 506.
3. GLOVER, EDWARD: *The Technique of Psychoanalysis*. New York: International Universities Press, Inc., 1955, p. 56.

Psychoanalysis as Method and as Theory

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PSYCHOANALYSIS AS METHOD AND AS THEORY

BY THOMAS S. SZASZ, M.D. (SYRACUSE, NEW YORK)

Psychoanalysis has come traditionally to denote four heterogeneous categories of data: first, a theoretical framework of concepts, hypotheses, and theories aimed at explaining various aspects of human development and behavior; second, a body of data, based partly on observation and partly on inference (the content of psychoanalysis both as theory and as therapy); third, a scientific method for making certain observations and basing conclusions on them (the psychoanalytic situation); last, a method of psychotherapy, a technique of influencing people by communication.

While all of these categories overlap,—particularly the first two which pertain to theory, and the last two which pertain to method,—it is nevertheless necessary to distinguish among them, especially in so far as controversies about what is or is not psychoanalysis are concerned. Such disagreements persist because the central question of the debate remains unclarified. This question may be phrased as follows: what is the exact area of knowledge, and mode of operation, that is being discussed? Clear agreement on an answer to this question and conscientious adherence to it would render many controversies unnecessary and impossible. The controversy concerning the question, 'what is psychoanalysis?', persists because those engaged in it are not talking about the same things.

THE HISTORICAL EXPANSION OF PSYCHOANALYSIS AS THEORY

With the growth and development of psychoanalysis into a broad scientific discipline dealing with human development,

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thought, and feeling, as well as with processes of human relationships in various settings, it becomes a prerequisite of further progress to differentiate clearly between specific operational procedures which furnish the investigative method and frame of observation on the one hand, and a general theoretical orientation on the other. The word 'psychoanalysis' has denoted both ever since it was coined by Freud. For many years this comprehensive meaning of the term caused no difficulties. Indeed, it was a useful way of describing a type of psychological orientation to human experience which was different from other points of view (such as, a medical 'psychology' which tried to explain 'deviant' human behavior on the basis of specific anatomical lesions or physiological dysfunctions in the brain).

The present state of affairs regarding the psychological approaches to human living is of course radically different from that of half a century ago. This is particularly true in regard to theory, so much so that it can be asserted that at present there is no 'psychological' view of human life which has not borrowed either a little, or more often a great deal, from 'psychoanalysis'. Let us turn to an analogy with mathematics to illustrate the thesis that there is a need to distinguish sharply method from theory in psychoanalysis.

What is mathematics? This term refers to a large number of complex and varied phenomena. The common denominator among these may be sought either in terms of certain abstractions (concepts) or in terms of certain procedures (operations). To begin with, mathematics deals with integers (numbers). Mathematics has evolved from these to a stage where it now encompasses the study of many complex symbols, such as fractions, imaginary numbers, series, sets, and so forth. From the point of view of operations, we start with addition and subtraction, and evolve through multiplication, power-operations, summability, and integral and differential calculus, to an ever-growing number and complexity of operations. This is the situation at present in regard to the conception of psychoanalysis. Psychoanalysis may be likened to mathematics in that it en-

compasses a wide area of knowledge within which one can distinguish a large variety of different concepts and operations. Thus we speak of personality development, of education, of child analysis, of the analytic situation, of clinical and applied psychoanalysis (3). Each requires, however, certain distinctive concepts as well as certain operations which are useful and valid in one but not in another of these special regions.

Consider, for example, the differences between the analysis of children and the analysis of adults. Freud himself spoke of the 'analysis' of little Hans (6). This has created the extremely misleading impression that there is a similarity (if not identity) between the analytic treatment of adults and children. From the point of view of method, the similarities between what today is considered the 'analytic situation' and the mode by which little Hans was influenced are negligible. Why then has the custom persisted of speaking of child analysis or of the analysis of psychotics?

Without entering into the complexities of these special techniques, it is suggested that the reasons for this manner of classification are largely historical. Any mode of approach to which Freud and his early followers addressed themselves was designated as a branch of psychoanalysis. While the methods and the human situations differed, what remained constant, or at least significantly similar, was the conceptual make-up of the observers. This became a basis for placing numerous methodologically dissimilar operations into one and the same category. This was inevitable in its day, since what was *then* distinctive about psychoanalysis was its conceptual framework. *At present*, however, psychoanalytic concepts are widely disseminated among the psychological and social sciences, and what has emerged as its most distinctive feature is its operational method. Accordingly, the lumping together as psychoanalytic of different clinical techniques becomes increasingly inimical to scientific progress in this field, and simultaneously the clarification of different operations gains increasingly in importance (11, 12).

While specific operational procedures *within* psychoanalysis

are in need of greater delimitation, the general concept of 'psychoanalysis' as a theoretical framework requires expansion. In other words, it seems to me that we are rapidly approaching the time—if indeed we have not already reached it and have even passed beyond it—when we will have to redefine the conventional meaning of the word 'psychoanalysis' in such a way that it will encompass a much larger area of human experience than it did some decades ago. Such growth of concepts is, of course, a familiar phenomenon in other areas of human life. It must not be regarded as a dilution of earlier scientific truths by popularizations. On the contrary, such change represents just the opposite, since what was formerly regarded as but a small segment of experience appears, at a later time, to have grown so that further conceptual and terminological subdivisions become necessary in order to make fresh scientific work possible. Resistance to this process, for whatever reason, can only hinder the semantically clear organization of all the newer experiences which, in fact, could come into being only because of the scientific work which has preceded it.

When we ask, 'what is psychoanalysis?', we usually refer not only to the clinical psychoanalytic situation, but to a great number of other diverse phenomena and processes as well. Let us assume then that psychoanalysis in this wide sense encompasses all aspects of scientific psychology. The common denominator which would justify this terminology would lie in the fact that all the diverse fields of inquiry subsumed under this heading would have to do with the scientific study of human experience and human relationships. Accordingly, the specialties within psychoanalysis as a general theory may range from the psychoanalytic situation to psychological testing, anthropology, sociology, and so forth. Clearly, the differences in these areas of inquiry may be much greater than the similarities. The designation 'psychoanalysis' retains its value, nevertheless, as a theoretical abstraction based on the similarities of the phenomena (and abstractions) under consideration. Let us recall in this connection that the terminological change suggested in regard to psy-

choanalysis is of exactly the same nature as that encountered in the history of other sciences. Many more phenomena, operations, and abstractions are included under the terms 'physics', 'chemistry', 'biology' today than were included fifty or even ten years ago.

If what is here proposed is objected to as substituting psychoanalysis for what is generally thought of as psychology, this is very close to what is intended, and in so doing, only recognizes and clarifies a state of affairs that has already come into being: we know of no psychology other than psychoanalysis which is a coherent scientific psychology of human development and behavior in its various ramifications.¹

MODES OF INTERACTION IN HUMAN RELATIONSHIPS

The diffusion of the concept of psychoanalysis to include all psychological phenomena and processes relating to human experience and human relationships—not necessarily including their unconscious, preconscious, and conscious interrelationships—has caused it to lose much of its significance. This is most clearly illustrated by such terms as 'psychoanalytic therapy' or 'psychoanalytically oriented therapy', by which are designated a wide variety of approaches to psychotherapy which admittedly often differ markedly from ('classical') psychoanalytic technique (1, 2, 7).

The most typical and persistent questions in this connection are: 'what is or is not psychoanalytic technique?'; and 'what are

¹ Various branches of modern psychology, such as physiological psychology, learning theory, experimental psychology, clinical psychology, psychometrics, social psychology, etc., have no common denominator other than psychoanalytic theory. In so far as they do not lean on, nor borrow from analysis, each of the foregoing disciplines remains relatively isolated from the others. Subdivisions of nonanalytic psychology have thus never appeared as parts of an organic whole—as for example the various specialties within chemistry or physics—but have constituted independent and mutually isolated parts. The theories of reflexology, Gestalt psychology, and physiological psychology, to name but a few, are disparate rather than complementary within a larger, abstract, theoretical framework.

the differences between psychoanalysis and dynamic psychotherapy?'.²

As an example of this controversy, let us consider the opposing arguments of Alexander and French's *Psychoanalytic Therapy* (2) and Eissler's critique of this work (4). It seems to me that I state the obvious when I say that Alexander and French use the word 'psychoanalysis' to refer to concepts and theories. In other words, they use it to refer to the 'mental make-up' of the therapists. If they are 'psychoanalysts', what they do is *ipso facto* 'psychoanalysis'. They do not use this word to denote the classical technique (whatever this might be is not the issue here) since they themselves are the first to claim that the modes of operation set forth in this book are different from the particular operation to which the word 'psychoanalysis' has been customarily applied. Eissler, on the other hand, focuses throughout on method and shows clearly that the procedures set forth in this book are not at all similar to what emerged from Freud's work as the distinctive method of psychoanalysis. Whether a patient gets 'cured' or not, or whether a therapist's concepts are psychoanalytic or not, are issues that are not pertinent to this argument. The question of 'cure' belongs in another realm altogether. As to the question of the mental make-up of the therapist, it must be remembered that no one is in a position to know whether another's concepts are analytic or not; but everyone can know how he observes and studies a particular phenomenon. This is the main reason why persistent emphasis on operations, rather than on concepts, has come to characterize all of modern science. In this, interestingly, all the parties in the dispute agree. Alexander and French, as well as Eissler, are in agreement that the techniques set forth in *Psychoanalytic Therapy* differ from the 'primary model technique' (5). Similar considerations hold for the work of Fromm-Reichmann (7, 8) and others.

² In 1954, an entire issue of *The Journal of the American Psychoanalytic Association* (Vol. II, No. 4) was devoted to considerations of these and related ques-

One might still ask, however, whether these 'nonprimary model techniques' belong in the realm of 'psychoanalysis'? This is similar to asking whether certain studies of viruses belong in the domain of biology, chemistry, or physics. The answer to such questions is essentially arbitrary. From a scientific point of view, however, not only are the answers to such questions arbitrary, but the questions themselves are unimportant.

If the foregoing line of reasoning is valid, it follows that little is to be gained by the continued use of the adjective 'psychoanalytic' in the description of all manner of psychological processes. Its only purpose can be to seek to gain prestige and acceptance for all sorts of varied and unrelated ideas. It would be as if in mathematics instead of differentiating between addition and differential calculus by appropriate words, we would simply speak in both cases of 'mathematical operations'. The latter expression would be logically correct. Similarly, the labeling of various human relationships as 'psychoanalytic therapy' might be theoretically justified, yet it is of no scientific value, since by so expressing ourselves we do not tell our colleagues what we are doing, nor can we be clear about it in our own minds.

Just as the words 'physical' and 'mathematical' are not used as explanatory adjectives in connection with specific operations in those fields, so it appears that the word 'psychoanalytic' might best be dropped from such usage also. To accomplish this it will be necessary to find appropriate new words for various human situations. For the 'analytic situation' we have Eissler's expression of 'primary model technique' (5). For a certain type of relationship between therapist and schizophrenic patient, the expression 'therapy by example' has been suggested (10).

The task, then, is to identify as clearly as possible the distinctive features of various human relationships, including various psychotherapies. The relationship between analyst and

tions. The magnitude of space and energy taken up by these problems in current literature can hardly be exaggerated (9).

analysis and in the analytic situation is the only one that has so far been clearly defined.

SUMMARY

The multiple and misleading uses to which the designation 'psychoanalysis' is applied raises the question whether some persistent confusions about it might be clarified by a more precise definition of the subject. Reasons are briefly presented to show the increasing need for sharp differentiation between psychoanalysis as a theory and as a method. The historical expansion of psychoanalysis and the development of the omnibus, 'dynamic psychiatry', render psychoanalysis, as theory, a too broadly inclusive and ill-defined term. By contrast, psychoanalysis as a scientific method of observation (the analytic situation) has undergone neither expansion nor shrinkage. Following a period of dilution, diffusion, and confusion, it has gradually become better defined than it had been previously. The proposal is made that the word 'psychoanalysis' be used only to denote an expanding area of science ('theory'). By the same token, however, use of the word 'psychoanalytic' as an adjective applicable to innumerable diverse modes of operation is crippling to further progress in the field. It is urged that different psychological operations be clearly designated by different expressions (e.g., the primary model technique, therapy by example, etc.). Considerable controversy seems to arise and to continue because some people use the word in one sense, and others in another sense, without either group making this explicit.

REFERENCES

1. ALEXANDER, FRANZ: *Psychoanalysis and Psychotherapy: Developments in Theory, Technique, and Training*. New York: W. W. Norton & Co., Inc., 1956.
2. ———; FRENCH, THOMAS M.; et al.: *Psychoanalytic Therapy: Principles and Applications*. New York: The Ronald Press, 1946.
3. ——— and ROSS, HELEN, Editors: *Dynamic Psychiatry*. Chicago: The University of Chicago Press, 1952.
4. EISLER, KURT R.: *The Chicago Institute of Psychoanalysis and the Sixth Period*

- of the Development of Psychoanalytic Technique.* J. of General Psychology, XLII, 1950, pp. 103-159.
5. ———: *The Effect of the Structure of the Ego on Psychoanalytic Technique.* J. Amer. Psa. Assn., I, 1953, pp. 104-143.
 6. FREUD: *Analysis of a Phobia in a Five-Year-Old Boy* (1909). Coll. Papers, III, pp. 147-289.
 7. FROMM-REICHMANN, FRIEDA: *Principles of Intensive Psychotherapy.* Chicago: The University of Chicago Press, 1950.
 8. ———: *Psychoanalytic and General Dynamic Conceptions of Theory and of Therapy: Differences and Similarities.* J. Amer. Psa. Assn., II, 1954, pp. 711-721.
 9. FROSCH, JOHN: *Editor's Note.* J. Amer. Psa. Assn., II, 1954, pp. 565-566.
 10. SZASZ, THOMAS S.: *A Contribution to the Psychology of Schizophrenia.* Arch. of Neurology & Psychiatry, LXXVII, 1957, pp. 420-436.
 11. ———: *On the Experiences of the Analyst in the Psychoanalytic Situation. A Contribution to the Theory of Psychoanalytic Treatment.* J. Amer. Psa. Assn., IV, 1956, pp. 197-223.
 12. ———: *On the Theory of Psychoanalytic Treatment.* Int. J. Psa., XXXVIII, 1957, pp. 166-182.

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THE ILLUSORY REDUPLICATION OF BODY PARTS IN CEREBRAL DISEASE

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

Disturbances of the body image caused by organic disease of the brain have been studied with especial interest in recent years. While the distortion of the body image might be an expected consequence of the dysfunction of brain tissue, illusional reduplication seems to be more difficult to explain. A paper by Brock and Merwarth, in which five cases are presented, prompts these comments.

The illusory reduplication of body parts in cerebral disease, since it seems to be limited to no single locus of damage, is probably the result of the action of a psychodynamic defense as Weinstein and his co-workers contend, and as Brock and Merwarth allow. Although the reduplication clearly serves to replace a defective or an absent structure, I believe that the specific nature of the defense can be delineated more precisely.

In his discussion of the psychodynamics of paranoid psychosis in 1911, Freud suggested that the primary psychic event was a breaking of psychic contact with the real world. The subsequent elaboration of a delusional cosmology, said Freud, is merely an effort to re-establish by projection the world which has ceased to exist for the patient. Nunberg, in his detailed observations of the psychic productions of schizophrenics, concluded that fantasies of the creation of children (impregnation, conception, pregnancy, birth) and individual fantasies of rebirth are prominent features of the manifest and latent content. He inferred that these fantasies were activated by the wish to repopulate the world which had disappeared. The form of these strivings is usually the fantasy of a number of small human or other animate organisms. Such observations are becoming commonplace as more and more schizophrenics are finding their way to analysis, especially with the assistance of tranquilizing drugs.

For patients who have illusory reduplication of body parts, a segment of the real world has ceased to exist for them or to function—namely, an important part of the body. Such an occurrence is catastrophic. The primary response, as Linn notes, is a withdrawal of attention from the horrifying percept. Secondarily, however, there

is an attempt to regenerate the destroyed part by illusion, as there is in schizophrenic efforts to repopulate the world with children, magically and autistically. These psychic constructs are usually smaller than their normal counterparts, sometimes multiple and, as cases one, three, and four of Brock and Merwarth illustrate, they are often attributed to the patients' children. Such autistic productions are results of the disease process in schizophrenia. In individuals with weak ego structures, a personal catastrophe may be sufficient to precipitate a limited break with reality; and even in individuals with originally strong ego structures an illusory break with reality may ensue when the structure of the ego is impaired by organic brain disease.

I propose, in short, that the symptoms of illusory reduplication in individuals with organic brain disease, and loss of structure or function of a part of the body, is a result of the operation of a psychically primitive, unrealistic mechanism for regenerating what has been lost—a mechanism observed among schizophrenics by Freud and Nunberg.

