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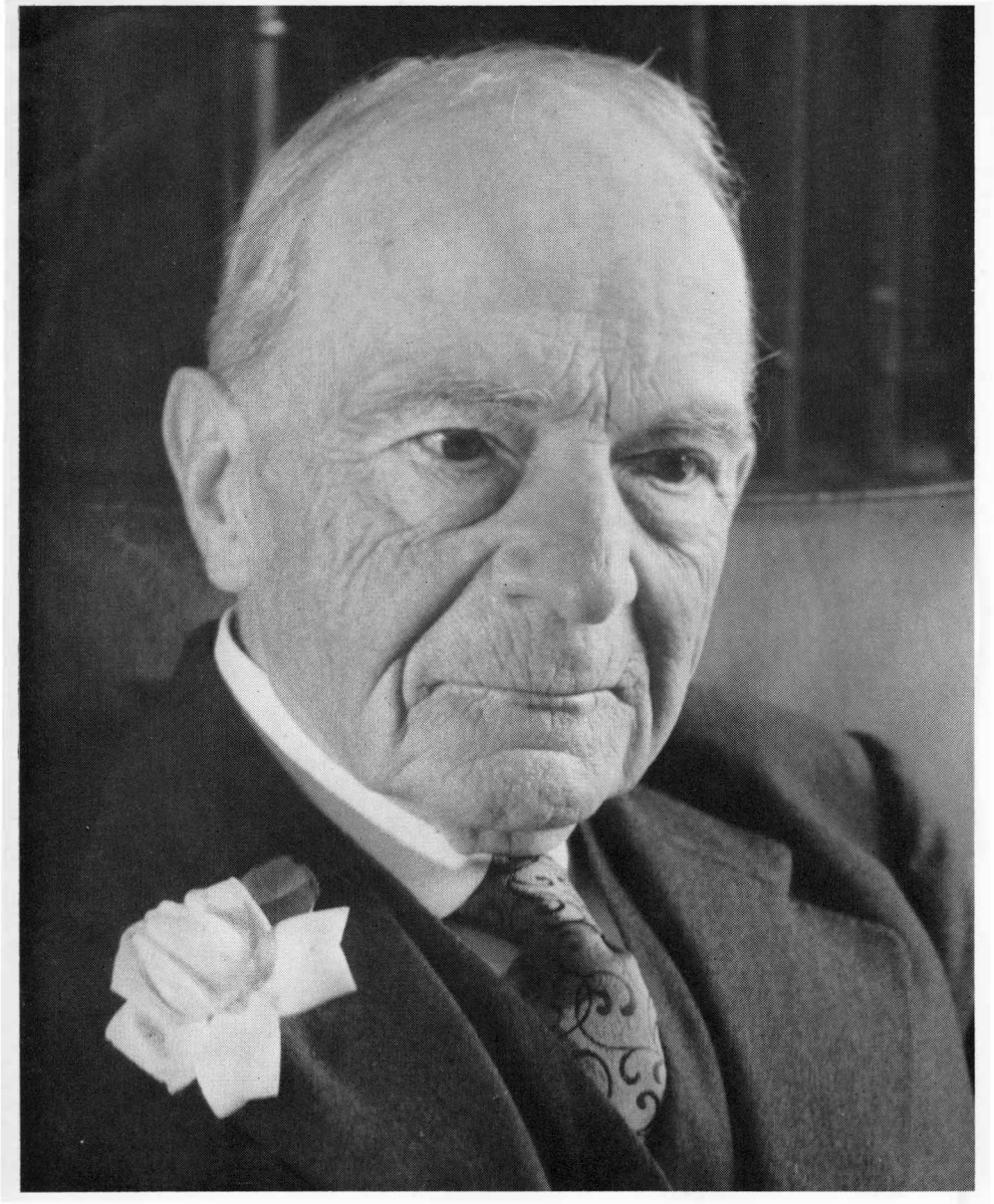

ERNEST JONES

1879-1958

The death of Ernest Jones on February 11, 1958 marks the passing of the last of a small group of pioneers who became closely associated with Sigmund Freud in the earliest period of the development of psychoanalysis.

Dr. Jones's unusual talents and tireless energy were chiefly devoted to his clinical work, his scientific contributions to the literature, and his participation in all phases of psychoanalytic activity and organization.

Dr. Jones rendered great service to psychoanalysis by keeping alive his personal and professional contact with the analysts on the European mainland through the difficult days of World War I, and in the Second World War his vigilance and indefatigable planning were even more valuable in helping colleagues to escape from Nazi-controlled territory. This culminated in the rescue of Professor Freud and his family, and their eventual emigration to London in 1938.

He was a founder of the American Psychoanalytic Association in 1911, and of the British Psychoanalytic Society in 1913. He remained Honorary President of the International Psychoanalytic Association which he was active in establishing in 1910.

It was a fitting crown to his full and rewarding life that Ernest Jones, shortly before his death, completed the third and last volume of his monumental biography, The Life and Work of Sigmund Freud.

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Dreams of the Blind

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DREAMS OF THE BLIND

BY H. ROBERT BLANK, M.D. (WHITE PLAINS, NEW YORK)

This paper is a sequel to my review of the psychic problems of the blind *(1)*. Although the psychoanalytic items are scant, there exists a considerable literature[1] on dreaming among the blind, beginning, as far as scientific investigation is concerned, with the work of Heermann *(9)* in 1838. Most of the contributions are by psychologists, educators, and blind autobiographers, and consist chiefly of phenomenological and comparative studies, almost devoid of psychoanalytic or even psychodynamic insight. The most striking exception is the unpublished M.A. thesis by McCartney *(15)*, himself blinded at seventeen months of age, written in 1913. The work reveals a uniquely thorough grasp of psychoanalytic principles and a rigorous testing of these principles by the data provided by hundreds of dreams, including one hundred seventy-seven of the author's own. Several of the latter are circumspectly but convincingly analyzed. McCartney's research confirmed freudian dream theory, e.g., 'dreams of flying and of falling have a sexual significance, though they may be initiated by somatic stimuli'; 'nightmare is of sexual origin'; and 'the blind differ little from the sighted with respect to dreams of the dead, and . . . such dreams often represent wish fulfilment'. He was also in advance of his time in his awareness of the distorting influences of stereotypical and magical thinking, warning against the attribution to the blind of special psychic powers or liabilities unless these could be demonstrated scientifically.

From the Treatment Center of the New York Psychoanalytic Institute.

[1] The most complete bibliography and guide to the literature on blindness is Helga Lende's *Books About the Blind,* published by the American Foundation for the Blind, New York City, 1953. The annotations are especially valuable inasmuch as most of the items are unavailable or available only in a few specialized libraries.

DREAMS OF THE CONGENITALLY BLIND

The congenitally blind do not have visual dreams. This will surprise only those who believe in a racial unconscious, hereditary transmission of memories, or other Lamarckian concepts. We must, moreover, include in the category of the congenitally blind, for the purposes of our study, almost all adults who have lost their vision before the age of five. Heermann, in 1838, reported that none of fourteen sightless persons who became blind prior to age five had visual dreams; one of four who were blinded between five and seven had visual dreams; and the thirty-five who lost their sight after seven all retained visual imagery in their dreams. From his study of many aged blind, Heermann concluded that those blinded in adulthood tended to retain their visual imagery longer than those blinded nearer the period five to seven years of age.[2]

Jastrow *(12)* in 1900 independently arrived at the same conclusions from his study of the dreams of fifty-eight sightless subjects. 'The period from the fifth to the seventh year is thus indicated as the critical one. Before this age the visual center is undergoing its elementary education, its life is closely dependent upon the constant food supply of sensations; and when these are cut off by blindness, it degenerates and decays. If sight is lost after the seventh year, the sight center can, in spite of the loss, maintain its function, and the dreams of such an individual may be hardly distinguishable from those of a seeing person.'

McCartney confirmed Heermann's and Jastrow's conclusions but cited several cases blinded before three years of age who retained visual imagery into adulthood, which he attributed to exceptional 'precocity' of development of the 'visual center'. Unlike Jastrow and most of his successors (who believed dreams were meaningless manifestations of automatic brain activity),

[2] In one of Heermann's elderly subjects, dream vision was retained for fifty-two years, in another for fifty-four years before fading away. His work is not only a pioneer contribution to psychology and clinical medicine but also to neuropathology: e.g., his observations on optic nerve degeneration in the blind.

McCartney did not allow his research into dream phenomenology to obscure his awareness of his subjects' need to relate their dreams to their daily problems of living and inner conflicts. Bolli *(2)* agreed with Jastrow except that he defined the critical period as four to six years of age rather than five to seven. My own experience leads me to accept the ages five to seven as the critical period, which is also the period of cerebral structural maturation, the completion of early childhood ego development, and the beginning of latency.

There seem to be fewer exceptions to the lower limit (those blinded before age five who retain visual imagery into adulthood) than to the upper limit. There exists, that is, a definite tendency for visual imagery to deteriorate in waking memory and in dreams in those blinded even as late as nine or ten. The reasons have to do with tremendous individual differences with respect to unconscious conflicts, ego capacities such as memory, talents, and educational experiences. Of particular relevance here is the subject of 'sensory typing', i.e., the classification of people into sensory types based on the predominance of one sensory modality over the others in the individual's ego functions. A thirty-year-old alert and intelligent teacher, musician by avocation, was blinded at age eight. In spite of excellent memory, going back to his third year and including the events of his illness and blinding, he can summon only the vaguest visual memories or images, and has no dream vision in his fairly frequent and quite vivid dreams. He had demonstrated great musical interest and ability in infancy, and he talked precociously. It is tempting to think of this man as an auditory rather than visual type, and to regard this as a factor in the almost complete disappearance of his visual memory.[3]

The term, congenitally blind, therefore includes, unless otherwise indicated, those born sightless and those blinded in childhood who have lost their dream vision. Except for the

[3] The problems of scoptophilia-exhibitionism as factors in the retention or fading of visual memory in the adventitiously blind will be treated in a paper devoted to perception, frustration, and ego development.

absence of vision the dreams of the congenitally blind are fundamentally the same as those of the seeing; this applies to the manifest elements and the dream work, and, transcending the proved and fancied phenomenological differences is the fact that dreams of the blind can be interpreted by psychoanalytic methods in the same way as those of the seeing. In the dreams of the seeing there frequently occur nonvisual sensory, cognitive, and intellectual elements. Occasional dreams in the seeing consist only of a nonvisual element or two, e.g., a dream consisting only of a speech or a smell. A seeing patient of mine dreamed of the number 5. How did you dream it, did you see it or hear it? 'No, I just know I dreamed about it.' This type of immediate response, 'I just knew it', is more frequently heard from the congenitally blind than from the seeing or the adventitiously blind. Further questioning may or may not disclose auditory, tactile, or other sensory elements.

What is the relative incidence of the nonvisual sensory perceptions in the dreams of the congenitally blind? There is almost universal agreement that hearing ranks first, tactile and kinesthetic next, with gustatory and olfactory unusual, and specific temperature perceptions rare. In my own cases taste and smell have been reported relatively more frequently in dreams than in those reported by others; yet their incidence is surprisingly low in view of the importance in waking life of smell and taste for so many congenitally blind. For example, a blind man who could not recall gustatory or olfactory sensations in his dreams stated that smell was second in importance only to hearing in identifying people and locale (hence valuable in communication and motility in addition to direct libidinal gratification). Elinor Deutsch *(3)*, blind since birth except for light perception, contributes an instructive phenomenological analysis (in addition to some psychoanalytically oriented observations) of her many vivid dreams. 'The imagery found in the writer's dreams is entirely auditory, kinesthetic, static, and tactile. The sense of hearing plays the most important part while the other three sense modalities seem to be of about

equal moment. Gustatory and olfactory imagery have never played any part. She often carries on long coherent conversations and actually hears what is being said to her instead of merely knowing it by some sort of intuition as seems so often to be the case in dreams. Voices are reconstructed quite perfectly, having all their usual inflections.' Actual conversations and secondary elaboration are much more prominent dream elements among the congenitally blind than those having visual dreams.

Deutsch's remarks contain certain implications which are worthy of being posited as warnings to less experienced workers with the blind. The first is the glib use by the blind child or adult of a vocabulary referring to vision and the visual qualities of objects. Sometimes this is a relatively superficial veneer. Too frequently, however, it is not just a matter of unrealistic terminology but an indication of impaired reality testing with a tendency to deny the blindness. That one is dealing with an ego defect will usually be confirmed by the presence of impaired school, work, or social performance.

The second caveat involves the need rigorously to differentiate clarity of image from libidinal hypercathexis when one is confronted by a 'vivid' dream. This has not been explicitly defined by any of the writers debating whether the blind have dreams more, less, or just as vivid as the seeing. So many dreams reported by intelligent, articulate, and imaginative people seem to abound with sensory images, but investigation reveals much more verbalism, imagination, and affect than sensory perception. The problem is best exemplified by Helen Keller's accounts of her dreams *(14, 12)*.

CASE 1

A thirteen-year-old congenitally blind girl, in treatment because of a phobia associated with the conviction her mother would desert her, reported the following dream and her immediate associations. 'Mrs. Jones was in an elevator going up in a high building. The elevator got stuck just before it reached

the eighth floor. Was that funny! I woke up scared. She is the woman I told you about who has seven children. She isn't afraid to let me hold her baby and feed her.' A week earlier the patient had expressed contempt and resentment against some of the mothers in the block who were afraid to trust her with their babies.

Asked how she knew it was Mrs. Jones who was in the elevator with her, Mary replied, 'I just knew it, I know what an elevator is like'. Asked to be more specific about her recognitions, she said, 'I don' t have to see it; I can hear it and feel it [patient carves out an elevator shaft in the air with both hands], I just know what it is'. She then described the 'funny' feeling, i.e., anxiety expressed chiefly by abdominal sensations. In questioning her about another dream, Mary had stated, 'Naturally I couldn't see him, but I can smell him a mile away'. It is significant to note that, 'Naturally, I couldn't see. . .' represents a frank acceptance of blindness in contrast to 'I don't have to see. . .' which avoids the acknowledgment of blindness. Unlike the content of the unreported dream which did not particularly involve conflict over blindness, the reported dream is replete with this conflict which we had only begun to approach, namely blindness as punishment for masturbation, fear of not marrying and not getting a baby because of blindness, the marked ambivalence to mother, etc.

CASE II

A sixty-year-old congenitally blind man whom I was treating for a depressive hypochondriacal episode, but who presented no major illness of any kind, reported, 'I had a dream she came into the room bringing me a dish of gefüllte fish. Isn't that silly?'. How did you know it was she [the shop supervisor]? 'Maybe you'd expect me to see her? Know? I just knew it. The gefüllte fish [grinning]! I don't have to tell you about that.' He was telling me good-naturedly that he knew what I had in mind: it was silly of me to expect a congenitally blind man to see. The joke about the gefüllte fish [no one has to see to enjoy

it] screened his reluctance to talk about his sexual longings for the supervisor which was later confirmed.

CASE III

Mr. A, a thirty-year-old congenitally blind teacher of the blind, who came to this country from his distant home for post-graduate study, was one of a group of blind people, not in treatment, who agreed to coöperate by discussing his dreams for research purposes.[4] He reported the following dream: 'I was going up to heaven and St. Peter barred me at the gates, telling me to go down below. I argued with him, feeling I was being treated unjustly, until he said, "All your friends are down there"; whereupon I said, "If that is the case it's fine", and I went down below.' The affect throughout this dream was appropriate to the manifest content, the dreamer finally feeling good about joining his friends. The dream made no sense to him except that he was very much interested in discussing philosophical and religious questions with friends and colleagues who often argued about 'material versus spiritual' values. When I learned he had the dream two weeks after arriving in this country I ventured the interpretation that he had been more anxious than he thought about leaving his home and religion for material satisfaction. One would feel safer having the protection of one's parents and a belief in God. The patient readily confirmed this. He had actually given up the religion of his family and was content with the pleasures of the mind and body. With regard to vision, he stated, 'I never dreamed I could see. I have no idea of what seeing is like. In my experience with many blind people, some of them told me they had seeing dreams, but in each case I learned that they had some vision before they were blind or they were just using words. Many of them are very intelligent, do a lot of reading [Braille], and use words and descriptions which give the impression they can see. They fool themselves too.'

[4] I am continuing this line of investigation in order to get more case material on dreams of the blind, particularly the congenitally blind, and to clarify certain problems in perception relating to ego differentiation.

Of the three cases presented, only Case III provides us with a dream far more characteristic of the blind than the seeing. The typical features are the prominence of heard speeches and conversations, secondary elaboration in the dream work, and undisguised or poorly disguised superego elements. Von Schumann *(16)* stresses the conspicuousness of manifest guilt feelings in the dreams of several blind analysands.[5] Isakower's *(11)* brief preliminary study on the spoken word in dreams is also relevant, but the psychoanalytic appraisal of these typical phenomena will be considered in the next section.

ACQUIRED BLINDNESS

The blind who have had vision beyond the seventh year of life have conscious and unconscious visual memories, and their dreams are essentially the same as those of the seeing. Of greater psychoanalytic interest, however, is the way in which vision and the eyes are utilized and disguised by the individual dreamer. I have frequently encountered frankly wish-fulfilling dreams of seeing, or dreams containing such elements, among the blind who are actively coping with their conflicts about blindness; rarely, among the blind disabled by such conflicts and having strong needs to deny their blindness. Among the latter one usually finds infrequent dreaming as well as great resistance to talking about their blindness. To talk about and to dream about their blindness seems painful. In their somatic complaints too, as well as in their dreams, there occur frequent displacements from the eyes.

Deutsch *(3)* examined a large number of blind children who were in a boarding school. A twelve-year-old girl, she says, '. . . dreamed that all the girls in the school except one whom she could not identify gained their sight and went home. After

[5] Von Schumann analyzes the dreams of the Iliad and Odyssey and concludes that Homer was blinded early in childhood. The Homeric dreams are predominantly auditory with visual elements obscure or shadowy. This is characteristic of the actual vision of those with little more than light perception. The dreams of ancient Greek drama and those on the tablets of the Temple of Epidaurus are by contrast predominantly visual.

the others had gone, this girl also obtained her vision and returned to her home, and "there weren't any more schools for the blind". This theme with some variations was found to occur rather frequently in the dreams of the girls attending the state school for the blind. It may be of significance to note that none of the children attending the Chicago Public Schools and living at home dreamed that they acquired their vision.' This is as striking a confirmation as I have ever seen of my often expressed belief that the blind child is more threatened by separation from home than by blindness. The implications for the education and total treatment of the blind child are obvious.

CASE IV

A sixty-eight-year-old resident of a large home for the blind had never fully resigned himself to living there or the reality of his blindness of twenty years duration. I was treating him because of his hostile withdrawal from group activities, multiple somatic complaints, and his noisy recalcitrance about routines. He reported the following dream: 'I saw Mrs. Jones [the director of the home] come into my room with a big scissors to cut off my balls. I woke up screaming.' The day preceding the dream, the director had to refuse his clamorous insistence for another ophthalmological examination. He had had faint and varying light perception for many years, but ophthalmologists had repeatedly told him that there was no hope for restoration of vision. During a previous disturbed episode he had shouted, 'She doesn't want me to see, when will she be satisfied—when my eyeballs are gone?'. This man was not usually paranoid. During periods when he was quiet, dejected, self-derogatory, and masochistic he asked, 'Why did God do this to me? What have I done to deserve this fate?'.

A much younger man, not as disturbed, had a similar dream in which being castrated was more tolerable than being blind. Both men reacted to blindness as the worst possible thing that could happen to anyone and saw no hope in living as a blind

man. Both recoiled from associating with other blind people.

The dream of being castrated as a reaction to the painful reality of blindness is somehow reminiscent of an occasional occurrence in psychoanalysis, namely, the frank dream of incest as a reaction to the emergence of 'dangerous' transference feelings. While the two situations are not quite analogous, in both the *remote* intrapsychic danger is defensively substituted for the unbearable present reality.

CASE V

A thirty-five-year-old blind veteran, who is working and successfully rearing a family, reports: 'I dream a lot about the battles I was in. I see the thing just the way it happened, every detail. Even some of the battles I heard about and wasn't in. I also have dreams in which I clearly see my child and other people that I never saw. The strangest thing is that in the middle of the dream I say to myself, "Don't be a jerk, you can't see".' This reminder in the dream that he is only dreaming and should not take his seeing too seriously I have encountered in two other blind veterans who, characteristically, are also active, productive people with strong superegos. The battle dreams reported are not the classic battle dreams; they are not anxiety dreams. I regard them primarily as wish-fulfilling dreams—taking the dreamer back to the time when he was intact and functioning with his eyes—of persons who are more or less successfully dealing with their reality problems, and who want to be accepted as equals by the seeing.[6]

The blind dreamer's knowledge that he is really blind while he is having a wish-fulfilling visual dream was recently impressively reported by Furness *(6)*, a chemist blinded during World War I by a munitions blast.

[6] This veteran reported another interesting visual phenomenon: 'Most of the time [when awake] I see a most beautiful combination of colors, masses of red, orange, yellow. That was the last thing I ever saw. When that shell burst I saw it, the next thing I knew I was awake in a hospital, blind.'

Although the blind sleeper 'sees' in his dreams, it is curious that in most dreams he knows very definitely at the time that he is really blind. I was in my old college laboratory when I saw a young lady, unfortunately blind, so I thought, in obvious difficulties as regards her whereabouts. I immediately went to help her, and led her through the intricacies of the passages, but all the time I knew I was blind, and could think how strange it was that I could act as escort. Many similar dreams have come to me, and scores have been reported.

Another remarkable feature concerning the dreams of the blind is the frequency with which the 'flying' dream occurs. The sensation of floating through the air is very common. One blind man I know experiences this sensation in seventy per-cent of his dreams. For this I have no explanation to offer, but in this case, too, all objects are usually perfectly visible.

Those of us who become blind in adulthood seem to have four distinct types of dreams—namely, those in which we 'see' perfectly, those in which we 'see' but are conscious all the time of being blind, those in which objects are blurred, and those in which impressions come to us, as in waking hours, through the intermediary of senses other than that of sight. It is the experience of some that dreams of the fourth class gradually take first place as time passes and the stock of remembered images gradually fails.

The significance of active visual dreaming is more complex than the manifest wish fulfilment, 'I can see, and my potency is restored'. Almost every blind patient referred to me, regardless of psychiatric diagnosis, was initially disabled: unproductive in work or in school, with definite constriction of his ego, and narcissistic preoccupations.[7] Just as the seeing, with such problems, these patients seldom dreamed or reported dreams. Their waking fantasies were similarly impaired, and they strongly resisted freely expressing their thoughts and feelings. Clini-

[7] In my cases, this applied to the congenitally blind as well. It is easy to understand that a psychiatrist without wide experience with blind people, and without having treated such patients for prolonged periods, could have the conviction that the blind rarely dream.

cal improvement was distinguished by freer communication, widening of interests, and a richer fantasy and dream life. Visual elements were frequently reported with astonishment: '. . . for the first time since . . .' ; or '. . . for the first time in years'. Such changes were noted in several cases in which there was also an intensification of complaints and of anxiety. As a rule, therefore, visual dreaming of the blind is indicative of the blind dreamer's attempting to solve his reality problems. His libido is directed toward object relationships rather than withdrawal into narcissism. He wants acceptance by the seeing; he seeks to increase his capacity to tolerate the anxiety of his frustration and reactive hostility. These dreams are affirmations of equality (identification) with the seeing and attempts to communicate (object relationship) with them. Kanzer's paper *(13)* on the communicative function of the dream would receive particular support from the visual dreams of the blind.[8]

That the dreamer knows in his dream that he is blind, and admonishes or disparages himself, often with direct speech, represents the superego: 'What are you doing engaging in such childish nonsense, such impossible (sexual) activity with your eyes, when you have so many duties to perform?'. I have never encountered a superego dream of this type reported by a person who was not coping with the difficult problems of living which confront every blind person, most often in the face of blandishments that foster regressive dependence and acting out. Notable in this connection is society's willingness to condone such regression in the blind.[9] The blind have actually to

[8] This discussion does not pertain to isolated visual dreams, e.g., the nightmare in Case IV.

[9] Erotic acting out by many blind veterans, as attempted compensation for self-depreciation, (blindness equals castration), during the early weeks of their rehabilitation is reported by Gowman (7). One should however not overlook that the war blind are a selected group of young physically and sexually active men. Gowman also describes how the seeing tolerate the deviant behavior of the blind because the stereotype of the blind is inevitably considered defective or queer. I would add the more important unconscious wish to permit the blind the gratifications for which they have been 'castrated'.

cope with great sexual frustration due in large measure to factors out of their control. Where obstacles to their freedom of movement and social contact have been eliminated I have observed that blind men have no difficulty in obtaining sexual partners among seeing as well as blind women. The problem is more serious for the single blind woman whose range and choice is more limited. These considerations are almost didactically presented in many dreams of the blind.

Another determinant of the prominent superego element in the manifest dream is the real dependence of the blind person on *seeing and speaking* companions, guides, and others, a condition likely to re-establish and prolong repressed infantile conflicts concerning the powerful giving and frustrating parent, or a favored sibling. Ambivalence and reactive guilt characterizing these conflicts become displaced to the powerful judging, seeing world as a whole, a stereotype which is enhanced by the frustrations experienced by the active blind individual in his daily contacts with the seeing. The net result is an accumulation of unresolved conflict at the day's end which provides a formidable *Tagesrest*. This is given a relatively more prominent representation in the manifest dream than the more deeply repressed, disguised, and distorted elements.

That an overload of reality problems in a dreamer's life does find expression in the dream work was explicitly formulated by Freud *(5)* in his distinction between 'dreams from below' and those 'from above'. The former are determined primarily by strong unconscious wishes which gain representation in the day's residue. 'They may be regarded as inroads of the repressed into waking life. Dreams from above correspond to thoughts or intentions of the day before, which have contrived during the night to obtain reinforcement from repressed material which is debarred from the ego. When this is so, analysis as a rule disregards this unconscious ally and succeeds in inserting the latent dream-thoughts into the complex of waking thought. This distinction calls for no modification in the theory of dreams.' The visual and nonvisual (Case III) superego dreams are typi-

cally dreams from above, and in analyzing them one can profitably take Freud's advice and concentrate on helping the patient understand the sources and degree of anxiety produced by his reality problems and his real relationships.

DREAMS OF THE DEAF BLIND

Of historical and current clinical interest are the classic reports of Howe *(10)* on Laura D. Bridgman (1829-1889), corroborated by Hall's work *(8)* with her, Jastrow *(12)* referring at length to both Howe's and Hall's observations. Howe and Bridgman are immortalized in literature by Dickens *(4)*. Howe demonstrated for the first time that a blind deaf-mute (Laura's case was further complicated by an almost complete loss of olfaction) could learn to speak and be educated to the degree of being capable of abstract thinking. Howe was very much interested in Laura's dreams. For this she was an ideal subject as she dreamed practically every night. She had many nightmares, and recalled a good deal of their content. The quality of Howe's intuitive thinking is perhaps best demonstrated in his comments on Laura's dreams.

> Further inquiry, when she is more capable of talking on intellectual subjects, may change this opinion; but now it seems to me that her dreams are only the spontaneous production of sensations similar to those which she experiences while awake (whether preceded or accompanied by any cerebral action, cannot be known). She often relates her dreams, and says, 'I dreamed to talk' with a person, 'to walk with one', etc. If asked whether she talked with her mouth, she says, 'No', very emphatically; 'I do not dream to talk with mouth; I dream to talk with fingers'. Neither does she ever dream of seeing persons, but only of meeting them in her usual way. She came to me the other morning with a disturbed look, and said, 'I cried much in the night because I did dream you said good-bye to go away over the water'. In a word, her dreams seem, as ours do, to be the result of the spontaneous activity of the different mental faculties producing sensations similar in kind to our

waking ones, but without order or congruity, because uncontrolled by the will.

She sometimes is frightened in her dreams, and awakes in great terror, and says she dreamed there were animals in the room which would hurt her. She has still much fear of animals, and can hardly be induced to touch the quiet and harmless house dog.

The disturbing effect upon awakening of unpleasant or frightening dreams tends to be greater and more prolonged among the blind, especially in childhood, because they do not have the immediate restorative influence of testing reality provided by visual perception. The conviction, 'It was only a dream', is, I believe, more difficult for a blind person to attain than it is for the seeing, and this difficulty is aggravated when the sensorium is further deprived of hearing, and communication is blocked by muteness. I have the impression that waking up in general is a slower process, the more limited the sensory apparatus, and that hypnopompic phenomena are more common among the blind than the seeing—an impression requiring more factual corroboration than is now available.

A great deal of dreaming both as to frequency and duration, with a high incidence of anxiety in dreams, characterizes the blind deaf-mute throughout childhood with a later tapering off of violently disturbing dreams. This is a less evident trend the later in life the disabilities occur. Helen Keller's accounts of her dreaming provide examples of these qualities for which some elements may be accounted.

First, there is the dreamer's actual helplessness, and his exaggerated fantasied helplessness due to severe frustrations of external and internal origin. Among the internal frustrations I would rank those stemming directly from muteness ahead of those attributable to blindness or deafness. By frustrations directly imposed by muteness, I refer to the motility and tension discharge functions of the vocal apparatus, which is not to underestimate the more obvious frustrations due to difficulty in communication. If this hypothesis is valid, it becomes doubly imperative to preserve and further to develop speech among

those who become deaf in childhood. Efficient techniques are now readily available.

Second, the blind deaf-mute, dreaming for example of a frightening animal, cannot see or hear the animal from a distance which would provide the chance to run away, cry for help, etc. The animal is either felt directly or 'known' to be present, with an imminence of attack which includes all the physiological reactions of anxiety. The high incidence of frightening animals in these dreams I assume to be projections by the ego of the helpless child of secondarily erotized oral aggressive impulses. Oral fixation with prolonged dependence on parental figures is inevitable, with few or no outlets for the discharge of instinctual tension during the phallic phase. The frustration of motility, communication, and other ego functions augments reactive hostility to a degree that makes oral sadistic regression and projection inevitable. Without benefit of psychoanalytic or modern pedagogic theory, Howe intuitively knew this and provided the eager Laura a regimen of physical activities, including long hikes, swimming, and horseback riding, which would earn the respect of any athlete.

SUMMARY

The congenitally blind and, with few exceptions, those blinded before the age of five do not have visual dreams, the predominant sensory modality being hearing. Those blinded later than age seven tend to retain visual memory and visual dream imagery. The phenomenological differences between the dreams of the blind and the seeing are not fundamental. They require no revision of the psychoanalytic theory of dreams. The typical dream of the blind is a dream 'from above', one that is determined primarily by serious reality problems and it usually contains some prominent spoken statement, or other superego elements more closely related to the day's residue than to deeply repressed conflicts. Five dreams of the blind are presented chiefly to illustrate their variety and the relationship of the dream to the psychic problems of the blind dreamer, especially

the problems concerning his blindness. The outstanding contributions in the literature on dreams of the blind are reviewed.

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A CONTRIBUTION TO THE THEORY OF PLAY

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Human and animal behavior is traditionally divided into two categories, one serving the survival of the individual, and one serving the preservation of the species through propagation. Freud made this classification the original basis of his theory of instincts. He soon discovered, however, that much of the young animal's or child's behavior does not serve directly either survival or propagation. He called these 'pregenital' erotic activities, including, among others, thumb-sucking, anal stimulation, the pleasurable excitation of the skin, aimless muscular activity, curiosity for its own sake,—all of which have playful, pleasure-seeking connotations within the broad category of sexuality. He characterized these activities, which subjectively have erotic connotations, as immature, pregenital derivatives of the instinctual drive which in its mature genital form leads to reproduction. Greek mythology intuitively recognized this affinity between playfulness and sexuality in representing Eros, the god of both love and play, as a child.

Despite the volume of attention, both precisely descriptive and theoretical, which psychoanalysis has given to these aimless manifestations of sex, authors of our increasingly rationalistic twentieth century, including animal psychologists, have remarkably neglected these nonutilitarian aspects of human and animal behavior. In contrast, nineteenth century philosophers had a great deal to say about play. Outstanding among these are Friedrich Schiller, Herbert Spencer, Jean Paul, Wilhelm Preyer, and particularly Karl Groos.

A profound theory of play was advanced in Schiller's On

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the Æsthetic Education of Mankind. The essence of his view is in a quotation taken from Karl Groos *(11)*.

> Nature has indeed granted, even to the creature devoid of reason, more than the mere necessities of existence, and into the darkness of animal life has allowed a gleam of freedom to penetrate here and there. When hunger no longer torments the lion, and no beast of prey appears for him to fight, then his unemployed powers find another outlet. He fills the wilderness with his wild roars, and his exuberant strength spends itself in aimless activity. In the mere joy of existence, insects swarm in the sunshine, and it is certainly not always the cry of want that we hear in the melodious rhythm of bird songs. There is evidently freedom in these manifestations, but not freedom from all necessity, only from a definite external necessity. The animal works when some want is the motive for its activity, and plays when a superabundance of energy forms this motive—when overflowing life itself urges it to action.

Jean Paul also refers to play as the 'expression of mental and physical exuberance'.

Best known and most influential is Spencer's theory *(16)*, essentially identical with Schiller's, that 'play is the expression of superfluous energy'. He reasoned that inferior animals need all their energy for their maintenance. Higher types are more efficiently organized, and their strength is not entirely needed for survival. There remains a surplus of 'vigor', no longer demanded by immediate emergencies. This excess of energy seeks pathways of discharge. The various functions of adaptation to basic biological requirements are mobilized at times; otherwise they remain unexercised for considerable periods. These unexercised nonessential energies find discharge in playfulness.

Spencer in addition to the 'principle of surplus' adduces imitation and repetition as important factors which determine the kind of play activity chosen by the animal.

Karl Groos critically analyzed the Schiller-Spencer theories *(10, 11)*. He prefers Schiller's formulation and questions Spen-

cer's addition of imitation and repetition *(16)*. He accepts the basic concept that in play surplus energy is discharged, but he maintains that neither Schiller nor Spencer accounts for the specific kind of play which is characteristic of a species. He believes that the nature of play is determined by heredity. 'The activity of all living beings is in the highest degree influenced by hereditary instincts—that is, the way an animal of a particular species controls his members and uses his voice, the way he moves about in his natural element, supplies himself with food, fights with other animals, or avoids them—his manner of doing all these things is governed fundamentally by inherited instincts.' When the potential of psychic instinctual energy is not consumed, and there is a surplus of nervous excitation '. . . then such instincts find expression even without serious occasion. The kitten treats a scrap of paper as its prey, the young bear wrestles with his brothers, the dog which after long confinement is set free hunts aimlessly about, etc. But such actions are exactly what we mean by the word play.'

Groos gives an exhaustive description of the most diversified playful activities beginning with the infant's unmistakable happiness with contact which serves no other purpose except the pleasure it provides. In handling every object which comes within its reach, the infant not only exercises its motor faculties in a playful way but also the sensual stimulus of touching. Groos quotes Preyer *(11)*, who anticipated the freudian explanation of the oral pleasures derived from thumb-sucking: 'The child enjoys the mere contact'. It gives the child pleasure to test with its mouth everything that offers an occasion for the use of its nerves and muscles. Preyer traces the culinary enjoyment of delicate food to this early, purely sensual, excitation of the oral region. More thoroughly he demonstrates that all sensory gratifications can yield playful pleasure—the sensation of warmth afforded by a bath; the sensations of smell, hearing, and sight which he elaborates in sensations of brightness of perception of color and form, and of movement—all of which yield opportunities for playful gratifications. Similarly he describes

the playful use of the motor apparatus in destructive and constructive movements.

It is interesting from the psychoanalytic point of view that in spite of his painstaking and exhaustive descriptions of practically all known playful activities of the body and mind, Preyer did not sense their kinship with sexuality. He did clearly recognize and emphasize that these playful activities are not in the service of the serious tasks of life.

In a recent article McBride and Hebb *(13)* give a vivid description of the play of young dolphins.

> The partly grown porpoise, as with other mammals, is more playful than the fully mature; but all porpoises, mature and immature, do a good deal of playing with no aggressive element in it.
>
> The individual porpoise finding a feather from one of the pelicans that inhabit the surface of the tank may come up, balance it on its nose out of water, flip it backward, try to catch it, and so on. Another is likely to come rushing up also and catch the feather as it falls and race off, pursued by others who try to take it from it. One may catch it out of the side of its mouth, the rest then pursuing the new owner of the prize. Such play among two or three of the porpoises may last an hour or more. The porpoises frequently catch small fish and let them go, apparently in play since they could easily kill them but do not—although the play is rough and the fish may get injured and die. . . . One young porpoise was often seen to get its nose under a large turtle, stand it on edge and push it all the way across the tank and up against the opposite wall.

The erotic stimulation is clearly demonstrated in the play of one dolphin which was '. . . seen swimming upside down at the top of the tank, catching and towing a feather with its penis erect'.

Prior to my discovery of Schiller's, Spencer's, and Groos's observations I had advanced a similar theory of play as the exercise of surplus libidinal energy not required for the grim task of survival *(1, 2, 3)*. I expanded this theory to apply not only to play but to all erotic phenomena, following Freud in considering play as one of the many manifestations of sexuality. I ad-

vanced the view that life is governed by three fundamental dynamic processes: the principle of stability, the principle of economy, and the principle of surplus energy.

Life is a dynamic equilibrium which requires certain constant conditions. In every organism there are biologically inherited self-controlling mechanisms by which stability is maintained, a state which makes the life process possible. It is assumed that these conditions are optimal for the life process. Among higher animals the basic function of the central nervous system consists in sustaining the homeostatic equilibrium which is continuously disturbed by the very process of life and by changing environmental influences. This Freud called the principle of stability which he attributed to Fechner, not cognizant of Claude Bernard's contribution. In man this homeostatic function can be studied by psychoanalytic methods, and therefore can justly be called by the name given to the apparatus which is the executor of it: the ego. This mental apparatus accomplishes its homeostatic task through four functions: first, internal sensory perceptions registering internal disturbances of the physicochemical equilibrium, perceiving them as needs and sensations; second, external sensory perceptions registering environmental conditions upon which the gratification of its needs depends; third, the integration of internal and external perceptions in a way that makes adequate coördinated voluntary execution possible; and finally, as the center of motor control, the ego performs its executive function of protecting the organism from excessive external stimuli.

The second fundamental principle which governs the adaptive functions of the ego is called the principle of economy or inertia. Every organism is born with unconditioned reflexes which are useful for maintaining those constant conditions within it that are necessary for life. All the internal vegetative functions such as digestion, circulation, and respiration are such automatic self-regulatory mechanisms. They do not require conscious effort and, with the exception of eating and sphincter control, are not acquired by learning but belong to the hereditary equipment of the organism. Man, in contrast to

animals, however, must learn through trial, error, and repetition the regulation of these functions which adapt the organism to its environment. Acquired habits adequate for maintaining biological and psychological homeostasis are repeated until they become automatic and are performed with minimum effort. Accordingly, learning consists first of groping experimentation through trial and error, and second of repetition of the successful trials that have proved useful.[1]

Next to the principle of stability the most basic tendency of the organism is to consolidate gradually by repetitions newly acquired adaptations—which inherently require experimental efforts—and replace them by effortless automatic behavior. This tendency is of great importance in the genesis of psychopathology.

It is the second phase of learning which consolidates by repetition newly acquired knowledge. The stability principle expresses the tendency of the organism to maintain constant optimal conditions for life, but alone it is not sufficient to account for animal behavior. The tendency toward stability requires further definition by taking into account the principle of inertia: every organism tends to perform the homeostatic functions with a minimum expenditure of energy. This may interchangeably be called the 'principle of [psychic] economy' or the 'inertia principle'. To a large degree, though not completely, it corresponds to Freud's repetition compulsion. These two principles are the most universal dynamic principles of life.

The advantage to the organism of the principle of psychological economy is obvious. The energy saved by automatic behavior can be utilized to meet novel situations which might otherwise require strenuous trial-and-error experimentation. Bertalanffy refers to this as a progressive mechanization by which '. . . the organism spares energy that can be put to better use' *(4, 5)*.

[1] The gradual acquisition of conditioned responses constitutes a form of learning in which groping experimentation is not necessary.

It is important to recognize inherent disadvantages in automatic behavior. Conditions change, and with growth the organism itself changes. Changed conditions require new adaptations. The adult cannot, like the infant, satisfy his needs by relying upon maternal help. He must learn to walk and eat and independently satisfy many other of his needs. Development requires continuous learning. The principle of psychological economy appears in this connection as inertia which impels the organism to cling to automatic behavior which was satisfactory in the past but which is no longer adequate. This is what Freud called fixation. He also discovered that when conditions become difficult, novel, or threatening earlier patterns of behavior tend to reassert themselves. This disposition, which he called regression, has proved to be one of the fundamental factors in psychopathology.

The ever changing circumstances of human development require rapid, flexible *ad hoc* responses which are suitable adaptations at one moment but may be inappropriate at another. The capacity for such sudden shifts of conduct is the most highly developed function of the personality: the integrative functions of the ego. It rests on the ability to learn from experience and to exercise abstract reasoning and differentiation. By memory and reason man is able to continue behaving in ways he has found useful and to alter his behavior as actual situations require. Life is thus a continuous struggle between the organism's tendency to retain old patterns, according to the principle of inertia, and to meet the challenge of development and changed circumstances by adopting new ones.

In spite of their universality, the principles of stability and inertia explain only those biological phenomena which assist in the preservation of life by useful adaptive responses. For understanding growth, propagation, and play I have introduced the principle of surplus energy.

Life can be viewed as a relationship between three vectors: one, intake of energy derived from nutritive substances and

oxygen; two, their partial retention for use in growth; three, expenditure of energy to maintain the organism with a minimal functional homeostatic activity, involving loss in waste and heat, and expenditure represented by playful erotic activities and by propagation. The last occurs first in puberty as a new kind of eliminative function: the production of germ cells. Propagation is growth beyond the limits of the biological unit. It follows the pattern of propagation in monocellular organisms which occurs when the process of growth reaches a natural limit at maturity; thereafter reproduction occurs through the division of the cell. When a biological unit reaches a certain stage of development, addition of substance and energy becomes impossible because its capacity to organize living matter has reached a limit. Individual growth then stops and propagation serves as a means of releasing surplus energy; otherwise the homeostatic equilibrium would be disturbed.[2]

Energy which is not needed to maintain life, I call surplus energy.[3] This is the source of all sexual activity. In the infant, whose needs are satisfied by adults, the incorporating and retentive vectors outweigh the eliminatory one; hence the rapidity of growth. Despite retention in the form of growth there is still much surplus which is neither stored nor used to maintain existence. This excess is released in erotic activities. This explains the preponderance of erotic behavior over self-preservative behavior in the child. Expending energy in play, the child discovers new uses for its organs and exercises them until mastery is achieved and their different functions become integrated in a utilitarian fashion for independent existence. The utility of this play is a secondary effect and has no motivational significance. The child does not exercise its faculties in play for an ultimate purpose; playing is an aim in itself. Erotic play for the sake of pleasure is the first phase, and the utilization of the functions acquired during erotic play is the second.

[2] Surplus, as well as lack of something that is needed, disturbs homeostasis. Discharge of surplus may therefore be a homeostatic factor.

[3] Energy here refers to an unmeasurable quantity or capacity, and is not used in its limited physical sense.

This may appear paradoxical, but the prolonged dependence of the child upon the parents permits it the luxury of playful erotic activities. Thus the energy-saving principle and the creative use of surplus energy are interwoven and combine to maintain life and propagation. Repetition makes useful functions automatic, and saves energy which can be used for growth and procreation.

According to this view, the erotic quality of an activity is predicated on the fact that it is not integrated in a complex utilitarian pattern but is pursued for its own sake. The quest for food, for example, is subservient to the goal of satisfying hunger. This is in contrast to a detached curiosity which is not subordinate to any specific goal but is an aim in itself.

All psychological motivational forces may become parts of more or less complex structures consisting of subsidiary goals which have to be reached before the final goal can be attained *(8)*. But they can also be expressed as aims in themselves without subserving any ultimate goals. Aggression, for example, can serve the aim of removing an obstacle that interferes with the gratification of a basic need. If a hungry man injures or kills a person to obtain food, he commits the aggressive act as an incidental means to another end. A child who tortures a small animal has no other aim than the pleasure derived from inflicting pain and from its mastery over something more helpless than it is. This is the erotic expression of aggression in the form of sadism. If this pleasurable sensation is sufficiently intensive, it may be accompanied by genital excitation which—in the instances in which it occurs—sufficiently testifies to its erotic nature. A tourist cheerfully endures the burden of a heavy knapsack for the gratification of his needs when he has arrived at his destination. The moral masochist unwittingly contrives to suffer defeat and disappointment. The erotized form of this striving requires physical pain for the achievement of sexual gratification. Curiosity is an overt means of sexual gratification in scoptophilia. Sublimated, it becomes the motivation for scientific research.

These samples suffice to define the thesis that all psychologi-

cal motivation has two kinds of expression—utilitarian and erotic. Ferenczi *(7)* anticipated this view by differentiating between the utilitarian and pleasurable functions of all bodily organs. The practical, useful motivational forces are not isolated, as are the erotic strivings, but are parts of complex, structured patterns of behavior.

The relationship of play to utilitarian behavior becomes more complicated when we focus our attention on the playful, but most significant, exercise of man's mastery of both the internal and external exigencies of his existence. It has been demonstrated that many of those faculties which later become significant in adaptive, utilitarian behavior—such as the faculty of sense perception, muscular control—are perfected in playful activities, the aim of which is the activity itself. Waelder *(17)*, referring to Bühler, designates this as 'functional pleasure'. At first it seems somewhat confusing that mastery, the most utilitarian function—not only of the environment but also of internal instinctual conflicts—, may become the content of activity in play.

Freud *(9)* illustrated this phenomenon in describing the play of a child.

> The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skilfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive 'o-o-o-o'. He then pulled the reel out of the cot again by the string and hailed its reappearance with a joyful *'Da'* ['there'].

Freud evaluated this game as the child's impulse to gain mastery, by an active substitute, over his mother going away. By repeatedly throwing out and retrieving the object, the child gained an illusory control over the disappearance and reappearance of the mother. On a much more complex and intellectual level a game of chess may represent a similar phenomenon.

This element of solving problems is essentially what is utilized with children in play therapy. The abreaction of 'surplus tension' has been clearly recognized as one of the 'orthotherapeutic' functions of children's play. The principle of subsequent mastery of traumatic (unresolved) conflictual experiences has been demonstrated in great detail in children's play by Erikson: 'To the child especially the world of play affords opportunity to experiment with organ-modes in extrabodily arrangements which are physiologically safe, socially permissible, physically workable, and psychologically satisfying'. Erikson concluded that the therapist's main function is to aid children in their playfulness to resolve their problems. When the game becomes unsuccessful the children transfer the '. . . unsolvability of their problems into the play situation. The therapist accomplishes this by inducing the children by *"systematic interpretation"* to reconsider, on a more verbal level, the constellations which have overwhelmed them in the past and are apt to overwhelm them when reoccurring' *(6)*.

Waelder *(17)*, too, emphasized the function of mastery in play. Pleasure derived from the playful exercise of functional pleasure is not sufficient to explain playful activities when a child conjures up traumatic situations which were anything but pleasurable. If one includes in the category of functional pleasure the gratification derived from mastery of the unresolved threat of a past situation, the contradiction disappears. Not only does the child repeat simple performances of organ systems, such as the faculty of grabbing, locomotion, focusing with the eyes, deriving in a playful manner an erotic gratification from them, but it also experiments with its more complex faculty of successfully conquering dangerous situations. Erikson's examples show that not only experimentation with external dangers but also with internal conflicts becomes the content of children's play.

Lili Peller *(14)* also considers that the solution of problems is the fundamental function of play. She agrees with Erikson that the child attempts to resolve internal conflicts by playful activ-

ity. It is important, however, to note that the essential feature of play is that during true playfulness the solution of a problem is not imperative. The young colt playfully romping in a meadow is engaged in pleasurably exercising his mastery of the problem of locomotion. Should he be threatened by an external danger, he may still appear to be romping, but this behavior can no longer in any sense be called play. The difference between these two outwardly similar activities is that in the first instance locomotion has a pleasurable aim in itself. In fleeing from a danger, locomotion is subordinated to the serious problem of survival.

All nonutilitarian forms of behavior which are classified as representing the broadest category of sexual (libidinal) gratification have two universal characteristics. They are: first, discharges of surplus energy which is not required for self-preservation; second, they discharge this surplus energy not in the attainment of a specific goal to which these activities are subordinated, but in the attainment of a pleasurable activity for its own sake. The playful, erotic activity is a goal in itself.

In this connection it is of interest to refer to a phenomenon described by Groos. The playful activity, he has observed, has a tendency to persevere. He describes young animals that play until they are totally exhausted; also the ritual dances of primitive peoples which are continued to the point of complete collapse. This demonstrates clearly the principle of discharge for its own sake without regard for interest of the organism as a whole. These 'playful' activities are not integrated into the total need of the organism, but are isolated phenomena of discharge, of blind activity pursued to exhaustion without consideration for anything but its intrinsic aims.[4]

The implication of this view is that playful, erotic activities

[4] This should not be misunderstood. Complex play activities, such as artistic creation, may be highly organized in themselves but pursue their own intrinsic aims, as expressed in *l'art pour l'art*. Probably creativity in art and in 'pure' science consists in the complex organization of these nonutilitarian motivational forces, 'surplus energies', for autonomous expression.

are primary in the ontogeny of each individual. They constitute the building stones which will be utilized later in integrated adult behavior. In playfulness, isolated faculties are practiced and perfected, although at the time they do not seem to serve any utilitarian function.

The observation of the early development of the child fully bears out this view. The limbs are moved only for the pleasurable sake of moving them. The thumb is sucked for the pleasure in sucking, not for gratifying hunger. The child's curiosity also has the quality of an interest detached from practical aims. Gradually, all these functions which have been perfected in playful, seemingly useless activities become integrated in the service of the preservation of the individual. In spite of the great advantages to the child from such experimental activities, it should not be overlooked that the motivation for such play activities is not their immediate usefulness. They are not performed to satisfy immediate survival needs. In such play, the ego practices its most essential function in a playful manner—its problem-solving tasks. This is clearly seen in such adult play activities as solving a chess or crossword puzzle. Although more complex, they do not differ in principle from running around playfully—the common play of children of attempting to climb higher and higher trees, thus mastering their fear of falling. In such problem-solving play activities, the ego is practicing its basic function of mastery. It is stimulated by failures. The child tries to climb a tree again and again until finally it succeeds. All these activities are, at the moment, nonutilitarian discharges of surplus energy not needed for survival.

The history of culture offers parallel observations. Róheim *(15)* has shown that such practical inventions as agriculture, gardening, and cattle raising, which marked the beginnings of human civilization, were not originally introduced for utilitarian aims. They developed, according to his thesis, from playful activities, from idle hobbies, and were later secondarily exploited for economic purposes. Cattle raising may perhaps stem from totemistic rites in primitive religious practices. Domestic

animals served at first for totemistic representations and their practical usefulness was discovered later. This hypothesis may be applied to later 'technological' discoveries. Flying, for example, was originally the playful whim of adventurous persons who only vaguely dreamed of its future practical significance. The primary motivation of their experimentation was the yearning to rise toward the skies, which often appears in dreams of expressing the wish for mastery, power, and freedom. The wish to fly was originally neither for the sake of passenger traffic nor for the release of bombs at enemies. We come then to the seemingly paradoxical conclusion that culture is the product of man's leisure and not the sweat of his brow: his productive abilities become liberated when he is relieved from the necessities of the struggle for survival.

The genetic significance of play in cultural development was most comprehensively proposed by the Dutch historian, Huizinga. He begins his book, *Homo Ludens (12)*, with the terse statement: 'Play is older than culture, for culture, however adequately defined, always presupposes human society, and animals have not waited for men to teach them their play'. He points out the similarity between play and ritual in support of his thesis that 'culture arises in the form of play and in the twin union of play and culture, play is primary'.

Huizinga emphasizes the function of contest in social institutions. Contest is a form of play and, 'like all other forms of play, is largely devoid of purpose. That is to say, its action begins and ends in itself and the outcome does not contribute to the necessary life processes of the group.' This, he notes, is well expressed in the Dutch saying, 'It is not the marbles that matter, but the game'. He considers contest as an essential feature of social life independently of its economic function. As a striking example, he adduces the Potlatch,[5] which among Kwakiutl is 'a great solemn feast during which one of . . . two groups

[5] Among the Chinook Indians of the northwestern coast of North America: the winter festival, celebrated by feasting, dancing, and other ceremonies. [Ed.]

with much pomp and ceremony makes gifts on a large scale to the other . . . for the express purpose of showing its superiority. The only return expected by the donors, but incumbent on the recipients, lies in the obligation of the latter to reciprocate . . . within a certain period and if possible to surpass it. . . . In the Potlatch one proves one's superiority by the lavish prodigality of one's gifts, but what is even more striking, by the wholesale destruction of one's possessions just to show one can do without them.'

Huizinga finds that this ritual is not restricted to the Kwakiutl; it is '. . . found all over the world in more or less obvious traces'. In Melanesia the same customs exist; also in Greek, Roman, old Germanic cultures, and there is evidence of it in ancient China. He quotes Malinowski that among the Trobriand Islanders food stuffs are valued not only on account of their usefulness but also as a means of parading wealth. The important point is that in Potlatch the sole aim is of winning, of being superior, enhancing prestige. It is often clearly economically ruinous and as such strikingly nonutilitarian. That such originally playful contests may, in certain instances, become an integral part of the socioeconomic structure (for instance in the early phase of Western capitalism) and gradually lose their playful characteristics is not noted by Huizinga.

Huizinga puts special emphasis on the fact that every game has its own rules and restrictions which cannot be violated without destroying the playful character of its performance. His main objective is to discover the elements of play in all aspects of culture. He discovers the connection between legal justice and play even in the formal characteristics of the law: 'The judicial contest is always subject to a system of restrictive rules which quite apart from the limitations of time and place set the lawsuit firmly and squarely in the domain of ordinary antithetical play'. A lawsuit can be regarded as a game of chance, a contest, or a verbal battle.

From law, Huizinga turns to war and proposes the thesis that primitive war often was scarcely distinguishable from a playful

exercise of personal courage. He qualifies this by adding that even archaic war '. . . with its grimness and bitterness offers but scant occasion for this noble game to become a reality, and only in the distorted epical presentation is war played out in the ideal sphere of honor, virtue, and beauty'.

To demonstrate the nonutilitarian, playful element in war, Huizinga quotes the instance of a Japanese prince, Kenchin, in his war against another prince, Shingen. When the former learned that inadvertently he had cut off the latter's supply of salt, he sent salt to his enemy expressing his contempt of such economic warfare by saying, 'I fight not with salt but with the sword'. Huizinga also quotes Ruskin, who maintained that in '. . . the creative or foundational war the natural restlessness and love of contest among men are disciplined, by consent, into modes of beautiful—though it may be fatal—play'.

In science, too, Huizinga demonstrates the riddle-solving motivation for the mere sake of finding a solution independent of its utility. Being fascinated by play, he deplores the fact that in the nineteenth century Western civilization is rapidly losing much of its playful character. He believes that all the creative achievements of previous centuries originated in nonutilitarian, playful practices. In our own age science particularly is in the process of becoming woven into the highly complex socio-economic structure of modern society. The most extreme expression of this, he says, is the '. . . shameful misconception of Marxian doctrine that economic forces and material interests determine the course of the world. The grotesque overestimation of the economic factor was conditioned by our worship of technological progress which was itself the fruit of rationalism and utilitarianism.' This shift comes to expression also in the rationalization of man's dress which sheds all the æsthetic, non-functional frills: 'Work and production have become ideal, the idol of the age. All Europe [has] donned the boiler suit [overalls].'

The predominance of the practical technological applications of scientific knowledge which have been acquired in the

previous two hundred years—while scientists were freely pursuing 'pure' science—is another expression of this gradual rationalization of social life which lends to our own era its deadly seriousness. Its goals have become a statistical problem of securing food, shelter, and comforts for the masses. Play is now relegated to the special domain of sports—particularly spectator sports—in which it is more than less isolated from the essential fabric of modern industrial society. Huizinga finds some consolation in the observation that residues of play persist in such central events of modern society as American presidential elections.

The gradual rationalization and routinization of the functions of survival in society do not necessarily need to lead to the extinction of the playful creative activities of men. The efforts which are saved by the rationalization of basic economic processes can be utilized for the complex derivatives of play: for artistic, scientific creativeness, and for the embellishment of life by developing a more sophisticated art of living.

The affinity between play and creativity has long been recognized. Play emancipates itself from the grave exigencies of life. We call behavior rational when it is well adapted to given conditions and thus can serve the individual's survival. In play, the individual expresses his 'nonadjusted' inclinations.

In playful experimentation with his own faculties, and without any consideration for utilitarian goals, man instead of 'adjusting' himself to the world is able to shape it according to his own needs and desires. In building his own world, he furthers his survival and discovers the means for survival by creative acts while playfully exercising his abilities for their own sake. A truly creative act is, nevertheless, more complex than play. While play is mainly directed to self-gratification, in creativity communication with others becomes an important additional feature. The child expresses itself in play. The creative artist, writer, or scientist also expresses himself but at the same time attempts to convey this self-expression to others. Play

though intimately related to the higher forms of creativity does not fully explain them. They are complex derivatives of play.

The creative nature of playing lies in greater freedom of choice in contrast to adaptive behavior. Adaptive behavior is closely determined by the adaptive goal; by the problem which the organism has to solve. As a rule there is only one or at most a few correct solutions.

In play, on the other hand, the freedom of choice is practically unlimited which lends to it an experimental connotation. By contrast, utilitarian behavior is pedestrian. The goal is circumscribed and the procedure by which one may reach it is restricted by the goal itself as well as by the practical exigencies of a given situation.

Adaptation has a conserving and leveling function. It favors uniformity which is determined by the adaptive task that prescribes a certain solution. There is little choice. In play, however, and in his more complex creative activities when man is relieved from immediate tasks of adaptation, he reveals his individuality, building a world according to his own fantasy.

One is tempted to compare the relation between adaptive behavior and play with the relation between natural selection and mutation in biology. Mutation can be looked upon as a free and playful experimentation of nature with new, sometimes bizarre, combinations of genes which in themselves are not adaptive but produce individual variations in the species, some of which by chance may have a survival value. These successful experiments are preserved through heredity.

Play is one of the important sources (though not the only one) of man's culture-building faculty by which he changes the world according to his own image.

It is paradoxical that when man through scientific knowledge has become so efficient in securing with little effort the basic necessities of life, he becomes so deadly serious and looks nostalgically at the creative centuries of the past during which he still had the time and the detachment necessary for play and creativity. In this paradox lies the secret of understanding the crisis of Western civilization.

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Notes on a Case of *Maladie Des Tics*

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NOTES ON A CASE OF *MALADIE DES TICS*

BY Z. ALEXANDER AARONS, M.D. (NEW YORK)

I

In her short paper on reaction to motor restraint, Dorothy Burlingham[1] reminds us that in spite of the 'close tie between aggression and motility, it seems plausible that also on the libidinal side an essential, though less spectacular, flow of discharge takes place constantly by way of muscular movement, creating a similarly close link between libidinal tensions and motility'.

A case of *maladie des tics* will illustrate how involuntary, diffuse muscular activity can serve not only for discharge of aggression but equally as a libidinal indulgence—as an expression, in other words, of erotic pleasure which the patient has been reluctant to give up.

The patient was a boy, fifteen years of age, who was analyzed from the age of ten to twelve years and returned to treatment two years later. He was a clever, resourceful child who, upon casual observation, seemed likable and aroused sympathy; but those who knew him intimately and were constantly with him described him as 'insidious', although he was not belligerent or destructive and never lost his temper. His symptom involved his whole voluntary neuromuscular system. Throughout his waking hours he twitched and yelped. The twitches were generalized tics, mainly of the muscles of the trunk and upper extremities, sometimes of the head and neck and legs, or of combinations of some or all these muscles. As is typical of the tic syndrome, never an isolated muscle but groups of muscles were involved. The yelping consisted of meaningless sounds, often but not invariably accompanying the twitches. I was never

1 Burlingham, Dorothy: Notes on Problems of Motor Restraint During Illness. In: *Drives, Affects, Behavior*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., 1953.

able to make out coprolalic words in the patient's utterances, although I looked for them, being familiar with similar cases where coprolalia was a constant occurrence. His twitching never caused him to hurt himself nor did it interfere with his sports and dramatic activities. He carried on his twitching in the midst of his activities. When it was necessary that he control the symptoms he could do so, with great effort, for a short period of time.

After the first period of analysis, there were times when the twitching and yelping diminished considerably. However, he was never entirely free of the symptoms. Their increase in severity was usually attendant upon fatigue, tension, or anger. At the height of his twitching and yelping, between nine and eleven years of age, he was occasionally seen lying in bed twitching and handling his genitals. He was often angry with adults because they did not tolerate his twitching and yelping. It was not until long after treatment began that he could see why people might be annoyed by these symptoms.