It would perhaps be too speculative to assume that these disease processes are unrealistic projections of a fundamental biologic mechanism which operates among individuals or groups to facilitate regeneration following catastrophe which results in loss of members. If there is such an instinctual mechanism, it accounts for the interesting observation that human population increases with unusual rapidity after a loss of population by war or other calamity. The female of some species of birds will continue to lay eggs almost indefinitely until a certain number are in the nest. She will, that is, respond to a predatory loss of eggs by producing more (Tinbergen).

A second root for illusory reduplication should be mentioned. In normal perceiving, there is a faithful representation of number: the number of elements in the real world is correctly represented in the intrapsychic image. However, in primary process, instinctual, primitive perception, the number of elements is not invariant. We encounter such phenomena in eidetic imagery (Schilder and Klüver) in the hallucinations of delirium, in the hallucinations evoked by hallucinogenic drugs, in the hallucinations appearing when sensory inflow is interrupted (Hebb, Lilly), in dreams, and also experimentally when apperception is impeded by ambiguity (Fisher). In these states, figures commonly appear small in size and multiple in repre-

sentation, as they do in temporal lobe seizures. We may thus suppose that when the amount of information reaching the apperceptive structures of the temporal lobe falls short of a critical threshold, secondary process, realistic perception is no longer possible. Primary process, primitive apperception ensues in which number is not faithfully represented.

It is reduction of input of information which is responsible in each case, whether by experimental exclusion of sensory stimuli, by the darkness of nightfall or closing of the eyes, by disease of the brain, by toxic inactivation of apperceptive structures, or by sleep. I can imagine that when sensory inflow is catastrophically interrupted, as it is by the psychic aversion to the real world in schizophrenia—or in an organically blinded patient (case four of Brock and Merwarth)—realistic apperception becomes impossible and the multiple representation of primary process perception is employed in the service of illusory instinctive regeneration. (I do not know whether any of these considerations would apply in cases of single phantom without organic brain disease.)

REFERENCES

- BROCK, S. AND MERWARTH, H.: *The Illusory Awareness of Body Parts in Cerebral Disease*. Arch. of Neurology & Psychiatry, LXXVII, 1957, pp. 366-375.
- FISHER, CHARLES: *A Study of the Preliminary Stages of the Construction of Dreams and Images*. J. Amer. Ps. Assn., V, 1957, pp. 5-60.
- FREUD: *Psychoanalytic Notes on a Case of Paranoia*. Coll. Papers, III.
- HEBB, D. O.: *The Mammal and His Environment*. Amer. J. of Psychiatry, CXI, 1955, pp. 826-831.
- KLÜVER, H.: *The Eidetic Type*. Proceedings of the Assn. of Research in Nervous and Mental Disease, XIV, 1934, pp. 150-168.
- LILLY, JOHN: *Problems of Isolation; Illustrative Strategies for Research on Psychopathology in Mental Health*. Group for the Advancement of Psychiatry, Symposium No. 2, June 1956.
- LINN, LOUIS: *Role of Perception in the Mechanism of Denial*. J. Amer. Ps. Assn., I, 1953, pp. 690-704.
- NUNBERG, HERMAN: On the Catatonic Attack (1920). In: *Practice and Theory of Psychoanalysis*. New York: Nervous and Mental Disease Monographs, 1948.
- SCHILDER, PAUL: *The Image and Appearance of the Human Body*. London: Kegan Paul, Trench, Trubner & Co., Ltd., 1935, pp. 114, ff.
- TINBERGEN, N.: *A Herring Gull's World*. London: Collins, 1953, p. 134.
- WEINSTEIN, E. A.; KAHN, R. L.; MALITZ, S.; ROZANSKI, J.: *Delusional Reduplication of Parts of the Body*. Brain, LXXVII, 1954, p. 45.

Fugue in a Four-Year Old

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FUGUE IN A FOUR-YEAR OLD

BY JOSEPH C. SOLOMON, M.D. (SAN FRANCISCO)

A father reported that while he was driving with his wife and children on a road surrounded by woods, his son, aged four, the oldest of his three children, started pummeling him from the rear. The child was being playful in a manner to which he had become accustomed and to which his father habitually responded in kind. This time, however, it reached an intensity which endangered the father's driving. He stopped the car, turned to the son and shouted, 'Don't ever do that when I'm driving!'. The child flinched and stared vacantly for a matter of seconds as if completely dazed. He quickly recovered, looked about as if to reorient himself, and said very calmly to his mother, 'I was just lost in a forest. A lion was coming after me to eat me.' He appeared relieved to find himself with his family.

Prior to the incident, both parents that day had been very irritable. The house was being freshly painted; there was little room to move about; they had shouted at the children many times to stay away from the wet paint; the family had not had dinner and were all hungry. The father was especially cranky.

On previous occasions the child had shown some slight fear of the forest through which they were driving. He had seen rabbits and wanted to know if there were other animals there. The sun streaking through the trees gave to the surroundings an unusual atmosphere which on one occasion had presumably prompted the son to say, 'This is a *real* forest, isn't it?'. He had during his four years shown very little tendency toward being fearful. He had discussed ghosts and dwarfs with his parents, granting that ghosts are just make-believe, but that dwarfs could be real. In no sense had he ever appeared to have neurotic traits. He was, in fact, an unusually self-reliant child. He was reared by a loving mother who did not overindulge him, but who consistently provided for him according to his needs. The circumstances of his weaning and his training as to eating, toilet, and sleeping habits had been uneventful transitions. He was well prepared, according to his ability to understand, for the births of his siblings. There was one experience that might well be directly considered as having been traumatic. When he was two years old, he walked into the parents' bedroom while they were

having intercourse. Following this incident, he was restless in his sleep during the next few nights.

An explanation as to what actually occurred during the seconds when this boy briefly fled from an intolerable reality would involve both physiological and psychological mechanisms. From the physiological point of view, something happened as the result of a sudden stress; yet there was no physical manifestation, such as occurs for example in the vasomotor system during syncope. There was, however, a complete blanking out of reality which may be compared with what happens in an electric circuit when the current carries too heavy a load and a fuse is blown. Physiology might explain what happens when the load is too great; but the nature of the load itself requires psychological explanation.

The child was surely thrown into a state of psychological shock by his father's sudden sharp rebuke for behavior which had not only been permissible but which formerly had been a source of libidinal interchange between father and son. This type of confusion is reminiscent of some of the states resembling catatonia produced experimentally in animals. The intensified pummeling of the father may on this occasion have been the manner in which the child was discharging the anxiety of being in the forest, amplified of course by the family's tensions that had accumulated during the day prior to the drive. The fantasy into which the boy fled may be reconstructed as a condensation of the paternal anger, the primal scene, and his own projected oral sadistic impulses. As frightening as these fantasies severally may have been, they did not equal the terror he experienced directly following his father's unwonted anger. Unquestionably the actual fear of his father was so fortified by oedipal guilt and pre-existing anxieties that the summation was too much for him to bear. His defense was the reflex development of a trancelike state in which he had a fantasy which enabled him to master his anxiety.

This incident in a four-year-old child's life invites the speculation that repeated experiences like this in infancy can contribute substantially to the pathogenesis of clinical anxiety and phobias. With parents who habitually subject a child to such emotional shocks, it is known that in some children self-perpetuating anxieties are established as a reaction by association to remotely related stimuli.

In the absence of more intimate knowledge of this child, his transient disturbance of consciousness is estimated to be a hysterical state (fugue). The flight is from the anxiety aroused in him by a singularly angry rebuke from his father. The child, as if in a waking dream, evokes a momentary fantasy in which his counteraggression toward his father is represented as a totemistic reprisal. This seemingly threatening fantasy allays his anxiety because, being in the phase of the *œdipus*, he cannot tolerate his sudden aggression toward the usually benevolent father. Why the boy selected a lion as the totem for the father is not known. The fantasy, however, proved to resolve his brief state of emotional shock, and restored him to the bosom of his family.

FRIEDA FROMM-REICHMANN

1890-1957

Dr. Frieda Fromm-Reichmann died at the age of sixty-seven at Chestnut Lodge in Rockville, Maryland, where she had for many years lived and worked.

Born in Königsberg, East Prussia, she was encouraged by her parents in her aspiration to become a physician—an unusual one at that time for a woman. She graduated in medicine in 1914. During World War I she served as a member of the staff of Kurt Goldstein, treating soldiers with injuries of the brain. She became interested in psychiatry early in the nineteen twenties, and in psychoanalysis through the writings of Freud. After her training she practiced psychoanalysis in Heidelberg.

With the rise of National Socialism in Germany Dr. Fromm-Reichmann emigrated to the United States where she was welcomed by Dexter Bullard as a member of the staff at Chestnut Lodge. There she developed a technique of modified psychoanalytic therapy of schizophrenia, which she first called 'psychoanalytically oriented psychotherapy', in later years revising her original estimation of the essential differences between her method and the psychoanalysis of the transference neuroses as theretofore opposed to the analysis of narcissistic neuroses. She achieved, in the course of years, surprisingly successful results in the treatment of psychoses.

Some of the principles of her technique and theory are published in her book, *Principles of Intensive Psychotherapy*, and in numerous contributions to periodicals.¹

We are indebted to Dr. Edith Weigert for permission to publish this brief abstract of a biographical sketch of Frieda Fromm-Reichmann's life, read at the First Annual Frieda Fromm-Reichmann Memorial Lecture, November 1, 1957, at the Clinical Center, National Institutes of Health, Bethesda, Maryland. It is published in full in *Psychiatry*, XXI, No. 1, 1958.

¹*Principles of Intensive Psychotherapy*. Chicago: The University of Chicago Press, 1950. (Reviewed in *This QUARTERLY*, XX, 1951, pp. 300-303.)

Cf. also, Fromm-Reichmann, Frieda: *Transference Problems in Schizophrenics*. *This QUARTERLY*, VIII, 1939, pp. 412-426, and *Problems of Therapeutic Management in a Psychoanalytic Hospital*. *This QUARTERLY*, XVI, 1947, pp. 325-356.

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Charles Otchin 1900-1957

Samuel R. Lehrman

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CHARLES OTCHIN

1900-1957

Doctor Charles Otchin died suddenly of coronary thrombosis while vacationing with members of his family in Florida during August 1957. He had not been ill previously, and there was no warning of his untimely end.

Doctor Otchin was born in Russia on October 4, 1900. He emigrated to the United States with his mother and brothers in 1920 and settled in New York. He graduated from the College of the City of New York in 1924, and received his medical degree (with honors: A.O.A.) from the New York University-Bellevue Medical School in 1928. Following two years of internship at Central Islip State Hospital, Israel Zion Hospital in Brooklyn, and City Hospital in New York, he applied himself to a psychiatric career at Central Islip State Hospital where he remained seventeen years, achieving the status of Senior Supervising Psychiatrist. In 1947 he left the service of the New York State Department of Mental Hygiene to enter private practice in New York City and to complete his analytic training at the New York Psychoanalytic Institute.

While at Central Islip, Dr. Otchin was one of a handful of psychiatrists who participated as a group in animated psychoanalytic discussions. All the members of this group subsequently became members of the New York Psychoanalytic Society. Dr. Otchin became a regular member in 1952.

For ten years he served on the Psychiatric Staff of Mt. Sinai Hospital and for a year prior to his death he gave four hours a week to the Federation for the Handicapped. He began as a student and continued on the staff of the Treatment Center where his dedication to clinical psychoanalysis and his sympathetic rapport with his patients were well known to all with whom he worked. To his patients, as to his friends and family, his passing is a profound personal loss.

He is survived by his wife, Kathleen, two children—Arnold, twenty-two, a graduate engineer, and Selma, seventeen, a student—, his mother, and three brothers.

SAMUEL R. LEHRMAN

Magic and Schizophrenia. By Géza Róheim. Posthumously edited by Warner Muensterberger with Assistance of S. H. Posinsky. New York: International Universities Press, Inc., 1955. 230 pp.

Franz Alexander

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BOOK REVIEWS

MAGIC AND SCHIZOPHRENIA. By Géza Róheim. Posthumously edited by Warner Muensterberger with assistance of S. H. Posinsky. New York: International Universities Press, Inc., 1955. 230 pp.

In this posthumous publication Róheim compares the origins of magic and schizophrenic fantasies—a topic with which he was pre-occupied in many of his writings. The similarities between magic and compulsive rituals have been pointed out by Freud, and dealt with in greater detail by Abraham in his early works. The basis of both lies in the omnipotence of thought which the child as well as primitive man possesses, while the repressed ego of the neurotic and psychotic substitutes this omnipotence of thought for realistic mastery of the environment upon which the gratification of instinctual needs depends. This concept is by no means new; the contribution of Róheim consists primarily in its wide documentation with anthropological observations and a fine study of the fantasies and dreams of a schizophrenic patient. Róheim, however, goes farther than merely pointing out the similar nature of these phenomena. His thesis is that the first object relation of the child is to the mother; hence, 'object relations in general are based on relations to the mother . . . mother is the prototype of Mother Nature'. Since the original object relation to the mother is oral, object loss means the loss of the feeding mother. Magic and schizophrenia are attempts to re-establish the lost mother-child unity by introjection and identification.

Róheim reaffirms Rado's earlier formulation concerning the function of oral gratification in ego development. According to Róheim, the oral function 'is one of the earliest and most important nuclei of ego development'. He then tries to account for the differences between magic and schizophrenia. Magic proceeds in this fashion: '1, originally there is an object-directed cathexis; 2, then withdrawal and a secondary narcissism; 3, then a movement back from the "autarchic" position, a return to object. These processes in magic are egosyntonic and shared by the social group. In psychosis these processes are not egosyntonic and are not shared by the social group, while the return to the object is usually unsuccessful.'

The reviewer found some of the tangential formulations of Róheim more illuminating than his basic formulations: for example, when he challenges Fromm's view that mankind, like a child, progresses from dependency to an ever-increasing degree of individuation and freedom. Róheim retorts: 'We are neither as free nor as "adult" as our Stone Age ancestors. . . . This may appear true if we look at the section of European history from the Middle Ages to the nineteenth century. But if the testimony of anthropology indicates anything, it shows that primitive man is free, untrammelled, and truly self-reliant in comparison with medieval or modern man.'

Equally interesting are references to the function of hope in the emotional household of man, although Róheim does not use the expression 'hope'. 'Reality means the tolerance of frustration, of suspense, of pain; and we assume that this becomes possible on the basis of retained sensations of pleasure. Pain becomes bearable because the reoccurrence of past pleasure is expected.' Or, in another place: 'Certainly if we do not believe that we can get what we want, even that we can get it because we want it, we could not get it simply on the basis of realistic action. We might, therefore, say that mankind functions mainly according to the magic principle.'

The world is not constructed according to our wishes. Nor can we transform it, even in our technological age, to the degree that we would like. The magic principle thus remains as fundamental today in the age of science as in the beginnings of civilization. Indeed, a number of modern epistemologists came to the same conclusion.

Sandor Lorand wrote a succinct introduction to this book, which contains some of the profound *aperçus* of its author.

FRANZ ALEXANDER (LOS ANGELES)

SCHIZOPHRENIA 1677. A PSYCHIATRIC STUDY OF AN ILLUSTRATED AUTOBIOGRAPHICAL RECORD OF DEMONIACAL POSSESSION. By Ida Macalpine, M.D. and Richard A. Hunter, M.D. Psychiatric Monograph Series No. 2. London: William Dawson & Sons Ltd., 1956. 197 pp.

This is the second book by Doctors Macalpine and Hunter and the second volume in the Psychiatric Monograph Series discussing a work by Freud. Some time ago when I reviewed here their first publication in this series, Schreber: *Memoirs of My Nervous Illness*, I

followed closely Freud's advice in his introductory remarks to the Schreber case. Accordingly, I used a 'policy of restraint', paying tribute to the authors' laudable efforts as translators and limiting myself to a few questioning observations on what appeared to be their rather generalizing and sweeping attempts at interpretation or reinterpretation. In reviewing their present effort it becomes increasingly difficult to maintain such a policy of restraint. To be sure, from a typographical viewpoint this volume is even more beautiful than the preceding one: format and illustrations are again superb; facsimiles and color-plates are of the highest order (the edition is limited to seven hundred fifty copies). Unfortunately, this is nearly all that can be said in its favor. Even the title is misleading. Only one-third of the text deals with what the authors term Schizophrenia 1677, and what Freud in 1923 presented in his paper, A Neurosis of Demoniacal Possession in the Seventeenth Century. The rest of the book is filled with the authors' ideas about mental health and illness, with their opinions about Freud, Schreber, paranoia, the case of Anna O, psychoanalytic training and technique, and various other themes, with manifold statements for, against, and about psychoanalysis, with variegated and numerous quotations from a great variety of ancient and modern sources—all of this (and more) offered with a good deal of repetitiousness and overelaboration. There are also sub-chapters on psychotherapy and psychiatric training (the latter should come about, if possible, 'without the exorbitant demands in time, money, and energy made by formal training analyses'), and even a chapter, The Classical Technique of Psychoanalysis, which, according to Macalpine and Hunter, 'is a tradition, its individual features are ill-understood, and have not been scientifically investigated'.