During the earlier period of treatment, he showed an excessive reaction against excretions, specifically when he was reminded of his younger sister and mother who, he complained, were messy in their toilet habits and thought nothing of walking around the house scantily or sloppily clad. It was obvious that he reacted with great disgust to urine or feces and 'stuff from the messy hole' (vagina). However, he himself was none too clean at times and he often found satisfaction in using obscene words. During his pubescence, when he began to be interested in girls, he had fearful fantasies about what his penis would feel like 'in that hole', whether it would get so blown up that 'it would burst inside', or perhaps get caught. He was preoccupied with fantasies about sexual intercourse. It was evident that his castration fear was more predominant than his need to maintain the repression of his coprophilic impulses.

In recent papers on cases of *maladie des tics,* emphasis has been placed upon the struggle with coprophilic and aggressive impulses. In this case, it is my impression that the anxiety surrounding the danger of castration became acute when copro-

philic impulses attracted him to the vagina ('messy hole'),—a phobic preoccupation, as it were. This patient had a phobia with which he was constantly obsessed, namely, that he might suddenly come upon a 'skunk cabbage'. It was both the sight and odor that horrified him. He shuddered to think of it; yet it had an obsessional fascination for him. He would talk for a long while about it with great concentration and interest. What he repeatedly associated with 'skunk cabbage' was the time of his tonsillectomy at the age of six when he was strapped down and given ether, and struggled against losing consciousness. Shortly after this operation his twitching began. The invariable chain of association was the odor of ether and being strapped down on the operating table, with a struggle against loss of consciousness (which later came to mean loss of control).

When he went to high school,[2] he got into trouble with schoolteachers whom he termed 'mean' and 'unreasonable'. These were teachers who were arbitrary and strict. It was soon evident that he provoked them and he finally realized that he was sarcastic and annoying to them. A sophisticated example of his 'diabolical' nature was revealed in an episode at high school when he repeatedly told the teacher 'I am sorry' after making the same mistake over and over again. The exasperated teacher made him write 'I am sorry' five hundred times as homework. He then condemned her for being such a 'bitch'. In the succeeding hour, he was 'playful' and contemptuously argumentative, shouting me down, interrupting me, and not allowing me to finish what I was saying, all the while twitching and yelping. When I sat back in my chair, momentarily resigned to this taunting barrage from him, he exclaimed, 'When am I going to get your goat?'.

The patient protested against being curbed, and he was always able to rationalize his wishes. He could make out a case against everyone in authority who opposed him, even to a point

[2] He was able to control his twitching and yelping sufficiently to enrol in high school at fourteen-and-a-half years. It was obvious to the teachers that he had some 'nervous habits'.

where it seemed that he felt persecuted. It became evident that he was unable to tolerate any kind of restriction. He was often in situations where much restriction had to be imposed. For several years he was kept in a boarding school where conformity was expected.

Later, in a crowded public high school, he had to comply with rules and regulations. He wanted very much to do well in his studies, yet he felt an increase in tension while doing homework and an inability to concentrate. A teacher who was strict and required of him that he do his work was subject to his abuse. He seized upon her idiosyncrasies and described her as an unreasonable person. Because she gave him a hard time, he was 'twitching back at her'. His twitching and yelping was a way of venting his hostility and 'getting even'. There was satisfaction in 'getting under her skin'. Fortunately for his treatment, he did not wish to 'take the rap' for it. It was difficult for him to see that he was actually provocative with persons he disliked, especially women. A sequence of unconscious provocations, followed by 'twitching back', was the pattern.

One summer, looking forward to his first ocean voyage, he became anxious when informed that his parents, his younger sister, and he would have to sleep together in the same cabin. He feared it would be too confining and he would not be able to do what he wished. He insisted that he would keep himself from twitching too much, but it would be an uncomfortable effort.[3] For the first time the patient became conscious of his inability to tolerate restriction. He told me that when he sensed that anyone was annoyed with his twitching, he became aware of a strong urge to do it all the more. At the same time there was a preconscious thought of 'how far can I go?'. Here we clearly see in his urge to twitch a combination of libido and aggression. The patient's preoccupation with his fear of re-

[3] To be sure, this may have been a rationalization; in all probability the expected confinement with his parents and sister aroused his anxiety lest he not be able to control his scoptophilic impulses and his urge to masturbate. As one might have guessed, on the voyage there was insomnia and increased twitching.

strictions was an attempt at mastery of restriction and a fascination with it. As a child, he was absorbed in knowing about the construction and operation of the electric chair. He knew all the states where capital punishment was carried out by electrocution. In his play he dramatized electrocutions. Another form of punishment that he dwelt upon was being confined in a box in which one could not move. Later, in school, his conflict over applying himself to his homework was attendant upon a feeling of being 'tied down to it'. Stray thoughts came up then to interfere with his concentration which, to him, was a form of confinement. Loss of control and confinement were equated in his mind. An operation (which implies being anesthetized) and an electrocution are situations wherein one is confined (restricted) and loses control (consciousness). The ultimate fear is of castration. Twice the patient was subjected to a generalized anesthetic. The first time was for the tonsillectomy and later, in an attempt to cure his twitches, an anesthetic was administered rectally. In talking about these events, he confounded and condensed the two experiences. He said, 'You remember I told you about the tonsillectomy when I got an enema of anesthetic, up to my spine'. He further commented on 'that wonderful feeling' from the anesthetic, and his fears of the dark after the operation.

He maintained two more or less clearly defined attitudes toward his twitching. At first he was often given to despair, believing that his was a hopeless case and that he could never be cured. He wanted to know if I had had any success with similar cases, and sometimes concluded that he was the only one ever to have such symptoms. After all, he had never seen or heard of any other boy with his trouble. At a later time, as a means of counteracting his despair, he tried to justify his symptoms, to believe that he would not be such a good comedian if it were not for his 'twitching disposition'. His symptoms, therefore, should be tolerated.

When the patient talked about his masturbation, he tried to speak as if it were of little concern to him. When I reminded

him that there were periods when he masturbated excessively, his reply was that since his twitching (although under control and no longer severe) might repel girls, he did not stand much of a chance of having relationships with them, so it was all right for him to indulge in masturbation. When he felt unable to overcome his twitches he would worry, in his despair, about the damage that might be done to his body. Then he believed that he had injured his spine and his heart. Once he was insistent that I arrange for a neurologist to examine his spinal cord and brain, at least to make sure there was nothing physically wrong with him. This he requested in spite of the fact that he had had thorough neurological study before beginning his analytic treatment, and had been told that nothing abnormal was found. His doubts seemed at times to border upon delusion. The crucial point, however, was that he thought he had 'ruined' himself by his twitching. He spoke of himself as a 'twitching wreck'. The unconscious thought was that he had ruined himself as a result of his masturbation and that he was continuing to do so. When I proposed this idea to him, he characteristically replied that he was told by his mother when he was a small child that playing with his penis would stop his growth, but 'of course, no one believes that'. This dissociation of fear and guilt from masturbating enabled him to continue the practice. The tension and 'urge' attendant upon his twitching and yelping force us to the conclusion that this patient had highly erotized his whole voluntary neuromuscular system and that the twitching was a masturbatory equivalent.

A word should be said about the patient's obsessive thoughts. He would feel compelled to imagine himself as someone else, to cogitate on how it would feel to be some famous movie star, or a historical figure such as Napoleon. What if he were to relive his life as someone else? These thoughts were usually, however, without specific reference to anyone in particular. It was the idea of not being himself that was so disturbing. These thoughts were distracting and often interfered with his concentration upon his homework. When plagued by them, he

felt the urge to twitch. He speculated that they were excuses to allow him to twitch. He could not get these ideas out of his mind and relax for a minute. I was struck by his statement that these thoughts were excuses, and that he could not relax. Again, in his obsessions he was concerned with the fear of losing control, and he had to be constantly on guard against this danger.[4] The thought was a reminder, the twitch was a reassurance. The fatigued driver has to sing and shake himself to keep from falling asleep at the wheel. This fear of losing control was further illustrated after the patient became acquainted with the concept of the unconscious. He was often amused by the 'tricks' his unconscious played on him, especially when he 'purposely forgot'. But his amusement changed into fear and despair when he realized that he might be the victim of his unconscious thoughts. He feared he would not be himself. He would be his unconscious. After all, he had no control over his unconscious. He thought of his attempts to control his twitches as a battle between two parts of himself: the part that wanted to give in, and the part that fought against giving in.

Many associations revealed a struggle against unconscious passive submissive wishes. For a time his attitude toward me was characterized by his words, 'Do whatever you want with me, I don't care'. His conscious thoughts were that I knew what was best for him, and that he would never act against what I might say. It was at this time that he first speculated about something being wrong with his brain or spine, and in spite of his fear of being anesthetized and losing consciousness on the operating table, he expressed a wish that something organic could be found and that he could be cured by an operation.

II

In discussing tics, we must keep in mind the difference between a psychogenic tic and the tic syndrome. The psychogenic tic is an expression of a specific conflict that has been resolved by

[4] There is also the question to what extent his fear of relaxing and losing control caused an irresistible urge to masturbate. The twitches as a masturbation equivalent may have served in place of masturbation or in preference to it, as the lesser of two evils.

the creation of a conversion symptom, the tic. The tic is the symbolic expression of an unconscious wish by a stereotyped, involuntary movement which is clearly delineated and circumscribed.

Maladie des tics is neither a specific nor a symbolic expression of an unconscious wish, but is rather the generalized expression of an attitude or disposition which in the course of an analysis may be understood in terms of specific conflicts. In this case, one of the main conflicts was between the patient's wish to masturbate and his fear of the consequences of indulging this wish. This conflict was expressed in the 'body talk' of his voluntary neuromuscular system. The unconscious conflict over masturbation was displaced onto the struggle with his twitching. The displacement was not only from an organ to an organ system, but from one psychic area to another, —from the unconscious to the conscious. The shift from organ to system, from the genital to the voluntary neuromuscular system was determined by the hypercathexis (erotization) of the latter which enabled this displacement to occur. We may say that this patient's voluntary neuromuscular system had been suffused with libido and aggression. The gratification he derived from the libidinization of this organ system made him reluctant to relinquish his symptoms because they allowed for direct and immediate instinctual gratification upon his own body. From the point of view of ego development we may consider this so-called psychosomatic disease a failure of the ego to master motility. In this disease the ego has not been able to withstand the hypercathexis of an organ system and has, therefore, become compliant to the dictates of libidinal and aggressive impulses. This disease illustrates further how the erotization of an organ system may cause its dysfunction to such a degree that it serves the id more than it does the ego.

III

During the latter part of his analysis the patient realized that he imposed restrictions upon himself by conjuring up his obsessive ideas. He could not let go of these thoughts, and one

followed upon another. He was plagued by them and complained that they kept him from being free to do all the things he wanted to do. When I asked him what he really was prevented from doing, he replied with characteristic denial, 'Oh, I know what you are thinking, that I want to beat off. Well that's not it because I do it anyway.' Thus by denial of his concern, he confirmed that he was warding off fears of masturbation, and also revealed his 'dual' personality. One part of him does it, the other part tries to keep from doing it by means of distraction.

When the patient engaged in his obsessive fantasies that he was someone else, he had a fear that he would be 'stuck', as he said, and would not be able to resume being himself. This was a 'horrifying' thought, because his brain would change too and his state would become irreversible. He thought of the special school in which he lived for three years and where there was a unit for severely retarded children. Once he remarked that that unit was 'the point of no return'. Early in the analysis he was haunted by the fear that his symptoms would drive him crazy. At about the time of onset of his twitching, his grandmother was committed to a state hospital. He occasionally visited her, and she was a recurring reminder of his fear of losing his mind. This fear, which was the equivalent of his fears of being someone else and of losing control as a result of masturbation, became more evident. The displacement of affect from his masturbation to the twitching made it difficult for him to see the connection between masturbation and his fears. To be more accurate, we should say that what was unconscious was the *guilt* over masturbation and the *fear* that masturbation would cause loss of his genital. The castration fear (the fear of 'ruining' himself) was displaced from masturbating to twitching. The dissociation of his guilt feelings enabled him to continue his masturbation. The first step in his therapeutic progress occurred when he began to realize that he had displaced his fear of castration from the masturbation to the twitching. His guilt over masturbation never became conscious. Perhaps

if his treatment had continued this connection would have been achieved. We may speculate that if this patient had originally (during the œdipal period) felt more guilty about his masturbation, or if it had not been so easy for him to dissociate affect from its source, the castration anxiety would have remained more directly connected with his masturbation, and it would not have been so easy for him to displace the conflict to his voluntary neuromusculature. However, his hypercathexis of this organ system may have made the displacement inevitable.

Often the patient revealed his passive submissive tendencies. His anxiety over unconscious feminine wishes is illustrated by an episode that occurred at the height of his preoccupation with obsessive fantasies. One of his teeth became loose and he was very much distressed. He remarked that he was 'done for', that perhaps he might 'go crazy', and that this was an indication of 'body deterioration'. When he later made an appointment with the dentist, he reminded me that he never allowed a dentist to inject novocain or put a cone for the administration of gas over his nose. He would much rather bear the pain of the drilling than submit to an injection. His thought about novocain led to a fantasy that a poison, like snake venom, might accidentally be put into the syringe, and he would then be slowly paralyzed. Earlier the patient had wished to be examined by a neurologist in the hope that something physical might be found and excised. At that time he remembered the euphoria produced by the sedative enema which went 'up to my spine'. It is clear that he had to be on the alert against his passive submissive wishes and the castration danger involved. He constantly had to remind himself of the dangers of giving in to a restriction of any kind.

In summarizing, we may say that in this case of *maladie des tics* the patient's twitching and yelping were overdetermined symptoms. 1. These neuromuscular spasms were highly eroticized; they were a masturbatory equivalent. 2. Although they

caused him anxiety, this anxiety was probably much less than would have resulted from awareness of the consequences of his masturbation. The twitching therefore enabled the patient to indulge in a substitute masturbation. 3. It was also a defense, though a poor one, against the anxiety attendant upon masturbation. 4. The twitching was a mechanism symbolic, as it were, of his need to ward off the danger of submission to his passive feminine wishes.

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Blanket Interpretations

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BLANKET INTERPRETATIONS

BY SANDOR S. FELDMAN, M.D. (ROCHESTER, NEW YORK)

In his paper Observations on 'Wild' Psychoanalysis, written in 1910, Freud discusses the technical errors of untrained professional persons *(4)*. To such persons, Freud says sexuality means only a somatic process. They disregard love and the structure of the total personality; they make interpretations without considering resistance, which is responsible for the sexual ignorance of patients in matters that they could have found out for themselves; they distribute (to use Freud's simile) menu cards in time of famine; and they do not wait with their interpretations for the proper time, namely when the repressed material comes very near to the patient's thoughts and to the state of positive transference (pp. 302-303). They practice 'wild' psychoanalysis.

Glover speaks of incomplete and inexact interpretations *(7)*. According to Glover, an interpretation can be correct and still be incomplete. Suppose, he writes, that in a male patient there are unconscious homosexual fantasies on an anal level of the sexual organization but the patient offers fantasies on a genital level; the analyst works on the latter and achieves a temporary alleviation of genital anxiety. If the therapist makes no attempts to uncover the anal fantasies, the interpretation can be called an inexact one (p. 402).

A vast number of books and papers (from Freud to Lorand) on technique are available to students. The finest papers pub-

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From the Department of Psychiatry, University of Rochester School of Medicine and Dentistry.

Read before the Psychoanalytic Institute of The State University of New York, March 1954, and in a condensed form at the Midwinter Meeting of the American Psychoanalytic Association in 1956.

lished in recent years are those of Loewenstein, Kris, and M. Balint *(9, 10, 8, 1)*.

One of the more common errors of technique is the 'blanket interpretation'. I use this term for interpretations that may be valid and correct when applied to certain analytic material at the proper time but that are often misapplied by indiscriminate use, like blueprints, to situations in which they are inappropriate. Those guilty of blanket interpretations include even trained analysts and well-informed candidates; and they are frequently made by patients and by psychotherapists possessing only random knowledge of psychoanalysis.

Patients are likely to offer the analyst or psychotherapist blanket interpretations to mislead him. If he falls into the trap, the patient's resistance (the unconscious resistance is much stronger than the conscious one) achieves its goal of avoidance of the lifting of repression. Some patients, especially those in a more or less advanced stage of analysis, readily admit that a blanket interpretation was made by them on the basis of 'book knowledge'. Even a well-trained analyst sometimes may fail to wait for associations but offer immediate interpretations on the basis of his own or others' experiences with patients. Or the analyst may get associations from the patient but not appreciate their nature and value, and impose upon the patient a blanket interpretation that will lead nowhere. If it is recognized, the blunder should be admitted and the correct interpretation given. Candidates in analytic training are often victims of such mistakes. Therapists who lack training or personal analysis,—often they are open opponents of freudian psychoanalysis,—are more than any others guilty, in the secrecy of the office, of blanket interpretations. If the interpretation works, the credit is the therapist's; if it does not work, the discredit goes to the science of psychoanalysis.

The following offers several examples of blanket interpretation; I hope they will stimulate the reader and help him recall similar experiences of his own. We all make mistakes. It is to the benefit of patients, analysts, and our science to recognize them and make proper corrections.

1. A man in his thirties would slip off a chair whenever he sat down because of an impulse to squirm. For one year he had been in an analysis which had to be terminated because he moved away. He was married, a salesman of average intelligence and with some education. After five sessions with me he had to discontinue his analysis because of difficulties in transportation. I asked the patient about the circumstances in which his strange symptom had first appeared. He explained that while in New York he had witnessed a window cleaner falling from an eleventh floor. He had seen the man on the sidewalk make a last attempt to get to his feet, collapse, and die. Since then he had had to squirm: for some reason he felt the need to re-enact the scene which he had witnessed. I asked the patient whether his analyst had been able to give him any interpretation during his one-year analysis. The analyst, said the patient, had explained to him that he was under the compulsion to act out the scene because it had stimulated in him an unconscious birth fantasy. The patient had not understood what his analyst was talking about and had asked for further information. Thereupon the analyst had explained to him that the house symbolized the mother, the room her womb, the window the opening of the womb, and the falling from the window the birth.

Such an interpretation can be found in classic psychoanalytic writings. We are entirely justified and correct in using it when we have proper basis for doing so. There might even have been a justification in this case had the interpretation been backed up by clinical evidence and given at the proper time when, as Freud suggests, the patient's thoughts are close to the text of the interpretation. In the five sessions the patient had with me I learned that before the 'traumatic' street scene he had fainted three times. Once, when he was eight years of age, from a room adjacent to the kitchen, he had heard sudden screaming of his mother. He dashed into the kitchen and on seeing the raw flesh of her scalded arm, fainted. The second occasion was in military training, in a class in which the army doctor had discussed syphilis and shown terrifying pictures of

destructive ulcers of the penis caused by syphilis. The third time occurred after his marriage, when he went down into the cellar and bumped his head; he was not hurt but he did faint. In my opinion the first analyst missed the castration fear. It is conceivable that in the dim past of the patient there was a separation anxiety, related to ideas about the birth of a baby, conducive to making him sensitive to a strong castration fear; but the time was not ripe for such an interpretation.

2. A patient who was a candidate in analytic training dreamt that he met his uncle in the hospital and asked him what he was doing there. The uncle replied that he had been to the dentist; he had needed three fillings; it was very expensive; he had had to pay three hundred dollars.

The dreamer, a bright and promising colleague, close to the end of his training, commented at once: 'It is obvious what the dream expresses'. 'What is it?' I asked. He answered, 'Oral eroticism'. I replied that here was a classic opportunity to show how *not* to make interpretations and suggested that he say what else entered his mind. Now came the real story. The patient, an only child, married and with a family, had a widowed mother, openly in love with him. In his early youth he had often heard from his mother that he need not get married, that he might sleep with any girl he wanted, but as for other things such as cooking and taking care of him, she would do it better than any other woman. Nevertheless he married and was happy with his wife. But many things indicated an attachment to his mother. He had a nephew whose marriage had made the nephew's mother very unhappy. By her manipulations she succeeded in breaking up the marriage. After the divorce the nephew became 'girl crazy', spending all his leisure time with girls. His parents were afraid that he might again marry 'the wrong girl' and the boy's father asked the patient to talk to him, 'check him', and prevent him from making 'a mistake'. He talked to the boy after a weekend sexual spree. 'Did you have a good time?', he asked his nephew. 'I had a wonderful weekend', replied the boy, 'I had three fillings [meaning sexual

intercourse], but it was an expensive trip: it cost me three hundred dollars' (exactly the sum mentioned in the dream). But this is not yet the whole story. The repressed dream thought was: 'Perhaps my mother was right; I shouldn't have married. I wish my marriage would be broken up, then I would sleep indiscriminately with girls, like my nephew, and my mother would cook for me and take care of me.' The blanket interpretation was intended to keep such thoughts repressed.

3. An unanalyzed psychotherapist, untrained in psychoanalysis, referred a patient to me for analysis. He knew a great deal about the circumstances of the patient, and meeting me one day referred to the patient's failure to pay me, saying 'Ah, anal eroticism'. It soon became obvious however that the patient had run into unexpected financial difficulties, and simply did not have the money to pay the analyst: she paid the full sum the moment her financial difficulties were settled.

This does not mean that the patient may not have had anal erotic trends influencing her relations and attitude toward money; nevertheless, at the time this comment was made it was not warranted and cannot but be considered a blanket interpretation.

The most frequently abused concept is that of 'oral depressive'. It is used indiscriminately whenever depression is present in the clinical picture. It is true that the model of depression is created in the oral stage of libido development, but later on in life the depression need not present itself only through oral frustration; it may follow any situation of helplessness, the patient leaning toward the first model, oral helplessness. That the helplessness is the main factor in 'oral frustration' was pointed out in a recent paper by Edward Bibring *(2)*. When the depression does not follow an 'oral frustration' but some other kind of frustration, the therapist by paying attention only to the oral part, which produced only the model of reaction to frustration, misses the essential point and subjects the patient and himself to unnecessary work and frustration.

The same thing happens to the fruitful concept of anal eroticism when it is applied indiscriminately without convincing evidence from the patient's past and recent history. Anal eroticism is not the only possible source of an individual's orderliness, disorderliness, stubbornness, or attitude toward money. In one case it may indeed be the only source; but in another case there will be an additional source besides anal eroticism; while in a third case anal eroticism has no role whatsoever. I observed (but did not analyze) a patient who embezzled money after his mother made the comment that a smart man in his position could make more money. Embezzling money to please mother was a genital incestuous act. You could have found anal erotic trends in this man as in any other person, but this finding need not indicate that the objectionable act was done on the basis of repressed anal eroticism. In another case the attitude toward money originated, by identification, from dishonest conduct of the father. I have known several patients in whom the anal trend was solely due to anal eroticism, but also many in whom it was not.

4. A neurologist in the course of his analysis mentioned that several times in his early youth he had been close to fainting when he saw an injection being given with a syringe. 'Naturally', said the patient, 'this is a reaction to repressed passive homosexuality'. This may be true or it may be false, depending on the case. As a matter of fact, this patient had shown such trends but his reaction to the needle, his inclination to faint, was due to castration fear and not to repressed passive homosexuality. In one case the patient may offer a pregenital interpretation in order to avoid investigation of a genital problem, in another the reverse may occur.

5. Freud has emphatically warned us to be careful about interpreting a fear for somebody's life as a death wish. It may be a death wish, but in many cases it is not. Here are two instances. A male patient was waiting for the analyst to call him into his office. The analyst was delayed for two or three min-

utes. When the session began the patient said that the delay had made him very anxious: he had conceived the idea that the analyst had died of a heart attack, which would be a tremendous blow as he would lose his analyst and would need to continue with someone else. Was this fear a disguised death wish? On the basis of what he had read, the patient suggested the possibility, but he believed that something else lay behind the idea. He was right. Interpreting it as a death wish would probably have produced supporting evidence; after all the wish for the death of a person one is close to is not unusual. But this does not mean that such an interpretation is correct. In our case it would have been wrong to give such a blanket interpretation. It turned out that the patient's idea was due to a sense of guilt which appeared in the form of a feeling (as it does in many other patients) that fate was against him. It was a form of castration fear. His punishment was greater if somebody other than he himself had to die for his guilt. The castration fear was expressed in a disguised way: he would lose his analyst and suffer great, almost irreparable, hardship through his death. At this point in the analysis it would have been an error to interpret the painful idea as a death wish or as a sign of ambivalence toward some important person.

A male patient, coming to a session in winter, had on two occasions two painful ideas. He thought that he might have an accident which would prevent him from arriving home on time, causing his wife to suffer because she would not know where he was, and even making her think that 'something' (usually meaning death) had happened to him. The second painful thought was that his analyst would slip on the icy steps leading to his office, break his neck, and die. The first fear indicates that the second does conceal not a death wish but something else. His analysis disclosed that he was suffering from strong guilt over masturbation; he supposed that the masturbation made it impossible for him to make his wife happy. A great number of defensive symptoms made it impossible for him to have a happy emotional relationship with his

wife. The punishment for masturbation (as in the previous case) was that he become the cause of the sufferings and frustrations of another, a beloved person. He did not deserve to be cured. One way of not being cured would be through the death of his analyst. An interpretation that he wished that his wife would suffer or his analyst die would have been wrong and useless, for it would have missed the main point—the resistance against being cured, due to guilt.

6. A woman after the birth of her first baby developed the fear that she might kill her child and therefore avoided going close to it. The woman had a tremendous fear of mice. When eating she felt like a cat killing and devouring a mouse. She said that shortly before her illness began she had seen a movie cartoon: a mouse was stepped on and killed; its insides, 'a whitish material', came out; mischievous boys threw this whitish material on passers-by.

The interpretation of her therapist, a psychiatrist, was that the mouse symbolized the penis, the white matter, semen. This was a baseless blanket interpretation. The fact that some women are afraid of mice and climb upon a chair allegedly to keep their skirts together for fear that the mouse will run under their skirts is not justification for interpreting the mouse as a symbol of the penis. The mouse may indeed symbolize the penis; but in this and most other cases it does not. In my paper, Fear of Mice *(3)*, I showed that the mouse (especially the dead mouse, which is usually more feared than the live mouse) may represent castration fear, the baby, or the self, but mainly strong aggression: it is a fear not *of* but *for* the mouse. The appearance of a mouse immediately stimulates the idea of killing it. Anxiety appears as a defense against this impulse.

7. A recently married young patient dreamed that a front tooth had been broken into pieces; she was very much upset. She at once interpreted the dream as representing castration fear, the castration complex in women, and resentment that she had no penis. She admitted that this was book knowledge; she could not back up her interpretation with any feeling. The

patient had, in the course of her analysis, mentioned that at one time she had wanted to be a boy and had been in rivalry with her brother. Nevertheless, at this stage of the analysis, her interpretation was a blanket interpretation and its acceptance by the analyst would have been in error, enforcing resistance and causing loss of confidence in the analyst and in analysis. The truth of the matter was that the day before the dream the patient had had an argument with her husband and had worried that because of her neurotic condition her marriage might be 'broken up'. The tooth, broken to pieces in the dream, expressed this worry and concern. Marriage is a close tie; teeth are close together. Marriage is a conspicuous, public affair, 'it is in the front', and breaking it up is a painful social blow.

8. To many men there occasionally occurs a dream in which the dreamer finds himself in bed with a woman, makes love to her, becomes aroused, and on starting to have sexual intercourse notices to his great disappointment that she has a penis, making intercourse impossible. The woman shows no other trace of masculinity; she is otherwise a complete woman. The dreamer either loses his erection because of this disturbing discovery, or, being much aroused, has a seminal discharge. (I have never heard a corresponding dream from a woman.)

Analysts and others often, when such a dream is presented, fail to make use of what they have previously learned from the patient or from the associations to the dream, and make the mistake of interpreting it as a sign of latent homosexuality. When the patient refuses to accept this statement, they declare that his resistance does not permit him to recognize his latent homosexuality. The truth is that the dream may not arise from pathogenic latent homosexuality. If, in the course of the analysis, there has been evidence of latent homosexuality, then both analyst and patient may feel sure that such an interpretation of the dream is correct. But they may, nevertheless, be mistaken, for even if the source from which the dream originates is one of many that could lead to latent or overt homosexuality, the dream thought does not express the wish that the dreamer

might have sexual intercourse with a man instead of a woman.

The dream expresses the castration complex of the dreamer: he loves women, he is aroused by the woman he is in bed with, but he is horrified at the sight of the female genitals. Her lack of a penis reminds him of the fear that such a lack is possible even in him, reminds him that he could be castrated like a woman. To solve his dilemma he places a penis on the female genitals. Thus he tries to overcome the castration fear and become able to have intercourse with her. But despite this he fails because the castration fear is too strong to be removed by such an illusion: the act cannot be performed; the sexual excitement leads to seminal discharge and orgasm, but union of the genitals does not take place, the penis does not enter or touch the 'dreaded and horrifying place'. It was Freud who through his explanation of the Medusa's head made it possible for us to understand such a dream *(5, 6)*.

9. A woman with guilt feelings about sexual activities in her childhood made her husband promise at their engagement that if, after they were married and had children, she should die he would select a certain type of woman as his second wife and as the stepmother for their children. After being married and having children, she developed obsessive ideas, 'What if my husband should die?', or 'What if my children should die?', or 'What if they all should die?'. The patient urged me to explain these thoughts. I replied that because of her sense of guilt she felt that she did not deserve happiness, that she thought that she never would be happy and healthy and, therefore, she should not have married at all. The patient, who was remarkably improved, said, 'I thought you would say that I wished my husband and my children to die'. I asked, 'Why should I have given such an interpretation?'. She answered: 'Because I read that when you are afraid of something it means you wish it to happen'.

Do such thoughts necessarily constitute a wish? Not at all. They indicate, rather, the patient's failure to overcome the sense of guilt that made her feel that she did not deserve to

have a husband and children. If they all were to die she would not feel that she had something good she did not deserve.

10. This patient was well-read in psychoanalytic literature when she entered treatment and was at first prolific in producing the most startling blanket interpretations. Later in her analysis, she made a strange slip of the tongue. She professed herself an ardent admirer of her son. When he married she was unhappy. She became more unhappy when she learned that her daughter-in-law was pregnant. Discussing this matter during one of her sessions, instead of saying that X (her daughter-in-law) was pregnant, she used the name of her son, saying *he* was pregnant. Her interpretation, which I accepted, was that she wanted to express the idea, 'it is impossible that she should be pregnant' (because the pregnancy was intolerable to the patient), 'as impossible as that a male should be pregnant'. Had she not been 'cured' of making blanket interpretations she would have said, without conviction, that, for example, she wanted her son to be a girl, then that she wished she were a man and could have a child by her son. But Freud taught us in The Interpretation of Dreams that in dreams and in neurosis a denial is often expressed by an absurdity.