One could, of course, easily forgive the writers the many errors which they so readily commit, in common with so many other critics of Freud and psychoanalysis, but their criticism is of a special kind and it makes for sad reading. Their opposition to Freud—or should I use the technical term 'resistance'?—has some of the quality and substance discussed by Jones in one of his Freud Centenary Lectures. It runs like this: Freud was a great scholar, even a genius, *but* unfortunately most, if not all, his ideas are woefully misrepresented and misunderstood. The authors' main thesis, expressed throughout the present volume, is essentially that their ideas about psychopathology are right, while Freud's are wrong; that their approach to and un-

derstanding of Schreber's, Haitzmann's, Anna O's, and other patients' illnesses are correct, while Freud's views about these cases are incorrect, his findings doubtful, and his conclusions mistaken. In this cavalier fashion the two authors approach the dramatic story of Christoph Haitzmann (also spelled Haizmann), the sick painter, and offer a sweeping revision of Freud's interpretation of the artist's illness. In Freud's thorough interpretation—based on his analysis of the artist's symptomatology, pact with the devil, paintings of the devil, fragments of a diary, etc.—the devil to whom the painter, like Faust, sells himself in a solemn pact is recognized as 'a direct father-substitute . . . the satanic conception of the father' and as 'an image of the father' distorted by the painter's sick mind. As in the case of Schreber, Freud discusses the sick son's attitude to his father and concludes: 'What he is struggling against is the feminine attitude to the father', which culminates in and manifests itself through the artist's mental illness.

To Doctors Macalpine and Hunter this is not so. According to them, Haitzmann's disease has to do with procreation fantasies. Homosexuality? Not a trace of it. To use the authors' own wording: 'There is no evidence of homosexuality . . . no shred of evidence of homosexual conflict . . .'. Berating Freud for 'having committed the devil to the role of a father-substitute', they also find that in the painter's diary 'there is no mention of his father'. These are strong statements. Quite apart from analytic experience which teaches that such overly strong, pronouncement-like formulations ('no shred of . . .') may be suggestive of precisely the point which is denied, and just as the very omission of the father is of analytic significance, the paintings of the devil by Haitzmann himself tell a different story.

Asserting that Freud selected 'only such material as seemed to support his theory, and reproduced none of the paintings' (as to the last reproach it is well to remember that in 1923 inflation was rampant in Austria!), Doctors Macalpine and Hunter publish Haitzmann's nine paintings of the devil as the sick artist saw him during the various stages of his illness. They are remarkable paintings, indeed, depicting the apparition of the devil in different modes, shapes, and guises. The first apparition of the devil (plate 1) shows him as a heavily bearded man, well-dressed and dignified looking, with hat, cane, and a black dog at his side. Haitzmann explains this first apparition with the following words: 'The first time he appeared be-

fore me in this his guise as a *Bürger*, having with him a black dog, and asked why I was so *dismayed and sad*, he would help me out of my distress if I were willing to subscribe myself in ink to him *to be his son, he would assist and help* me in every possible way' (italics added). The second picture shows a more satanic type of devil, semi-nude, ugly, with beard, horns, cane, claws, two large breasts, and in the accompanying text the artist reports that he was forced to subscribe himself with his own blood to the devil. The third and fourth paintings depict the devil with massive horns, tails, and various protuberances sticking out of his forehead, arms, and hip area, again with claws and breasts. The fifth plate has the devil with a beard, huge nose, horns, claws, and *an enormous, erected, elongated, definitely penislike protuberance hanging down from the pubic area almost to the ground and ending as a snake*. Foregoing here the description of further details of all of Haitzmann's paintings, we have every reason to be grateful to the two authors for having reproduced them. Could Freud's main points about Haitzmann's devil be more strikingly borne out than by these paintings? Especially by the graphic portrayal of the devil's male genital, a penis of truly 'devilish' proportions? It is therefore with amazement that we read the authors' candid assertions, '... nor as can be seen from the paintings is there ever any indication of the male genitalia' (p. 103), or, on p. 104, '... nor do the paintings ever show any indication of the male genitalia'.

This example reveals only part of the argumentation used in the book. Just as Haitzmann's devil is depicted in ever more distorted modes of representation as his portrayal by the artist develops through the years of his illness, Freud and his analytic concepts are found, in the pages of this volume, more and more responsible for all sorts of mischief, especially toward the end of the book when the polemical undertone comes to the fore. On page 6, it is merely the wish 'to argue the case with Freud'; on page 147, it is discovered that 'the main influence exerted by psychoanalysis on psychiatry has been on classification and not on the understanding of mental disease'; on page 153, it is asserted that 'Freud had to manipulate, in part, even misrepresent ... material'. In the concluding remarks, finally, reference is made to the 'fallacies and misconceptions of the libido theory and how it has come to impede the development of effective psychotherapy'. Is it surprising that toward the end of the volume

also a broad hint is dropped that psychoanalysis may be ultimately responsible for electroshock treatment, lobotomy, and possibly other procedures to come? The authors, apparently in all earnestness, write 'psychoanalysis by its division of mental illness into neurosis and psychosis encouraged psychiatrists and psychoanalysts themselves to assume . . . that the origin of severe mental illness lay in as yet unknown brain pathology. This helped to pave the way for a revival of "treatment" by empirical brain-destructive procedures . . .' (p. 144).

Could it be that Haitzmann's devil, after going through so many strange and distorted guises in the seventeenth century, has reappeared in the twentieth—this time in the guise of a psychoanalyst? It is truly regrettable that this book is available in a limited edition only. It could be read with profit by every worker in the field, if only to enjoy its superb illustrations, to admire the typographical achievement, and at the same time to learn how *not* to analyze the posthumous work of an artist.

WILLIAM G. NIEDERLAND (NEW YORK)

THE SEARCH WITHIN. THE INNER EXPERIENCES OF A PSYCHOANALYST. By Theodor Reik. New York: Farrar, Straus & Cudahy, 1956. 657 pp.

The Search Within consists of selections from several books by Theodor Reik, abridged and edited by the publisher. Though written at different times, the selections are held together by the author's original and passionate personality.

Thirty Years With Freud offers a lively picture of Freud, spiced with anecdotes and recollections of his wisdom and wit. Here is Freud seen through the eyes of a man whose background, like Freud's, is the culture of the old Austrian Empire, its music, art, and literature.

The second part of the volume is taken from Fragments of a Great Confession. Reik's ability to look into his unconscious and to lose himself in free association often leads to repetitiousness. Hence the abbreviated form of the Great Confession offered here may, for many readers, be preferable to the original. It remains a remarkable self-revelation and an excellent contribution to the understanding of obsessional and compulsive symptoms. Reik urges every analyst

to emulate Freud 'with regard to his fearlessness, his moral courage, his readiness to suffer for his convictions and to remain lonely'. These confessions are certainly proof of moral courage.

Part III, selected from *Listening With the Third Ear*, deals with the gift for psychological observation. Reik traces the development of psychology back to self-observation by the child. The child realizes that it is observed by parents and nurses: thus self-observation originates in the awareness of being observed. A psychologist's gifts must include not only the ability to observe others, but the ability to see others mirrored in himself. 'The most important and the most valuable insights of psychoanalysis are found by self-analysis. Wherever and whenever psychoanalysis makes really important scientific progress, it will be accomplished by an experience in which self-analysis plays the greatest role.' Reik gives examples of exercises in self-analytic thought association, which he thinks every analyst should practice in order to avoid the danger of seeing himself as an "expert" on the heights and depths of psychical life'. Part IV offers selections of two other works by Reik, mainly interpretations of experiences in literature and music. Here too, self-analysis provides an important tool in understanding others.

In a hitherto unpublished chapter, *Adventures in Psychoanalytic Discovery*, Reik uses the same approach in dealing with problems such as superstition, myths, and prehistoric phases of civilization. The ideas are all interesting; verification will have to come from specialists in the various subjects Reik treats.

Though Reik's books have found a wide circle of readers among the general public, his isolation from his colleagues has reduced his influence among analysts. This volume, written by a man of unusual gifts and a rare natural talent for analytic experience, is a remarkable collection. It should be read by every analyst not familiar with Reik's work.

Much as Reik analyzes himself and demonstrates thereby how important self-analysis is for the analyst, he does not seem to apply self-analysis in his running battle with his colleagues (fortunately held in check by the editor of the present volume). However, he has the courage to quote many admonitions from Freud to show more moderation and self-control, to restrain his hostility, to expurgate spiteful remarks, etc. 'I know', Freud wrote to him in 1914, 'that you are again successfully engaged in spoiling for yourself as many op-

portunities as possible'. Reik admits that Freud was justified in criticizing his attitude; nevertheless he has not guarded against repetition of these propensities, since he came to the United States. But these are the shortcomings of a complex person whose interest in himself and whose remarkable perceptiveness and introspective talent make his work rich and stimulating.

Reik's fare concludes with a kind of dessert—letters from Freud to Reik over a period of twenty-five years. Freud's letters are always interesting, sometimes delightful; for example, he asks Reik: 'What ill wind has blown you, just you, to America?'

HENRY LOWENFELD (NEW YORK)

OF LOVE AND LUST. ON THE PSYCHOANALYSIS OF ROMANTIC AND SEXUAL EMOTIONS. By Theodor Reik. New York: Farrar, Straus and Cudahy, 1957. 623 pp.

Almost simultaneously with publishing his new book, *Myth and Guilt* (George Braziller, Inc., New York, 1957), Theodor Reik is re-editing a second volume of selections from his previous works under the title, *Of Love and Lust*.

Part I is taken from *A Psychologist Looks at Love* (1944), while Part II is a compact version of *Masochism in Modern Man* (1941) with its message of 'victory by defeat'. The last third of the book, approximately two hundred pages, is reprinted from recent publications and deals with such topics as: the unmarried, the emotional differences of the sexes, guilt feelings, impotence, jealousy, the sexualization of clothes, homosexuality, feminine vulnerabilities, etc.

Regardless of the degree of psychoanalytic sophistication, this is one of the books which will be read by men and women, by analysts and patients with differing degrees of interest and benefit.

MARTIN GROTJAHN (BEVERLY HILLS)

DISTURBED COMMUNICATION. By Jurgen Ruesch, M.D. New York: W. W. Norton & Co., Inc., 1957. 337 pp.

The subtitle of this volume reads: *The Clinical Assessment of Normal and Pathological Communicative Behavior*. The author, by borrowing from the disciplines related to psychiatry, and including cybernetics, presents 'a theory of human communication founded upon modern principles of scientific philosophy'. He holds that 'tra-

ditional psychopathological formulations . . . have neither explained the origin of mental disease nor contributed toward the development of effective treatment methods' and believes the time has come to try a new approach. He thinks that since communication 'seems to be basic to all forms of human relations . . . the formulation of human problems in terms of communication [will enable] the scientist to carry out the assessment of human communication along a continuum which ranges from normal to abnormal'. The presentation is 'problem-oriented rather than patient-oriented' and 'reflects the fact that in the process of communication at any one instant an individual deals not with the total personality of the other person but with certain salient features' of himself and the other person. It is the author's hope that specification of processes of communication, both normal and disturbed, 'will provide the clinician with a workable scheme which will prove useful in action as well as in retrospective reporting'.

Part One: *The Nature of Communication Pathology*, after a review of earlier related scientific contributions, takes up the nature of successful and disturbed communication, essentially in terms of the resulting gratification or frustration. *The Genesis of Disturbed Communication* considers the influence of such factors as 'overload', 'underload', 'incorrect timing', 'inappropriate statements', 'devious acknowledgment' and 'threatening content'. In discussing the genetic role of feedback, which 'is also responsible for the continuation of faulty perception and action', the author offers as an example (p. 68) a hand-washing compulsion. It is disquieting that the application of communication theory in this instance results in a superficial, mechanistic description without evidence of psychodynamic influence. The three other chapters of this part deal with disturbances of communication in childhood, in adult life, and in groups.

Part Two: *The Clinical Observation of Communicative Behavior*, after a chapter titled *The Systematic Assessment of Communication*, presents *A Guide to the Clinical Observation of Communicative Behavior*. The guide is divided into three profiles: A, *Personality Profile* (preferences, attitudes, potentialities and disposition); B, *Interaction Profile* (repetitive action sequences which occur in two-person situations); C, *Group Profile* (repetitive behavior in group situations). Each profile is then focused upon a series of six 'intervening variables': 1, systems of communication; 2, functions of communi-

cation; 3, language and codification; 4, content and information; 5, metacommunication and instruction; 6, correction, feedback, and reply. In each instance the undisturbed functioning is paired with the disturbed. The results of this effort yield a great deal more than a systematic array of healthy and disturbed character-symptom facts. Dr. Ruesch demonstrates an extraordinary capacity for observation and the reader is presented with a series of fascinating character vignettes. A study of this section of the book could do much to enrich our all too often impoverished powers of description of personality variables, and to increase our scope of observation.

In considering this book as a whole, the reviewer is reminded of the branch of mathematics, devised by Willard Gibbs, known as vector analysis, which makes it possible to express in a single equation that which would ordinarily require two or three algebraic or trigonometric equations. Dr. Ruesch, also, has attempted to develop a technique to deal with 'field theory'. His 'fields', however, are not amenable to mathematical approach and, consequently, we must await further application of his combined-sciences approach before we can be certain that its verdant perspectives will not obscure our psychiatric view of the trees.

WILLIAM G. BARRETT (SAN FRANCISCO)

A NEW PSYCHOTHERAPY IN SCHIZOPHRENIA. By Marguerite Sechehaye.

Translated by Grace Rubin-Rabson, Ph.D. New York: Grune & Stratton, Inc., 1956. 199 pp.

The subtitle of the English translation of this book is *Relief of Frustrations by Symbolic Realization*. This is to remind the reader that it is another work by the discoverer of the method of symbolic realization.

In two previous volumes the author described the case of Renée, the young schizophrenic girl who, after having been declared incurable by many prominent clinicians and left unimproved after years of hospitalization, series of shock therapies, and an attempt at classical analysis, was finally restored to full human existence by the dedicated efforts and great ingenuity of Madame Sechehaye.

This book presents conferences delivered before the staff of Burg-hölzli at the invitation of Professor Manfred Bleuler (the son of Eugen Bleuler). Great psychological penetration, sensitivity, and absolute dedication to the patient characterize these lectures which are

presented with admirable French lucidity. The translation is quite readable. However, in the opinion of this reviewer, '*condition humaine*' should not be translated as 'fate of man' but simply as 'human condition'.

In her introduction the author indicates the four conditions indispensable for the practice of her method. They are intuition and deep knowledge of psychoanalysis, supplemented by personal analysis and clinical psychoanalytic experience; moreover, she insists on the significance of the maternal or rather parental fiber in the therapist. No less important, according to the author, is the knowledge and penetration of presymbolic magic expressions by which the patient's regressive needs seek satisfaction and compensation. In her exposition the author pays considerable attention not only to the psychoanalytic point of view but also to the existentialist and genetic one in the sense of Piaget and Odier.

In various chapters Madame Sechehaye presents the summary of the case of Renée and of her cure and supplements it with other observations. She analyzes the problems of the contact with schizophrenics, their primary needs and the reactions to their frustrations, criteria for interviewing relatives, aspects and processes of schizophrenic thinking, and other manifestations of schizophrenic disease in terms of symbolic realization. In the description of her therapeutic technique she gives proof of fine observation, ingenious and imaginative approach to the patient, and activity without the slightest brutality and with deep respect for the patient's personality. Throughout, her handling of patients shows the author not only as a fine psychologist and an astute clinician but also as a loving and infinitely understanding and penetrating mother. Among her many technical descriptions, I would like to single out the procedures connected with what she calls 'deculpabilization'. While the book is extremely instructive and certainly conveys the technique of symbolic realization, it makes one wonder how many of us can pride ourselves on all the qualities which emanate from the personality of the author as therapist.

GUSTAV BYCHOWSKI (NEW YORK)

PROGRESS IN PSYCHOTHERAPY—1956. Edited by Frieda Fromm-Reichmann, M.D. and J. L. Moreno, M.D. New York: Grune & Stratton, Inc., 1956. 352 pp.

This volume consists of papers presented at the meetings of the recently organized Section on Psychotherapy of the American Psychiatric Association, and of contributions from some other schools which could not be heard at the meeting. Moreover, psychiatrists from various countries (Austria, England, France, Germany, Spain, Switzerland, and South America) survey the field in their countries of origin. Obviously, a review can hardly do justice to this multifaced collection of thirty-one essays, supplemented by the remarks of invited discussants.

The reader is treated to a whole spectrum of methods and schools of psychotherapy, most of them narrated by authoritative representatives. In this way we are offered an encyclopedia of present-day psychotherapy. This is certainly most informative, and so are the brief presentations from various countries. The general level of presentation can be described as high and, as befits such a typically eclectic collection, devoid of impassioned partisanship.

Some contributions show more interest in theoretical principles than in the practical implications of the method presented: for instance, the penetrating but much too brief presentation by Binswanger, the master of existential analysis. Other authors give a detailed description of their technique: for example, Rogers in his discussion of client-centered therapy and Gutheil and Lowy in their faithful presentation of Stekel's active analytic therapy. Thoughtful discussion of basic principles with penetrating criticism and formulation of research problems is presented mainly by Kubie and Maserman. The element of interpersonal and group relations prevails throughout most of the contributions. Thus, the theory of communication, psychodrama, group therapy, and problems of transference and countertransference are the subjects of a number of chapters.

GUSTAV BYCHOWSKI (NEW YORK)

THE WAR BLIND IN AMERICAN SOCIAL STRUCTURE. By Alan G. Gowan, Ph.D. New York: The American Foundation for the Blind, 1957. 237 pp.

Thomas D. Cutsforth's laudatory foreword to this book is richly deserved. It can be enthusiastically recommended to any professional worker with the blind or other physically handicapped and to the

intelligent relatives and companions of blind people. Gowman was blinded in combat in World War II, subsequently received a Ph.D. in sociology at Harvard, and based this work on his doctoral research. However this is no arid dissertation. While Gowman clearly presents his theoretical and methodological orientation, the book integrates a wealth of sociological, psychological, and psychoanalytic data into an imaginative human document. He is quite free of the compulsive need to translate psychoanalytic concepts into nonpsychoanalytic terms.

Essentially Gowman delineates: 1, the nature of stereotypical thinking, ambivalence, and other pervasive hazards placed by society in the way of the blind who seek vocational and social integration; 2, the nature of the interactions between the blind and the seeing in key life situations (Of outstanding interest is the ingenious experimental study of what happens when a haberdashery clerk is confronted by a blind man, accompanied by a seeing woman, who wants to buy a shirt, the observer acting as a browser in the store.); 3, the definitive character types among the blind resulting from individual predisposition, reaction to blindness, and interaction with the seeing. Gowman knows that a major problem is the initial sharing by the blind with the seeing of stereotypical thinking and ambivalent feeling about blindness. The presentation is relatively sketchy with regard to the inner psychic life of the blind individual, but this is admittedly not the author's primary focus.

Concerned with the problems of integration of the blind, Gowman demonstrates that they are more or less shared by other handicapped people and members of racial and religious minorities. It is strongly suggested by the author's investigation of the attitudes of seeing high school students that these problems are greater for the blind than for the deaf, amputees, and those with disfiguring burns of the face.

The history of the blind is presented as a stimulating tidbit in the appendix; I regret it was not a fuller introductory chapter. The American Foundation for the Blind is to be congratulated for publishing a fine book in an attractive format.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

THE SCIENTIFIC STUDY OF SOCIAL BEHAVIOR. By Michael Argyle. New York: Philosophical Library, Inc., 1957. 239 pp.

The subject under study is not social behavior but only those selected aspects of social psychology which lend themselves to experimental and statistical methods. As may be expected in a psychological or sociological work which is both 'scientific' and 'up-to-date', no theoretical position is adopted and hundreds of empirical investigations are summarized.

Argyle, who is Lecturer in Social Psychology at the University of Oxford, has made a determined effort 'to put facts before theory'. The ironic result is that the preliminary discussions of method and theory are more rewarding than the so-called facts. Nevertheless, the techniques of validation are such that the titans of psychological and social theory are inevitably neglected: Freud is discussed superficially; Durkheim fares no better; and Weber receives only a passing nod.

The author devotes much space to the study of interaction, between pairs of people, in small groups, and in industry, yet curiously enough, he pays scant attention to the contributions made in this area by Arensberg, Chapple, and Homans. His brief criticism of Arensberg and Chapple reveals ignorance of, or indifference to, their researches and publications over the past eighteen years.

It is significant that the important processes of socialization are deliberately excluded from this study. Socialization, like personality, requires a type (or level) of hypothesis and generalization with which the 'scientific' psychologist is unprepared to work.

S. H. POSINSKY (NEW YORK)

THE HANGOVER. A CRITICAL STUDY IN THE PSYCHODYNAMICS OF ALCOHOLISM. By Benjamin Karpman, M.D. Springfield, Illinois: Charles C Thomas, 1957. 531 pp.

This is a psychiatric study of fourteen alcoholics—seven men and seven women. The stories of their alcoholic careers were collected in interviews and from written material prepared by the patients. The approach is narrative and descriptive with some dynamic flavoring.

Emphasis is put on the study of the postalcoholic state, hangover, as a crucial fragment of the syndrome of alcoholism. Also, the hangover provides a window for the closer study of the psychology of alcoholism itself. Hangover is characterized by the toxic effects

of alcohol as well as by the psychological aspects of guilt and depression. The latter features are consequent to the release by alcohol of previously forbidden fantasies and actions. These factors of guilt and depression, seen in exaggerated form in the hangover, are an essential part of the sickness from which the alcoholic seeks to escape by means of alcohol. Alcoholism is described as a cyclical flight. It is used to escape emotional stress but its use brings about the increased psychic pain of the hangover, for which more alcohol is taken. This vicious circle then leads to a progressively widening psychological and physical deterioration.

These fourteen case histories should be valuable to those interested in detailed descriptions by patients of their subjective experiences with alcoholism. The dynamic understanding of alcoholism is limited by the way in which the data were collected. Further analytic study of cases of alcoholism would add much to our understanding of this illness.

ARNOLD Z. PFEFFER (NEW YORK)

HOSPITAL TREATMENT OF ALCOHOLISM; A COMPARATIVE EXPERIMENTAL STUDY. By Robert S. Wallerstein, M.D. and Associates. New York: Basic Books, Inc., 1957. 212 pp.

This volume is a report of a research project conducted at Winter V. A. Hospital in collaboration with the Menninger Clinic. The purpose was to evaluate the therapeutic efficacy of four modes of treatment for alcoholism: Antabuse, Conditioned-Reflex Treatment, Group Hypnotherapy, and Closed Ward Milieu Therapy (activities program and group psychotherapy). An attempt was made to correlate the degree of success of each treatment method with the personality structure of individual patients. The percentages of patients improved in each group were: Antabuse, fifty-three; Conditioned-Reflex Therapy, twenty-four; Group Hypnotherapy, thirty-six, and Milieu Therapy, twenty-six.

Of the forty-seven patients who received Antabuse, twenty-five were improved. None of the categories of characterological diagnosis was large enough to allow significant correlations with the degree of improvement to be made.

Twelve of the fifty patients in the Conditioned-Reflex group were considered improved. The authors were particularly interested in

observing the impact of Conditioned-Reflex on patients with strong elements of aggressivity in their psychological make-up. The concept behind this treatment was to provide a modality that the patient might perceive as a threatening or punishing external intervention which he would be powerless to control, but must somehow internalize and assimilate. Aggressive patients would be faced with a situation mobilizing aggressive impulses which could not be expressed within the framework of their customary aggressive and controlling ways. This group of aggressive patients consistently showed the poorest results with Conditioned-Reflex treatment.

Thirty-nine patients were treated with Group Hypnotherapy. Fourteen were listed as improved. The degree of hypnotizability was an important variable and this treatment was most feasible in the passive-dependent character group. The trend was in the direction of a positive correlation between the depth of hypnosis obtained and ultimate improvement. The incidence of improvement was highest (sixty-three percent) in the passive-dependent nosologic category.

The Milieu Therapy group was considered a control group designed to provide its members with the same hospital milieu, activities, program and group psychotherapy as each of the other three groups, but without the specific added modality. Of forty-two patients, eleven were considered improved. The over-all outcome of treatment for patients in this group was independent of their distribution in the major diagnostic categories.

ARNOLD Z. PFEFFER (NEW YORK)

THE UNCONSCIOUS MOTIVES OF WAR. A PSYCHOANALYTICAL CONTRIBUTION. By Alix Strachey. New York: International Universities Press, Inc., 1957. 283 pp.

The author devotes the major portion of this book to an excellent outline of psychoanalysis. This is clearly and simply presented so as to be understandable to the intelligent layman.

The second part, *The Danger Points In Group Psychology*, is devoted to the presentation of the psychology and psychopathology of crowds, artificially formed groups, and governments. Mrs. Strachey states that though the wider society in which the individual lives affords an opportunity to develop and overcome childhood attitudes

and attachments, at other times under stress these groups may afford him an opportunity to regress with the formation of egodystonic attitudes which he could not express otherwise except through symptoms. She goes into the psychology of crowds with its development of excitement, suggestibility, ready identifications, increase in infantile narcissism, and partial lessening of ego and superego functions with consequent need for a leader or father imagoes. Though these changes are transient in crowds, in groups and governments they are longer lived. Libido is withdrawn from those outside and concentrated on the group, allowing hostility or indifference to be shown to others.

The third part is given over to recommendations regarding prevention. The author suggests the curbing of powers of autocratic governments by fostering democratic forms in all countries; generally recognizing and restricting the powers of potentially despotic leaders; breaking states into small units as far as possible; increasing the interest in the church (which she believes tends to lessen autocratic power since it owes its allegiance to God and not to man); and by strengthening the importance of the small family unit. She also feels that greater education regarding language and customs, more foreign travel, formation of international organizations, etc., would be of help.

Changes in the individual are discussed at some length, and there is a chapter on the rearing of children. This is Mrs. Strachey's big hope for prevention. As a last recommendation she believes that the psychoanalytic method should be applied as a prophylactic measure on all persons in leadership positions, especially in government, as well as educators and others handling large units of people.

The book closes with the statement that the destructive instincts are after all the greatest cause of war and are impossible to eradicate, but that the measures outlined may modify them considerably.

JOSEPH W. OWEN (NEW YORK)

THE URGE TO MASS DESTRUCTION. By Samuel J. Warner, Ph.D. New York: Grune & Stratton, Inc., 1957. 188 pp.

Dr. Warner investigates three separate areas of potential information and from these hopes to bring better understanding to the pressing problem of mass destruction. I am not certain that he adds

much new but his account of the philosophy of Nietzsche and the concept of Satan throw light on these neglected areas of thought. To these he adds consideration of the 'defeating patient'. He then endeavors to demonstrate similarities in these three areas to substantiate his thesis, namely, that 'self-and-other defeat' is the basis of the wish for mass destruction.

In the clinical section of the book, particularly the part dealing with psychotherapeutic techniques, there is nothing added that the analytically trained psychotherapist does not already know or should know. I cannot understand why the author goes to considerable lengths to attempt to differentiate what he terms 'defeating behavior' from resistance. It seems to me that they add up to the same. The idea of the use of parameters is treated as if it were a somewhat new concept, and the important idea of using only analyzable parameters is not mentioned at all. Other means of 'combating self and other defeat of our time', namely religious, political, economic, and social areas, are dismissed after naming them. Perhaps their detailed inclusion would be of considerable value to the nonanalytically trained therapists, to whom this book seems to be addressed.

The author has undoubtedly spent a great amount of time and thoughtful effort in compiling this work. This is particularly made evident by the six hundred twenty-four notes in the one hundred forty-nine pages of text. A longer and more detailed account with fewer direct quotes, particularly from Nietzsche, would have made it more readable. The habit of dropping a subject in the middle of the stream with the mention that it will be taken up subsequently, leaves the reader with repeated, only partially fulfilled, expectations.

In spite of some of my above comments I believe there will be few who read this volume without profit.

EUGENE G. GOFORTH (SEATTLE)

PSYCHOTHERAPY OF THE ADOLESCENT. Edited by Benjamin Harris Balser, M.D. New York: International Universities Press, Inc., 1957. 270 pp.

The major part of this volume consists of symposium papers presented at the 1955 meeting of the American Psychiatric Association. Each paper concentrates on the therapeutic procedures characteris-

tic of a particular setting, such as private practice, boarding school, residential treatment, outpatient and inpatient hospital clinic, and others. These discussions are rounded out by a recorded interview with an older adolescent, and a 'schoolmaster's' thoughts on the topic of the book. A bibliography and index are included.

This reviewer found Dr. Irene Josselyn's paper on private practice of particular interest. It reflects a seasoned practitioner's technique with the implicit dynamics vividly conveyed through several clinical vignettes. Doctors Herbert I. Harris and Felix P. Heald describe a unique clinic setting in Boston which confines its attention exclusively to the adolescent age group; for this group it operates as a 'general practice clinic. The Unit's policy is to focus on the person, and to attempt to meet all his needs.' A psychoanalyst who is at the disposal of the physician keeps the relevant personality problems in focus. The operation of the clinic is well-documented by case illustrations. In view of the frequency with which physical symptoms accompany psychiatric disturbances in adolescence, this approach might well throw new light on some aspects of adolescent psychodynamics.

In the dearth of material on adolescent psychiatry this volume is a welcome summary of the diversified services in the field. The descriptions of the various 'settings' have practical usefulness; however, the analyst will be disappointed by the many generalizations which add little to our knowledge of adolescence. The 'strengthening of the ego' is an elusive concept which by no means suffices in guiding the therapist through the complexities of adolescent disturbances. This volume is a painful reminder of the fact that we still lack an integrated psychoanalytic theory of adolescence.

PETER BLOS (NEW YORK)

YOUTH AND CRIME. Proceedings of the Law Enforcement Institute Held at New York University. Edited by Frank J. Cohen. New York: International Universities Press, Inc., 1957. 273 pp.

This book comprises roughly twenty papers or addresses presented by persons active in youth counseling and care, including parole, police, and court officials. There are eight sessions covering the morning and afternoon meetings of the Law Enforcement Institute on Youth and Crime over a four day period.

The timeliness of the book cannot be doubted. In the introduction it is mentioned that two percent of all the children in the United States between the ages of ten and seventeen were dealt with by juvenile courts in delinquency cases. In spite of the immediacy of the problem, an impressive fact that emerges from this book is how little can be offered that is either new or useful. One of the limitations of the book derives from the fact there are so many contributors that depth and unity of consideration are of necessity sacrificed.

The causes of juvenile delinquency are seen as rooted in inadequate parental care, social factors such as the lack of moral goals in our culture (racial discrimination, etc.), and economic factors, including substandard housing and urban industrialization. No mention is made of the effect on family life of such major economic factors as unemployment relief, compulsory education, minimum wage laws, legal limitations regulating the employment of minors, or the effect of the military service laws. There is no effort made to distinguish the problems of individual psychopathology from those of subculture delinquency.

Recommendations made for meeting these problems range from the advice to invest in a 'stockpile of love', and the reaffirmation of traditional and religious values, to planning for better parent education programs and increased child guidance and social agency activities.

The psychological orientation is evidenced in a few case histories reported, where therapy was directed toward the delinquent's developing a significant object relationship. The impression is that the understanding is superficial and more well-intentioned than it is skilled. There is an unexamined implication that therapeutic techniques which might be applicable to some individual cases can be applied to large groups.

One paper by Paul W. Tappan raises a number of interesting legal questions. He points out that the intent of the purported benefactors to help the child by obtaining an adequate history can often lead to the child's being deprived of due process of law. It may be intended that the adjudicated child should be given care, understanding, and protection—when, in fact, once he is committed for his own good, he has a *de facto* police and court record and has been required to testify against himself in the process.

The reader senses throughout the tragedy of the lack of funds and

the insufficiency of adequately trained personnel in the difficult fight against ignorance, poverty, cruelty, and human suffering. Technically and educationally the book has little to offer. Since it rarely goes beyond the platitudinous, I doubt that it can be instructive even to the uninitiated; its greatest use is in the affirmation of the wish of dedicated people that they could do more.

WALTER A. STEWART (NEW YORK)

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ABSTRACTS

International Journal of Psychoanalysis. XXXVIII, 1957.

On Smugness. Jacob A. Arlow. Pp. 1-8.

Smugness universally arouses dislike because the smug person is unconsciously seen as the well-fed nursling falling asleep at the mother's breast, a position everyone envies. Smugness means this because it implies complacency, self-centeredness, and self-satisfaction, as well as oral satiety, indifference to the environment, absence of guilt, and inability to learn. Persons deprived in childhood and lacking narcissistic supplies later are especially resentful of the smug.

Traumatic Elements in the Analysis of a Borderline Case. Max Hayman. Pp. 9-21.

Traumatic neurosis occurs when the influx of stimuli is so great and so rapid as to be unassimilable. Psychoneurosis occurs when discharge is severely blocked. The traumatic neurotic takes an important step when he changes from passively experiencing stimuli to actively repeating them in order to master them. Under conditions of severe stress, more mature mechanisms of defense against anxiety such as repression and reaction-formation are replaced by more primitive mechanisms such as denial, regression, and repetitive discharge. The symbolism and dreams of such patients, as of psychotics, are thinly disguised. Hayman illustrates these and other characteristics of traumatic neurosis.

The Analysis of an Unconscious Beating Fantasy in a Woman. Milton Lester. Pp. 22-31.

Freud examined such fantasies from several points of view: the relation of perversions to the oedipus complex; the relation between sadism and masochism; the origins of the superego; the function of repression; and, especially relevant to this paper, the way an infantile perversion may manifest itself in disguised and distorted nonperverse fashion. Analysis revealed how derivatives of such fantasies deformed a patient's character and her relationships. In her activities and relationships she 'arranged' to be 'psychically beaten', thereby demonstrating that she was a passive victim rather than an active attacker. The pathological behavior and fantasies served other purposes: she avowed weakness and denied competitiveness with the mother; she 'bought off' worse punishment; and she expressed erotic attachment to the father.