SUMMARY

Blanket interpretations are likely to be incorrect or, at best, technically inappropriate. They are likely to be offered by therapists untrained or insufficiently trained in analytic technique, and they are best avoided because they usually serve the analysand's resistance to the analysis.

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SOME AFFECTIVE MEANINGS OF DIZZINESS

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Vertigo is a common symptom of neurosis. Fenichel *(4)* stated that vasomotor disturbances, frequent among the manifestations of affects, are channels for emergency discharge whenever direct motor activity is blocked. He further stated: 'Often sensations of equilibrium . . . become . . . representatives of infantile sexuality in general. Many persons who have no conscious memory of having masturbated as children do remember various games and fantasies involving the [position] of their bodies in space, . . . changes in the size of their bodies, . . . ideas [that] their beds [are] being turned around, or of still more vague sensations [that] "something is rotating".' Federn *(3)* traced anxiety about disequilibrium to repression of more archaic pleasures. Freud *(7)* was the first to discover a relationship between infantile sexuality and the erotization of equilibrium.

Others have discussed vertigo primarily in terms of its pregenital aspects. The dizziness of Bacon's patient *(1,* p. 134 *)*, for example, was related to a conflict between oral receptive needs and his compensatory striving for independence. This forty-year-old man would become dizzy after some such receptive pleasure as reading, 'dizziness apparently being an expression of his infantile desire to return to the dependent state of the infant who cannot maintain its balance without the help of others'. Ferenczi *(5,* pp. 239-242*)* ascribed the dizziness of a patient to his unwillingness to give up the gratification of feeling passively loved by the analyst. French *(6)* noted this symptom in a patient who wished to be carried about in his mother's arms, and it represented a dependency conflict.

There is great vagueness about what 'dizziness' means unless a patient is asked in detail about his symptoms. Neurologists

define vertigo as a consciousness of disordered orientation of the body in space *(2)*. The patient experiences a sense of rotation of his body or of his surroundings. In the latter, the external world may seem to move, usually in a rotatory fashion though sometimes other forms of movement such as oscillation are described. He may have a sensation of falling, or the sensation of movement may be referred to a body part, such as his head; his lower limbs may seem to be poorly coördinated. Vasomotor disturbances including pallor, perspiration, tachycardia, hypertension, nausea, vomiting, and diarrhea are common.

Dizziness usually appears either as a transient state or an incidental finding. Among three patients in psychoanalysis, the first gave a history of vertigo during adolescence; in the second case it was present only as a transference symptom; in the third, it had been diagnosed as Ménière's disease.

The first patient was a twenty-four-year-old single woman for whom life had 'little meaning', but who was not clinically depressed. She was attractive, had lovers, but became attached to none of them. She led an active social life, had a variety of intellectual and other interests, and was financially independent. Still, she gave the impression of having had an intense inner conflict which almost completely depleted her energy.

She was the only child of an erratic, alcoholic father and a sympathetic but ineffectual mother. Her father could be very charming and understanding and showed considerable solicitude when he was sober or when he felt guilty about his behavior. His actions bordered on seductiveness. In the middle of the night he would come into her bedroom and sit on her bed just looking at her. If she acknowledged being awake, he would engage her in light banter. Her reaction to this peculiar nocturnal habit was a mixture of fascination and repulsion, the latter especially when she detected the odor of alcohol on his breath.

Her memories of family life were dominated by recollections of parental quarrels during which her father not infrequently

became physically abusive. Her mother repeatedly threatened to leave him, but the patient soon learned that these were meaningless gestures. Whenever the patient became angry about her father's behavior, he would then turn against the child and beat her, the mother making a feeble attempt at what was at best a token interference. Unlike her mother, the daughter fought back and tried to avoid getting hurt. There were times when the father would chase her around the house or try to break down the door of the bathroom in which she had locked herself. She would either wait for him to fall asleep or spend the night at a friend's house. The patient learned to expect no protection or effective support from her mother.

Coincidentally with the menarche in her fourteenth year, she developed an interest in theatrics, and discovered that her absorption in acting protected her from feeling as distressed as she had been. She was told she had talent for acting, with a realism and sensitivity that were unusual for an amateur. To her it now seemed that her real feelings were expressed on the stage and all other feelings she experienced were synthetic. She was aware of some purpose in this arrangement. On the stage she could anticipate what would happen and allow herself to react; the unpredictable threatened to overwhelm her. It was during these initial experiences on the stage that she first became dizzy. The following is a typical situation.

At seventeen, during a party, she persisted in exploring a young man's wallet despite his agitated protestations. That she discovered what she was seeking is attested by her seeming belated recognition that she found and displayed a condom, whereupon she felt dizzy. Other episodes of dizziness, not so well recalled, were inferentially associated with a similar state of 'surprise'. In each, it was clear that unconsciously she was expressing an exhibitionistic or voyeuristic impulse that her ego could not suddenly assimilate. Whenever she suddenly had a precipitous surge of sexual feeling, when her usual defenses were not mobilized, she did not know which way to turn and experienced the sensation of dizziness. When she approximated

gratification of her genital sexual needs, her fear of being suddenly overwhelmed disappeared.

A second patient's dizziness occurred only in the transference. She was a thirty-year-old unmarried high school teacher in treatment because, although she had numerous women friends, men seldom paid any attention to her. She had a natural bent for many sports and although she was proud of her skill, she had come to realize that it served to keep away men who did not like being beaten by a woman.

An only child, she had been reared strictly by possessive parents. Her father she described as a martinet and a petty tyrant about the most trivial matters. She was, however, able to fight with him and often won the argument, at which point he would walk away in disgust. The mother was stingy, suspicious, and taught the patient that all men were stupid and not to be trusted. She often told her daughter in detail the suffering she had endured from intercourse on her wedding night.

At twenty-three the patient had considered marrying a man who seemed eminently suitable, but both parents were so bitterly opposed that she broke the engagement. Her intense hostility and consequent feelings of guilt kept her helplessly bound to her parents. She seemed to be perpetually seething with rage, some of which she discharged in competitive sports, mercilessly beating her opponents, male or female. The patient gradually became aware of her pugnacious attitudes. She found it easy to express her rage at her father, but it became apparent that her anger toward her mother was far more intense. She reconstructed from memories that her mother had inculcated the belief that to be a woman was a painful degradation.

Finally, after a bitter struggle with her parents and her conscience, the patient moved into an apartment of her own. At this point she had homosexual dreams which revealed that her masculine identification served as a defense against destructive heterosexual feelings. Her concept of the sex act was one in which she would be killed.

One day she reported the following dream: 'I was in a party dress. It was a beautiful day. A man in a gray suit came to me and we walked together. All of a sudden the sky became dark with black clouds. I was frightened.' She awakened feeling that she had had a nightmare.

The evening before she had been at a dance and for the first time seemed not to frighten men away. In fact, a rather attractive man had been with her most of the evening. During one of the dances he led her to a dark corner and suddenly pushed his erect penis against her. Although initially she had felt that the dream was innocuous, she had repressed the experience with the man at the dance, and she recalled it with considerable resistance as an association. She then remembered that I frequently wore gray suits. As soon as she became aware of the connection between me and the man in her dream, she was overcome by a feeling of dizziness; she felt that the room was spinning and the couch turning. These sensations lasted for approximately thirty seconds, and she then composed herself.

The patient continued her associations but made no further comment about the dream. When I questioned her about what she had said regarding my wearing gray suits, she was unable to recall that she had said so. I then quoted what she had said and went on to add that I was the man in the dream. At this point she was again overcome by the sensation of vertigo, this time more intense and lasting perhaps twice as long. After recovering, she had repressed the whole dream.

That the erotic transference was only slightly disguised gave the dream its nightmare quality. Subsequently, each time her associations or the interpretations led her to an awareness of her sexual transference, she reacted with dizziness. Her ego was unprepared to cope with the forbidden wishes of her œdipal conflict. Her ego for the most part was able to keep potentially dangerous sexual impulses repressed. It was during the transference neurosis, when œdipal feelings were intensified and breaking through the bonds of repression, that she first experienced vertigo. The wish to have a child by father then became

apparent, and the process of childbirth, or the possibility of her having children, was considered unconsciously as so dangerously destructive to her that at first it led her to the verge of panic. Later in the treatment all such reactions disappeared.

The third case, a forty-year-old woman, had an intensification of phobic symptoms that she had had in a milder form as long as she could remember. They included fear of the dark, of going out on the street alone, of shopping, of going to the dentist, and a general insecurity in her object relationships. It proved that she was presently more anxious and depressed because her husband had recently begun having friendly relations with his first wife.

Born in Russia, the first of two children, she had experienced innumerable hardships in childhood. She recalled pogroms during which her parents took elaborate precautions that the family might survive. When she was nine years old the family emigrated, and the enterprising father established himself successfully in business. She felt that she was his favorite child, and idealized him. He was unpredictably kind and gentle, or erupting in fits of anger. More disturbing to her was his impulsive seductiveness which would occur when she least expected it. While he was being unpleasant to everyone in the house, he would suddenly seize the patient, draw her close to him, and sometimes kiss her fully on the lips. These vagaries kept her in a state of vigilant tension. She dared not be caught unawares. At adolescence she had become so keenly sensitive and alert that it would be impossible to face her with an unfamiliar or an unanticipated experience.

Later she was employed with success as a secretary. She felt sufficiently secure in a routine with a friendly middle-aged employer—the father of a family—whom she admired that for ten years she devoted herself almost exclusively to her work. She was at this time a virgin thirty years old. One evening, when she had worked late, her employer proposed marriage to her. She had to grip the table for fear that she would lose her bal-

ance and fall to the floor. She felt that the room was whirling around furiously, and she was nauseated. Thereafter these sensations recurred periodically, often lasting as long as several hours and accompanied by tinnitus. Medical consultation established a diagnosis of Ménière's disease, though she was considered somewhat young for this syndrome. Tests indicated a slight loss of hearing. Treatment for an allergy was instituted, and she improved. She gave her employer no definite answer to his proposal, and he did not press her, presumably because he was not divorced.

A month later he had intercourse with her. The patient believed she was taken completely by surprise. Consciously she was not displeased by this event. Soon following, however, she had a sudden severe attack of 'Ménière's disease', and her various phobias became defined. During the two years that her sexual relation with this man continued, she came to note a relationship between some of her attacks and sexual intimacy.

Ultimately married to her former employer and mother of a child, she continued to be haunted by feelings of guilt. Symptoms of vertigo and phobia continued although to no degree of disabling intensity. She was aware, she said, of a certain 'strange sensation of surprise' whenever her husband made sexual advances, which she defined as guilt and a vague sense of uneasiness. Still employed in her husband's business, she tended to consider her relationship with him as it had originally been. It transpired that whenever he made love, she was repetitively 'shocked and surprised'. This eventually irritated her husband and he began to see his first wife again. The patient felt that she was now being punished for her illicit relationship with him. She was frightened and depressed.

DISCUSSION

The similarities among these patients are an intense need—engendered by early experiences—to suppress and repress responses to hypercathectic stimuli. They tried to control their feelings; they attempted to avoid situations where there might be

undue stimulation. Their childhoods were highly emotionally charged with experiences with their fathers. They strove consciously to avoid any life experiences which would re-create these past traumata. Because intense affects were so painful, they had developed attitudes of preparedness to meet any situation without being overwhelmed. Consequently they lived in a state of extreme caution, anticipating any contingency. Their repetitive compulsion was to plan their lives so carefully and categorically that their object relationships would not catch them unawares; otherwise a delicate balance would be upset. These features are closely related in each instance: strict self-control by constant vigilance; powerful repression.

These three patients were, of course, sexually inhibited. This was not so obvious in the first patient. But in her case she was frigid and sexual relationships were meaningless. All three patients developed symptoms when they became aware of genital sexuality, either in reality or in the analytic transference.

There were also similarities of instinctual patterns. Each of these patients had repetitively seductive experiences with their fathers and were prematurely sexually stimulated. They were both fascinated and repelled and, according to the well-known reaction in such instances, they believed sexual relationships to be brutal, violent, destructive experiences for a woman. The symptom of dizziness occurred when there was a consciously unexpected stimulation of sexual feelings.

Greenacre *(8, 9)* discusses sexual traumata and precocious sexual stimulation in the first two years and in the prepuberty period. In each instance she notes particular somatic reactions such as visual disturbances and headaches, as well as specific character defenses such as 'masochistic justification for a defense against sexuality'.

However, what seems to have been specific for the evocation of vertigo in these instances is not simply a sexual conflict, but the way the ego may react momentarily when it is overwhelmed by a precipitous surge of previously well-repressed impulses which in these cases happened to be sexual. This occurs in an

ego that has been rigidly disciplined to anticipate such stimuli. Why the repression that had previously functioned so well should have become weakened is determined by individual case study.

SUMMARY

The symptom of dizziness in three women is found to have similar ontogenetic influences and closely allied precipitating factors. Characterologically, these patients had many similarities. These women had been precociously sexually stimulated and their constantly vigilant egos tried to be prepared for any situation that might lead to sexual excitement. The three patients developed sensations of dizziness in response to unexpected sexual stimulation. The symptom, in each instance, was correlated with a disturbance of psychological equilibrium.

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Research into the Process of Supervision in Psychoanalysis

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RESEARCH INTO THE PROCESS OF SUPERVISION IN PSYCHOANALYSIS

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Discussions of the process of psychoanalytic supervision usually focus on its role in the education and therapy of the student who is conducting the analysis. This involves the reasonable assumption that the therapy is enhanced by the supervision which the training analyst exercises over the work of the student. It also assumes that in the course of educating the student analyst, the supervisory process will provide an important therapeutic experience for him, and indeed this occurs with sufficient regularity to illustrate the fact that in psychoanalytic training the processes of therapy and of education are interwoven. I am emphasizing at the beginning the virtues of the supervisory process (i.e., that it both educates and treats the student, while at the same time making possible the analytic treatment of many patients who could not otherwise be reached), because the remainder of this communication considers only the scientific defects of the process and how we can study them.

The many discussions of these problems have been limited to making clearer formulations of unsolved questions. The answers to these questions can be found only by direct investigation. Some will object that merely to observe so subtly balanced a situation as the supervisory process will distort it. This is true; but it is equally true in varying degrees for all research. We cannot observe anything without altering it, whether in nature or in the laboratory, whether under a microscope or in a test tube. Yet the fact that one cannot determine the velocity of an electron without altering its position, nor its position without altering its velocity [Heisenberg's Principle of Uncertainty], has not prevented progress in electronics. The art of scientific research consists in reducing such distortions to a minimum,

and in attempting then to hold this irreducible minimum constant in kind and in degree. Only in this way can we estimate what distortions have been introduced and how to make appropriate allowances for them.

The investigation of the process of analytic supervision cannot avoid distortions. We can hope only to limit these and to make them relatively uniform. Since this principle is equally relevant to research into all other aspects of the analytic process, experience with research in the supervisory process should facilitate general investigations of the psychoanalytic process as a whole. In addition to these collateral gains, the study of the supervisory process is essential for its own sake. It is an implicit denial of all that an analysis has taught us when we pretend to ourselves that a student's report to his supervising analyst can provide a true and representative sample of that which has actually taken place in the analytic sessions which he is attempting to describe. In making this assumption analysts have, with curious naïveté, overlooked the fact that the supervisory procedure creates a situation which contravenes basic analytic principles concerning the processes of perception, of free association, of self-observation, of recording, and of recall. Consequently the student who pleases us by the facility of his reports is usually less perceptive and less accurate than is his more labored and more conscientious confrère, who stirs us to impatient criticism.

The reasons for this should be self-evident. It has long been known that it is difficult to retain a stream of nonsense syllables, whereas if the same number of syllables are organized into a sentence they will be grasped and remembered as a single unit. The same fact limits our capacity to record and recall a stream of free associations. Furthermore, we know that perceiving and recording, and then recalling what has been recorded, involves three linked processes, each step of which operates selectively on conscious, preconscious, and unconscious levels under the influence of conscious, preconscious, and unconscious emotional forces. It is hardly necessary to argue that

highly charged emotional forces are at work on all levels during the analytic sessions which are conducted by every student analyst. It should be equally self-evident that when the student subsequently confronts his supervising analyst he enters into another relationship which is equally highly charged, but in a contrary way. The student knows that his supervisor is assaying both his psychological health and his competence on the basis of his account of everything he has done and said or omitted in the analysis. Therefore in his supervisory session he must attempt to recall and reproduce in as favorable a light as possible the events and interchanges of the analysis. No one has validated the accuracy of the student's reports nor the accuracy of the supervising analyst's impressions of his student's performance. Yet on these imprecise impressions, whose validity is wholly speculative, has depended the success or failure of every student who has gone through the mill since analytic training was formalized. Apart from all deeper and earlier sources of tension over authority, the anticipation of this situation cannot fail to bias not only the student's primary perceptions of what occurs in the analysis he is conducting, but also his recollections and his rendering of them.

Thus whenever a student is conducting an analysis under supervision, that student's anticipations of the emotional stresses, which are bound to occur between him and the supervisor in the supervisory sessions which lie ahead of him, are superimposed upon the continuing emotional interplay between the student and the patient. It is important to realize that this superimposition of the anticipated effects of the future transference and countertransference struggle upon the interplay between the student and his patient occurs not only during the actual supervisory session, but also in anticipation of it. This creates a continuous background of distant and faintly ominous music during the analytic sessions between the student and his patient.

Let us compare what as therapists we ask of our analytic patient with what as teachers of analysis we expect of a student

who may be analyzing that same patient under supervision. We ask the patient to produce free associations; but we do not expect him to recall them. Indeed, whenever a patient recalls his associations with too great precision and completeness, we suspect that his material has been produced somewhat less than 'freely'. On the other hand, we ask a student to record and recall both the patient's free associations and his own, and simultaneously to record and recall the 'how' of their expression, and also to evaluate these, while at the same time he must be responding to the patient's free associations with his own free associations. This is asking him to be free and bound in the same moment of human interchange, something which as analysts we know to be psychologically impossible. The raw material of the analytic process is the continuous interplay between two streams of loosely linked associations, the patient's and the analyst's. The best that any student can do is to leap back and forth from one to another.

As currently conducted, the supervisory process requires that the student must watch himself as well as his patient out of the corner of his eye, while at the same time he is expected to participate freely in this highly charged and loosely linked series of interactions. He must also record all that he observes, and subsequently in the supervisory session he must recall and reproduce both sides of the interchange, unaltered and undistorted by the impact of the fresh emotional forces which are mobilized in the presence of the supervisor. In other words, he has simultaneously to be a free reactor, a participant in a complex emotional interchange, an observer, a recorder, and an objective recounter of this whole intricate chain of events. It is wholly nonanalytic to assume that this is possible.

Instead, what actually happens in the highly charged supervisory session is that the student recalls and reproduces screened, biased, and altered versions of that which had happened in the analysis. The situation in which supervision is conducted constitutes a setting in which the ability accurately and impartially to reproduce what has happened is subjected

to maximal strain. That any student can do this at all is an indirect tribute to something therapeutic that must have resulted from the student's preparatory analysis. To me it has long seemed that any true resemblance between the student's report and that which had actually taken place is almost a miraculous accident. Indeed, it is a constant source of wonder that anything can come of such a procedure as this. The fact remains that it does. I am not depreciating the supervisory system. I am emphasizing the sources of its inherent fallacies. I maintain further that because of these obscurities and fallacies, it is our duty to re-examine it objectively.

How then can such investigations be conducted? The suggestions to be described here are based on two types of experience, each of which has its limitations and defects. Together they demonstrate that these investigations are feasible and fruitful.

Certain work was undertaken at Yale, in which I have not participated directly, that has not yet been reported in full. It was initiated by Doctors Redlich, Sommers, Newman, and Gill, and this brief reference to it is included with Dr. Redlich's sanction. This consisted of a pilot test of a specific technique for the study of the supervisory process.

Full recordings were made of all of the sessions of an intensive psychotherapy that was being subjected to periodic 'supervision', and also of the supervisory sessions. By comparing the two series of tapes, observers could ascertain the extent of the agreement and disagreement between the material recorded at the therapeutic sessions and what was reported in the supervisory session by the student psychiatrist. In the light of any discrepancies, the relevance of the supervisor's comments could then be critically evaluated. The work which has been done to date can be looked upon merely as an initial effort to explore the technical problems. Ultimately a systematic review of such material as this should be of far-reaching value.

One may object that certain biases are implicit in such a study. Even if true, this objection is irrelevant to the ultimate

value of bringing to light the extent of the areas of agreement and disagreement between therapeutic and supervisory sessions. Indeed these are so revelatory as to suggest that routine systematic samplings of this kind might well be incorporated into the educational experience of all students of psychoanalysis. One could hardly conceive of a better way of training supervisors, or of testing their skill, their objectivity, and their capacity for self-criticism.

Of the second type of observation I have had firsthand experience for several years. This began as a system for teaching psychotherapy from taped recordings. It evolved gradually into a somewhat unusual type of supervisory process, which throws light on and challenges our usual procedure.

At Yale for several years weekly seminars on psychotherapy have been conducted for young psychiatrists who are in their second and third years of residency training. These are weekly seminars on the continuing treatment of one patient by one therapist. In each seminar a group of about twelve listens to and discusses the taped recordings of a psychotherapeutic session which had been conducted during the preceding week by one of the group who was working regularly with this patient. Everyone is free to interrupt, to question and argue freely about the taped data, i.e., about the implications of the words, the change in volume, intonation and tone of voice, and the affective attitudes of both patient and therapist. The suggestions, comments, and criticisms of the leader of the seminar are subjected to similar searching criticisms and challenges. Contrary to expectations, instead of being a source of painful embarrassment, the student psychiatrists compete for a chance to present a case because they find that the opportunity to listen to themselves in action and to re-examine the interaction between themselves and their patients is of inestimable value.

The recording machine is in an adjoining room, and the microphone is concealed in a lamp so as not to intrude itself constantly on the patient's associative stream. The recordings are made with the patient's full knowledge that the sessions are

being recorded and that the recordings are for use in a seminar; nevertheless, after the first sessions the patient pays little or no attention to the process of recording. Some months later a few patients have suddenly mentioned with evident surprise they had 'forgotten' all about the fact that the sessions were being recorded.

In sessions lasting between two-and-a-half and three hours we have never covered more than half of any therapeutic session, usually much less, sometimes not more than ten or fifteen minutes. We may take samples almost at random. Or we may compare the beginning and end of one session, or else the opening or closing minutes of several successive sessions. From my point of view as seminar leader, I would prefer fifteen minutes of such scattered samplings from the verbatim recordings of psychotherapeutic sessions to many hours of the retrospective memories of any analytic student, or of any experienced analyst for that matter. Tapes can be obscure; but they never make up anything.

The longer my experience with this form of teaching, the greater has grown my discontent with the usual supervisory session. The analytic reasons for this have been reviewed above; but I must also underscore the importance of the actual experience of listening to the voices of the patient and the therapist. A typescript of the same recording is never as revealing. The subtle changes in pitch and placement of voice, in enunciation, volume and pace, make a running counterpoint to the words themselves, revealing qualities of aggression, fear, petulance, or apology. Not infrequently in the first session and without a list of symptoms or a description of the patient or an anamnesis, we have been able to make a surprisingly accurate guess about the patient's age, personality, and general difficulties just from the voice alone. As one listens one can hear not only the ebb and flow of regressions, with shifting levels of maturity and immaturity, but also the interplay of transference and countertransference, and whether the dominant theme is one of love or hate or fear or rivalry or emulation or exultation. All of

these are clearly recognizable in the voices as heard. None of this is captured in the words of a typescript.

Even when the student analyst can report accurately on some of these details as they are manifested by his patient, it is impossible for him to note and report such data about himself because it is impossible for him to listen simultaneously to his patient and to himself. Consequently this self-revelation on tape is an aspect of the experience which is particularly salutary and therapeutic for the student, as well as educative. Our usual supervisory technique deprives the student of this healing and maturing experience.

When for the first time a student psychiatrist or an experienced analyst hears himself participate in an interview or a psychotherapeutic session, it is always a surprising and illuminating experience. He hears himself echo the patient. Or he hears himself outshouting or outwhispering the patient, always louder or always softer. Or he hears himself playing seesaw with his patient—loud when the patient is soft, and soft when the patient is loud. Or with surprise and dismay he hears in his own voice the edge of unintended scorn or sarcasm, or impatience or hostility, or else overtender solicitude and seductive warmth. Or he hears for the first time his own unnoted ticlike noises punctuating and interrupting the patient's stream. From such data as this he and the group as a whole learn a great deal about themselves and about the process of interchange with patients and what this process evokes in them in the form of automatic and therefore indescribable patterns of vocal interplay.

They learn also to watch for and to respect the subtle tricks of forgetting and false recall to which the human mind is prone. In one session a young psychiatrist reported that in a previous interview at one point his patient had asked that the recording machine be turned off while he divulged some material which was particularly painful to him. The group discussed the possible reasons for this, basing our discussion on our knowledge of the patient from previous seminars. Then to

check the accuracy of our speculative reconstruction, the psychiatrist was asked to play to the group about five minutes of the recorded interview which had preceded the interruption, and then about five or ten minutes which followed when the recording had been resumed. To the amazement of the young psychiatrist and of the group as a whole, as we listened to the recording we discovered that it had been the psychiatrist and not the patient who had suggested that the recording should be interrupted. Of his role in this, the young psychiatrist had not the slightest memory. Furthermore, as we heard the patient's halting speech, his change of pace and volume, the altered pitch and placing of his voice, it became clear to the whole group that the young psychiatrist's intuitive move had been sound: that he had correctly evaluated the patient's mounting tension and had perceived the need for this gesture of special consideration and privacy. The result was that the patient's rapport was more firmly established than before, to such an extent that the psychiatrist could now recall that it had been the patient who had suggested that the recording be resumed after a relatively brief interruption, and who then, with the machine turned on, had continued to discuss frankly and without embarrassment the material about which he had been so touchy before. The illuminating implications of this episode for the data itself and for the transference and countertransference furnished the group with material for reflection and discussion throughout the remaining course of the seminars. These could not have been studied without the recording machine.

By means of such free and flexible use of recordings, these young psychiatrists learn to understand their patients on descriptive levels. They also achieve dynamic insights which go far deeper than that. Several experienced analysts, who have sat through such sessions at the start and again toward the end of a series, have commented independently on the fact that, without formal analytic indoctrination, toward the end of the series the men are evaluating free associations and interpreta-

tions and are recognizing the interplay of transference and countertransference forces, all with the sophistication of mature analytic students. The direct confrontation with the unaltered audible recordings of the interaction between patient and therapist brings this insight into focus in a natural and unforced fashion. This is, moreover, insight which penetrates not only into the patient's mechanisms, but also into those of the young psychiatrists. Sometimes the sessions take on some of the quality of a session of group psychotherapy.

Clearly the recorded sessions have multiple educative values. For research purposes such studies of the supervisory process should begin not at the bottom of the heap, but at the top. In other words, they should begin by using a group of senior analysts as the 'students' whose work is to be supervised. It would be well if the first subjects of such experiments were analysts who would not be unduly defensive, and who would not suffer from 'mike fright'. I venture to predict that almost every one of us would find the experience so enlightening that there would soon be competition for the privilege of being the subject.

Such experiments could take many different forms. In one of the simpler designs the subject-analyst would conduct an analysis in a quiet recording chamber for several weeks, during which each session would be recorded. Weekly supervisory sessions with another senior colleague would also be recorded in the same chamber. On the one tape the actual therapeutic session would be recorded. On the other tape would be recorded the retrospective memories of the session as expressed in the supervisory session by the analyst who is conducting the therapy, plus the supervising analyst's impressions. Then a group of experienced analysts could systematically compare the two sets of tapes for the areas of agreement and of disagreement between them. As already indicated, a valuable by-product of the study would be the fact that this would provide material for the study of the analytic process, and would simultaneously constitute a technique for the training of supervisory analysts.

From the point of view of time it is important to note that one would not have to labor through a complete analysis in this way. A few weeks would be enough, nor would one have to review the recordings in their entirety. Samples would suffice, although the whole material would always be available to the study group.

It may not be amiss to point out that it should be easy to secure foundation support for such studies.

SUMMARY

An objective investigation of the process of supervision as employed in psychoanalytic education is urgently needed because of the patently nonanalytic implications of the supervisory process as currently used. Such an investigation would have the additional value that it would throw light on the analytic process itself, and would provide experience in the development of techniques which are essential for future intensive investigations of psychoanalysis. Finally, it would provide a method for screening and training supervisors.

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An Approach to a Systematic Study of Ego Function

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AN APPROACH TO A SYSTEMATIC STUDY OF EGO FUNCTION

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INTRODUCTION

The need for investigating the relationship of ego functions to character structure and symptomatology was stressed by Freud, and more recently by many other psychoanalysts *(2, 9, 1, 5, 7, 8)*. As Waelder *(13)* said, 'It is one of the tasks of our ego psychology to develop an alphabet of defense mechanisms, a catalogue of elementary responses'. We report here a systematic investigation of ego functions as they appear in the final result of the dream work and elaboration, namely, the manifest dream. The ego gives the unconscious material a shape which is not too unacceptable to the ego (the secondary elaboration) *(3)*. Hence the result, the manifest dream, is excellent for studying the ego activities, especially its unconscious activities.

In attempting to isolate the essential elements of the ego's activities and to classify them, in our study we utilize Freud's formulation of repression *(4)* by the ego at the behest of the superego; thus we avoid for the present the complication of distinguishing ego from superego functions and examine, as did Anna Freud, the ego and its defenses. We avoid the several uses of the term repression *(6)* while retaining the premise fundamental to all, that of withholding from consciousness. Traveling Freud's 'royal road' to the unconscious, we explore initially the functions of the ego as exemplified in dreams. Ten categories of ego functions in dreams are differentiated. In each category four subgroups list differing degrees of ego awareness

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in the dream of impulses welling into it. The term 'impulse' describes the urges, drives, needs, or other motivating forces expressed in the dream scene. In general, the more the dreamer portrays his impulses as not being part of himself, the more he may be said to be putting them at a 'distance' from his ego.[1] These initial categories and their subgroups, which represent only a limited portion of the ego's activities, are included in the following 'ego rating system'. All examples are taken from actual dreams.

EGO RATING SYSTEM

Source describes to whom the impulse is attributed in the dream.

1. Ego—the dreamer is the source of the impulse: 'I yelled as loud as I could'.

2. Human—someone other than the dreamer is the source: 'All the professors were eating spinach and peas'.

4. Animate—some nonhuman individual is the source: 'The bears were lying out'.

8. Inanimate—a nonliving agent is the source: 'The building fell down'.

Object describes toward whom the impulse is directed in the dream.