Psychoanalytic Psychotherapy Conducted by Correspondence. Edwin F. Alston. Pp. 32-50.

A thirty-three-year-old married woman, hospitalized for advanced tuberculosis which was dangerously aggravated by her attitudes and behavior, was treated for some years by daily letters, each a response to her daily letter. Despite serious

difficulties and limitations in such a situation, analytic psychotherapy was conducted effectively. Genetic, dynamic, and economic factors came to light, unconscious fantasies and memories became conscious, and some dynamic, economic, and structural changes occurred. The transference neurosis was typical of conventional analyses.

Discussion on the Psi Hypothesis. Pp. 51-57.

In a discussion of the psi hypothesis, Charles Brenner pointed out certain factual errors in a paper on this subject by Jule Eisenbud. Brenner stated that statistical laws had been misapplied so as to make what might well be only coincidence prove 'very nearly whatever one wishes to believe'. He questioned the validity of the psi hypothesis.

In response, Eisenbud quoted various sources in denial of the imputed fallacies of fact and reasoning.

Similarly, David Brunswick raised certain questions concerning Emilio Servadio's paper on a telepathic-precognitive dream during analysis, these questions pointing toward possible nontelepathic explanations for the experiences described. In reply, Dr. Servadio commented on the data, which in his opinion established the validity of the telepathic but perhaps not of the precognitive aspects.

JOSEPH LANDER

Psychoanalytic Review. XLIII, 1956.

Imitation and Identification. A. Chapman Isham. Pp. 397-410.

Isham attempts to clarify the relation between the psychologic concept of imitation and the psychiatric concept of identification. Imitation, 'the social particular of the universal law of repetition', explains the spread of social beliefs and institutions and insures cultural uniformity. Imitation may be conditioned (not instinctual) or mimetic (possibly instinctual); other types also occur. Identification involves emotional ties but is not itself an emotional tie, nor is it a regressive phenomenon. Introjection may play a part in both processes. Imitation may be conscious copying, identification unconscious copying, the object copied being in some manner identical with the self. Isham believes the psychologist's tendency to slight the ego and the unconscious limits the value of his orientation. The analyst, on the other hand, 'muddles together' various phenomena into a fuzzy concept of identification. Each specialist is insufficiently aware of the other's contribution.

Satan's Symbolic Syndrome. Ann Lodge. Pp. 411-422.

Psychology and the extensive lore about Satan, both products of man's struggle to understand himself, have been primarily influenced by Greek, Hebraic, and Christian ethics and tradition. The author examines much of the Satanic lore, with special reference to Milton's *Paradise Lost*, and concludes that Satan represents 'a classical case of paranoia, displaying in highly abstracted and symbolic form all the essential characteristic signs'.

On Maternal Symbiotic Depression. Jack B. Lomas. Pp. 423-431.

The author analyzed four married women presenting common features: anaclitic depression; excessive maternal dependency and living with the mother after marriage; passive, depreciated fathers; husbands resembling the fathers. 'These patients projected onto their own children the overanxious and rejecting attitudes of their own mothers.' The mothers of these patients seemed strongly motivated to preserve the dependency of their daughters, to avoid separation and its traumata. While the daughters were, at one level or another, aware of the hostilities underlying the overprotection and other aspects of the pseudo-loving relationship, they were unable to break up the symbiosis without first finding a substitute bond (the analyst).

Relation Between Dream Teleology and Vigilance States. Harry C. Leavitt. Pp. 432-439.**A Biographical and Teleological Study of 'Irma's Injection' Dream.** Harry C. Leavitt. Pp. 440-447.

Preservation of sleep is only one of many functions served by dreams. The biological theory (Hadfield) stresses that the repetition in dreams of daily problems and difficulties tends toward their solution. Leavitt modifies this theory, emphasizing rather that the dream makes the subject more vigilant after he awakens, so that he is better aware of the dangers represented in the dream and better able to cope with them. Fears that are unrealistic because no longer warranted are in this fashion 'deconditioned'. The frequent frightening dreams of young children thus insure survival in an environment containing many threats.

According to this principle of dream interpretation, the circumstances surrounding Freud's dream about Irma's injection suggest that Freud's ambivalence toward Fliess was increased by his dream. The dream increased Freud's intuitive awareness of the need for self-analysis. The waking ego was thus considerably benefited by his use of this dream.

Training in Cleanliness. D. Stanley Jones. Pp. 448-453.

Jones describes the pyramidal and extrapyramidal, orthosympathetic and parasympathetic innervations of the anal sphincter and bladder with reference to the problems of training. The pyramidal tracts are myelinated at about the age of one year, and the prematurely trained infant must then relearn to control by use of the pyramidal tract and cortex what he has already learned to control extrapyramidally. The breakdown of training during the second or third year may be due to this change in controls. 'There is a relation between premature training in cleanliness on "moral" grounds, and later neurosis.'

On 'Negative' Exhibitionism. Edmund Bergler. Pp. 454-457.

The flaunting of behavior or language that is normally disgusting or painful is only partially explained by its masochistic component. More important is

taking the blame for the lesser intrapsychic crime, in this instance voyeurism, a preoedipal conflict. The exhibitionism is a defensive maneuver, warding off impulses toward voyeurism.

The Pygmalion Reaction. Henry B. Richardson. Pp. 458-460.

Man's basic conflict is his need and desire for love, opposed by the fear of giving or receiving it. One adaptation to the conflict is to convert love into a less powerful, rarefied experience, as Pygmalion did when he avoided women and fell in love with a statue. Three brief case histories illustrate this defensive flight from intense emotional involvement.

Two Dreams. F. S. Friedenberg. Pp. 461-470.

'The main function of dream interpretation is to strengthen the ego against the demanding forces of the unconscious.' Some patients, however, misuse dreams as a means of prolonging the analysis. The author therefore suggests the use of only those parts of the dream that are relevant to current conflicts and transference. He discusses two dreams, the main purpose of which seemed to be to test the analyst's professional competence and devotion to the patient. The dreams aimed at changing an ambivalent transference into a positive one.

Hallucinosi. Edward Podolsky. Pp. 510-513.

Physiologic and purely psychogenic dynamics are discussed and differentiated. Hallucinations, being the product of individual experience, are influenced by various factors including intelligence and sophistication.

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. III, 1953.

Analysis of a Bug Obsession. Daniel Silverman. Pp. 52-56.

The patient, a young-looking man of twenty-nine with congenital absence of his right ear, complained of obsessions which had 'dominated' his life for thirteen years. He was concerned about whether he infected people with his germs, whether he cheated if he did not read every word of an assignment, and he had a fear of hurting bugs. The idea of the bugs' suffering filled him with guilt, but if he believed the bugs had been killed, he felt no guilt. He was particularly concerned with bugs that might have been on his body.

These ideas about bugs were shown by analysis to be his defense against a dual wish,—to be violated (feminine) and to violate (masculine); both wishes were attended by fear. He also gained satisfaction in these fantasies. In his masturbation the moment of excitement was achieved when he did not know if he were a male or a female. During incest fantasies he could almost hear a voice say, 'You'll get your penis cut off'. Anxiety disappeared if he felt a bug on his body.

A Clinical Note on Hostility. Morris Galinsky. Pp. 57-59.

A thirty-year-old man became able, after ten months of treatment, to voice hostile feelings and 'still carry on in a polite way' with the analyst. He had been in psychotherapy with another analyst for almost a year, terminated because the therapist left town. The patient had felt unliked and actually despised. This attitude was felt in almost every situation, with his boss, mother, brothers, and customers. He repressed his feelings, projected them, or fled from the scene. The ego could react only with anxiety and flight when confronted by hostile feelings, which existed as an autonomous component.

Treatment was directed to enabling the ego to tolerate the hostility. Only when this was achieved could the patient proceed to analyze the hostility against which he had hitherto merely defended himself.

An Instance of Acting Out in the Analytic Situation. Isadore Spark. Pp. 62-64.

A patient whose analysis was moving slowly performed many symptomatic acts in relation to his analysis. He forgot to pay his bills, made errors in the amounts, and absented himself from treatment 'on business'. He always sat in the analyst's seat after the hour to make out payments, once explaining that this made him feel he was the analyst's equal and not mentally inferior as he thought the physician believed. The patient felt cheated and taken advantage of. He felt that he was too little to fight back directly, and so could only get back by subterfuge what was his. A forced, hasty marriage made him feel deprived of his freedom and good times, and he compensated for this by infidelities.

He had been thoroughly frightened as a child when, because he had sampled some candy in a store, he was harshly threatened with jail and reformatories if it became known that he took anything that was not his. Some elements in his current situation were displaced onto his acting out as well as concealed by it. His surreptitious manifestations of aggression and guilt toward the analyst repeated his childhood history. The acting out was used to bind anxiety; when the acting out was analyzed, the anxiety became manifest.

Childhood Schizophrenia. Herbert Herskovitz. Pp. 70-73.

Childhood schizophrenia is a true clinical entity characterized by faulty reality testing, absent or improper development of object cathexis, and fixation at the early oral phase. These children lack affective contact with people and insist on being left alone. Even in infancy they are unresponsive, detached, and in a world of their own. They show little need for mothering or gratification from human sources. One usually finds mutism or severe disturbances of language. Frequently toys or music become overcatheted. The prognosis is poor for making the personality whole. Simultaneous treatment of mother and child is advisable if the child is very young. For the child over five, however, a new environment must be created. It is mutually and continuously damaging for a patient to reside with its parents and brothers and sisters.

The Life Self and the Death Self. Muriel Gardiner. Pp. 82-84.

In defense of the 'death instinct' as promulgated by Freud, a schizophrenic or 'borderline' schizophrenic girl, thirty years of age, is described. The patient had been in analysis for a year but had to stop. She wrote to the analyst a few months after termination of treatment and told of a picture she had seen in which a man lay asleep. Over him was a huge terrifying figure in a black cloak with a dagger in hand, ready to kill the man. The patient's fantasies were as follows: 'I imagined a life self and a death self engaged in a terrible struggle for power over each other. The life self in me lies asleep, weak, hardly aware of the danger. The death self is strong and armed with all the unhappiness of living, the discouragement, despair, hate, anger,—all are in danger.' She felt that her life self was nurtured by favorable circumstances, and the death self by unfavorable ones. Which way the scales tipped determined which prevailed,—the life self with its encouragement and optimism, or the death self with its gloom and destructive thoughts.

MYRON HERMAN

Bulletin of the Philadelphia Association for Psychoanalysis. IV, 1954-1955.

Unconscious Masturbation Fantasies. A Case Report. Albert J. Kaplan. Pp. 1-16.

A twenty-two-year-old woman masturbated intermittently. She frequently had dreams on the night of the masturbation. During the early phase of the analysis these dreams gave broad hints of the nature of the repressed fantasies. They were predominantly concerned with homosexuality and pregenital longings. A recurring fantasy was of being important, having a child, and being equal with other women. Masturbation served a defensive function. 'It is safer to masturbate than to experience the anxieties that go with a heterosexual object relationship.'

During the second six months of analysis two sexual fantasies were released from repression: sucking at the breast (penis), and anal penetration by a figure representing sister and mother. From the twelfth to the seventeenth month, sado-masochistic fantasies appeared: beating and hurting the sister-mother; castrating the male-father; being overrun by the sister-mother; and showing herself as better than the sister-mother. The last phase of treatment brought out her bisexuality, fantasies of intercourse with herself, the wish for the father's penis and for impregnation by him, and the fantasy of having a penis and an orgasm like a man.

Make Good the Damage Done—One Motive of an Exhibitionist. Muriel Gardiner. Pp. 17-18.

A man of twenty-three came into analysis for exhibitionism. When he exhibited himself, usually to little girls, he had no erection and experienced no sexual satisfaction. He sometimes felt that he was trying to arouse feelings of awe in girls. At other times, he was trying 'to convince somebody of something', he did not quite know what. During analysis, it became clear that he suffered

less from fear of castration than from the conviction that castration had already befallen him. He believed that his circumcision in infancy had injured his penis, which he considered of inferior quality. However, when he exhibited it he felt that it was 'something powerful'. He could 'frighten people with it, awe them, perhaps harm them'. He wanted to prove his worth and power in spite of the inadequacy of his penis.

This patient's exhibitionism was an attempted act of restitution. The castrated man becomes potent by arousing awe and fear. The perversion is close to the expedient normal attitude and to psychosis. As in the normal man, it leads naturally to some achievement in the outside world (an active, although not useful one), and like the psychosis it tears the ego away from reality (the existence of the normal penis is denied, castration is accepted). This is 'succeeded by an active phase of reconstruction', and an attempt 'to make good the damage done, and re-establish the relation to reality'.

Denial of the Anus in Neurosis and Culture. George Devereux. Pp. 24-27.

American male patients who denied the existence of the bodily openings did so as a defense against desires of being penetrated. It was an attempt to deny their passive feminine receptivity. The author underscores the defensive denial in this mechanism by citing an example from an East Central African tribe, the Chagas. A boy about to be initiated into manhood is entrusted with a secret. The secret is that although adult men profess to women and uninitiated boys that they do not have anal openings and are unable to defecate, this is but a fiction. It is a conventionalized denial of their femininity.

A Dream of Fainting. Don E. Johnson. Pp. 32-34.

A woman of forty complained of agoraphobia of eight years duration. A few months before treatment she developed attacks, usually when she was expecting her husband home from work, in which she suddenly felt faint and had to sit or lie down quickly. Sometimes she would actually fall or slump to the floor. There was mental clouding or brief suspension of consciousness. She felt that she lived in a dream or a nightmare. Shortly after treatment began she had a dream of walking through a corridor looking for her husband. He came staggering out of a tavern. She could never quite catch up with him. She seemed to be short of breath and was fainting, but did not pass out completely. She then found herself on a landing at the top of steep steps. She fell down one step and while this was happening her husband disappeared.

The author concludes that the patient had unconscious destructive fantasies. The state of semiconsciousness was admirably suited for maintaining the visual image of the destruction of the loved and hated object, her husband. Precisely this type and quality of syncope was described as a waking symptom.

Notes on Prejudice. Robert Waelder. Pp. 71-81.

Prejudice is defined as an unprovoked or unjustified antagonism, or a preconceived opinion. Antagonism toward groups may be 'normal'. Its causes are

threefold: the primal anxiety evoked by strangers (as seen in infants); competition (one's chances of achieving one's ends are diminished when others seek the same ends); and cultural differences (especially differences in sexual mores). Tolerance is possible if the difference of opinion does not extend to fundamental values; for example, an agnostic can be tolerant of religious and irreligious attitudes alike, for they mean little to him. Tolerance is also possible when issues touch on fundamental values if the belief in them does not carry full conviction. We can also be tolerant if we feel no allegiance to anything or anybody.

Ideas that closely resemble paranoid systems play a great role in collective hatreds, although the individuals who share such collective opinions are not necessarily suffering from paranoia. Anti-Semitism is an example. More simple forms of prejudice (in the sense of preconceived ideas) are due to lack of differentiation between the characteristics of an individual and the statistical average of the group to which he belongs. Judging the new in terms of the old is another intellectual factor in prejudice. Emotional factors such as intense love or hatred impair our powers of judgment. We believe only good of those we love and evil of those we hate. Paranoid ideas are the extreme example of prejudice that defy all attempts at correction.

A Boy's Effeminate Behavior as a Cover for Aggression. Phyllis Blanchard. Pp. 87-89.

A seven-year-old boy was brought to treatment because of his extreme interest in girlish activities, shown by his playing with girls and girls' toys. This behavior was found to be indicative not of deeply homosexual tendencies but of disguised hostility. He had repressed aggressive and hostile drives not only because of the usual guilt feelings but also in order to please his mother who demanded that her sons never show anger and that they be always loving.

MYRON HERMAN

Psychosomatic Medicine. XVIII, 1956.

Psychological Factors and Reticuloendothelial Disease, II. William A. Greene, Jr., Lawrence E. Young, and Scott N. Swisher. Pp. 284-303.

The authors studied thirty-two women with lymphocytic, myelocytic, or monocytic leukemia, Hodgkin's disease, reticulum-cell sarcoma, and lymphosarcoma. They included four types of personality: mothering, clinging, isolated, and manly. All seemed to have unresolved attachments to their mothers. One of the multiple conditions determining the development of lymphoma or leukemia may be separation from a key object or goal with an ensuing depression. These women had suffered various types of losses and separations in a four-year period prior to the apparent onset of the disease; half of these occurred during the one-year period before the apparent onset. Change of home and natural or surgical menopause are considered losses, as are the more obvious losses of significant persons by death or illness. The personalities of these pa-

tients, their unresolved attachments to the mother, or their reactions to separation, do not seem peculiar to patients with reticuloendothelial disease.