1. Human—the object is a human being other than the dreamer: 'Mrs. J was dying'.

2. Ego—the object is the dreamer: 'I was going to be murdered'.

4. Animate—a nonhuman individual is the object: 'We fed the cats some milk'.

8. Inanimate—the object is a nonliving agent: 'The house burned'.

Completion describes the degree of inhibition of the impulse carried out in the dream.

[1] We have used the term 'distancing' to describe the degree of removal from consciousness in the dream.

1. Completed—the impulse is carried through: 'I nailed him to a door'.

2. Incompleted—the impulse is in the process of occurring: 'Mrs. J was dying'.

4. Contemplated—the impulse is considered: 'I wished I was home'.

8. Denied—the impulse is negated: 'The city police were not injured'.

Participation describes the degree to which the dreamer portrays himself, his own ego, as involved in his own impulses.

1. Experienced—the dreamer experiences the impulse himself: 'I ate a piece of cherry pie and watched TV'.

2. Secondary participation—the dreamer shares in the impulse with others: 'I dreamed we took a boat for Bermuda, my husband and I'.

4. Observed—the impulse is observed in others: 'I saw a procession of nuns carrying a casket'.

8. Reported—the impulse is reported in the dream: 'My sister called me urgently from downstairs to hurry down; that my brother was going to be married'.

Expression describes how the impulse is conveyed in the dream.

1. Feeling—the impulse is expressed through feeling or ideation: 'I was very frightened'.

2. Conversation—the impulse is expressed through talk that occurs in the dream: 'She told me she was in love with someone'.

4. Action—the impulse is expressed through the action in the dream: 'Wild animals were chasing me'.

8. Character, setting—the impulse is expressed through the characters or setting of the dream: 'The man was a robber'.

Resolution describes the end result of the impulse.[2]

1. Gratification with pleasure of socially acceptable drives—

[2] This category is in the process of being reduced to its components, divided into several categories, and brought into conformity with the rest of the scale.

the impulse is considered desirable and is gratified: 'I had a good time at the party and talked with everyone'.

2. Lack of gratification, or gratification with anxiety of socially acceptable drives: 'I stood in line at the cafeteria. When I got to the counter the cherry pie was all gone.'

4. Gratification of unacceptable drives with anxiety or lack of gratification of socially unacceptable drives—an impulse ordinarily considered socially unacceptable is gratified but the dreamer experiences anxiety, or there is lack of gratification of a drive ordinarily considered unacceptable: 'We were afraid she was being eaten by a bear. When we got home there she was sitting on the steps.'

8. Gratification of unacceptable drives—an impulse ordinarily considered unacceptable is gratified: 'I nailed him to a door. He felt no pain.'

Logic describes the logicality of the dream story.

1. Logical—the dream story is told in a logical and coherent manner.

2. Ambivalent—the dream story contains opposite feelings about the same event: 'A terribly deformed boy was making love to me and I didn't mind'.

4. Disconnected—the dream story is told in a disconnected fashion: 'I never got hit by the train but I had some close calls. There were people repairing oboes.'

8. Irrational—the dream story is told in an irrelevant, incoherent fashion: 'Cars were going by and I tried to stop them. There were steps around somewhere. Then I was in a car. The windows in back were broken so that they couldn't be closed and the rain kept coming in. Two dogs kept coming out of the steering wheel at me.'

Reality describes how the dream story corresponds to everyday realistic events.

1. Realistic—the dream story is concerned with realistic problems: 'I was at work having trouble with my boss'.

2. Possible—the dream story relates events that are possible in

reality though not probable: 'I was in a health classroom and saw one of my old teachers'.

4. Impossible—the dream story relates events that are not possible in reality: 'I was flying and I couldn't get down'.

8. Bizarre—the dream story relates events that are unrealistic and bizarre: 'There were veins standing out on the left side of my chest. They were all studded with rhinestones and sequins. It was painful. Then they decided to tie them up and it was really painful and I woke up.'

Body Image describes the health of the people pictured in the dream.

1. Healthy—the human beings described in the dream story are in good health.

2. Ill—the human beings described in the dream are ill: 'My neighbor was sick'.

4. Mutilated—someone in the dream story is mutilated or critically ill: 'Mrs. J was dying'.

8. Bizarre—animals or bizarre creatures are described: 'His tongue was hanging out and seemed to be lying on the pavement'.

Interrelationships describes how the dreamer pictures relationships with others.

1. Interpersonal—the dream story describes people in a give-and-take relationship with each other: 'A neighbor lady was sick. My husband and I went down to her home to help straighten out her house which was a mess.'

2. Imitation—people in the dream imitate each other or accompany each other: 'I was in a car with other people. I was trying to get here on time but we just seemed to be driving around.'

4. Narcissism—the dream story describes an individual unrelated to others: 'I was in a grocery store buying all kinds of foods . . . sweets and all kinds of good things to eat'.

8. No relationship—the dream story is devoid of human re-

lationships: 'The island was made of ice. There were sharks frozen inside the ice.'

USE OF EGO RATING SYSTEM FOR QUANTIFICATION

Since psychoanalysts must constantly estimate the 'amounts' and 'degrees' of the forces of the personality, it appeared appropriate to test whether the ego rating system might have quantitative applications. We have experimented with many different methods of applying the system to dreams. Several of the mechanical features incorporated in the current ego rating system are thought to contribute substantially to its effectiveness as a measuring device. Included among these features are the following: *a.* The entire dream story is examined for ego content. *b.* The ego functions are rated independently of id drives. *c.* Each category of ego functions is scored for as many degrees of 'distancing' as evidenced in the dream; i.e., four possible scores. *d.* A second or repeated use of a subgroup is not scored. *e.* The subgroups are designated by the numbers, 1, 2, 4, and 8. The numbers in this geometrical progression not only indicate varying degrees of 'distancing' but also render the subgroups accessible to any changes that might be dictated by further evidence collected from dreams. As the scores of the subgroups are added up for each category, the resultant sum readily demonstrates its component parts: i.e., a category score of 1 would be composed only of subgroup 1, a category score of 3 could be composed only of subgroups 1 and 2, a category score of 5, only of subgroups 1 and 4, etc. *f.* The total score of all the categories is also computed for each dream. The comparison of the total scores of different dreams is facilitated by the fixed total score range of from 10 (score of 1 in each category) to 150 (score of 15 in each category).

PRELIMINARY TESTING OF THE QUANTITATIVE USE OF EGO RATING SYSTEM

The quantitative use of the ego rating system was subjected to preliminary testing *(10, 11)*. An unmatched sample of twenty-

two dreams, ten of which had been obtained from eight psychotic patients and twelve of which had been obtained from eight employees of an industrial firm, was subjected to the ego rating system by two psychiatrists and one psychologist. Although a group of experienced psychoanalysts had been unable to distinguish between the dreams of psychotics and nonpsychotics by clinical inspection, the scores on the ego rating system did sharply differentiate the two groups. The dreams of the psychotics scored higher for each category and for the total rating system. Moreover, the dreams of the psychotics had a higher number of different scores for each category than did the dreams of the nonpsychotics. The three judges using the system rated the dreams similarly. The total scores for the psychotics ranged from 53 to 106 with a median of 74; for the employees the range was from 19 to 44 with a median of 31.

The rating system was also applied to twenty-six dreams obtained from twenty-two incarcerated criminals. The total score range on the dreams of these subjects was from 22 to 86 with a median of 42.

Thus the psychotic ego demonstrated greater variation in the number of defense mechanisms used in the manifest dream than did the nonpsychotic ego. The greatest amount of 'distancing' (highest scores) was shown by the psychotic, the least by the employees, while the scores of the criminals fell midway between.

DISCUSSION

Despite the fact that the arrangement within the categories was based on a study of hundreds of dreams from patients with varied illnesses, and was guided by a group of psychoanalysts, the question which of the subgroups represents greater 'distance', although obvious for some categories, is not easy to decide for certain others, especially for Expression, Resolution, and Body Image. Some of the implications to be drawn from this study about the relations of 'impulse' and 'distancing' to various dynamic and structural concepts of the ego will be

reported later. As psychoanalytic interest has expanded from repressed content to the ego's handling of the repressed, it has become evident that these ego activities can properly be studied wherever they appear.

We are, of course, thoroughly cognizant of the necessity for fully understanding a dream and for its use in therapy, to have as complete a reconstruction as possible of what Freud called 'the psychic situation' of the dreamer, as well as extensive associations in order to reconstruct the latent dream thoughts. Certainly today students of psychoanalysis are well enough informed not to be misled in their therapy if we use the manifest dream for scientific studies. The manifest dream itself is an important subject for research. We will not digress further in this short paper except to remark that any analyst who reviews a series of perhaps ten manifest dreams of each of a few of his patients will readily see how revealing and how characteristic they are and how certain patterns and themes and ways of dealing with impulses recur and show through the varied subject matter *(12)*. A large series of manifest dreams, like a few dreams with full associations, brings out a great deal about the ego's defenses, as has been shown in the differences in the dreams of our 'normal' and psychotic groups. For methodological reasons, these ego functions are approached as they are seen to operate at the highly important level of the manifest dream, and then a comparison is made of these ego functions at deeper dream levels and in waking life.

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A Special Mechanism of Pathological Weeping

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A SPECIAL MECHANISM OF PATHOLOGICAL WEEPING

BY PIERRE LACOMBE, M.D. (NEW YORK)

Phyllis Greenacre has described clinical observations of pathological weeping.[1] She points out that she limits herself to those cases in which the weeping is related to 'underlying disturbances of urination'. She found that pathological weeping in women is of two types, both representing a displacement upon weeping of the urge to urinate. In one type, the woman weeps 'in anger and in partial resignation because she cannot approximate male urination'. The other type is 'a substitute for male urination'.

A different cause and mechanism of pathological weeping came under my observation during the psychoanalytic treatment of a woman whom I shall call Laura, a severe 'borderline' case whose main symptoms besides the pathological weeping were constant depression, severe compulsive ideas of killing her family and herself, and frequent murderous threats and phenomena of depersonalization.[2]

During Laura's treatment there developed a neurodermatitis of unheard-of severity, described by the patient as driving her mad. No dermatologist could find its cause or in any way relieve it. Analysis showed that her skin was of fundamental importance in her bond with her mother. Laura could not live, as it were, unless she put herself into the skin of her mother or mother images, or fused her skin with theirs. All the patient's relationships with the people who surrounded her,—the most important of them being the analyst, a mother image,—were nothing more than skin relationships. In her own words,

[1] Greenacre, Phyllis: *Pathological Weeping.* This QUARTERLY, XIV, 1945, pp. 62-75.

[2] This case is more fully described in my forthcoming paper, *The Skin in the Child-Mother Bond,* to be published in the International Journal of Psychoanalysis.

'to be in one's skin is to be in mother's skin; to be out of one's skin is to be out of mother's skin'. Indeed, her desire to be in her mother's skin, and to be there alone, was coupled with a strong wish to eradicate her brother, regarded as a blackhead to be expelled at any cost from that skin. Her symptoms, as well as her behavior, could be clearly explained by this psychic structure; all were in various ways reactions to the loss of the vital mother-skin.

Laura's pathological weeping was another expression of her longing for return into her mother's skin, and it had a hidden connection with the emotional function of the skin. This is how she described her weeping: 'I wept and wept and wept cupfuls. Tears came from all sides of my eyes, not tear by tear, but by streams. They ran on all the sides of my face, nose, jaws. I wept rivers.' This river-weeping appeared spontaneously and was remarkable not only for occurring unaccountably, without provocation ('Tears, idle tears, I know not what they mean', as Tennyson wrote), but also for its emotionless quality. One is reminded of another line, by Elizabeth Barrett Browning, 'I tell you hopeless grief is passionless'.

This pathological weeping had greatly increased since Laura's marriage, which meant to her not only a point of no return but also her 'emotional death'. Analysis showed that her husband was not the man she wanted. She loved and wanted to marry another man who had also wanted to marry her, but, because that man was a perfect mother image, she had to repress her feelings and to reject him, as she had rejected her mother, on account of guilt. Naturally, Laura repeated her pathological weeping in the transference.

As Laura little by little became aware of her strong drives toward her mother, whom she thought she had always hated, she had a dream, striking by its conciseness and its beautiful images, which shed light on the meaning of her pathological weeping and also on the connection of this pathological weeping with the emotional function of the skin.

In the dream Laura is with her mother in a French shop,

examining a tablecloth with a tricolor design of a pearlike fruit. What is essential in the dream, according to Laura, is not the pear itself but the contour of the pear,—the hairline contour of it, she insists. She is wondering whether she is going to buy the cloth or not. In association she says that the French shop, the tricolor feature of the design, are references to the French analyst. (The analyst is clearly the projection of Laura's mother, who is behind her in the dream.) And what she calls the essential feature of the dream, the hairline contour of the pearlike fruit, brings to her mind the skin. The contour of the skin, she adds, brings also to her mind the contour of the porcelain lamp on the analyst's table and the contour of a pearlike breast; then, after a pause charged with intense emotion, Laura whispers, 'which is also the contour of a tear'. The question whether she is going to buy the cloth or not is, she says, 'my trouble in a nutshell; it is my to-be-or-not-to-be question'.

Therefore Laura's problem is to get, or rather to 'get into', the vital object she points out in the dream,—not the breast itself, but the breast-skin of the analyst, who represents a mother. Her equation of the contour of the breast with the contour of a tear states eloquently that her longing to return into mother's skin is expressed by her tears.

Laura equates another image in the dream with the longed-for mother's skin: the contour of the analyst's lamp, which means the 'analytic light'. Indeed, she reacted to analytic interpretations with her skin, saying, 'It prickles when you are giving me an interpretation' or 'Awareness of something is what gives [one] the creeps'. The analysis forces her once again to leave her mother's hide, in which she hides.

As suggested by the equation in the dream of skin and tears, Laura also reacted to interpretations with tears. Since the conflict over her longing to return into her mother's skin was expressed by tears, we should expect that the feeling of guilt that inhibits the one must also interfere with the other. Indeed, before the analysis the disturbing guilt caused in Laura complete unawareness of the origin and aim of her pathological

weeping. Now, under that analytic 'lamp' whose contour, according to the dream, was the contour of the breast and of the tear, an increase in sense of guilt was manifested by the damming up of tears, a decrease in weeping. 'I could weep a river', Laura said as the analysis was progressing, 'but the whole thing is dammed up like my periods [a new symptom], like going to the bathroom [she had suffered for a long time from an inhibition against urinating]. I just cannot go. No tears, no menstruation, no going to the bathroom. I am like the Dead Sea with no outlet.' And Laura associates the Dead Sea with the Red Sea.

We have here an interesting equation of the flow of tears with menstrual flow (the Red Sea) and with urinary flow. The flow (directed at her mother) is dammed up, and she is like the Dead Sea because of the guilt attached to this strong drive toward her mother,—a drive compounded with an aggressive one toward her brother who is to be eradicated from the mother's skin. The words 'Red Sea' also convey the image of this hostile drive (to 'see red'). And, because of this murderous drive toward her brother, Laura had cut herself off from her mother, who had therefore become dead to her, who became the Dead Sea, but whom she nevertheless joined again in this disguised identification with the Dead Sea. I told Laura this interpretation about the damming up of tears, menses, and urine. She thereupon suddenly felt that her period, now three months late, was starting and she asked to go to the toilet. She confirmed that it was indeed her period, and that moreover she had urinated. She produced a river of tears to complete the picture. And she experienced an unparalleled emotional relief attached, she said, to this rolling down of tears. One is reminded again of Elizabeth Barrett Browning: 'Touch it; the marble eyelids are not wet; if it could weep it could arise and go'.

As the analysis progressed and Laura became acutely conscious of those drives toward her mother, she believed that there was danger in giving in to this wish to be in her mother's

skin. The danger, she said, was of being 'liquefied, washed away'. 'I would weep a river', she said, 'and disappear down a drain'. This 'melting process', as Laura called it, proceeded under the analytic lamp, as indicated in the dream. But as her defenses broke down and she freely expressed her love for her mother and the mother-image analyst, and her desire for a cutaneous bond with them, the melting process was completed while she did indeed feel as if she were being washed away down a drain, equated by her with her mother, which her fantasy located in a corner of the analyst's office. It was as if, she said, she were disappearing down a white hole which turned out to be the white skin of her mother's breast, as the dream wish had clearly announced.

With this fantasy, Laura's pathological weeping abruptly ceased forever. It had expressed her desire to be liquefied, washed away, into the maternal skin. But until now she had not allowed herself to give in to this desire, and therefore her liquefaction could take place only externally, through the tears which also expressed her desolation over her separation from her mother.

Later in her analysis, when Laura was gradually discarding her mother's skin and was feeling that 'to be in one's skin is no longer to be in mother's skin, but to be out of it', she wrote to her daughter: 'I had the fantasy that if I told mother that I loved her I would weep a river and disappear down a drain. Well, I finally wept the river but what remained was a midget of pure gold. I didn't wash away after all. But the pure gold remained and I think that might well stand for the quality of love.'

Still another symptom is alluded to in Laura's dream. When she equates the contour (skin) of mother's breast with the contour of the analyst's lamp which sheds light, she indicates in a subtle way the psychological root of a visual symptom she complained of: an ebb and flow of her ability to see the contour of objects. Sometimes objects were in focus, sometimes out of focus. It was her conflicting longing for return into her

mother's skin that blurred her vision. Not infrequently she reacted to analytic interpretations with the comment, 'Now I can see clearly the objects in this room'. And as the analytic lamp shed light on her conflict, her vision became clear.

Laura by equating the contour of the skin of mother's breast with the contour of a tear was indicating that she longed to return into mother's skin. This longing, also expressed by her tears, was accompanied by prickling of the skin. It seems likely that we have here an answer to the problem posed by Saul[8] when he showed that in some situations urticaria disappears when weeping is induced. Laura's analysis seems to make clear why weeping is suppressed and why the skin is selected as a site for displaced weeping. For Laura, weeping and itching were alternate expressions of longing to return into her mother's skin. Indeed, Laura equated her tears with the serous liquid that came out of her skin when she scratched or clawed at herself. She also equated tears with urine when she said that both were dammed up.

Perhaps in the patients described by Greenacre in whom 'weeping was apparently related to underlying childhood disturbances of urination', the weeping had the same meaning as it did for Laura. This assumption is even more likely if the penis envy in Greenacre's case covered an underlying desire to be within the skin of mother's breast.

Finally, does not embryology suggest a reason for the close relation between skin, tears, and disturbances of vision, which all express the fundamental longing of the child for the mother? For the eyes as well as the central nervous system are developed from infoldings of the embryonic skin.

[8] Saul, Leon J. and Bernstein, Clarence: *The Emotional Setting of Some Attacks of Urticaria.* Psychosomatic Medicine, III, 1941.

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Philip R. Lehrman 1895-1958

Dudley D. Shoenfeld

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PHILIP R. LEHRMAN

1895-1958

As one who was intimately associated for many years with Philip Lehrman both as a friend and colleague, whatever I can say about him in a few words is an insignificant tribute compared to the influence that his warm personality played in the lives of his family, his many friends, his colleagues, and his patients. In all his relationships he possessed a rare quality of loyalty and affection, giving of himself, and an ever-readiness to serve without stint. He was quick to defend what he believed was right and, without giving offense, to oppose what he believed was unjust.

He was an exceptionally skilled analyst and teacher. He graduated from Fordham Medical School in 1918, and received his basic psychiatric training at the St. Lawrence State Hospital in Ogdensburg, New York. He was one of the small group that first practiced and taught psychoanalysis in this country. In this he was fortunate, early in his career, to become associated with Dr. A. A. Brill. This relationship had great influence in determining the direction of Dr. Lehrman's interest in psychoanalysis. In the Outpatient Department of Neurology and Psychiatry at the Vanderbilt Clinic, he exerted considerable influence in overcoming opposition to psychoanalytic concepts and techniques at a time when psychoanalysis was mostly a subject of attack.

Primarily a clinician, he was Clinical Professor of Neurology and Psychiatry at Columbia University. He was also Attending Neurologist and Psychiatrist at the New York Post Graduate Hospital until its reorganization when he was given the same position with New York University. He was from 1921 a member of the New York Psychoanalytic Society, serving actively in many offices and capacities in the Society and Institute until he died.

We who really knew him have lost what once was mortal, but to live in the memory of those one leaves behind is not to be gone.

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The Life and Work of Sigmund Freud. Volume III. The Last Phase 1919-1939. By Ernest Jones, M.D. New York: Basic Books, Inc., 1957. 537 PP.

Grecory Zilboorc

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BOOK REVIEWS

THE LIFE AND WORK OF SIGMUND FREUD. VOLUME III. THE LAST PHASE 1919-1939. By Ernest Jones, M.D. New York: Basic Books, Inc., 1957. 537 pp.

It is a frightfully difficult task to write the biography of a great man whom so many of us knew as a living person, and who himself knew so many who are still living and who have a kind of vested emotional interest in the *Imago,* Freud.

Jones relates that Freud was shocked at the very idea that Arnold Zweig was planning to write Freud's biography. 'Freud's views on biographical writing', Jones tells us, 'were certainly extreme'. Jones then quotes Freud: 'Whoever undertakes to write a biography binds himself to lying, to concealment, to hypocrisy, to flummery and even to hiding his own lack of understanding, since biographical material is not to be had and if it were it could not be used. Truth is not accessible; mankind does not deserve it, and wasn't Prince Hamlet right when he asked who could escape a whipping if he had his deserts?' 'And yet', Jones adds, 'I continue with my task in the face of these terrible dicta: I feel sure that Freud would have been surprised to find that one could get nearer to the truth about himself than he imagined possible'. There is no need to contest this certainty which Jones expresses with the boldness and simplicity of a man who was so close to Freud, who took such an active and decisive part in saving Freud's life, thus enabling him to die in England instead of perhaps being gassed or cremated by the Nazis, and who was so close to the end of his own life at the time he was writing this third volume.

Whatever opinions one may have about many aspects of this monumental biography, the world will be grateful to Jones for generations to come. For he has given us not only a coherent story of Freud's life, but also a number of the facts and fancies of men in the midst of an ideological struggle—facts and fancies to ponder, to be puzzled over, to be saddened or amused by. He has given us a source book of many things which touch the 'truth [that] is not accessible and [which] mankind does not deserve'.

There is no denying that Jones did not spare himself (or Freud,

or some others for that matter) in writing this biography. However, as Jones said, Freud was not a *Menschenkenner*. The discoverer of psychoanalysis and the explorer into the very depths of the human mind seems to have had considerable difficulty in understanding people, particularly those closely around him. Freud seemed to lose a considerable amount of his keenness and sagacity whenever he felt that a person was gifted and could be useful to the cause of psychoanalysis. He thus made serious, and for a psychologist almost shocking, mistakes about Jung, Adler, Rank, Ferenczi, Frink, Brill, and even Jones and Abraham. This failing of Freud's is neither illumined nor otherwise clarified in Jones's biography, and as one reads and re-reads the three volumes it becomes rather difficult to rid one's self of the suspicion that Jones, who dedicated his life to psychoanalysis, himself could not be called a *Menschenkenner*.

It is this scotoma as regards the human in man that made Jones offer us so many masks instead of faces, so many silhouettes instead of statures, so many shadowy outlines instead of presences. It is this aspect of the biography which shows that perhaps Freud was right after all. To be sure, Jones strove to achieve as great an approximation to truth as is humanly possible; but it is a certain lack of feeling for and about men that distorts his view of the whole course of Freud's life and of his creation—psychoanalysis. The truth is there; but instead of the throbbing *élan vital* there is cold fact. Then, too, (and this is also a direct result of the same failing) the organizational and political aspects of psychoanalysis stand out more conspicuously than is pleasant for the friends of psychoanalysis, or than is wise for its enemies. Not that these particular aspects of the psychoanalytic movement should be concealed; but they somehow stand out too strongly against a background which seems to be too pale.

Freud's wife, who avowedly played a great and admirable role in Freud's life, is mentioned only in passing. We are told in parenthesis, so to speak, that she followed her custom of doing her own marketing after they settled in London; we are told that she once accompanied Freud to Berlin on his last pleasure trip to that city; we are told how graciously she treated the Nazi invaders in their house in Vienna; and this is all. It somehow leaves in deep shadow a considerable part of Sigmund Freud, the man.

The old controversy might be re-awakened here. Does Freud as a

person belong to the populace—be they contemporaries or generations to come? After all, the argument runs, it is the poetry of the poet, the paintings of the artist, the contributions of the scientist that belong to the world, and not the poet as a person, the painter as a person, the scientist as a human being. This is true, and it is not difficult therefore to share Freud's distaste for anyone (or himself) writing his biography. Yet it is also true that the wish, I would say the intense need, to catch a glimpse of and into the person who has made a great contribution is so great among us that we feel almost restless unless we know something about the tragedy of a Paul Verlaine, the psychosis of Nietzsche, the epileptic equivalents of Dostoevski, the schizophrenia of Strindberg, the hypochondria of Herbert Spencer or David Hume. I suppose this need to satisfy one's curiosity about the small things of great men transcends the boundaries of natural or self-imposed objectivity, and cannot be suppressed among psychoanalysts any more than among any other groups of people. I also suppose that this great desire to look into the man behind his work is due as much to our need to satisfy our voyeurism on a higher plane, as to our need to exhibit *our* hero to the gaze of the populace. This is of course an oversimplification of the complex interest in writing and reading the biographies of great men.

Be this as it may, once the biographical picture is before us we must admit that in some way we associate the psychological characteristics of our great scholars and artists with the essence of their respective contributions. We are still apt to speak of greatness as a special quality that could presumably be reduced to some separate elements of which greatness is composed. That great men may be small and petty individuals, and that characterologically speaking greatness and personality are not necessarily correlated, is overlooked. Tolstoy was a great artist when he led the dissolute life of an aristocratic officer of the Tsarist army. He remained a great artist after his religious conversion and inner moral revolution.

When we think of Freud and the scientific revolution that he wrought, it is not fair to try to link his scientific genius to his character nor, I believe, is it possible to understand his extraordinary intuition from the particular type of personality that he was. It seems rather that the more interested we are in what Freud did, the more eager we are to find out what manner of man he was. And when it comes to this crucial question we cannot help admit that this we

inquire into at our own risk and peril. There is little that we can say rationally to justify our demanding curiosity.

On the one hand Jones acquitted himself of his Gargantuan task with dispersing some legends about Freud's dictatorial wilfulness; on the other hand Jones makes a strong effort to justify certain of Freud's views at the expense of psychological consistency. Thus, Freud's loyalty to Jung, to Rank, to Ferenczi, and to others always outlasted the loyalty of Jones and of Abraham to them. Freud defended Rank to the last, was willing to make allowances, while Jones and Abraham were ready to drop Rank much sooner and to discard Ferenczi much earlier. Many of Freud's views, including those on religion, Jones defended at the expense of psychological truth. Not that Jones was negligent of facts. He overlooked, for example, certain aspects of childhood and took note of the very same facts when it seemed to him to prove his point. The influences of Freud's Nanny, and of the death of his little brother Julius, are pointedly disregarded in the estimation of Freud's militant atheism. The death of Julius is, however, assigned a motivation in the genesis of the hypothesis of the death instinct and in Freud's general preoccupation with his own death—a theme that appears to have been prevalent throughout his life. It is also the death of little Julius that Jones believes explains Freud's severe reaction to the death of his four-and-a-half-year-old grandson Heinerle when Freud was sixty-seven years old.

The reader will be hard put to find a lead to the psychological components which guided Freud along the main lines of his scientific development. The psychoanalyst will find nothing new in the synoptic outline of Freud's writings; these are presented chronologically and are uninspiring abstracts of Freud's writings, not a synthesis of a life lived, of a great inspiration fulfilled, and punctuated with so much physical and mental torment.

Freud to the last appeared to fulfil the aphorism of Schiller which he quoted at the beginning of his career: *Der Starke ist am mächtigsten allein.* It is impossible to rid one's self of the impression that spiritually, intellectually, Freud always stood alone. So many people came to seek his advice; so many sat at his feet; so many were so loyal, so unquestioningly devoted; yet no one seemed really to know him.

Jones is at times almost frightening in his directness; therein lies

one of the values of his biography. The picture of Freud in a well-known clinic in Vienna, fully dressed, sitting on a simple chair, blood streaming from his mouth, is disgustingly stark. Not even a room was provided for the patient; only after Anna Freud arrived and things 'began moving' was a cot provided. Sigmund Freud, the man whose name is identified with the most significant contributions to behavioral sciences in the twentieth century, seems to have been treated as a piece of human driftwood by a well-known surgeon of the great city of Vienna in 1923, when Freud was sixty-seven years old! The story that a moron or an idiot seems to have understood that Freud (in bed this time) was in trouble, and to have called for help while there was no one watching over Freud around the clock, is another flash of history that is ridiculously tragic and unpardonable. Jones's dryness of style and terse reserve served him in good stead here. In describing these events he reaches great heights of literary and dramatic expressiveness.

Freud at the age of sixty-seven thus became a victim of cancer, undaunted it seems, but treated unutterably to the discredit of the great in the medical profession who seemed to do their surgical carpentry well but failed in their human ministry. It seems strange that all this happened only a little more than thirty-five years ago. Felix Deutsch and, later, Max Schur are excluded from this censure. Their devotion and medical ministry were beyond reproach.

It is impressive to learn how much Freud suffered from the age of sixty-seven to his death at the age of eighty-three. While he repeatedly referred to his forthcoming death throughout this period, this seems to have been an intensified consciousness of an imminence of which he had been aware during the years when he was robust and active, or when he had been banished by the Nazis from his homeland.

It seems that Freud never succeeded in resolving his anxiety about death. He indulged in a sort of *Galgenhumor* when referring to death. At other times he was stern about it: thus when his daughter Sophie died, he spoke of 'blunt necessity, mute submission'. It was not only the reaction to death that preoccupied Freud, but a sort of protest against life. He once said: '(In this world) we are not onlookers, nor actors, nor really even a chorus, but merely victims'; also, 'Ah, if I were only alone I should long ago have done away with life'; similarly, 'In the cheerful pessimism that was always

characteristic of me, the second element occasionally becomes the more prominent one'.

These morose attitudes are cited to underscore the extent that Jones was intimate with Freud, and to note that Jones does not find in these human aspects some sinister sign of 'unresolved conflicts'. Jones does not find any sign of neurotic trends in Freud's many gastrointestinal and cardiac complaints of several years' duration. This is no criticism of Jones; this I believe is as it should be. The genius of Freud in no way suffers from the fact that he was human, endowed or afflicted with many or perhaps in some respects even with a surplus of human frailties.