Relationship of Body Image to Site of Cancer. Seymour Fisher and Sidney E. Cleveland. Pp. 304-309.

Patients with neurodermatitis or rheumatoid arthritis conceive of their bodies as surrounded and protected by a sheath, whereas patients with interior symptoms, such as spastic colitis, picture their body surfaces as easily penetrated. These findings were demonstrated by two body-image indices on the Rorschach. The 'barrier' score is the total of responses that involve sheathing or protective value of the surface of a given percept, for example, a turtle with a shell. The second index, the 'penetration' score, is a count of all responses referring to the concept of penetration through a surface, for example, a bullet entering the flesh. Fifty-nine patients with exterior cancer and thirty patients with interior cancer were tested; those with exterior symptoms scored significantly higher on the barrier index than did patients with interior symptoms, and patients with interior symptoms scored higher on the penetration index. By means of a control group it was shown that the body-image indices do not merely result from the pain and other sensations associated with cancer.

Psychophysiological Studies in Thyroid Function. M. Dongier, E. D. Wittkower, L. Stephens-Newsham, and M. M. Hoffman. Pp. 310-323.

Many psychiatric studies of thyrotoxic patients have shown that long before the onset of clinical symptoms patients suffering from Graves' disease show emotional and psychosexual maladjustment. Preliminary observations in twenty-seven patients indicated a positive correlation between certain psychological variables and the occurrence of a short half-life of thyroidal I^{131} , even in the absence of clinical signs of hyperthyroidism. Psychological studies of forty-four other patients were used to predict the type of biological decay of I^{131} . The authors found that they could thus predict the rate of thyroid secretion with reasonable accuracy. No correlation was found between the activity of the thyroid gland and the degree of anxiety in these psychiatric patients. Thirty-eight 'stress interviews' were carried out, and no significant change in thyroid function due to stress was noted.

Psychological Stress and Endocrine Functions. Francis Board, Harold Persky, and David A. Hamburg. Pp. 324-333.

Thirty patients were studied within twenty-four hours of admission to the psychiatric section of a general hospital in an attempt to determine: 1, whether acutely disturbed patients have elevated blood levels of adrenocortical and thyroid hormones; 2, how long such elevated levels last; 3, what psychological processes are closely associated with high hormone levels; and 4, what changes in hormone level occur in association with decreasing emotional disturbance. Each patient was interviewed in the morning following admission for from twenty to

sixty minutes in order to assess the emotional state. A blood sample was taken just before and three hours after the interview in order to determine levels of 17-hydroxycorticosterone and serum protein-bound iodine. Hormone levels were higher in those patients with more severe emotional disturbance; those with psychotic depressive reactions showed the highest levels. Other studies were made to investigate the effects of electroshock therapy on hormone levels.

Studies of Ulcerative Colitis. IV. The Significance of Headaches. George L. Engel. Pp. 334-346.

Of twenty-three patients with ulcerative colitis, twenty suffered from headaches. Ten of the twenty had migraine and the remainder showed a mixture of muscle-tension and conversion-hysterical types of headache. Times of occurrence of headache differed from times of active colitis. Of fifty-six episodes of headache studied, forty-six occurred when the patients felt in control, had taken an active stand, made a decision, or thought something through. There was opportunity to study forty-three episodes of bleeding, and all occurred when the patient was feeling, to varying degrees, helpless, hopeless, or despairing. Patients were unequivocal in differentiating the headache and bleeding. Loss of object and psychic helplessness are associated with bleeding colitis, whereas retention of object and relatively good control by the ego are associated with headache and constipation.

MC CLAIN JOHNSTON

A Critical Examination of Some Recent Theoretical Models in Psychosomatic Medicine. Myer Mendelson, Solomon Hirsch, and Carl S. Webber. Pp. 363-373.

This essay examines the theoretical and empirical bases of four analogical models, past and current, in psychosomatic medicine: conversion (Ferenczi); personality profile (Dunbar); typical conflict situation (Alexander); protective adaptive response (Wolff). The first three have inspired a good deal of research and thought, but are in many ways incomplete. The fourth is essentially untried. The authors also discuss the concept of physiological regression and its correlates (Michaels, Margolin, Szasz, Hendrick, and Grinker). They conclude: 'It does not seem that a new term like physiological regression affords the investigator a new vantage point from which to observe data . . . nor does it seem that this term contributes anything concrete to the understanding of psychophysiological phenomena. Neither does it seem to provide any useful insight to the therapist.'

Psychoanalytic Psychotherapy in Raynaud's Disease. John A. P. Millet. Pp. 492-505.

Millet describes 'psychoanalytic psychotherapy' of a forty-year-old woman who suffered from Raynaud's syndrome and recovered. He believes that the symptom of cold hands with blanching cannot be classified as a conversion symptom, but rather occurs primarily as a 'conditioned reflex response to fear of

contact with death. This fear may be generated by exposure to the actual death of a loved person or the anticipation of it, or may be transformed through guilty feelings and be experienced as a fear of dying.'

DAVID H. POWELSON

American Journal of Orthopsychiatry. XXV, 1955.

Observations on the Significance of Animal Drawings. Arthur A. Schwartz and Israel H. Rosenberg. Pp. 729-746.

When the subject is asked to draw an animal in addition to the usual house, tree, and two persons, certain features of the animal serve particularly well for the projection of early impulses. Various bodily aspects of the animal, as distinct from the human figure, are informative, as are also the popularly attributed temperament and role of the animal chosen. Treatment of mouth and rump areas affords less inhibited expression of oral and anal concepts. The depiction of the tail and sometimes of a limb suggests phallic symbolization. Departure from the usual four-legged stance points to a conflict around autonomy and dependency. The authors demonstrate that other sources of information about the subject corroborate the symbolic value attached to the animal drawings.

Therapeutic Play Techniques—A Symposium, 1954.¹ Lawson G. Lowrey, Chairman. Pp. 747-787.

Play Interview Therapy of Castration Fears. Jacob H. Conn.

This paper describes how the play interview is applied to the problem of castration fears in children. The play is directed by degrees to the study of 'sex awareness'. The first discussion is of the coming of a new baby. A baby doll lying in a toy crib is put on the table and several dolls representing siblings or friends are placed nearby. The therapist, pointing to one of the dolls, asks the child what it wants to know about the baby. If no spontaneous curiosity about origin is voiced, the therapist asks, 'Which one of the dolls wants to know where babies come from?'. He points to various dolls in succession, inquiring, 'What does he say?', 'What does she say?'. Thus the child is induced to carry on a dialogue between the dolls and voices 'personal opinions' only if it chooses to do so. Treatment of a thirteen-year-old boy with severe castration anxiety defended against by feminine identification is described. The problem was apparently alleviated in eighteen play interviews with little or no interpretation.

Activity Setting and Social Interaction: A Field Study. Paul Gump and Bryan Sutton-Smith.

The kind of activity chosen for children to engage in affects the children's relation to one another and to the leader of the recreational or therapeutic

¹ These are the concluding parts of this Symposium; the first parts were abstracted in *This Quarterly*, XXV, 1956, pp. 620-621.

group. For example, when children are swimming the counselor often will be called upon to admire and recognize assertive actions and to settle or supervise conflicts; he will less often be called on to offer help. When the child is working at crafts, however, the counselor is asked less for admiration and supervision of conflicts and more for help.

Play Equipment for Diagnosis and Therapy. Helen R. Beiser.

How should a playroom be set up? The inexperienced examiner or therapist should use as simple and standardized a setting as possible for play, so that he may compare the behavior of various children in the same setting and in reaction to the same toys. The materials provided should stimulate production of fantasy and give insight into the child's modes of operation. A 'Nok-Out Bench' and doll family suffice for diagnostic studies, but such limited equipment fails to reveal the range of the child's activities and the strength of its defenses. For example, a bright older child may be aware that play with a doll family reveals problems it wishes to conceal. It may feel free to reveal such problems only through more disguised media such as soldiers, animals, or such inanimate objects as cars or airplanes. The 'Nok-Out Bench' may be too complicated or in its invitation to hostility too frightening for some children. Beiser therefore suggests that a fairly broad selection of toys and materials be provided for diagnostic and therapeutic play interviews but that the environment for play be simple and stable. She offers an example of a play interview.

Concepts of Play Therapy Techniques. Adolf G. Woltmann.

Woltmann surveys play therapy and various play techniques, showing what they have in common. He demonstrates by example the cathartic value of free play. All writers on play therapy agree that the child by its use of toys reveals projections of innermost thoughts, drives, and motivations.

Children are referred for treatment for many reasons. Therapy always starts from complaints that something has gone wrong in the child. According to his theoretical beliefs, the therapist may use child analysis or modifications of psychoanalytic technique such as 'release' or 'active' therapy. Freud, in *Beyond the Pleasure Principle*, suggested that play is repetition for the mastery of unpleasant experience, and this theory still permeates psychoanalytic thinking. Psychoanalysis in stressing regressive phenomena has neglected their important counterpart—the progressive element. Play activities are both progressive, showing the desire to go forward, to discover, and to take in the world, and regressive, as typified by Freud's 'repetition compulsion', the compulsion to regress to and re-play traumatic events. The child's primary job is to grow; its main tool, play, is therefore in the service of progressive trends.

Woltmann summarizes the contributions of Melanie Klein, Anna Freud, Margaret Lowenfeld, and Erik Erikson. He observes that the greatest barrier to the establishment of universally valid conclusions and inferences drawn from the child's handling of play materials is the lack of correlation between methods of collecting data and those used for evaluation. We try to validate by using the

very tools and methods that have prevented basic understanding of the intricacies of human behavior and motivation. We now know how to elicit material but as yet we have not found a sound scientific use for this material.

Discussion. Laurretta Bender.

According to Bender, there is no conclusive evidence that a child's participation in a session of play is a therapeutic experience. Studies of adolescents and young adults treated by play in childhood show that they were not much influenced by it. The kind of technique is unimportant to the child and important only to the adult observer. To the extent that the technique can reveal the child's inner life by projection, it represents the content of the child's fantasies and emotional problems. To the extent that it can be used to demonstrate the child's capacity to organize material in the play, the child reveals its maturational trends and achievements, its tendencies to inhibition, regression, and withdrawal. The technique may indicate also the capacity for object relations. Repeated observations show the child's capacity for maturation or 'improvement'. There may be, of course, therapeutic factors in the child's relation with the adult in play. If the play technique used is important to the adult and helps him understand the child and be friendly to it, the play will undoubtedly contribute to the relationship. In child psychiatry play has had a role similar to that of hypnosis in adult psychiatry, psychoanalysis, and psychotherapy. Hypnosis has in the past been important in understanding the unconscious and fantasy life, especially in their relation to psychopathology. It is a valuable and dramatic means of demonstrating to students the reality of the unconscious. But no therapist has ever been dependent on hypnosis as a technique for very long, and all therapists agree that most patients are treated more effectively without hypnosis provided the therapist knows what the patient's problem is and has some technical procedure for dealing with it. In a similar way, play has been important for understanding projective phenomena in the maturing child, for learning its capacities to reveal its inner life and its problems, and for demonstrating its capacity to mature by the way it organizes or fails to organize the material given it. It is important as a demonstration to students, and for those uncomfortable with children some such technique is remarkably useful.

Psychological Implications of Breathing Difficulties in Poliomyelitis. Morton A. Seidenfeld. Pp. 788-801.

Seidenfeld summarizes what is known about the medical, physiological, biochemical, and psychological factors in breathing difficulties in poliomyelitis. He particularly considers two problems: the relations between the patient's premorbid emotional state and the intensity of his reaction to his failure to breathe, and the stress connected with the weaning of patients from the respirator.

Maternal Influences in the Development of Moral Masochism. Norbert Bromberg. Pp. 802-812.

The child, unconsciously identified by its mother with one of her own par-

ents in an ambivalent and preponderantly hostile way, is especially likely to develop moral masochism. Such a child is reared by the mother with both excessive stimulation and prohibition of aggressive and libidinal drives. Because excessive control is demanded at an immature stage of ego development, the child comes to believe that the most acceptable behavior is behavior that results in suffering and failure. Such children remain infantile, have great difficulty in overcoming their incestuous attachment, and are constantly in search of a loving mother. They continually tease and provoke the environment and seek criticism and punishment as pleasure. Because conscience and ego ideal fail to fuse or are disparate, guilt feelings are deficient, the need for punishment excessive. The endless struggle caused by the need to provoke punishment with its consequent pleasure and fear is an effort to re-establish the equilibrium of preöedipal childhood. It is essential that parents recognize and control their hostility and love for their children if they are to avoid this development. In his discussion of the paper, Dr. Maurice Friend emphasized that for these children ego ideal is stronger than superego, conscious behavior is, as it were, unperceived and not subject to reality testing. The children are exploited for the mother's narcissism almost as inanimate objects or shadowy beings. Such mothers may demonstrate good company manners and be their hostile selves only with their children. The shadowy relationship with the children may be the mother's acting out of her partially repressed impulses against her own parents. In treatment of children we must keep in mind the mother as both child and adult.

Some Problems of Treatment Arising From the Federal Loyalty and Security Program Workshop, 1955. Charlotte A. Kaufman and Herbert Kaufman. Pp. 813-825.

The authors studied thirty cases affected by governmental security regulations, which directly or indirectly caused prolongation, interruption, or termination of treatment. In some cases, guilt and anxiety were created or intensified; patients demonstrated withdrawal, hostility, projection, and similar evidence of increased emotional ill health; and panic and paranoid trends occurred in some patients to the verge of psychosis. Persons with shaky but adequate adaptation to life broke down with considerable resultant damage. The security program embodies a special kind of threat, more difficult to face than other problems, perhaps because the security procedures are impersonal and overwhelming and to a striking degree destructive of a man's career. The community is more hostile to victims of security procedures than to persons found guilty of other forms of socially disapproved behavior. The program tends to increase the intolerance of society toward its deviant or nonconforming members, especially homosexuals. The therapist of these patients must carefully watch his own attitudes toward conformity and toward the kinds of behavior that he considers personally or socially desirable. The effect of the security program may soon be so serious as to constitute a national threat to emotional stability.

The Treatment of Emotionally Disturbed Children in a Therapeutic Nursery. Augusta Alpert. Pp. 826-834.

Alpert, by clinical illustrations, shows that the relation of teacher and child

is the core of therapeutic education. Emotionally disturbed children are encouraged to be dependent upon the teacher. Through their identification with her and through such techniques as guided regression, persistent stimulation, and regulation of new experiences, they are led to higher and healthier levels of functioning. Therapy and education are rather similar in the nursery. In a discussion of the paper, Millie Almy suggests that the technique of the therapeutic nursery be tested in ordinary nursery schools with children presenting less serious symptoms.

Guides to the Therapy of the Alcoholic. Richard S. Cook. Pp. 835-840.

Alcoholics cannot tolerate a delay in beginning treatment. Therefore the complete psychiatric history, physical examination, and psychological tests should be deferred. The ego strength of the patient must be carefully evaluated. The alcoholic uses a variety of defenses against anxiety: denial, evasion, projection, withholding of data, and flight from therapy. Crises are frequent, particularly bouts of drinking; the therapist must expect these and not become discouraged. Drinking after abstinence may mean that the patient's capacity to master some external or internal pressure is under such strain that he seeks the readiest means of escape. Other irrational influences affect therapy: the wife or mother of the patient objects for neurotic reasons to the patient's continuing; an employer becomes impatient to see results and upsets the therapy by discharging the patient or by insisting on having some contact with the therapist; excessive drinking involves the patient in trouble with the police and the therapist must intervene. In spite of the obstacles many cases can be helped, and work with the alcoholic patient has its rewards. The therapist of alcoholics should be free of moral opinions about drinking. He must have patience and the capacity to continue in spite of persistently bad results, and be willing to work with cases of poor prognosis. He must be emotionally prepared to set limited goals and to be satisfied in many cases with symptomatic relief rather than dramatic change of character. It is of paramount importance that the therapist be free of unconscious attitudes that may encourage his patient to regress.

DAVID L. RUBINFINE

American Journal of Psychiatry. CXI, 1955.

The Mammal and His Environment. D. O. Hebb. Pp. 826-831.

Laboratory and sociological evidence indicates that the higher mammal may be psychologically at the mercy of his environment to a much greater degree than we have been accustomed to think. The greater the development of intelligence, the greater the vulnerability to emotional breakdown. The price of high intelligence is susceptibility to imagined dangers and unreasoning suspicion, and other emotional weaknesses. This conclusion is not only supported by work with animals but also agrees with the course of development in children, growing intelligence being accompanied by increased frequency and intensity of emotional problems up to the age of five years. Then, apparently, the trend is reversed.

Adult man, more intelligent than the chimpanzee or five-year-old child, seems less subject to emotional disturbances. Does this, then, disprove the above conclusion? Closer examination makes it evident that the concealing agency is man's culture which acts as a protective cocoon. There are many indications that our emotional stability depends more on our successful avoidance of emotional provocation than on our essential characteristics. Civilization is the progressive elimination of sources of acute fear, disgust, and anger; and civilized man may be not less but more susceptible to such disturbance because of his success in protecting himself from disturbing situations so much of the time.

The Demonology of Modern Psychiatry. Norman Reider. Pp. 851-856.

After reviewing the major characteristics of primitive magic the author states his thesis: a relic of primitive man's magic is to be found today in our projections and personifications of nosological and theoretical concepts, as if they were either substantial, material, or demonic spirits. Out of our new psychodynamics have arisen a whole new host of symptoms against which we proceed in our therapeutic zeal as if they were enemies. This new host of symptoms is fought in many a psychotherapy by the magical device of mentioning the name: anxiety, hostility, dependency, impulsiveness, ambivalence, acting out. We employ a magical device when, using the names of these demons, we expect that if a patient is told he is hostile or anxious, he will forthwith give up the demon. The author makes a plea for a more leisurely, studious, and scientific pursuit of conditional relationships between forces.

Structural concepts lend themselves to magical manipulation in the same ways. Perhaps the best example is the use of the descriptive concept 'severe superego'. Here, almost personified, one can see the enemy. Often a therapist tries by seduction, persuasion, shaming, ridicule, or threatening to force the disappearance of this enemy. Still another example comes from the earlier days of psychoanalysis. 'The unconscious' was most frequently seen as the demon. This led to the concentrated drive toward making the unconscious conscious. Mental mechanisms are likely to suffer similar treatment. Also high on the psychotherapist's list is that operational handmaiden of the defense, resistance. Reider does not deny here the value of the concept in its total and appropriate gestalt; he decries its misuse when it is pulled out from the context of the entire proper formulation and used as a particular target for the hour.

Reider also describes the rites of this magic. The technical details of the treatment situation can be used magically. One can set up actual taboos of relationship between analyst and patient. The talking, the dream work, the catharsis, the abreaction, the interpretation, all illustrate how mechanics can be used magically when taken out of a meaningful context. Under prescribed conditions of scientific inquiry, these details of technique are less likely to be used as magical devices. But magic is our heritage. We cannot divest ourselves of it completely for even if we deny it in ourselves our patients still see us as performers of magic in our acts, gestures, and words.

Studies of the Processes of Aging. X: The Strength and Weakness of Psychic Functioning in the Aged. E. W. Busse; R. H. Barnes; Albert J. Silverman; Margaret Thaler; L. L. Frost. Pp. 896-901.

The essential question in the recurrent periods of depression in the aged is not the turning inward of unconscious hostile impulses; it is rather the loss of self-esteem caused by recognition of weakness and by inability to obtain necessary narcissistic supplies and to defend against threats to security. Eighty-five percent of the subjects of this study could trace the onset of depression to some specific stimulus: increased physical suffering, lowered financial, professional, or social status, or any increase in stress. The depressions do not appear to be attempts to force an object to give necessary love nor do they appear to be aimed at placating the superego. Those persons who have no planned activity and those who devote time to passive or receiving activities are much more prone to depressive episodes than those who through their own efforts can receive satisfaction. The ability to participate in creative activity is very much influenced by the extent of the education of the subject. Hypochondriasis is invariably linked with depressive episodes and feelings of neglect and persecution are also found. Nearly all old persons with hypochondriasis are found to have a poor relationship with their children. The authors suggest that this may be a result and not a cause. Yet it is striking that eighty percent of this excessively hypochondriacal group were parents who had been rated as poor mothers and fathers. Evidence from psychological testing indicates that many elderly persons possess little capacity to express warmth and spontaneous feeling toward others. In a sense they are miserly with their affections and seem to be fearful that should they invest an object with positive feelings it is unlikely that such feelings will be returned.

The authors conclude that elderly persons deserve the attention of our society, but they could profit if time were devoted to preparing people for old age and to research on preventive techniques.

The Pathology of Senility. David C. Wilson. Pp. 902-906.

Psychiatrists have learned a great deal about treating the aged patient. Many victims of 'senile decay' may respond to psychiatric and sociological therapy. However, hospitalizing such patients is risky; the separation produced by hospitalization may be a threat to survival. The presence of a neurosis or psychosis may act as a defense against the dementing forces that surround the patient. The ability to act as a schizophrenic or as a depressed patient indicates that some potentials for further living must survive. We should consider carefully the wisdom of removing a depressive reaction in an aged patient by electroshock. In so doing we may be breaking down the last defense against a senile psychosis. Loss of motivation and loss of reason for living are part of the pathology of senility. The feelings of not belonging and of being excluded are strikingly parallel to the progression and intensity of the associated organic changes. Much can be done by psychological and sociological means to aid the senile, although little can be done about the organic process.

DAVID L. RUBINFINE

International Journal of Group Psychotherapy. VI, 1956.

Group Psychotherapy With Alcoholics in Private Practice. Oluf Martensen-Larsen. Pp. 28-37.

Most alcoholics are persons whose development of independence has been blocked by parents or siblings by sexual rivalry or competition for power. In treatment of more than fifteen hundred persons from all economic levels by psychotherapy, often in connection with antabuse, antihistamines, and fructose, the author found that: 'In the psychological treatment of alcoholism group psychotherapy . . . is able to reduce the risk of the negative transference toward the therapist. Mutual identification in the group makes insight possible for the patients and offers possibilities for direct interpretations. Group psychotherapy frees the therapist from an authoritarian role, because this is given over to the patients themselves who thus can mature more rapidly than in individual treatment only. Group psychotherapy is also applicable to relatives of alcoholics.'

Group Psychotherapy in the Treatment of Some Neurodermatoses. Irving L. Milberg. Pp. 53-60.

Forty-four dermatological patients received palliative physical treatment and were seen individually to establish support and obtain information. Their symptoms improved. They were then placed in therapeutic groups, where the patterns of the sibling rivalries of childhood were revealed. All were exceptionally sensitive, intelligent, and perceptive but prone to react immaturely to situations. Despite positive results, the authors believe that this form of therapy requires longer trial before its value can be established.

Psychoanalytic Group Therapy With Fathers of Emotionally Disturbed Pre-school Children. Irwin M. Marcus. Pp. 61-76.

Six fathers of emotionally disturbed children were studied in a therapeutic group. Their rage, guilt, and anxiety were lessened and insight gained, so that their children were relieved from the pressure of family disturbances. Such treatment is particularly suitable for fathers who: 1, are so preoccupied with their work that their relations to their families are mechanical; 2, center their interest upon their child's problem and avoid recognition of their marital difficulty; 3, are confused in their family role; 4, have marked feelings of inadequacy; 5, have intellectual limitations or emotional attitudes that would block individual therapy; 6, have anxiety stemming from sexual conflicts.

Benefits From Including One Psychopath in a Group of Mildly Delinquent Patients. William R. Perl. Pp. 77-79.

A therapeutic group, consisting of seven mildly delinquent young prisoners and one psychopath, was organized at Fort Leavenworth. The psychopath boasted, dominated, and shocked the others. They reacted by rapidly developing

group feeling and a group superego and showing anxiety at contemplating becoming like the psychopath. When the psychopath left the group, they began to work seriously on their own problems.

The Use of Art in Group Psychotherapy. Lucile Rankin Potts. Pp. 115-135.

Art therapy consists of making conscious repressed disturbing feelings and re-evaluating the expression of such feelings in the light of newly gained insight. Mixed groups of eight men and women illustrate how this process is enhanced in a group. The presence of others gives reassurance because observation is not focused on one patient alone, because other attitudes than one's own can be demonstrated, and because it is found that others have similar difficulties. In many instances latent homosexuality was replaced by heterosexuality; inertia and depression lessened; and integration of personality occurred.

Limitations of Activity Group Therapy: A Case Presentation. Leslie Rosenthal and Leo Nagelberg. Pp. 166-179.

The case history of a passive schizoid boy, born prematurely, shows how three years of group therapy helped him to compete and play with his peers, to relinquish anal activity for more constructive masculine pursuits, and to improve his relation with authority figures. However, it did not affect his need to provoke repeated rejections or cope with his regressive drives for total care. He was referred for individual treatment.

Ego Emancipation of Adolescents Through Group Psychotherapy. Edrita Fried. Pp. 358-373.

Many adolescents are disturbed because they must satisfy, or adapt themselves to, neurotic goals of their parents. Fourteen case histories demonstrate how therapy in groups helps such young people to achieve freedom and healthier integration through mutual identification and interpretations.

Group Psychotherapy With Peptic Ulcer. John N. Fortin and D. W. Abse. Pp. 383-391.

Nine men between nineteen and thirty-one years of age with diagnoses of peptic or duodenal ulcer confirmed by X-ray were organized in a therapeutic group. The anxiety and dependency at first displayed turned to group cohesion and hostility directed sometimes to group members but mostly to the therapist. Generally speaking, all participants showed a decrease in autoeroticism, better heterosexual adjustment, less acting out, and more ability to postpone gratification according to the requirements of reality. Recurrence of symptoms requiring dietary treatment was less in these men than average expectancy.

The 'Deserter' in Group Psychotherapy. Rachel B. Bross. Pp. 392-404.

Four case histories of patients who interrupted their group therapy reveal

that they did so because of their fear of rejection by the other members, their wishes for dependency which made them test the tolerance of fellow members, their feelings of weakness when confronted by the group, and their overwhelming insight into their own drives. These anxieties can be used therapeutically, often in a few individual sessions with the parent surrogate, the therapist, or they can be vented in group discussion. Often a few absences from meetings help the anxious individual to gain insight and confidence.

GERALDINE PEDERSON-KRAG

Journal of the Hillside Hospital. VI, 1957.

Kos Against Knidos: Ambivalence as the Psychiatric Outlook on Man. Joost A. M. Meerloo. Pp. 67-86.

The ancient Greek physicians conceptualized man and his diseases in two ways. At the Hippocratic school of Kos the diseased individual was investigated by study of his biography, while at the school of Knidos, disease (the intruder from the outside) was investigated by consideration of pathology. Meerloo asks that we avoid this dichotomy and use rather a plural approach to the understanding, especially the psychological understanding, of man. He surveys the concept of ambivalence, 'the hierarchy of contrasting functions acting on various levels of awareness'; it has analogues in the energetic concepts of physics, in biological systems of adaptation, and in psychological and psychoanalytic formulations regarding the psychosexual crises and their contributions to ambivalence and social phenomena. A function of the maturing ego is the ability to integrate the polarities of human existence,—life and death, male and female, pleasure and unpleasure, good and evil, love and hate, and man's inner and outer worlds.

The Criteria of Dual Competence in Psychiatric-Anthropological Studies. George Devereux. Pp. 87-90.

The student can combine and use several disciplines when he has achieved professional, as opposed to avocational, competence in each discipline. He must be fully aware of the data and implications of each point of view. He should avoid two pitfalls: indiscriminate use of the techniques of other sciences, such as statistics; and a fuzzy 'humanism'.

The Symbolic River-Sister Equation in Poetry and Folklore. William G. Niederland. Pp. 91-99.

Many examples in literature illustrate the unconscious equation of river and sister, a derivative of the unconscious mother image. This symbolism is striking in Byron's *Childe Harold's Pilgrimage* where it illustrates Byron's incestuous love for his sister.

JOSEPH AFTERMAN

Journal of Mental Science. CIII, 1957.

The Psychological Development of Vincent Van Gogh. A. J. Westerman Holstijn. Pp. 1-17.

This brief biographical study of Van Gogh pays particular attention to the dynamics of his psychological illness and its relation to his art. The major causes of the illness were his 'father complex', a tendency to schizophrenia in his family, and a mixture of introversive and extraversive tendencies. The artist's decompensation was precipitated by disappointments in his relations with women beginning at about age twenty-one. Later, exacerbations of his illness occurred when his heterosexual and homosexual libidinal impulses were frustrated. The devotion and sympathy of his brother Theo was therapeutic. Theo was Van Gogh's substitute father. Holstijn compares the behavior of Theo toward Vincent with the psychotherapeutic methods of Rosen, Sechehaye, and Schwing.

FRANK T. LOSSY

British Journal of Medical Psychology. XXX, 1957.

The State of the Ego in Chronic Schizophrenia. T. Freeman, A. McGhie, and J. L. Cameron. Pp. 9-18.

These authors have collated the major psychoanalytic writings on disturbed ego function as the basic pathology in chronic schizophrenia, and have attempted to derive from these formulations a rationale of treatment. The main element in this therapeutic method seems to be the fostering of an anaclitic relationship with the patient in the hope that this will lead to an increasingly stable identification with the therapist and with his healthy ego function.

Patterns of Anxiety: The Phobias. James J. Dixon, Cecily de Monchaux, and Joseph Sandler. Pp. 34-40.

This paper is the sixth in a series of 'Studies in Psychopathology Using a Self-Assessment Inventory'. It is of particular interest psychoanalytically as another of the many experimental studies that use nonanalytic disciplines to validate psychoanalytic concepts. In this instance, a factor-analysis of twenty-six possible phobic responses on a psychological inventory demonstrates that two major groups of phobias may be distinguished: the phobias theoretically linked with separation anxiety, and those that are manifestations of castration anxiety.

FRANK T. LOSSY

Revue Française de Psychanalyse. XXI, 1957.

States of Dependency in Psychoanalytic Treatment. Georges R. Reding. Pp. 93-117.

Dependency states do not constitute a nosological entity, but are nonspecific and cannot be fitted into any psychiatric diagnosis. Nonetheless, they should be

studied as manifestations of relations to an archaic object. These states may be caused to appear by the stress of systematic analysis of transference. This dependency may be compared to a perversion that lies halfway between neurosis and psychosis.

Nonverbal Factors in Analytic Therapy. P. Luquet. Pp. 182-209.

Although analytic therapy is based on verbal communication, much that is nonverbal occurs in the course of treatment. Luquet believes that these communications between analysts and patients are similar to the communications between infant and mother, and that the analyst becomes the 'good' object, durable possession of whom is the beginning of the patient's growth and of his ability to shore up his ego. This regressive bond to the analyst must be preserved through the treatment because it furnishes the help needed for meeting constantly changing and anxiety-provoking situations.

Psychoanalysis and Sociology. S. Nacht, R. Diatkine, and P. C. Racamier. Pp. 224-283.

The debate between sociologists and analysts can be reduced to the question, are social phenomena controlled by the individual or are individuals determined by social phenomena. This problem is as impossible to solve as that of chicken and egg, simply because the problem is improperly formulated. Psychoanalysis and sociology are learning their respective limits. Progress in both these sciences can be achieved only at the price of an understanding that respects their specificity.

Homage to Freud. F. Lechat. Pp. 325-330.

By way of paying homage to Freud, Dr. Lechat draws a parallel between Freud and Epicurus, separated by twenty-two centuries and yet in many ways strikingly related to one another. Freud considered the pleasure principle an essential factor of psychic balance, with the reality principle acting as counterweight. Freudian morality results from the interplay of these two principles. Epicurus's philosophy is condensed in his formula: avoid pain and seek happiness, which consists of not suffering mental or physical pain. This can be achieved by observance of four moderating precepts: 1, take only those pleasures that will not be followed by pain; 2, avoid efforts that will not be crowned by pleasure; 3, avoid any pleasure that might deprive you of a greater pleasure; 4, accept pain that may free you from greater pain or that will be followed by great pleasure. These rules may be regarded as the conditioning that a well-constituted superego would develop: if the superego exacts or forbids too much, a neurosis exists; if the superego demands too little, we have a perversion.

Dr. Lechat believes that both Freud and Epicurus met with the same incomprehension by the multitudes; they might say to one another: 'We have both entered into History, and there we shall remain as brothers because we have contemplated the same truths and dared to proclaim them.'

Some Problems in a Case of Active Masculine Homosexuality. S. A. Shentoub. Pp. 485-524.

The author discusses indications for treatment of patients with manifest homosexuality who are socially integrated, have no psychotic symptoms, and ask for help. Psychoanalysis is the method of choice. The initial contact is decisive. Success or failure of treatment lies more in the analyst's feelings about the perversion of the patient than in the objective nature of the perversion; any revulsion felt by the analyst should be considered a counterindication.

There is danger of a psychotic episode during the process of rebuilding the patient's lost identity. The transference patterns of these patients make it difficult for them to 'situate' themselves in relation to others because of their tendency to project. They do not act *like* the object with whom they want to identify, they *become* this other person.

Principles and Accomplishments in Mental Hygiene and Prophylaxis. H. Duchene. Pp. 553-592.

Dr. Duchene studied in England Bierer's 'Multiple Approach' as practiced in the Institute of Social Psychotherapy; he also observed work at the Tavistock Clinic and the Cassel Hospital. He discusses the value of group therapy for the orientation of social workers, teachers, and parents. He points out the importance of the law of May 20, 1955, when it became mandatory in France that Mental Hygiene Centers be established.

Psychoanalysis and Mythology. Sexual Neurosis of the Danaïdes. D. Kouretas. Pp. 597-602.