There is no reason for making Freud a superman to demonstrate his scientific stature and the role his genius played in opening new pathways into the science of human psychology. There is no reason either for viewing as neuroses and psychoses the reactions of those who either opposed Freud or turned away from him. It is an understandable prejudice of Jones.

Freud put his finger on one of the major problems when he said in one of his letters to Jones, which Jones quotes. '. . . Although you had yourself proposed the Committee you did not refrain from endangering its intimacy by unjust susceptibilities. You know it is not my habit to suppress my true judgment in relations of friendship and I am always prepared to run the risk attaching to that behaviour.

'You are quite right in asking that friends should treat each other as unrelentingly as fate does, but just imagine how much more satisfactory it is to a friend to acknowledge, or praise or to admire the other man than to forgive him.'

This letter was written in English; hence its awkwardness of phrase. The sense of it is profound. Only the great of heart and mind can tell such truths so simply and so gently, yet in such a detached way. This is one of the great paradoxes of Freud's personality. He appeared strict, at times cold and austere, quite often morose; but deep within the recesses of his person there was always glowing a kindness, a good will to man which many sensed but few truly acknowledged. Introducing the letter, Jones says: 'It was therefore a shock to find that his [Freud's] opinion of me had deteriorated'. After citing the letter, Jones recalls Massinger's saying of centuries ago that 'no man's a faithful judge in his own cause' and

adds: 'I must leave it to others to decide whether Freud was here presenting a true bill or giving an example of his suggestibility'.

The task of writing a biography, the central figure of which was the guiding spirit of the events while the chronicler of these events was a very active organizer of them, had to be a very difficult one. It was therefore an inevitable temptation for Jones to adjudge himself the arbiter among various detractors, dissenters, innovators, latent friends or manifest enemies of psychoanalysis. One must acknowledge, nevertheless, that Jones was the most energetic and persistent adherent throughout the history of the development of psychoanalysis. It was actually a psychological impossibility for Jones to step aside and describe without partisanship the influences and the actions of individuals during a controversial evolvement in which he was so intimately involved.

Jones conceived and organized the Committee about 1912 as a 'protective guard' around Freud. Freud, then fifty-six years old, had not yet reached the summit of his creative capacity. That 'protective guard' was an unofficial but effective group, but quite heterogeneous in fact. There were the usual jealousies and maneuverings one usually finds in such a group. Freud himself seems to have kept his own counsel, remained ever tolerant; but he was also definitive. He did not like to be managed, and did not need a committee to protect him. His rather dour, contemplative, and sagacious genius to the very end was ready to give no quarter whenever conditions required, and he disliked pomp and circumstance as he did contention. Freud was sensitive as anyone would be when he was rejected by those whom he considered worthy, but he would not readily engage in a legal or verbal battle. When his well-wishers in America suggested that he sue the reviewer of his Future of an Illusion, his cabled answer was, 'Never mind'. When Rank came to Freud to reassure him of his loyalty, Freud, setting aside his psychological insight, perhaps even his clinical acumen, and showing how little a *Menschenkenner* he was, wanted to protect Rank, to defend him, as he tried to defend Ferenczi on other occasions. There is no evidence that Freud ever regretted his generosity of spirit and loyalty.

Freud, it appears, was not a sort of Olympian figure above and beyond human petty battles; such imaginary, ultraobjective heroes are always open to suspicion. What appears more the truth is that as time went on, Freud seems to have become silently aware that his

'standing alone' was inevitable, he seems to have 'decided' to remain alone and to do his work as far and as much as he could, to keep the very few friends he felt true affection for—people like Frau Lou Salomé—and to await tolerantly the end of his days—not as a man flattened and exsanguined by the pressures of fate, but as one bitterly reconciled to his own passing. He seems to have lived happily albeit very anxiously in the face of adversities. As he himself put it so well: 'When someone abuses me I can defend myself, but against praise I am defenseless'. He seemed to be fully alive every minute of his life. He worked. Work forever remained his effort, his service, his worship, and his assertion of what was alive in him over that which was dying.

About a year before his cancer was diagnosed, he wrote Ferenczi: 'Something in me rebels against the compulsion to go on earning money which is never enough, and to continue with the same psychological devices that for thirty years have kept me upright in the face of my contempt of people and the detestable world. Strange secret yearnings rise in me—perhaps from my ancestral heritage—for the East and the Mediterranean and for a life of quite another kind: wishes from late childhood never to be fulfilled, which do not conform to reality as if to hint at a loosening of one's relationship to it. Instead of which—we shall meet on the soil of sober Berlin.'

These lines acquire particular poignancy when one recalls one of those strange convergences of the blows of fate which almost felled Freud. The events about to be cited seem to have been the most trying contributing factors to Freud's chronic pessimism and the almost heroic discontent which was his all his life, even before he wrote Civilization and Its Discontents.

In the summer of 1923 Freud had his first operation for cancer. Although the truth was not told him for some time, there seems to be sufficient evidence that Freud was aware of his condition from the outset. At the same time his favorite grandchild Heinerle, a boy of four and a half, died of miliary tuberculosis. This was the only occasion on which Freud was known to cry. He admitted to Marie Bonaparte that since the death of Heinerle he had found it impossible to form any new attachments. It will be noted, however, that Freud's revision of his theory of anxiety (*Hemmung, Symptom und Angst*) appeared three years later. He never stopped working. Moses and Monotheism was yet to come.

The last fifteen years of Freud's life seem to have been years of unique reconciliation with the inevitable, and the unique self-assertion of a great man consistently and courageously standing at the post at which life happened to put him. Characteristically he wrote in 1926 to Ludwig Binswanger in a letter of condolence (Binswanger had lost his oldest son), that since the death of Heinerle he had been unable to enjoy life. 'It is the secret of my indifference—people call it courage—toward the danger to my own life.'

Freud's mood and mental status are well reflected in the only letter he wrote from the hospital in October, 1923. It was a short letter to Abraham.

> Dear and incorrigible Optimist:
>
> Tampon renewed today. Out of bed. What is left of me put into clothes. Thanks for all the news, letters, greetings and newspaper cuttings. As soon as I can sleep without an injection I shall go home.
>
> Cordially,
> Your Freud

A curious combination of indifference and bitterness, of deeply seated melancholic trends with almost caricatural humor.

Jones was right to recall (although less cogently) a letter which Freud wrote to his fiancée when he was in his mid-twenties, around 1880, long before he became a physician. He wrote then: 'Philosophy, which I have always pictured as my goal and refuge in my old age, gains every day in attraction, as do human affairs altogether or any cause to which I could give my devotion at all costs, but the fear of the supreme uncertainty of all political and local matters keeps me from that sphere'.

The aged Freud was not in this respect different from the young Freud. From the outset he had little respect for 'this detestable world'. Yet as if driven by a unique force from within he stood to the last as a nonphilosophical philosopher, denying his interest in philosophy and yet yearning for solutions, digging into the depth of the mysteries of life to which he would deny the privilege of being mysterious. Through Moses and Monotheism he believed he had found a historical path into the psychology of religion. This is the reason he was so eager to see it published in English before he died,

a wish which was fulfilled. Freud, who started with the individual, the human person with whom direct contact led to the solution of so many psychological secrets heretofore out of the reach of the medical psychologist, seemed finally to have disengaged himself from man as an individual and returned to the anxious preoccupations of his restless youth—to a study of mankind in general, to a search for some philosophical synthesis. To accomplish this Freud said that he needed another life to live.

Jones's three volumes of Freud's biography, uneven and onesided as at times they are, are a formidable mass of work produced as a result of a formidable effort. If Jones had contributed nothing else to psychoanalysis this biography, with all it roughnesses, angularities, and many 'subjectivities', offers us the vision of the full stature of Freud. Jones has saved for us the human presence of Freud, which rises from the pages of the biography, just as he brought to the safety of England Sigmund Freud whom he helped to rescue from the bloody-red fog of the Nazis.

In the safety of England, Freud offered us the last year of his life, dying slowly and working hard. He reached that sublime level of detachment which made the momentous political cataclysm appear to him insignificant. In the innermost recesses of his mind he did not feel old, or ill, or 'finished', or 'struggling', or still less like fighting individuals. When he was asked to sign a release attesting that the Gestapo had treated him as becoming a scholar of his reputation, he readily signed the ignominious piece of self-serving Nazi paper and asked whether he might add in writing: 'I can heartily recommend the Gestapo to anyone'.

On that fateful night when Freud crossed the English channel, he dreamed a dream which he told his son who was there to meet him. In the dream he was landing at Pevensey. He explained to his son that Pevensey was the place where William the Conqueror had landed in 1066.

Freud remained indomitable. In this senseless, detestable world he still felt the sweet taste of bloodless victory in very defeat by the Nazis, wars, and old age.

GREGORY ZILBOORG (NEW YORK)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLUME XI. New York: International Universities Press, Inc., 1956. 470 pp.

The eleventh volume of The Psychoanalytic Study of the Child is organized as were the former volumes in four sections: Theoretical Contributions, Normal and Pathological Development, Clinical Contributions, and Applied Psychoanalysis.

The first part, Theoretical Contributions, contains two papers from the Child Study Center at Yale University—one by Kris and one by Lustman, both of whom show an original approach to the problem of validation. Kris, in The Recovery of Childhood Memories in Psychoanalysis, describes the dynamic effects of the recovery of memories, emphasizing the importance of re-establishing the connection between past and present, of making associative connections which have been disassociated by the defensive process, and of reintegrating into the thinking process what has been isolated previously. This thesis, which is the classic thesis of the analytic process, is demonstrated with clinical examples and presented with the lucidity and clarity which increasingly became Kris's style in the last years of his life. He uses the case of a little girl from the Child Study Center, describing how what really happened was reflected in the emotional experience of the child at the time. This child was observed from birth; her history, the pertinent history of both parents, and their respective characters and neuroses were well known. During her fourth and fifth years an exploratory analysis was done with this little girl, which in play sessions and conversations presented the past as she experienced and remembered it. Since this material could be compared to her rather complete history and observations, it gave a unique opportunity to show how certain experiences are felt at the time when they occur and how they are remembered; also such material lends itself to proving and disproving the validity of certain analytic concepts.

Seymour L. Lustman's paper, Rudiments of the Ego, uses an entirely different approach to the problem of validation of analytic concepts. He observes, and experiments with, a number of neonates and records their reactions to oral and anal stimulation. He reports on a number of infants who react more strongly to anal than to oral stimulation. He speculates whether this might constitute an inherent autonomic instinct endowment which might facilitate

future fixations in this zone. This paper is short and must be considered as a preliminary report.

A paper coming out of the Child Development Center in New York deals with a similar problem. In Unusual Variations in Drive Endowment, Augusta Alpert, Peter B. Neubauer, and Annemarie P. Weil report on three children who, according to them, showed the following variations in drive endowment: first, hyperlibidinal and hypoaggressive; second, hyperaggressive and adequate libidinal drive energies; third, hypolibidinal and hypoaggressive drive energies. These children, in contrast to the ones Lustman observed, were not observed from birth and came in their third year to the Child Development Center. They were observed and therapeutically treated through several years, as were their parents. However, in this report, no discrimination is made between observation and therapy; the type of therapy (frequency and length of treatment) is not described. The goals which this group of therapists set for themselves seem too ambitious in relation to the lack of exactness of their observations. Insufficient observational data and possibly therapeutic interference obscure the picture of original drive endowment, which they wish to establish.

Phyllis Greenacre's paper, Experiences of Awe in Childhood, deals with the question of endowment, particularly in gifted people, from a different angle and with a different approach. She describes and documents experiences of awe taken from a number of famous autobiographies and the analyses of patients. Greenacre contends that these experiences of awe occur for the most part around the fourth and fifth year and are screen memories of the father's erect phallus, experienced with an intensity due to the great sensitivity of gifted people. For patients who are not gifted as these writers are, the awesome experience does not seem as impressive and, due to their lesser sensitivity, they are not successful in reducing father and his penis to true size. Their feminine identification is prominent, urinating and ejaculating are confused in their minds. Greenacre describes their insistence on holding on to the father's superiority in genital appearance, as 'a kind of intellectual transvestitism', whereas the gifted people, the geniuses, become themselves the authority of which they derobed their fathers. The literary examples which Greenacre selects are fascinating but do not prove her points convincingly. However, as always, her ideas are so vividly

presented that one is impressed by the *Erlebnis* quality of the paper. Nevertheless analysis of living gifted people must prove or disprove Greenacre's thesis.

Heinz Hartmann's and Elizabeth R. Zetzel's contributions consist of two entirely theoretical papers. The first part of Hartmann's Notes on the Reality Principle is a scholarly exegesis of Freud's concept of the reality principle in its development. The second part of the paper is, despite Hartmann's protest, a philosophical discussion of the idea of reality. He distinguishes between scientific truth and conventional or socialized knowledge of reality, both of which he differentiates from the reality of the world around us. The psychoanalytic application of these theoretical concepts is not always clear.

In her paper, Concept and Content in Psychoanalytic Theory, Zetzel considers it essential for the future development of psychoanalytic theory that abstract formulations be divorced from meaningful content, making concept formulation compatible with divergent points of view. She is not concerned in this paper with the question of validation nor with the collecting of data. In showing Freud's own changes of concept in his instinct theory as well as in the theory of anxiety, she tries to prove this point and concludes with an attempt to show the contributions which Melanie Klein has made to analytic theory. By disregarding the discrepancies between clinical data and theoretical concept, she finds similarities which otherwise might be overlooked as being of lesser importance. I, for one, consider meaningless any abstract formulations divorced from meaningful content.

In the section on normal and pathological development three authors, Beres, Annemarie Weil, and Boyer concern themselves with forms of deviational development. David Beres, in Ego Deviation and the Concept of Schizophrenia, has undertaken a long needed study of the conglomeration of clinical syndromes which are thrown together into the catchall concept of schizophrenia. He draws from a wealth of clinical material. Although the author emphasizes that he does not wish to go into the etiology of these cases, the history is sometimes too sketchy to satisfy one's curiosity; however, we hope that eventually he will fill out this paper with the dynamic formulations which he undoubtedly has made for himself.

Annemarie Weil's paper, Deviational Development in Infancy

and Childhood, also gives an excellent clinical description of atypical children, enumerating the signs by which they may be diagnosed. She carefully refrains from any theoretical formulations and restricts herself to observation only, without even giving a hint of any speculations which she might have concerning the pertinent history and etiology of the cases.

Bryce Boyer in his paper, Maternal Overstimulation and Ego Defects, develops the idea that overstimulation of the infant in the auditory sphere may traumatize the child and at the same time provide an auditory and oral link to the mother. The fragment of a catatonic case is used as an illustration. The idea is interesting and is worth being tested in observations of infants.

The clinical contributions are quite diverse. I am going to mention only some which may be of particular interest. Louis A. Gottschalk contributes Psychoanalytic Observations on an Epileptic Child. The literature on the psychoanalysis of psychomotor disorders is extremely rare and this case presentation therefore deserves attention. It is a detailed report on the treatment of a ten-year-old boy. The interplay of psychological factors and epileptic states is described with great clarity. The onset of the epileptic attacks occurred through emotional factors, namely, frustration of aggressive and sexual wishes, and could gradually be brought into consciousness and thereby become fully controlled by the patient. Medication was stopped in the course of treatment. For a while the attacks continued during the sessions and could be observed and discussed. Joyce Robertson's observations on the tonsillectomy of her own four-year-old daughter are interesting. Anna Freud's comments put the experience into focus and describe it in terms of id and ego and their relative strength. She also raises the weighty question whether real anxiety exists and sees it as the ability of the ego to face danger and to assess it. She distinguishes the role of the mother as presented in this case report from that of the therapist. While the mother's role is seen as that of the interpreter of reality, the therapist is assigned the role of interpreter of fantasy who helps the child, under controlled conditions, gradually to effect a transformation of its strivings. Erna Furman's paper on An Ego Disturbance in a Young Child, and Eleanor Pavenstedt's paper, The Effect of Extreme Passivity Imposed on a Boy in Early Childhood, deal with children who are extremely disturbed through being exposed to a

sick environment. One wonders why, in either one of these cases, removal from the pathogenic environment was not considered.

Two papers among clinical contributions take their material from adult analysis and offer interesting ideas for consideration in the understanding and treatment of children: Elisabeth Geleerd discusses the influence of Early Mother-Child Relationship Upon Self-Destructive Tendencies and Fugue States. She presents three adult cases in which suicidal tendencies are related to the undifferentiated stage of the mother-child relationship. The fugue state is seen as a suicide equivalent stemming from the same period. William G. Niederland, in Clinical Observations on the 'Little Man' Phenomenon, sees this clinical picture as a character disorder to be distinguished from the little man in the Schreber case. Niederland gives a great deal of credit for calling attention to the little man phenomenon to Paul Kramer's paper (published in this annual), On Discovering One's Identity—A Case Report. M. Katan's papers on the Schreber case are missing in Niederland's extensive bibliography.

The rest of the volume is made up of a paper by Judith S. Kestenberg on the Development of Maternal Feelings in Early Childhood, which is more theoretical than observational. Lili Peller and Martha Wolfenstein make up the section on applied psychoanalysis.

This volume leaves the reader with two new points of view. The studies dealing with the question of instinctual endowment show a groping approach to an elusive problem. The material is hard to get and scientific method is most important, lest such studies be deluged with fantasies and conjecture. They are still too few and too uncertain to allow one to draw any conclusions. It is a beginning which we hope will be continued. The other topic, which follows a concerted interest, is the attempt to describe, break down, and classify ego deviations; the material in this area is enormous and every practicing therapist deals with it constantly. The tendency of these authors is to stand back and see what they are dealing with rather than to do something about it. A more methodical approach to these difficult problems in therapy will eventually evolve from this procedure and will be most welcome.

EDITH BUXBAUM (SEATTLE)

MOTHER AND CHILD. A PRIMER OF FIRST RELATIONSHIPS. By D. W. Winnicott, M.D. New York: Basic Books, Inc., 1957. 210 pp.

This book is written for the young, intelligent mother, to help her both to regain her lost self-esteem and to ward off the intruders between her intuitive self and her infant. Dr. Winnicott recognizes the fact that advice, interpretation, and admonition may disturb the mother-infant equilibrium which consists of waves of subtle shades of feelings, empathy, and nonverbal understanding. He feels that 'ordinary devoted mothers', capable of uncomplicated 'know-how', will not read this book, will not want to 'know' on an intellectual level. There are passages in the book in which Dr. Winnicott encourages the mother to ward off a certain type of interference from professionals and friends. And there are a few passages in which he appeals to husbands to support their wives and to permit them the temporary withdrawal they need for the task of infant care. These are of great value for parents and specialists in this field alike. One can only hope that Dr. Winnicott will go on to expand the above points.

As a whole, the book comprises the author's views on infantile and maternal feelings. Though addressed to mothers, it has, except for such parts as mentioned above, more value for child specialists dealing with mothers than for the mothers themselves. It deserves a very special place of honor in 'well baby' clinics, pediatric offices, and schools of medicine, social work, and nursing. Dr. Winnicott's unique emotional approach to infants and their mothers has a dynamic and contagious effect upon the reader. The content varies from lucid chapters describing what is going on in the infants' bodies to a few ambiguous and at times obscure passages delving into the unexplored area of very early thought processes. One wonders whether some of the anthropomorphic presentations of what is going on in the infants' psyches may not have the unintended effect of confusing and frightening instead of reassuring. Most of the time, however, Dr. Winnicott offers wisdom, encouragement, and reassurance with utmost clarity. He explains, for instance, that a mother 'if she is feeling free to act in the way that comes naturally to her, grows in the job', that the father can help her by providing 'a space in which the mother has elbowroom'. The chapter in which he discusses transitional objects is exemplary for its masterly inter-

pretation of infants' behavior. Those of us who help mothers with special problems pertaining to their infants can learn a great deal from Dr. Winnicott, such as how to interfere with advice or an interpretation when interference is asked for and needed.

Finally, I should like to express my gratitude to Dr. Winnicott for his special message to all analysts. Faced as we are in everyday practice by the problems of the early infantile life of our patients, it is refreshing for us to recapture in this book something of the excitement and the feelings of early mother-child relationship. The understanding of these is indeed much more important for therapeutic success than the most accurate reconstruction of factual data from early infancy.

JUDITH S. KESTENBERG (NEW YORK)

LITERARY BIOGRAPHY. By Leon Edel. Toronto: University of Toronto Press, 1957. 113 pp.

Biography today is no mere recounting of facts, no accumulation of dry bones; it is a re-creation of a life and it aims to understand the relation of the person to his work. The biographer and the psychoanalyst have in common their sense of the continuity of the life of a man, and biography is a reconstruction not dissimilar to the reconstructive activity of psychoanalysis. In the specific instance of the biography of the artist it permits a view of the creative mind, the nature of imagination.

It is a significant mark of the widening influence of psychoanalysis that there is in a series of literary lectures delivered at a university a sober and balanced chapter on psychoanalysis. This small volume comprises the Alexander Lectures delivered at the University of Toronto by Dr. Leon Edel, who is a professor in the Department of English at New York University and well known as biographer and editor of Henry James.

The author describes the aims, problems, and techniques of the biographer. He distinguishes the contribution of psychoanalysis from that of psychological insight, which has been applied for centuries to biography and literary criticism. To illustrate his thesis, Dr. Edel uses the interesting device of examining Willa Cather's The Professor's House from three aspects, that of the conventional critical approach, that of the psychoanalytic approach, and finally the combined approach which synthesizes the first two.

Dr. Edel recognizes the limitations and dangers in the use of psychoanalytic tools by nonanalysts, but we must agree with him that psychoanalytic knowledge has become so widely diffused that its use by nonanalysts cannot be prevented. It only becomes increasingly essential to foster the spread of accurate knowledge of psychoanalytic concepts. On this point Dr. Edel is not explicit and it would seem that he leaves this area to the psychoanalyst for further development. He puts at rest the concern of Sir Harold Nicolson who, in The Development of English Biography (1927), saw in the introduction of psychology into biography the end of biography as an art and its future as a technical branch of science. Dr. Edel demonstrates that it is possible to use a scientific tool and remain an artist.

This book deserves the attention of the psychoanalyst and a place in psychoanalytic bibliography.

DAVID BERES (NEW YORK)

FICTION AND THE UNCONSCIOUS. By Simon O. Lesser. With a Preface by Ernest Jones, M.D. Boston: The Beacon Press, 1957. 322 pp.

'By and large psychoanalytic interest in literature has run backward, from the work of art to its creator, whereas ours will flow forward, from the work of art to the reader.' The author's forward approach has given us the first systematic study of the universal appeal of fiction based on the interaction between the form and content of fiction and the reader's psychic needs and conflicts. Lesser utilizes his erudite knowledge of literature, literary criticism, and psychoanalysis in an engaging style devoid of pedantry. He demonstrates repeatedly that the psychological effects of a story can be analyzed without biographical knowledge of the writer (which is also unnecessary for artistic evaluation by artistic criteria).

The book's general excellence, with its abundant valuable insights, makes it difficult to indicate its best features. The 'clinical' demonstrations—for instance, detailed analyses of several stories—are matched in quality by the author's critique of artistic criticism and his theoretical explorations. Notable, for example, are the unusually lucid, brief expositions of the relations between form and content in the work of art and the ego-supporting function of formal elements in minimizing anxiety and resolving conflict.

My reservations about the book do not stem from substantial dis-

agreement but reflect the author's own awareness of its inevitable shortcomings as an initial rather than a definitive statement. Certain ambiguities, too, are inherent in the overcondensation of rich material, attributable to Lesser's anxiety about prolixity. The enthusiastic reception of the book should relieve him of this anxiety in future writing on the subject.

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

PSYCHOANALYSIS AND THE FUTURE: A CENTENARY COMMEMORATION OF THE BIRTH OF SIGMUND FREUD. Edited by B. Nelson. New York: National Psychological Association for Psychoanalysis, Inc., 1957. 160 pp.

To commemorate the centenary of Freud's birth, the National Psychological Association for Psychoanalysis has issued this collection of essays, suggestive rather than definitive, and for the most part dealing with the impact of Freud's teaching in fields other than psychotherapy. Evaluation of these pieces must vary from reader to reader, but to this reviewer the most basic and fascinating is that in which Feldman, largely through philology, reveals the close parallels and identifications between present-day socioeconomic institutions and freudian psychodynamics. Desmond shows how dynamics very similar to these were described independently by G. H. Mead, an American contemporary of Freud. In slightly different vein, Weisskopf tells how, in this country, social sciences and theoretical psychoanalysis have come to grips with each other, somewhat to the detriment of the latter. Bensman and Vidich study thoughtfully the antithesis between community life in the United States as it is and as it is supposed to be, and speculate about what effects, remote or immediate, clinical psychoanalysis will have on the lives of members of these communities. In similar fashion, Watson considers education, and Sulzberger, sex life. Walker describes the freudian psyche in terms simple enough to suit the radio broadcast for which the piece was first intended, and with the wit and precision which so often stamp the Oxford-bred writer. Taubes's consideration of religion can well be taken as an appendix to Freud's writings on the same subject. A new dimension is added by Bychowski's succinct exposition of the use of artistic symbols since the first caveman drew a bison on the walls of his home. Descriptions of an inter-

view with Freud and hitherto unpublished details of his life and reading should also be mentioned.

All these essays show erudition and clear original thought, but at first the reader will find scanty mention of what the title promises: some inkling of the future. The last piece holds the answer; the sting is in the tail. In the future, the terminal essay declares, psychoanalysis will be liberated from its lowly associations with psychiatry and neurology and take its place in the glorious company of psychology and sociology. It is perhaps less important to question the significance and reliability of this prophecy than it is to understand the motivations that lie behind it.

GERALDINE PEDERSON-KRAG (NORTHPORT, NEW YORK)

LOGIC AND PSYCHOLOGY. By Jean Piaget. Introduction by W. Mays. New York: Basic Books, Inc., 1957. 48 pp.

Based on three lectures delivered at the University of Manchester in 1952, this little book is a retroactive introduction to Piaget's work over the past twenty years in applying the methods of symbolic logic to the intellectual activities of the child and the adolescent.

Avoiding the fallacies of 'logicism'—which were so typical of the Würzburg school of *Denkpsychologie* and of the older philosophical psychology, wherein classical logic was employed as a causal explanation of psychological data in themselves—Piaget uses the algebra of logic to delineate specific psychological configurations and to put into the form of calculus those structures and operations which are central to thought processes. He thus reverses the procedures of Fitch, Hull, and others, who have been aspiring to a formalization of psychological theories by means of axiomatic logic.

Although this book manifests the eternally prefatory quality which (to this reviewer) is characteristic of Piaget's work, it constitutes nevertheless a tour de force and combines in brief compass a succinct introduction both to symbolic logic and to Piaget's psychological theories. The author makes the significant point that the logical calculus provides a nonlinear and nonatomistic technique for the study of thought in children and adolescents; that the developmental schemata of intelligence are thereby made available to qualitative analysis; and that symbolic logic is a necessary extension of the quantitative measurements which have long been accepted by psychologists.

Piaget's study of the relations between logic and psychology, and of the operational field where they meet, has opened the door to a potentially new science. He writes with perhaps more optimism than our present knowledge warrants. Yet the recent contributions of symbolic logic to such fields as biology and linguistics would seem to augur well for Piaget's 'logico-psychology' in particular and for the academic psychologies, including Gestalt, in general.

On the other hand, Freud's propositions, structures, and operational procedures differ markedly from those of Piaget and appear less amenable to algebra and calculus. At any rate, those readers who wish a more systematic discussion of Piaget's position are referred to his *Traité de logique* (1949).

S. H. POSINSKY (NEW YORK)

PSYCHOBIOLOGY. A SCIENCE OF MAN. By Adolf Meyer, M.D. Springfield, Illinois: Charles C Thomas, 1957. 257 pp.

This is a belated and carefully edited publication of the first Salmon Lectures given by Adolf Meyer in 1932. In these lectures, Dr. Meyer set out to summarize the entire scope and range of his views and his teaching in the field of psychiatry. This volume admirably succeeds in accomplishing the task originally set. The lectures were later amplified and revised by Dr. Meyer and put into final form by the editors of the present volume, who were well acquainted with his thinking.

The book is divided into three sections: Psychobiology, Pathology, and Therapy. In all sections, the editors have preserved and carefully reproduced Dr. Meyer's constant digression from the details of a point in discussion to the basically biological, humanistic, and melioristic philosophy which was the bedrock foundaton of his approach to people, sick and well.

Appropriately enough, over half of the text is given over to the section on Psychobiology. Meyer's deep and continued interest in the fields of pathology and neurology, with his interest in the operationalism of Charles S. Peirce and John Dewey, combined to form a consistent, austere but genetic-dynamic interest in the observable and describable facts of the mentally ill. His bold statement, in 1906, that schizophrenic disorders were to be understood in terms of factors in the patient's life experience was one expression of Meyer's insistence on the independent life and validity of the field

of the psychological. In this chapter are set out Meyer's definition of science as disciplined and critical common sense, his basic conceptions of continuity and discontinuity in the material of the separate sciences as embodied in the concept of 'integration', and his synthesis of clinical facts as 'an experiment of nature'. Of particular interest is the characterization here of the myth as the paradigm of the story of man.

Due largely to Meyer's tremendous influence, much of the general point of view embodied in this and the subsequent chapters is a solidly built-in orientation in American psychiatry today. Many comments and observations, some of them made in passing, stand out as fresh wisdom. In this time of emphasis on interdisciplinary research, the following comment, for example, is timely. 'There is much concern today about coöperation. Too often this is more of a general yearning with little regard for the limitations of the actual operation and for the practical difficulties in attaining even a limited consensus on the questions referred to special workers.'

The sections on Pathology and on Therapy are much shorter and quite general in their approach. As in the first section, much interesting history is woven into them. In the section on Pathology, of particular note is Meyer's pluralistic approach to etiology and his emphasis on the symbolizing function as the special attribute of man. In respect to the ever-present 'either-or' dichotomy involving organic versus functional causes in mental illness, one succinct statement deserves quotation: 'All I say is that the problem of structure is at the present time only a problem of research and the functional data are available for actual work with the patient'. The section on Therapy will interest chiefly those who deal with the hospitalized patient. It reflects an authoritative and benign approach and deals more with the general philosophy of a therapeutic approach than with details or specific problems. It is the shortest and least interesting section of the book. The editors have added a useful and carefully validated appendix of the terms and concepts that are intrinsic to the lectures and to Meyer's work. An additional section of bibliographic information is too fragmentary to be consistently serviceable.