Æschylus in his drama about the Danaïdes tells the story of the flight of the fifty daughters of Danaüs, confronted with the danger of having to marry the fifty sons of Ægyptus. The author points out how carefully the Greek poet has described the 'complex of Diana', of the woman who chooses the bow and arrow as her symbols and hunting as her unwomanly occupation. These daughters also have an oedipal attachment to their father, from whom they do not want to be separated. The form of the eternal punishment to which the gods condemned them,—to fill with water a barrel pierced with many holes,—symbolizes their inability to perform a masculine task.

Obsessions in Childhood. S. Lebovici and R. Diatkine. Pp. 647-670.

The authors divide their study into three chapters entitled 1, *obsessive manifestations in childhood*; 2, *structures that appear in the child's development into which obsessive manifestations may be integrated*; 3, *anamnesic study of cases in which the psychiatrist and the analyst find obsessive manifestations during the patient's childhood*. In conclusion, the authors underscore the need for a careful survey of those obsessive rituals that are normal at certain stages of development and that clear up spontaneously. Coöperation with psychologists is

important, for projective tests are very valuable in the diagnosis of obsessive disorders in childhood.

The basic structure of the ego at the beginning of the latency period and in adolescence has an obsessional coloring; but it is rigidity of the ego and its inability to develop and progress that favors the existence of an obsessive neurosis.

RUTH EMMA ROMAN

Revista de Psicoanálisis. Vol. XIII, 1956, No. 4.

This number consists of brief presentations of approximately thirty-eight articles read at the First Latin-American Congress of Psychoanalysis. The quality of the papers is very uneven: some should be longer, some might have been omitted entirely.

In a section on dreams, Angel Garma (Buenos Aires) with his usual lucidity and depth discusses traumatic dreams. Apparent gratification of a wish is the best disguise (in the manifest content) against recognition of a death wish and it satisfies the desire of the ego to avoid dying. Garma also suggests that 'dreams are hallucinations created by a psychic trauma in an ego temporarily impoverished by being asleep. Secondary processes disguise them before they are perceived consciously. . . . Dreams are hallucinations of a disguised traumatic situation.'

G. Koolhaas (Montevideo) describes typical dreams of elevators and their relation to specific phobias and sexual difficulties. He also correlates inability to achieve erection with fear of storms; failure of orgasm with fear of earthquakes; and premature ejaculation with fear of drowning. These three types he correlates with three stages of birth trauma: the induction (erected body); the expulsion (violent motion); and the moment of birth (asphyxia and respiratory trauma).

E. Blaise (Madrid) demonstrates that capacity for sublimation 'requires proper previous "use" of the aggressive tendencies'. If this process is blocked or hampered it leads to 'an uncontrolled and sudden release of hostility in a destructive way'. S. Wencelblat and H. Pastrana (Buenos Aires) try to show that circumcision provokes 'a restriction and diminution of the initial relationships with a love object'. There is also 'a regressive intensification of the person's archaic internal object imagoes'. C. A. D'Andurain (Chile) describes two analyzed cases of male homosexuality; 'one was cured by fear', the other 'cured legitimately' in Bergler's sense. From Brazil, A. Koch (Sao Paulo) writes, 'omnipotence develops in two main ways',—it may be of 'constructive' or of 'destructive' type, depending on 'the earliest types of imagoes', and it may be 'masculine' or 'feminine'. On this latter distinction depends the ability of certain patients to produce 'true sublimations' in their professional life or at times in their affective relationships. C. Martins (Porto Alegre, Brazil) writes of the oedipus complex in group therapy. 'The fundamental value of the group session described depends on the consecutive associative material presented by the participants. The content of the material reveals deep castration fears with strong

persecutory anxieties which finally lead to the formulation of the œdipus conflict.' In other words, when we deal with deep-seated universal human conflicts 'the group therapy session is a kaleidoscopic, well-integrated vignette of the various aspects of the conflict'.

In a case of 'negative reaction to therapy' described by F. R. Cesio (Buenos Aires), pregnancy as an acting out was eventually followed by eclampsia and the patient's death. This is explained in terms of 'her identification with dead love objects . . . the destroyed and mummified objects symbolizing also her future children. She gave me the impression of "having a destiny". In her case, to probe deeply into the unconscious made her dangerously close to her death wish' and to the identification with the dead imagoes. The patient in her seventh month of pregnancy, when no sign of eclampsia was yet present, had arranged her affairs and stated quite clearly what should be done in case of her death. 'Her ego seemed to be surrounded by her unconscious dead imagoes and fantasies and by an intensified death wish. . . . The importance of the death instinct in the fate of this patient and the splitting between death and life instinct were very marked.'

It is regrettable that quantity was preferred to quality in the selection of these articles for publication.

GABRIEL DE LA VEGA

Meeting of the New York Psychoanalytic Society

Irwin Solomon

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NOTES

THE TWENTY-FIRST CONGRESS OF THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION will be held under the auspices of the Danish Psychoanalytic Society in Copenhagen in late July or early August 1959. Members of the International Psychoanalytic Association who would like to offer papers for presentation at the congress are requested to communicate with the Secretary of the program committee as soon as possible. The chairman of the program committee is Dr. W. Hoffer. All correspondence should be addressed to Dr. Paula Heimann, 32 Eamont Court, Eamont Street, London, N.W. 8, England.

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 15, 1957. THE NATURE AND DEVELOPMENT OF THE CONCEPT OF REPRESSION IN FREUD'S WRITINGS. Charles Brenner, M.D.

The development of Freud's concept of repression is traced from his introduction of the term to his last formulation as influenced by new clinical observations and changing theoretical formulations of mental functioning. There are four principal stages in this development at which Freud made significant changes or additions to this concept, corresponding to the years 1894-1896, 1900-1906, 1911-1915, and 1923-1936.

From 1894 to 1896, Freud defined repression as the suppression of a memory. He first thought this was volitional, but he soon recognized that it took place unconsciously. Memories repressed in adult life were invariably painful ones. Such repression was possible only in those individuals who had had sexual experiences in childhood which though pleasurable at the time were later considered intolerably bad or shameful. Repression was a pathological mental process characteristic of the 'defense neuropsychosis'. Obsessions were compromises and represented a return of the repressed.

During the period 1900-1906, Freud's investigation of the function of dreams, and of the significance of jokes and symptomatic acts made him conclude that repression was a part of normal psychic functioning. Without repression of certain infantile components adult sexuality could not be achieved. He came to the conclusion at this time that what was repressed was often the memory of fantasies and not of experiences: repression, that is, was chiefly a defense against prohibited libidinal drives rather than against the memory of similar sexual experiences. On the basis of theoretical concepts formulated in chapter seven of *The Interpretation of Dreams*, he initially discussed repression, in terms of infantile experiences, which occurs before the development of the system preconscious. This leaves a store of infantile memories that would never be accessible to the system preconscious and constituted the infantile core of what he later called 'the repressed' (primal repression) which could only be inferred from their effects (dreams, symptoms). This store of inaccessible memories was a precondition of all later instances of repression in accordance with the pleasure principle which required that the system preconscious withdraw cathexis from

any later preconscious derivatives of such infantile memories. Freud later referred to this as repression proper. He attributed repression of infantile sexual wishes and memories to certain maturational sequences in the development of psychic functioning (secondary process and system Pcs), rather than attributing it to intrapsychic conflict which he had already recognized as the basis or at least as an inevitable part of repression. These repressions might remain stable (successful repression) or, if re-enforced organically (by constitutional or hereditary factors) and the increased cathexis was transmitted to the derivatives, the latter would press for discharge resulting in a defensive struggle with the eventual appearance in consciousness of compromise formations (symptoms, dreams, jokes, slips).

In the Schreber Case (1911), and in the papers, Repression (1915) and The Unconscious (1915), Freud further elaborated the difference between infantile repression, now called primal repression, and later repression, now called repression proper. Primal repression is intimately connected with and directly responsible for fixation. He speaks of the attraction which the repressed exerts on preconscious and conscious elements, and how repression proper is due partly to active decathexis by the Pcs, and partly to attractive power of the repressed. He continued to formulate repression as withdrawal or withholding of cathexis from a psychic element. His interest was in the mechanisms and consequences of repression which he thought differed in normals and neurotics. Among the consequences was the prevention of the development of affect, and of voluntary muscular activity associated with the drive discharge (activities controlled by the system Cs-Pcs). Repressed drive derivatives were not annihilated but their relation to the system Pcs was interfered with. They continued to exist in the Ucs and to become organized there. Freud differentiated repression in the neuroses from repression in the psychoses. In the former, the word representations are decathected, in the latter, both the verbal and nonverbal representations are decathected (repressed or not repressed in the ego). The mechanism of repression he conceived as involving a variable equilibrium between the repressed and the repressing forces. The psychic energy involved to keep the repressed 'at bay' he called counter cathexis. If successful, it prevented emergence of the repressed in any but the most disguised derivatives. Freud's one example of this was the reaction-formation of kindness against repressed sadistic impulses prior to the outbreak of an obsessional neurosis. The reaction-formation was the counter cathexis. If unsuccessful (return of repressed) the counter cathexis prevented emergence in undisguised form. One example was the substitute formation in anxiety hysteria (the wolf of the Wolf-man) which functioned as the counter cathexis. He suggested it was the energy of the withdrawn Pcs cathexis that was used for the establishment and maintenance of the counter cathexis. At this time Freud no longer considered repression and defense as synonymous.

Between 1923 and 1936, Freud introduced the structural theory of the psychic apparatus that led to changes in the concept of repression. Up to this point he had believed that anxiety resulted from the repression of libido. In The Problem of Anxiety, anxiety became the motive for repression, rather than its consequence. He also reintroduced the term 'defense', with repression as one of several defenses used by the ego against dangerous drive derivatives. In The New

Introductory Lectures he described again the 'pathogenic nature of repression' on which the rationale of psychoanalytic therapy is based. He described the possible consequences of repression for the instinctual life as first, the continuous opposition of drive cathexis in the id and counter-cathexis of the ego; second, cathexis of the drive wholly diverted to other channels (normal resolution of oedipus complex); third, libidinal regression. In the second and third consequences he did not clearly distinguish between the concept of defense in general and repression in particular. His conception of primal repression was now that it did not differ from repression in later life in its cause and mechanism, but that the motive was different. In infancy, anxiety was due to economic factors; in later life it was the signal of an inner threat. In *Moses and Monotheism* Freud discussed three conditions for the return of the repressed: weakening of the ego, strengthening of the drive, and re-evocation through later stimuli. This third was new in Freud's statements on pathogenesis, though hinted at in *The Uncanny* (1919).

DISCUSSION. Dr. Leo Spiegel inquired about the relationship of repression and reaction as expenditure of energy in cathexis; also about the difference in the role of repression in the 'actual neurosis' as opposed to the psychoneuroses. Dr. Rudolph Loewenstein pointed out that Freud continued to believe that repression was based both on maturational features and the formation of the ego. He stated that the influence of current experience with reference to the 'return of the repressed' was not new in 1939 but was stated as early as 1911 (Schreber). He asked where in Freud's writings the concept of repression of demands of the superego is to be found. Dr. Otto Sperling noted that Freud developed his concept of repression slowly because of his avoidance of a teleological psychology. Dr. Weissman questioned why the theories of defense, other than repression, were not subject to changes concurrent with modification of the concepts of psychic structure. Dr. Rosen thought that what the author showed was a process analogous to the development of homonomous words in language; that as the framework of ideas becomes more complex it is no longer necessary to say that one is now using the same word in a different context, because this is already implicit in the context. This study could serve as a model for describing the development of all Freud's concepts. Dr. Bernard Brodsky questioned the varied functions that repression seems to involve and wondered if these were all the same or perhaps different expressions of the same mechanisms. Dr. Joachim Flescher commented on the omission of the role of aggression in the counter-cathexis used in repression, and also wondered if Freud actually persisted in his belief in 'the pull from below' as a factor in repression. Dr. Brenner in closing the discussion elaborated points in his paper to answer a number of the questions raised. He noted that repression was not involved in Freud's concept of 'actual neurosis'.

IRWIN SOLOMON

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 6, 1957. PAVOR NOCTURNUS. Melitta Sperling, M.D.

Dr. Sperling differentiates three types of pavor nocturnus in children: first, the psychotic form characterized by hypermotility, hallucinations, and retrograde amnesia, which is considered to be limited to childhood. There is an insidious onset and progressive development into puberty, at which time serious character disorders, perversions, or psychotic states become manifest. Second, the traumatic form which is considered to be a traumatic neurosis of childhood from which later neurotic, particularly phobic, psychosomatic, or psychotic manifestations develop. The onset is sudden, often dramatic, following the last trauma in a series of narcissistic injuries. The aggression provoked by the trauma is turned against the ego, frequently leading to somatic conversions. To the acutely traumatized child, sleep itself assumed the meaning of a traumatic situation, and in some cases a phobia. Imminent permanent loss of object relationships is the danger in such cases. Waking up, as representing a termination of the traumatic situation in the dream, is a belated mastery of the trauma. The third type is a neurosis, having its origin in the oedipus, and it is phenomenologically and dynamically similar to or perhaps identical with the nightmare of the adult. It occurs episodically and the anxious child awakens fully with a vivid recall of the nightmare which may become a lasting memory.

DISCUSSION. Dr. Max Stern praised the merits of attempting to connect specific forms of infantile pavor nocturnus with later development. He surmised that the hypermotility in these children represents a subsequent reaction to the preceding pavor nocturnus. Such a 'somnambulistic' reaction to a preceding pavor nocturnus indicates a weakness of adaptation to reality. Dr. Max Schur took issue with the theoretical formulations. The superego disturbance of these children rather than being causative is the result of a series of interrelated traumata: flooding of immature ego by environmental overstimulation leading to nightmares and pavor nocturnus; also, the effect of repeated attacks of pavor nocturnus on the weak ego. Dr. Schur disagreed with ascribing an 'intentional' therapeutic function to the dream (to master a trauma). The function of the dream is to protect sleep. The nightmare, however, may help in 'the gradual working through' of traumata arising from the day's residue. Dr. Otto Sperling stated that 'sexual overstimulation' itself does not cause pavor nocturnus if it is not combined with the 'split' superego of the child. The ego is faced with repetition compulsion and tries to make the best of it, while a part of the superego 'commands' the child to 'go crazy', 'suffer', etc. Dr. Jan Frank questioned whether the first type of pavor nocturnus is a serious premonitory sign of a schizophrenic or psychotic development. In emotionally wayward families, the children seem to be deprived of the necessary protection against the intensity of their drives. As a result, the ego is impaired. Without parental aid in transforming the primitive drives of the infant, the ego and superego remain primitive. Dr. Melitta Sperling in closing noted that pavor nocturnus of children is not somnambulism or psychosis, and that it represents not an 'inability' to awaken but an 'unwillingness' to do so. The superego of the child with pavor

nocturnus not only rejects but lets through impulses. Children with pavor nocturnus live in a highly sexualized environment and experience premature mobilization of phallic and oedipal strivings, the repression of which is endangered by sleep, and this leads to nocturnal anxiety, particularly in the anal stage, and to intensification of sleep disturbances.

PAUL KAY

L'INSTITUT DE PSYCHANALYSE DE PARIS organise un séminaire de perfectionnement les 24, 25, et 26 Mai 1958. Ce séminaire est réservé aux psychanalystes français et étrangers membres d'un institut ou d'une société psychanalytiques ainsi qu'aux étudiants français et étrangers, régulièrement affiliés à l'un de ces organismes, en particulier à ceux que leur résidence empêche de participer régulièrement à l'enseignement et aux réunions des instituts et des sociétés de psychanalyse. Les inscriptions seront notées au fur et à mesure de leur arrivée et le registre d'inscription risque d'être clos avant le 1^{er} Avril 1958, au cas où le nombre limite des 30 participants serait atteint avant cette date.

Directeur: S. Nacht Secrétaire: S. Lebovici

Richard M. Hewitt, M.D., Director of the Mayo Clinic's Section of Publications for fifteen years, has been appointed the third ALFRED P. SLOAN VISITING PROFESSOR at the Menninger Foundation. Dr. Hewitt assumed the six-month tenure of his appointment in December 1957.

Lewis L. Robbins, M.D., Chairman of the Psychotherapy Research Project at the Menninger Foundation, Topeka, Kansas, and Secretary of the American Psychoanalytic Association, has been appointed DIRECTOR OF PROFESSIONAL SERVICES OF HILLSIDE HOSPITAL, Glen Oaks, New York, of which Joseph S. A. Miller, M.D. is the Medical Director. The appointment is effective July 1, 1958. For many years Dr. Robbins was Director of the Department of Adult Psychiatry at the Menninger Foundation.

The seventh lecture in the Eighth Annual NORTH SHORE HOSPITAL (225 Sheridan Road in Winnetka, Illinois) LECTURE SERIES, The Emotional Problems of Childhood, will be given Wednesday, April 2, 1958. The title of the lecture is Management of the Delinquent, and will be presented by Joseph J. Michaels, M.D., Training Analyst, Boston Psychoanalytic Society and Institute; Visiting Psychiatrist, Beth Israel Hospital in Boston; Instructor in Psychiatry at Harvard Medical School.