This book is an excellent summary and expression of Meyer's successful assertion of the need for full recognition of the place of psychiatry within the ranks of the medical disciplines. It cannot fail

to interest, from one or another point of view, the worker in clinical psychiatry. There is much in this volume that should be congenial and instructive to the analyst as clinician. It will be of particular interest to the many former students of Dr. Meyer, for whom, as for the reviewer, it must also evoke the most personal and affectionate memories of his person, his teaching, and the high esteem in which he was held.

EUGENE MEYER (BALTIMORE)

THE AGE OF PSYCHOLOGY. By Ernest Havemann. New York: Simon & Schuster, 1957. 115 pp.

This small volume was first published in Life magazine and presumably seen by millions of readers. Polychromatic pages revealed a new science unobtrusively guiding our daily decisions, and described this latter-day guardian angel with a minimum of sensationalism or errors. To a psychoanalyst, the most admirable section of the book is that on psychology, on testing as used in the armed forces, in industry, and in schools, and on motivational research. Yet in his chapters, the A B C of Psychoanalysis and Does Psychoanalysis Work?, the author presents the id, the ego, the superego, the œdipal situation, free association, transference, resistance, and working through in terms so simple that the Life reader could grasp his meaning with scanty mental effort. However, when the Life reader has done so, the words will be as sounding brass and tinkling cymbals to him unless they arouse some twinge of anxiety or solve some painful puzzle.

The author sympathetically portrays the economic stresses and occupational hazards of the analyst as he rescues him from the distortions of novelist and playwright, making him appear less like Dr. Faustus and more like Mr. Babbitt. Apologetically, the author mentions some of Freud's errors in fact and judgment. These are, of course, no gauges of the therapeutic value of analysis but the Life reader, trained in accuracy by railroad timetables and verniers, would not understand this. Modest appraisals by analysts of their results are quoted. Suitable and accurate as their statements are in the scientific and conservative milieu of an analytic institute, they appear pitiful when printed on the same page as the emphatic praises of a huckster shouting his wares to the Life reader.

The author considers psychoanalysis as 'the greatest of all the great hopes which our psychological age holds out to a struggling humanity' and 'freudianism the most inspiring and illuminating approach yet to the murky secrets of the human personality'. It would be interesting to know whether the Life reader responded to these statements, or to the less positive comments quoted above.

One of the first comments on this work was a cartoon in The New Yorker in which their classic analyst tells his patient that he has studied extensively here and in Vienna, but, on the other hand, has never read the current articles in Life as she has. Now that the series is reprinted in so handy a form as this, the analyst would do well to catch up with the lady on the couch.

GERALDINE PEDERSON-KRAG (NORTHPORT, NEW YORK)

DEVELOPMENTS IN THE RORSCHACH TECHNIQUE. VOL. II: FIELDS OF APPLICATION. By Bruno Klopfer, et al. Yonkers, New York: World Book Co., 1956. 828 pp.

True to its aim, the second volume of this work deals with the Rorschach technique in its practical applications. It is divided into four parts: 1, Genetic Psychology; 2, Medical Psychology; 3, Social Psychology, Anthropology, and Industrial Psychology; 4, Diagnostic Practice and Projective Theory. An exhaustive bibliography, consisting of an alphabetical and a classified section, and cumulative indexes of both volumes, subdivided for names and subject matter, greatly enhance the value of the work.

Psychoanalysts will probably find the first two sections of greatest interest. In fact, the contributions which the Rorschach technique has made to problems of child development are intricately related to the hypotheses underlying interpretations of Rorschach protocols of mental patients. Rorschach studies of children have demonstrated that concept formation and perception, i.e., reaction to specific stimuli, develop in typical age patterns. These questions are discussed by Klopfer, Spiegelman, Fox, and Meili-Dworetzki.

It is usually surprising to learn that a Rorschach can be administered to very small children, a mental age of three being considered the base limit. The very young child (age two to four) seems to react to the entire testing situation rather than to the test stimulus proper. If its first response meets with approval, it tends to perseverate and

will give the same response to the majority of cards. In the next stage, that of confabulation (age three to five), the child gives different responses to many cards, but its concept conforms to only one aspect of the blot, whereas the rest of the blot area is used in an arbitrary manner; for instance, if one part of the blot looks like whiskers, the child calls the whole blot a cat regardless of the shape. At the stage of confabulatory combinations (age four to six), the child has become predominantly reality oriented, but only in the specifications of its percepts. Otherwise, it thinks nothing of assigning the same blot areas to different parts of its concept from different views and does not seem disturbed if it has to distort its inner image to make that image fit its concept of reality. Another significant aspect of this stage is the indifference to contradiction or, psychoanalytically speaking, to ambivalence. Finally, with regard to thought processes proper, hierarchical organization and the ability to comprehend spatial relations are still absent.

An experiment carried out by Meili-Dworetzki on the development of perception investigates the emergence of human movement responses in relation to the decrease of the influence of color and to an increase in shading responses. These quantitative relationships are considered as indicative of the development of the ability to delay gratification on the one hand, and to become sensitive to affective needs on the other.

In a final chapter on genetic psychology, Walter Klopfer examines Rorschach responses in the aged. It comes as no surprise that a shrinking seems to take place in quantity and quality of productions, probably reflecting the psychological neglect to which this group has been exposed in our culture. The shrinking can be reversed if proper 'moral support' is given to aging subjects. In other words, prevention of intellectual and emotional impoverishment emerges as a crying need at both ends of life.

In keeping with the scientific structure of the book, the section on medical psychology is not a nosological cookbook for diagnosticians but a challenge to thinking. The first part deals with practical and theoretical aspects of the appropriate use of the Rorschach in the clinical situation. In the chapter on differential diagnosis, the authors depart entirely from any nosological scheme. Instead they 'first investigate perceptual and conceptual disturbances of thought processes as revealed in the Rorschach, which seem to be essential

for . . . differentiation between neurosis and psychosis . . . [and] related to the clinical dimension of reality testing. Second, [they] analyze the Rorschach characteristics of affective functioning which serve essentially the same purpose, although the differentiation is from a different approach. This topic is related to the clinical dimension of degree and type of investment of vital energy in ego-defensive mechanisms. Third, [they] combine these two approaches in order to arrive at a continuous schema of decreasing ego strength. This has proved to be of value not only in differential diagnosis but also in planning for therapy' (p. 281). The schema of decreasing ego strength in the form of a graph (p. 312), in which the axes represent impairment of reality testing and ego defensiveness respectively, seems predominantly of global theoretical interest. The final part of the section on medical psychology consists of an extensive discussion of the contribution of the Rorschach technique to neurology.

The third section of the present volume exemplifies the use of the Rorschach technique in social and industrial psychology and in anthropology. Part 4 'was added as a concluding section to both Volumes I and II in order to reweave the Rorschach technique, after its necessary isolation, into the general field of projective techniques'.

This reviewer's criticism of the first volume[1] applies to the second as well and may be briefly summarized: less would have been more. In the ambitious effort to survey the whole field from all aspects, material of uneven value has been given equal consideration. However, this seems a minor complaint in the face of a major achievement and these two volumes should stimulate a great deal of rethinking of old ideas, of re-evaluation of shopworn concepts, and of research along new lines.

GERTRUD M. KURTH (NEW YORK)

PARAPSYCHOLOGY. FRONTIER SCIENCE OF THE MIND. By J. B. Rhine and J. G. Pratt. Springfield, Illinois: Charles C Thomas, 1957. 220 pp.

This book, written in the style of an undergraduate textbook, is intended as an introductory survey of present knowledge in the field

1 *Cf.* This QUARTERLY, XXIV, 1955, pp. 595-597.

of parapsychology. For the most part it is experimentally oriented and based largely on the work done at the Duke University Parapsychology Laboratory over the past three decades. Part I deals with definitions and basic concepts, research methods, classes of data and some suggested lines of integration of parapsychology with physics, psychology, and other fields. A representative, if by no means comprehensive, set of bibliographic references is given at the end of each chapter. Part II, dealing with testing techniques and statistical methods, provides valuable hints for the beginner in the field. Some handy statistical tables are appended. The reader who wishes a more critical introduction to the experimental side of the field might do well to start with Extra-Sensory Perception After Sixty Years (1940) by the authors of the present volume and others.

JULE EISENBUD (DENVER)

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ABSTRACTS

Journal of the American Psychoanalytic Association. II, 1954.

The Widening Scope of Indications for Psychoanalysis. Leo Stone. Pp. 567-594.

Freud believed analysis the best treatment for transference psychoneuroses and the related character disturbances. Abraham, Simmel, Jones, Anna Freud, Aichhorn, and the Eisslers would apply analysis to perversions, schizophrenia, psychosomatic disorders, and 'borderline' cases. Stone warns against the over-enthusiastic and unrealistic expectations of some doctors and laymen who recommend analysis for unsuitable cases. Psychoanalysis is better reserved for potentially strong persons with serious chronic illnesses than for those with trivial, incipient, or reactive illnesses, or those with feeble resources.

Psychoanalysis is differentiated from other interpretative psychotherapies by its mobilization and ultimate dissolution of transference and its method of interpretation. To Freud's original definition of psychoanalysis as any procedure that utilizes principles of transference and resistance, Stone adds the following elements as indispensable: the unconscious, the libido theory, the power of infantile sexuality, and the genetic principle. How far can the classical psychoanalytic method be modified for treatment of 'borderline' patients and still be regarded as psychoanalysis? Eissler's 'parameters' are within the definition as long as they are directed toward the aim of psychoanalysis.

Stone discusses the amenability to analysis of various kinds of patient, from the frank severe psychotic to the mildly psychotic (whose symptoms seem ego-alien), the 'borderline' cases, addicts, and perverts. 'Borderline' patients seem to present classical psychoneurotic symptoms behind which lie grave illness with psychotic fragments, suspiciously narcissistic phenomena, severe character distortions, quasi addictions, or severe disturbances in personal relations. These patients, like psychotics, are strongly narcissistic. Stone describes 'transference psychoses' with narcissistic transference phenomena, including extreme detachment caused by fear that the transference will engulf the entire personality, and confusions of identity of the self due to narcissistic union with the analyst. Some patients need the security of sensing a personal relationship with one analyst.

Preformed psychosis does not exist in latent form in the adult to appear only because it is 'uncovered' in analysis. Extensive diagnostic interviews may be necessary to reveal psychotic and narcissistic fragments in the patient. Certain personality traits affect the accessibility to treatment; these include talents for sublimation, capacities for self-observation, and the patient's expectations.

Transference Problems in the Psychoanalytic Treatment of Severely Depressive Patients. Edith Jacobson. Pp. 595-606.

Jacobson discusses analysis of depressed patients diagnosed as 'borderline', manic-depressive, or schizophrenic. Their defenses find expression in ego distortions, superego defects, disturbances in object relations, and severe pathology in affects, and require much analytic work in these areas. The analyst becomes

the central love object and the center of the depressive conflict, and as treatment progresses the patient may develop more serious depressive states with periods of deeper ego and id regression,—an apparent negative therapeutic reaction.

Treatment characteristically has several phases: an initial spurious transference success, an ensuing period of hidden negative transference with corresponding negative therapeutic reactions (more severe states of depression), a state of dangerous introjective defenses and narcissistic retreat, and a final phase of gradual constructive solution of conflict. Analysis is most successful in those patients who, when not depressed, show mild hypomanic and compulsive attitudes. Jacobson illustrates the technical problem of how to allow the intensely ambivalent transference to develop and yet prevent the patient from ending his treatment in resistance, with severe depression or retreat from the analyst. The analyst must be aware of the emotional quality of his own responses (this is more important than the frequency of sessions), his empathic tie to the patient (warmth, understanding, and respect but not overkindness and sympathy), and the necessity, at times when narcissistic withdrawal threatens, that he show a more active interest in the patient's daily activities. Often even the careful analyst's interpretations and attitudes will be taken as a seductive promise, as a severe rejection and lack of understanding, and as a sadistic punishment, all of which may increase the insatiable demands, the frustration, ambivalence, and ultimately the depression. Most lasting therapeutic results are obtained if the analysis progresses to the point where precœdipal fantasies and impulses can be interpreted. However this is not always possible and interpretations may have to be limited to the area of conflicts of ego-superego and of transference, in terms of introjective and projective mechanisms rather than in terms of the deep fantasies of incorporation and ejection. Irruptions of the id should not be interpreted too early except as regressive defenses.

JAY SHORR

The Widening Scope of Indications for Psychoanalysis: Discussion. Anna Freud. Pp. 607-620.

Anna Freud discusses these two papers. Stone speaks of 'parameters', modifications of technique for special problems. Miss Freud believes that modifications are often the result of changes in theory. Variations of technique are elicited by four causes: 1, special conditions in the case; 2, variations in theory; 3, the 'style' and interests of the analyst; 4, the 'style' of the patient which elicits (or 'permits') certain attitudes in the analyst. Stone favors treatment of patients with severely impaired ego function but Miss Freud believes we should devote more time to work with hysteric, phobic, and compulsive patients.

The rest of her discussion deals with problems of transference. After a brief allusion to the classical problem of transference with the narcissistic character, she elaborates on other special types. There is the ego traumatized by separation from mother during the first year of life. The failure to establish a love object in the 'object libidinal' sense tends to persist, with inability to concentrate libido on one object. The transference onto the analyst is thus

limited to that of a 'need-satisfying object'. Such a transference is unable to withstand the frustrations of analytic work. Miss Freud asks: If the analyst decides to serve as the kind of object such a patient demands before he can tolerate frustration, is not this relationship incompatible with later analytic work? Another problem is the ego that results from an unsatisfactory relationship to the mother. The ego tries to correct this unsatisfactory experience by identification with mother's love objects; this identification interferes with a workable transference. Analysis must first undo these ego distortions 'and retransform them into the object relations from which they are derived' before the analysis can proceed.

Miss Freud gives several striking examples of the 'marginal' transference to an analyst supposed omnipotent, as described by both Stone and Jacobson. She suspects this condition is often unrevealed and not analyzed; it is a common problem of countertransference.

Transference and Countertransference: A Historical Survey. Douglass W. Orr. Pp. 621-670.

According to Freud, transference is the acting out of unconscious fantasies as a defense against remembering. Orr describes the modifications of this concept by Klein, Horney, Sullivan, and others. He states the arguments for activity and passivity in the analyst's management of the transference. Remarks by Ferenczi and Glover illustrate these two kinds of technique. Orr also discusses the various schools of psychoanalysis, with emphasis on the 'short analysis' of the Chicago school. The 'active' psychoanalysts tend to exploit the transference by manipulation rather than interpret it. The analyst is said to become an impartial adviser, the analysis serving as a corrective experience rather than a repetitive one. (Surely there is inconsistency here. Short analysis is partly based on the idea that the neurotic will learn by experience alone, a theory that will be disputed by most analysts on the bases of experience and theory. The adult neurotic is unable to profit by experience unless the infantile conflict is analyzed, and for this the transference neurosis must be interpreted.)

Disagreement also exists over the definition of countertransference. Is it everything the analyst feels toward the patient, or only those attitudes derived from the analyst's repressed infantile history? It is clinically useful to subdivide the phenomena of countertransference into, for example, habitual tendencies in the analyst, temporary acting out in special situations, and reactions to patients in general. The analyst needs frequent periods of introspection. Orr discusses technical problems of countertransference and the current disagreements over how much of the countertransference is to be communicated to the patient. There is always the danger that this may become a 'confession', an added burden for the patient.

STUART ASCH

The Role of Transference: Practical Considerations in Relation to Psychoanalytic Therapy. Phyllis Greenacre. Pp. 671-684.

Greenacre describes the nature of transference, including the firm basic trans-

ference patterned on the relation of mother and child. Some analysts encourage development of transference neurosis by avoiding intervention. The past attitudes, experiences, and fantasies of the patient with their full emotional accompaniment are re-enacted with the analyst as the main figure of significance to the patient. Other analysts avoid development of the full transference; they utilize the basic transference for suggestion, guidance, and corrective emotional experiences. New experiences serve to change the old responses and behavior without specific analysis of the old patterns.

How one manages transference determines the spacing of sessions, their frequency and length, the analyst's flexibility, the limitation of diverting influences and intrusions, the necessity of strict preservation of the confidences of the patient, and the elimination of other relationships with the patient.

JAY SHORR

Some Quantitative Aspects of Psychoanalytic Technique. Franz Alexander. Pp. 685-701.

Alexander dates his interest in experimentation with quantitative factors in psychoanalytic treatment from 1925, the year of The Development of Psychoanalysis by Rank and Ferenczi. He now considers what measures in treatment bring about a useful transference and therapeutic success. He suggests that in the initial stages of analysis neutrality should be preserved until the transference neurosis develops, then countertransference attitudes should be controlled by the analyst to create an analytic atmosphere opposite to that currently reexperienced by the patient in the transference. This prevents the transference from becoming too intense and consequently unusable. In technique the most important quantitative problem is resolution of the patient's dependency within the transference. In the course of treatment the transference neurosis offers increasing gratification of wishes for dependency because of the regressive processes inherent in analysis. The current overemphasis on pregenital factors by analysts in their work with patients furthers this regression. To combat it, the analyst should 'drive the patient against the œdipal barrier' both by interpretation and by reducing the number of interviews. The latter method is an effective way of bringing the dependency needs into consciousness and is indicated in 'most cases'. Analysts should reserve the exploration of the pregenital phases primarily for schizophrenia, the perversions, and other definitely preœdipal disturbances. Finally, Alexander deals briefly with patients' experiences with the therapist outside of therapy, planned interruptions, and the giving of advice. All have their places in regulating the intensity of transference.

This paper is essentially a further exposition of Alexander's controversial views about the need of modifications of psychoanalytic technique. Two brief case reports are included. The first is intended to show how an analysis was interrupted because of the analyst's failure to play a role in the transference in response to the patient's intrapsychic conflicts. The case might also be appraised more simply by showing that the analyst failed to meet a real problem, the setting of an equitable fee.

The Importance of Flexibility in Psychoanalytic Technique. Edith Weigert. Pp. 702-710.

Flexibility in technique is essential for the development of psychoanalysis. Rigidity becomes a defense against intuitive insight. As the indications for analysis are broadened, technique must become more varied. Rigidity of the superego in the early stages may be softened by re-education, the analyst through his personal influence acting as 'an auxiliary superego'. Weigert examines several basic rules of analytic technique. The fundamental rule cannot be enforced, and the patient's circumventions of it provide essential information as to resistances. The rule of 'no major decisions' should be used flexibly to avoid precipitating acting out or re-enforcing the defenses of the patient advanced in analysis who avoids new responsibilities. Permitting the patient to change from the reclining to the sitting position reveals new defenses and 'impulsive derivatives'. A rigidly maintained rule of frequency is against the spirit of the rule of abstinence and gratifies the patient's need for dependency. Analysis of the schizoid patient should be spread over a long period to allow time for the process of maturation and assimilation of experiences, while for cycloid patients to undergo the frustration of coming to the analyst less often allows them to experience the infantile dependency needs in the transference and avoids intellectualization. The neurotic patient advanced in analysis is encouraged in his self-sufficiency by a reduction of hours. In general, flexibility in determining frequency meets the therapeutic needs of the patient just as demand feeding betters the rapport between infant and mother. Further improvements of technique will follow upon frank assessments of countertransference resistances both by group discussions and by case reports.

PETER RICHTER

Psychoanalytic and General Dynamic Conceptions of Theory and of Therapy: Differences and Similarities. Frieda Fromm-Reichmann. Pp. 711-721.

Fromm-Reichmann compares psychoanalytic with 'dynamic' therapy with reference to concepts of childhood development, the unconscious, transference and resistance, and the problems of anxiety. 'Dynamic' psychiatry describes development in terms of developmental phases of 'interpersonal relations', not in terms of psychosexual development. This leads to differences in interpretations in the transference. Repression as generally understood in psychoanalysis is not accepted, nor is the existence of an innate unconscious or preconscious. According to Fromm-Reichmann, focus in both psychoanalysis and 'dynamic' psychiatry has shifted from the content of the repressed to the anxiety aroused by unearthing the repressed. She presents a hypothesis concerning anxiety and emphasizes the importance of better understanding this problem.

JAY SHORR

Psychoanalysis and Psychotherapy. Franz Alexander. Pp. 722-733.

Alexander begins by tracing the development of psychiatry from its be-

ginnings as a common-sense, intuitive art to its present position as a science based upon knowledge of human illness. 'Psychiatry is not only ready but eager to assimilate in an undiluted form the teachings of Freud . . . it became our responsibility to guide and facilitate this process of incorporation.' The logic of psychoanalysis will lead to 'the absorption of psychoanalytic theory and practice into psychiatry and medicine in the not too distant future'. Alexander divides psychotherapy into two categories, the supportive and the uncovering procedures. All uncovering procedures are aimed at increasing the ability of the ego to meet unconscious conflict, while supportive procedures are aimed at meeting acute stress. He enumerates five supportive measures: gratifying dependency needs; abreaction; objectively reviewing the stress, thus assisting the patient's temporarily impaired judgment; strengthening the neurotic defenses; and manipulation of the patient's situation. From the beginning of treatment the formation of a regressive dependent transference must be controlled by keeping the patient aware of his wishes for dependency by frustration of them. This cannot be achieved by interpretation alone. These procedures make it possible to treat many patients who would otherwise fall into the category of 'interminable cases'. It is emphasized that the use of such measures requires as much technical and theoretical preparation as psychoanalysis. The classical psychoanalytic method is differentiated from other uncovering procedures mainly in 'quantitative respects',—that is, the criterion is whether the procedural method is primarily supportive or uncovering. The method should be selected to fit the patient, not the patient to fit the method. 'Psychoanalytic' should be used to identify all procedures using the same concepts, observations, and technical principles as psychoanalysis, while 'psychoanalysis' is to be retained as the trademark for the classical procedure.

Flexible use of psychoanalytic principles requires more knowledge than the use of the classical procedure. The recommendations by the Chicago Institute for Psychoanalysis for reducing the dependency in transference to workable levels is opposed, Alexander believes, not because of theoretical considerations but rather because reduction in frequency would abolish the barrier between psychotherapy and psychoanalysis.

Alexander's views on the present readiness of psychiatry to embrace the whole of psychoanalytic theory and practice may well be seriously questioned by both analysts and psychiatrists. This paper, moreover, contains an interesting and seemingly important change in his views as to when the dependency needs of the patient should be frustrated. In Some Quantitative Aspects of Psychoanalytic Technique, abstracted above, he states clearly that neutrality should be preserved until the transference neurosis develops, while here he suggests frustrations of the dependency needs from the very beginning of treatment.

PETER RICHTER

Similarities and Differences Between Psychoanalysis and Dynamic Psychotherapy. Leo Rangell. Pp. 734-744.

Psychoanalysis and 'dynamic' psychotherapy are psychological methods of treatment; they are rational psychotherapies derived from the psychoanalytic

metapsychology. Whereas in psychoanalysis technique is directed at the production of conditions most favorable to the development, understanding, and complete resolution of the transference neurosis, in 'dynamic' psychotherapy the therapist's activity often involves teaching, suggestion, the setting of examples, or proving a point. It is not intended to further the development and resolution of the full transference neurosis, but rather it seeks an intermediate point of stability. There are indications and contraindications for each type of treatment.

JAY SHORR

Psychoanalysis and the Dynamic Psychotherapies. Edward Bibring. Pp. 745-770.

Bibring offers a comparative study of the methods of psychotherapy. He outlines five basic techniques: 1, *Suggestion* takes place within the transference (which is a primitive one in superficial therapy); the aim is symptomatic change. 2, *Abreaction,* the expression of emotion, has curative value; in analysis its use is limited to providing conviction through emotional reliving of past conflicts. 3, *Manipulation:* to the ordinary meanings of the term, Bibring adds the influence of experiences stimulated by the treatment. 4, *Insight by clarification* is defining unclear conscious or preconscious understanding; this results in shifting cathexis from the pathological complex onto the observing and critical part of the ego, thus strengthening the ego by increased objectivity. 5, *Insight by interpretation* refers only to unconscious thoughts; the ego must at first become even more involved by the reactivation of old memories and is strengthened by finding more adequate solutions of pathogenic infantile conflicts.

Bibring notes a current shift toward more use of manipulative measures and less effort to facilitate insight. Alexander and French believe that 'the role of insight is overrated'. Bibring himself in this article, by defining and delineating techniques, is offering us 'clarification' so that we may with more detachment observe with our critical faculties our departures from classical theory and technique.

STUART ASCH

Psychoanalysis and Exploratory Psychotherapy. Merton M. Gill. Pp. 771-797.

Gill points out that a basic problem in discussing the relation of psychotherapy to psychoanalysis lies in our confused and overlapping terminology. He would reserve the term 'psychoanalysis' for the classical psychoanalytic method and include under psychotherapy all other methods and modifications. He does not entirely agree with those who believe that no structural modification of the ego can be achieved through psychotherapy. His definition of psychoanalysis stresses the neutrality of the analyst, the resultant development of a regressive transference neurosis, and its resolution through interpretation alone. Neutrality is not a lack of responsiveness but rather a 'benevolent friendliness' of attitude which forms a baseline of consistent behavior. Regression is given impetus by

such trappings of the analytic situation as the recumbent position and the lack of gratifications, but its regulation is dependent solely upon the analyst's interpretations. The actualized latent conflict can be freed only through the regressive transference neurosis. A 'parameter' is defined not descriptively but entirely by consideration of whether or not it is capable of being undone through subsequent interpretation.

In exploratory psychotherapy there is no neutrality; the therapist aids the patient with his decisions, emphasizes reality, and, though he may occasionally utilize the transference for interpretation, he actively discourages the development of a transference neurosis. The goals of the two methods differ: permanent modification of the ego is the goal in analysis, whereas in psychotherapy there is a range of objectives. Some modification of the ego is possible in prolonged psychotherapy that is nearer to the nondirective technique of analysis. This is possible for several reasons. 1, Exploratory psychotherapy occupies today a new position, no longer at an opposite pole to analysis. 2, It is possible for the ego to be altered by suggestion. (Here Gill emphasizes partial resolution of the transference.) 3, Many analysts today emphasize the adaptational approach. 4, Ego structure has not been thoroughly correlated with symptoms. Gill examines all these points in the light of current ego psychology and suggests that derivative conflicts may be autonomous and consequently resolvable though the basic conflict persists untouched.

Often in this carefully constructed and thoughtful paper the author pauses to make penetrating evaluations of current modifications of psychoanalytic method, particularly those of Alexander and Fromm-Reichmann. Although early in the paper Gill distinguishes sharply between the classical analytic method and the exploratory technique, particularly in regard to the therapist's activity and the role of the regressive transference neurosis, he somewhat confuses his position by a later shift of emphasis in both these respects.

PETER RICHTER

Psychoanalytic Review. XLIV, 1957.

Post-Œdipal Psychodynamics. Carlos J. Dalmau. Pp. 1-9.

The author suggests that emotional growth is achieved through cyclic regressive defenses, each at a different plane of performance but directly related to precœdipal instinctual roots. Frustrated passive libidinal strivings trigger aggressive sadistic drives. Similarly, passive genital (œdipal) strivings give rise to genital sadistic drives against the parent of the opposite sex, with (male) anal regression and (female) clitoridean shift and denial of genitality. Psychoses are regressive defenses against acting out of destructive impulses. These cyclic repetitions of instinctual conflicts may be displaced onto social equivalents. Only by this hypothesis, Dalmau believes, can we understand how seriously pathologic leaders and thinkers may nevertheless exert powerful influence on society.

Œdipus and the Sphinx. T. Thass-Thienemann. Pp. 10-33.

The Sphinx differs from other treasure-guarding monsters: her treasure was

not material wealth but knowledge, the secret of the sexual riddle. While treasure seekers killed other dragons, the Sphinx, defeated by insight and knowledge, killed herself 'when her secret is broken in time of sexual maturation'. The primary anxiety connected with the sexual riddle shapes the pattern of all subsequent anxiety arising from the unknown. The author believes that the unveiling of the riddle, the acquisition of the hidden treasure, is ultimately detrimental for man: '. . . a curse lies upon this knowledge', the dragon-killer ultimately falling victim to his victory over unconscious fantasies. Œdipus 'personifies the final defeat of the conscious self-evident thinking and the victory of the Sphinx, of the psychic forces which are hidden in the unknown and the unconscious of the own self'.

The Role of the Body Image in Psychotherapy with the Physically Handicapped. Stanley H. Cath, Erik Glud, and Howard T. Blane. Pp. 34-40.

These patients present all the difficulties of any psychotherapy, besides the severe depression, guilt, and hostility associated with a distorted body and body image. They face problems of dealing with the trauma, regression, the need to deny, and the need to come to terms with the discrepancy between body image and body structure.

Neurosis in Speaking. Dominick A. Barbara. Pp. 41-50.

The author describes several predominant types of neurotic speakers whose personality problems are reflected in their mode of speaking.

Existential Analysis. L. Binswanger's *Daseinsanalyse*. Jacob Blauner. Pp. 51-64.

Binswanger, one of Freud's early disciples, 'is an ardent partisan' of analysis but believes Freud was caught in the strait jacket of natural science with its splitting of subject and object: man, as total being, gets lost in the analytic (dissecting) process. The goal of existential analysis is to see man's relation to the world, and what kind of world it is in which he exists. Human experience is at the core of this philosophy; man is the one frame of reference.

Generic Relations Between Anxiety and Fear. Harry C. Leavitt. Pp. 65-72.

Fear and anxiety are not synonymous and should not be so used. Neurotic anxiety serves the useful purpose of leading one to avoid situations which activate repressed conflict, and can compel the ego to strengthen defensive mechanisms. Fear is not a 'forewarning mechanism', anxiety is.

Relations Between Conditioned Patterns and Superego Development. Harry C. Leavitt. Pp. 73-80.

Origins of the superego are closely linked to the earliest feelings of inferiority, inadequacy, and unworthiness resulting from physical defeat by one's peers and

shaming by parents. The child attempts therefore to achieve superior moral and ethical stature in its superego but failure here evokes further feelings of inferiority and unworthiness. Later, such feelings appear even in the absence of competition. Shame may be the only conscious component, the other elements of superego punishment being repressed.

Common Forms of Resistance in Group Psychotherapy. Benjamin Kotkov. Pp. 88-96.

Group therapy, like individual treatment, should be directed to resistances rather than to recollection of repressed memories. Resistance in groups is of several kinds: silence, which defends against various real or fantasied hazards; hostility, which may be obvious or projected, and may be a denial of fear or serve other purposes; the need to believe that symptoms are physical in origin; and scepticism or cynicism regarding the efficacy of treatment.

The Psychological Nature of Sex. Chandler Bennitt. Pp. 97-105.

'The apparent assumption throughout psychoanalytic writing and practice is that the real sexual fact is physical copulation. Everything else is taken actually for ersatz whether as a defensive substitute or as a socially valuable but nevertheless sexually denatured sublimation.' On this premise, the author discusses what he sees as weaknesses and discrepancies in the freudian libido theory. He explores the metapsychology of meaning, symbol, actuality, masculinity, femininity, and other concepts.

A Case of Phobia of Darkness. V. K. Alexander. Pp. 106-109.

Years after accidentally contributing to the death of a young boy, a young man developed a phobia, various anxieties, frank sexual drives toward the dead boy's mother, and other symptoms. Analysis revealed typical œdipal problems. Using this and other cases, Alexander suggests that the concept of Satan is the result of the repressions and projections of the œdipal situation.

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. V, 1955.

A Brief Survey of Psychosis in Children. Gerald H. J. Pearson. Pp. 15-19.

During the latency period there are two types of schizophrenia. The first is early paranoid schizophrenia with strong bisexuality, strong fear of powerful unconscious homosexual impulses, and an attempt to solve the conflict by use of paranoid mechanisms. This conflict and its solution can occur only after the œdipus conflict has been repressed and the superego has developed. The condition sets in after the early part of the latency period has passed. The second type should be labeled a preparanoid schizophrenia. It occurs more often in

boys. The behavior is extremely antisocial; no children are more destructive or worse behaved. Typically, the father is absent or is weak and incompetent, and the mother is overbearing and subdues any masculine traits in the child. Once this has been accomplished, she turns on him and taunts him for his passivity and 'sissiness'. He responds by denying his passivity through extreme activity and aggressive behavior. As adolescence begins, the resurgence of sexuality causes an increase in the child's homosexual desires, which have been overstimulated since early childhood. He then becomes a passive homosexual, or if this solution causes too much conflict, he resorts to mechanisms of paranoid schizophrenia.

Children with psychotic manifestations in the prelatency period have no real relationship with other persons. The child does not understand what is self and what is not self. The main problem is its fear of its angers and hatreds. Treatment should be directed first to making the child's relation to the therapist like that to a mother. A modified psychoanalytic technique may then be used.

Aspects of a Case of Neurotic Acting Out. Robert L. Hunt. Pp. 33-42.

A thirty-two-year-old clergyman acted out his impulses throughout his life. Analysis showed that this was a defense of the ego to maintain repression of guilt feelings. The unconscious guilt was connected with his œdipal hatred of his father. The repetitious character of his acting out appeared to be a belated effort to master the œdipus complex. Its purpose was to demonstrate that he really had nothing to fear, that he was the powerful one, that he had good reason to hate his father, and therefore need not feel guilty.

Acting out in this patient had several causes: the strength of his repressed fantasies; a disturbing situation in his current life; the narcissism of his ego, weakened by long dependency upon a narcissistic mother; unconscious encouragement by his mother to act out by her condoning his antisocial behavior; and defects in the introjected father which offered a defense against guilt to his ego.

The Fear of Going Berserk. Gerald H. J. Pearson. Pp. 43-44.

The fear of going berserk is a fear of motor activity that will culminate in some destructive or murderous act. In patients who suffer from this fear, motor activity was unreasonably curbed in childhood by the parents. Motor development and motor activities are more important in the lives of both child and adult than is generally recognized. Motor activities in childhood should not be unnecessarily restricted.

Dreams and Affects. Samuel A. Guttman. Pp. 45-53.

Sometimes the patient presents a dream in which a psychical complex has clearly been influenced by the censorship imposed by resistance. Guttman recommends inquiring into the affects experienced by the dreamer in the dream. The affects have been least influenced, and associations to them supply the missing

thoughts. The analyst can ascertain the circumstances under which the patient has had similar feelings, and thus the patient's ego can become aware of and cope with affects previously not handled satisfactorily.

An Early Recognition of Sex Differences. Albert S. Terzian. P. 56.

The subjects of this study are two brothers. The elder, at nineteen months, observed his mother undressed and asked, 'Hasn't any Mommies penis?'. The mother answered that girls do not have a penis, only boys do. He repeated his question daily for three months, and received the same answer. One day in desperation he said, 'It must be hidden under the hair'. Again, at twenty-six months, while on the toilet, he asked his mother if his penis could fall into the toilet like his feces.

A brother was born when this first child was three and a half, and a sister when he was five years old. When the infant sister was observed by the younger boy, now nineteen months old, he became apprehensive. He held both hands over his genitals, pointing to his brother and then to his father. He looked at his mother and sister with a pained expression. The child could not yet speak. This disturbed behavior continued for more than a week, when the older boy volunteered the theory that his younger brother was frightened when he first saw 'that thing' on her 'belly button' because he must have thought it was her penis. When it fell off he probably thought 'somebody cut it off and that's why she's a girl'. Both boys became aware of the difference between the sexes at the same age, nineteen months.

MYRON HERMAN

Bulletin of the Menninger Clinic. XX, 1956.

From Aristotle to Freud. Ishak Ramzy. Pp. 112-123.

The author describes the influence on Freud's thought of certain of his predecessors and contemporaries. Freud stated that Darwin's theories and Goethe's essay on nature were factors in his decision to become a medical student. The six years he spent at the Brücke Institute 'probably provided him with the basic elements of his theories that culminated later in his discovery of psychoanalysis'. Two currents of thought that influenced Freud strongly at the Brücke Institute were the 'evolutionistic orientation' of Darwin and the physiology of Helmholtz. Brentano's courses on Aristotle exerted another important influence on Freud. 'Whenever students of Freud find it hard to follow one part or the other of his theories, it would probably be of help to go back to some of Aristotle's doctrines. The libido theory and the supremacy of genitality could perhaps be more easily understood if one recalls Aristotle's view that the higher levels of organization contain the lower levels and something more.'

Toward A Dynamic Trace-Theory. Gardner Murphy. Pp. 124-134.

Murphy, using concepts derived from Pavlovian conditioning, Sherrington's work on physiology of the brain, and general physiology, comes to the conclu-

sion that every memory based on the perception of external events and objects has its own drive to reach consciousness independent of the energy it may acquire from 'visceral drives'. He states that 'it is not only the instincts or instinctual residues in the psychoanalytic sense that are the dynamic pushes to behavior. They are of enormous importance and at times overwhelm the individual. But they are simply vivid exemplars of a very general tendency to energy release and redistribution in which the sensory and motor systems are as important as the visceral.'

Dreams and Day Residues: A Study of the Poetzl Observation. Lester Luborsky and Howard Shevrin. Pp. 135-148.

The authors performed (with certain additions) the classic experiment of Poetzl recently repeated by Fisher. Subjects were exposed to a picture for 1/50 of a second and asked to report next morning any dream of that night. The authors attempt to explain why elements often appear in the dream that are not consciously perceived or remembered after the subject's initial exposure to the picture. Because of the short exposure, the perceptual elements remain 'charged'. (Only a more prolonged exposure would 'divest' the elements of their charged personal meaning, and put them in the secondary process so that they could be consciously recalled.) That these elements may then appear in the dream suggests to the authors that the ego may 'use the least conscious layers of the personality to re-establish the all-important bond with reality'.

A Contribution to the Psychological Understanding of the Character of Don Juan. Lewis L. Robbins. Pp. 166-180.

The author describes the history and analysis of a patient whose character resembled that of the legendary Don Juan. The patient was a man in his late thirties with a presenting complaint of manic depressive episodes, and a history of alcoholism. He was very promiscuous sexually, having had many affairs with the wives of his close friends. With men, he was either grandiose and inconsiderate or childishly compliant. He valued people for their willingness to love him in spite of his provocations. Analysis showed his promiscuity to be an expression of an intense orally colored œdipal attachment to his mother. It was also an attempt at denial of castration anxiety and feelings of inferiority. His bluster and his ingratiating behavior were attempts to cope with feelings of failure and defeat originally experienced at the hands of his father and older brother.

The author quotes Fenichel that the œdipus complex of the Don Juan is 'dominated by the pregenital aim of incorporation, pervaded by narcissistic needs, and tinged with sadistic impulses. In other words, the striving for sexual satisfaction is still condensed with the striving for narcissistic supplies in order to maintain self-esteem.'

Motive and Style in Reality Contact. Philip Holzman and George S. Klein. Pp. 181-191.

Holzman and Klein are mainly concerned with questions relating to differences in the way people experience the same event. They distinguish between two ways in which the perceiver may modify his perceptions. First, there is modification of perception in accordance with temporary states of need: for example, thirst may create a readiness to perceive water. Second, and less commonly considered, there is modification of perception in accordance with fixed perceptual attitudes which are characteristic and constant for any individual and are not necessarily in the service of drive discharge. For example, the subjects in a perceptual experiment varied from each other in a consistent way in their ability to match sizes. The authors suggest a possible relation between an individual's 'perceptual attitudes' and his defenses. They observed that those subjects who used the psychological mechanism of isolation tended to be highly objective and discriminating in their perception of objects (to be 'focusers') whereas those who used repression tended to be nonfocusers. Visual forms that are loosely organized seem to lend themselves to perceptual modification more than those forms that are tightly organized.

Reflections on the Wish of the Analyst to 'Break' or Change the Basic Rule. Sylvia Allen. Pp. 192-200.

The author discusses the inner struggle the analyst must cope with when he contemplates departure from such basic rules as use of free association, use of the couch, and orthodox arrangements as regards time and money. In the process of recognizing a justifiable occasion for breaking these rules, the analyst must struggle with his own introjects of figures of authority: Freud, his training analyst, his parents. Unanalyzed conflicts with these introjects may result in the analyst's feeling like a bad child, even though his innovation is entirely correct.

Fechner and Freud. Henri F. Ellenberger. Pp. 201-214.

Freud once said, 'I was always open to the ideas of G. T. Fechner and have followed that thinker upon many important points'. Fechner and Freud had certain similarities as thinkers and as personalities, so that it is an open question to what extent similarities in their work are the result of Fechner's influence upon Freud. There are several psychoanalytic concepts in which the influence of Fechner is most certain and most direct. One of these is the concept of mental energy that ultimately derived from Fechner's concept of 'psychophysical energy'. The topographical concept of the mind, too, was derived partly from Fechner's work. Fechner stated: 'The seat of action of dreams is different from that of waking ideational life'. Freud, like Fechner before him, liked to state general principles. Freud saw his principle of constancy as a special case of Fechner's principle of a tendency to stability, and Freud's pleasure principle is somewhat similar to one enunciated by Fechner.

The Ancestry of Dynamic Psychotherapy. Henri F. Ellenberger. Pp. 288-299.

The author states that comparative psychotherapy is a new and promising field of research. He comments briefly on three topics: psychotherapy among the American Indians; healing methods of the Temple of Æsculapius in ancient Greece; and possession and exorcism. The article is anecdotal and interesting and is concluded with the observation that we see '. . . among primitive and ancient peoples evidences of subtle therapeutic techniques by means of social reintegration, cultural performances on a high artistic level, symbolic interpretations, and of methods to which we can hardly find parallels today. On the other hand, our methods of catharsis, of handling resistance and transference were not quite unknown.' An interesting example is the cure of a fifty-year-old Navaho who became depressed after dreaming that his children were dead. He was told by a 'chanter' that his difficulties could be traced to the time when, as a child, he saw a dead sacred bear. His successful cure consisted of an elaborate reconciliation with the spirit of the bear, which the present-day analyst may surmise symbolized the patient's father.

Why Psychiatrists Do Not Like to Testify in Court. Manfred S. Guttmacher. Pp. 300-307.

There are three main reasons why psychiatrists are reluctant to testify in court. 1. The trial process, with its partisan approach and esoteric procedural formula, is bewildering and restrictive to the psychiatrist. Also the partisan position of the psychiatrist as expert witness makes it difficult for him to be completely objective. To remedy these situations, systems which use nonpartisan medical experts are coming into fairly wide use in criminal trials and are beginning to be used in civil trials. 2. Psychiatrists are reluctant to expose their patients' confidences. 3. The psychiatrist finds it difficult to evaluate the defendant by the M'Naghten Rule, the generally used legal test of criminal responsibility. This 'knowledge of right and wrong' test is less applicable to the realities of mental life than the New Hampshire Rule, under which the psychopathology of the defendant and its relationship to the commission of the offense is pertinent.

JOSEPH WEISS

American Journal of Psychiatry. CXII, 1955.

Play and Neuroses of Children. F. Schneersohn. Pp. 47-52.

The author considers child neurosis a deficiency disease produced by the absence of normal group play. The neurosis arises to fill the emptiness caused by this deficiency. The neurosis is described as a primitive compulsive play which replaces the missing free group play. The treatment of childhood neurosis takes place in three stages. 1. In the language of its age it is made clear to the child that there is a connection between the symptoms and the deficiency of play in order to eliminate the inhibitory consciousness of disease. This is labeled

by the author the 'liberation moment'. 2. The child's life is organized according to its urge and need to play in order to get rid of the play deficiency. This is the 'scheduling-the-day moment'. 3. After the cure the child must be supervised for some time by means of periodic visits in order to prevent possible relapse. This is the 'weaning moment'.

The Academic Lecture. The Biological Roots of Psychiatry. R. W. Gerard. Pp. 81-90.

This is a highly urbane, brilliant, philosophical discourse on the relation between the mind and the function and interconnections of the neural unit. New discoveries in cellular metabolism of the brain strongly suggest that an inherited biochemical aberration is dominant in the causation of schizophrenia. The psychoses may be primarily disturbances of the units of the nervous system, biochemical in nature, and carried in the genes, while the neuroses may be primarily disturbances in the patterns of function and interconnections of the neural units resulting from unfortunate relations of the individual to his environment. The development of cybernetics has directed attention to the question of whether the interactions in the nervous system are continuous or discontinuous. The nerve impulse is discontinuous, behaving in an all-or-none fashion. Synaptic action is continuous and shows graded effects, as do electrical or chemical fields in the brain. Messages enter, leave, or rattle around in the nervous system as discreet signals, yet the interactions within the nervous system that determine patterns of activity are mostly continuous.

Why is consciousness attached to or concomitant with certain acts and experiences? Awareness is most acute in connection with disturbing events, most in abeyance when existence runs placidly. Only when adaptive behavior fails does creative behavior occur, attended by consciousness. In neurological terms, if the automatic response fails to remove the disturbing stimulus, (if the simple negative feedback mechanism fails), then impulses continue to arrive at particular neurone groups in greater numbers than normal. Some kind of summation probably occurs at the synapses. These impulses irradiate to additional neurone groups beyond those normally activated. Progressive radiation of activity in the nervous system under cumulative stimulation reaches the hypothalamus and related structures at the upper end of the old segmental brainstem. This is associated with liberation of adrenalins, or sympathins, the concentration of which, acting on the brain, is a determinant of the level of consciousness. Perhaps this liberation of sympathins by a positive feedback upon the brain leads to increased attention, alertness, and anxiety. Still larger doses or more active derivatives may stimulate still further and produce hallucinations, disorientation, and the like.

A single passage of an impulse over a neurone loop leaves no significant trace, but repeated passages in a limited time produce cumulative effects until some irreversible level is passed. Consciousness and creative behavior are possibly evoked by the reverberation of circuits, while routine behavior without awareness is presumably handled by messages running quickly and with little or no repetition through well-grooved reflex channels. Dreams may result from un-

resolved pressures left from the day or generated from the environment and are caused by continuing reverberation and radiation in the brain, as are also, for example, hallucinations of water associated with thirst or delusions. This neurophysiological explanation is compatible with the psychodynamic theory that unsatisfied drives or pressures cause accumulation of something that finally overflows in healthy ways or in symptoms. One psychodynamic consequence of Gerard's postulate regarding consciousness is the question of how the censor can censor without knowing what is happening; in other words, how can both drive and defense remain unconscious? The hypothesis that awareness occurs only with repeated activation of the appropriate neurone assembly happily accounts for this phenomenon if we assume that the first activation by the drive leads to inhibition.

Schizophrenia in the Youngest Male Child of the Lower Middle Class. B. H. Roberts and J. K. Myers. Pp. 129-134.

The authors describe the social syndrome of schizophrenia in the youngest male of the lower middle class. Besides the familial psychopathology familiar from other studies, they stress the significance of social class.

Course and Outcome of Schizophrenia. F. A. Freyhan. Pp. 161-167.

Long-term observation of two samples of schizophrenic patients discloses that hospital discharges of such patients has doubled since 1940. Freyhan regards modern clinical management as the cause of this improvement. We cannot foretell which illnesses will be chronic on the basis of type of onset or of personality, nor can chronicity be avoided by therapeutic efforts.

Social Mobility and Mental Illness. A. B. Hollingshead and F. C. Redlich. Pp. 179-185.

The authors' data demonstrate that neurotic and schizophrenic patients are more 'upwardly mobile' than the average population, and they show stronger upward mobility than their parents and siblings. It seems that at least prior to the onset of illness they are achievers and possibly overachievers. However, downward mobility also occurs. This fact in itself demonstrates that a particular mobility is not an essential concomitant of mental illness. Mobility aspirations in both the schizophrenic and neurotic population are even more striking. The discrepancies between achievement and aspirations in the individual patient as well as in the total diagnostic group are interesting quantitative indices of the patient's lack of ego strength and his subsequent flight into fantasy. Frustration and conflict over frustrated mobility aspirations may be discerned in all spheres. Clinical experience indicates that patients of lower class who are socially upwardly mobile individuals and who aspire to have values similar to those of the therapist are good therapeutic risks. On the other hand the downwardly mobile patient, usually a self-destructive, self-punitive, masochistic person, is likely to show negative therapeutic reactions. Social mobility does not explain the ideology

or treatability of mental illness, but it can help us to arrive at a better understanding of the complex conditions we have to treat.

Loneliness and Social Change. Claude C. Bowman. Pp. 194-198.

The problem of loneliness demonstrates that sociological changes are important in psychiatric phenomena. Fromm concluded that 'men are lonely today because their emancipating triumphs over church, state, and family severed the primary ties that united them with others in the preindividualistic period'. Bowman comments that Fromm's brilliant analysis needs to be supplemented by the sociologists. In our society we meet less in primary groups such as family, play group, neighborhood, or village, and, since the immediate family is smaller than it was fifty years ago, adults and children have fewer intimate associations within the family. Even within the same community ties of family and kinship may deteriorate as differences in occupation or class introduce barriers to free communication. The pursuit of high socioeconomic status may alienate an individual from his family. The intimacies of neighborly contact tend to decline in the larger cities. But formal impersonal relationships are increasing. Moreover the feelings generated by competition are detrimental to the development and maintenance of friendliness. The author suggests that the sense of isolation may be considerably less in the lower ranks of an economic organization. Movement from one social class to another also produces a sense of loneliness. Subjective factors increase the difficulty still further. This point of view seems to have important implications for the processes and goals of psychotherapy. Two of these are discussed. 1. Psychotherapy could be greatly illuminated by sociological research that would offer therapists knowledge about the community in which the patient lives. For example, predisposing and precipitating factors may be found during investigations of the larger social environment. Detailed knowledge of the community and its subcultures might help the therapist deal more intelligently with the problems encountered by the patient in his daily life. 2. Social research may be useful in determining the practicable limits of therapeutic success.

There are normal or modal types of loneliness as well as deviant types. The practicable goal of psychotherapy is accordingly defined more clearly: to reduce a sense of isolation to normal proportions. If the psychiatrist does not possess reasonably accurate conceptions of society in general and of the patient's environment he may expect more of the patient and of himself than is sociologically sound.

DAVID L. RUBINFINE

Psychosomatic Medicine. XIX, 1957.

The Psychology of Bodily Feelings in Schizophrenia. Thomas S. Szasz. Pp. 11-16.

This paper is a theoretical examination of hypochondriasis and so-called somatic delusions. The author is interested in the interpretation of this be-

havior in its formal characteristics, as a model of ego-body integration. According to this theory the body becomes an object to the ego. Bodily preoccupations then pertain to the fear of loss of the body (object), and serve as a warning as well as a reassurance against it. Further progression of ego-body disintegration leads to feelings of loss of the body and a new psychically amputated ego-body integration. This in turn can lead to painless, wilful mutilation in an attempt to 'bring the body up to date'. The crucial aspects of Schreber's hypochondriacal delusions in his illness are examined in the light of the above theory.

DAVID H. POWELSON

Human Camouflage and Identification With the Environment: The Contagious Effect of Archaic Skin Signs. Joost A. M. Meerloo. Pp. 89-98.

Usually when people attempt to become 'anonymous' it is by behavioral stratagems. However, in periods of great stress they may unwittingly turn to rudimentary remnants of phylogenetically older defenses, forms of biological camouflage. This defensive camouflage reaction is one form of what Meerloo terms 'the passive surrender to danger', a defense on the biological level analogous to the ego defense of 'identification with the aggressor'. It serves the threefold purpose of warning, communication of mood, and camouflage. Meerloo calls particular attention to the contagious character of these archaic signals, which is evidence of their functions of warning and communication. He uses biological analogies to show how we may remark the purposive significance of such primitive psychosomatic phenomena as syncope, fear melanosis, and various other disorders of the skin. He regards this paper as largely analogical and speculative, but intends it to be a stimulus to further comparative study of bodily communication.

Physiological Correlates of Tension and Antagonism During Psychotherapy: A Study of 'Interpersonal Physiology'. Alberto DiMascio, Richard W. Boyd, and Milton Greenblatt. Pp. 99-104.

The authors studied simultaneously certain physiological coördinates in patient and interviewer. The heart rates of interviewer and patient tended to rise when the patient seemed 'tense' and to fall when he seemed at ease. When the patient expressed antagonism to the interviewer, the heart rate of the latter increased while that of the patient decreased, presumably because of cathartic 'tension reduction'.

Physiological Study of Personal Interaction. Robert B. Malmo, Thomas J. Boag, and A. Arthur Smith. Pp. 105-119.

The potentials in the muscles of speech in an interviewer and his patient were found to vary according to whether the interviewer was praising or criticizing the patient. On days when the interviewer's mood was 'bad', the patients showed significantly higher heart rates even when the interviewer did not, and

even though he made exactly the same prepared statements to the subjects on each day. It is suggested that the interviewer's mood was conveyed to the subjects by his intonation or possibly by other nonverbal cues.

Somatic Basis of Sexual Behavior Patterns in Guinea Pigs: Factors Involved in the Determination of the Character of the Soma in the Female. Robert W. Goy and William C. Young. Pp. 144-151.

The authors present data on the factors governing sexual behavior in female guinea pigs (they have previously done the same for the male guinea pig). They clearly demonstrate that prepubertal social contact with animals of the opposite sex is necessary for optimal development of sexual behavior in female as well as in male guinea pigs. They quote similar results in the studies of male and female chimpanzees, and conclude that experiential as well as hereditary factors are clearly important in determining sexual behavior in all these species. Prior to these studies the sexual behavior of these animals was assumed to be instinctive in the sense of being hereditarily determined and unlearned. It was also demonstrable in this study that exposing the prepubertal guinea pigs to the learning situation had a greater effect than if the exposure was postponed until after puberty.

Rectal Resection: Psychiatric and Medical Management of Its Sequelae: Report of a Case. Bernard C. Meyer and Albert S. Lyons. Pp. 152-157.

Although the authors refer to their roles in the treatment of this patient as simply 'relationship therapy', they clearly indicate several other important factors in their method. Besides offering support and empathy, they deliberately fostered adaptive identifications with the therapist. They judiciously used intentionally incomplete analytic interpretations, and they employed education and suggestion. By these means they were able to rehabilitate a patient who had been largely disabled by the psychological conflicts precipitated by a colostomy and surgically induced impotence.

FRANK T. LOSSY

Mental Hygiene. XLI, 1957.

The Psychology of Trade Union Membership. Marc Karson. Pp. 87-93.

The trade union satisfies many psychological needs of its members: emotional security (because they can belong to it); unity of purpose, and the power of unity; prestige; approval; encouragement of the passive as well as the aggressive; the feeling of being understood; provision for possible success of realistic goals. 'Workers may favor the union for what they think are the economic advantages it offers them, when in reality it is fulfilling some of their unconscious emotional needs.'

JOSEPH LANDER

British Journal of Medical Psychology. XXX, 1957.

Freud, the Psychoanalytical Method, and Mental Health. W. Ronald Fairbairn. Pp. 53-62.

Fairbairn traces the general development of some concepts of analytic theory and practice: the unconscious, repression, infantile sexuality, the œdipus situation, and the influence of early experiences, repressed elements, and parental introjects, in determining 'internal reality', character structure, and symptom-formation. He discusses changes in Freud's thinking, such as his broadening the concept of the unconscious to include, besides 'the repressed', elements of structure and energy. Freud's early view of symptoms as manifestations of the 'return of the repressed' was submerged later in the ideas about ego defenses. Fairbairn discusses some connections between aggression, repression, and resistance, and some of the ideas of Melanie Klein and Glover regarding transference phenomena and the internalization of 'good' and 'bad' objects. He describes attempts to isolate differentiating features of psychoanalytic therapy and compares the passive and active techniques of adult and child analytic therapy. He compares therapy with religious salvation in regard to the need of forgiveness of 'sins' and the need to cast out 'devils', (which are 'bad' introjects). Therapy has progressed from interpretation of the repressed to work with defenses, resistance, and transference. The 'here and now' of the analytic situation must be interpreted in terms of both the patient's early history and current internal situation. The chief contribution of psychoanalysis to the cause of mental health lies in the prophylactic enlightenment of the public about the importance of giving the child the emotional security of a home and attention from both parents, guarding it against emotional deprivations such as separation from the mother, the traumatic effect of excessive jealousy, observation of sexual intimacies of parents, and other influences shown by psychoanalysis to be harmful.

Transference and Countertransference. W. P. Kraemer. Pp. 63-74.

Kraemer states that 'there is the fullest agreement among Jungian analysts that there can be no teaching of a "technique" of handling of transference'. He nevertheless proceeds to demonstrate a technique, or at least an approach in problems of transference. Using a 'typical' case of a depressed woman patient for illustration, he compares the Jungian, freudian, and Kleinian analytic approaches to certain problems of transference and countertransference. Whether we use the concepts of archetypes, 'good' and 'bad' introjects, or œdipal relationships, Kraemer advocates more use of the 'partnership transference pattern' in resolving transference-countertransference problems. By the partnership transference pattern the author seems to mean a departure from the neutral role of the analyst toward a controlled but more emotional interaction with the patient (somewhat similar to the synthetic role playing advocated by Alexander to provide a 'corrective emotional experience' for the patient).

At one point in therapy the patient chides Dr. Kraemer for having been

angry with her; but he comments, 'In spite of what she says, it turns out to have been the right thing for me to get angry'. He shows great skill in helping the patient work through her discordant humors,—paranoid ('It is all the fault of others') and depressive ('It is all my own fault'). Curiously, however, he seems unaware that he refutes his own principal thesis. He advocates actively countering the patient's transference rather than simply reflecting it and analyzing the roles assigned him by the patient; yet he blames himself for prematurely and forcibly confronting the patient with the 'bad' (unacceptable) elements in an early dream. He may have achieved an effective therapeutic short cut, but was it discrete analytic technique? This maneuver precipitated the transference storm. Says Kraemer, 'I feel that the violence of the breakdown, brought about by the primordial power of the archetype, might have been avoided to some extent if I had been still slower in my approach and still more passive in my attitude toward the fatal dream'. But this quotation, taken out of context, perhaps does injustice to an article that clarifies some old problems by re-examination of them.

Psychic Events Accompanying an Attack of Poliomyelitis. Arthur J. Prange, Jr. and David W. Abse. Pp. 75-87.

The authors review briefly the extant subjective accounts of acute poliomyelitis and describe vividly and frankly the experiences of one of them during the acute stages of the disease. The state of disturbed somatic function with pain, paralysis, a period of encephalitic delirium, incipient bulbar involvement, and urinary and bowel dysfunction, roused various ego defenses against the fear of death and distortion of the body. Denial and displacement were used, and hypnagogic images occurred that were clearly overdetermined and restitutive. There was extensive narcissistic regression to a primitive ego state, with great need for authoritative figures and motherly nursing care. Recovery brought into action attempts at reintegration of the ego. Physicians and nurses can learn from this article how important they are as parents who can sustain hope.

DAVID W. ALLEN

Journal of Mental Science. CII, 1956.

Perception of the Upright in Relation to Body Image. D. A. Bennet. Pp. 487-506.

Body image or body schema is differentiated from the idea of body percept. The author uses Smythie's definition of the perceived body as 'the spatially extended field present in direct consciousness whose head surrounds the observing self and the rest of which is extended in perceptual space below the observing self'. It is postulated that 'any weakening in the structure of the perceived body would be accompanied by a weakening of the relationship between perceived visual and tactual space'. This postulate was tested on fifty normals, twenty-four schizophrenics, six leucotomized schizophrenics, ten patients with organic mental syndromes, and sixteen with disturbed bodily percepts. By an experi-

mental method using the measurement of errors in the perception of the vertical (Rod and Frame Test), the errors in perception of the vertical in schizophrenic and normal subjects were found to differ significantly from those in patients with organic conditions and disturbances of bodily percepts. The two latter groups did not differ from each other. A significant leftward tendency in perception of the vertical was found in normal females and in schizophrenic subjects of both sexes. A rightward tendency in normal men and in those with disturbed bodily percepts was discovered. Bennet discusses the significance of this sex difference and of the rightward and leftward tendencies, and the possible reason for the similarity of response in the 'organics' and schizophrenics.

DAVID H. POWELSON

Journal of Mental Science. CIII, 1957.

The Sexual Behavior of Young Criminals. T. C. N. Gibbens. Pp. 527-540.

The sexual histories of two hundred young English criminals, aged sixteen to twenty-one, were studied in relation to their criminal activity, physique, and some other factors. What kinds of criminal behavior had brought these young delinquents into the training school is not made sufficiently clear. The author seeks to correlate his data regarding age of onset and frequency of masturbation and heterosexual and homosexual activity with statistics from Kinsey and other sources; but his efforts are tentative and tenuous. He concludes, however, that 'criminals tend to start sexual behavior earlier and more vigorously but abandon it as their criminal career develops'.

DAVID W. ALLEN

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Meetings of the New York Psychoanalytic Society

Betty Allen Magruder

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NOTES

THE TWENTY-FIRST CONGRESS OF THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION is announced to be held in Copenhagen, Denmark, from Monday, July 27th to, and including, Thursday, July 30th, 1959. Registration will take place Sunday, July 26th.

THE VIENNA PSYCHOANALYTIC SOCIETY celebrated its fiftieth anniversary on April 13th, 1958. This anniversary marks also the fiftieth anniversary of the membership of the Honorary President, Dr. Alfred Winterstein, in the Vienna Society.

It is noted with deep appreciation that the TWENTY-FIFTH ANNIVERSARY OF PUBLICATION OF THE PSYCHOANALYTIC QUARTERLY was observed both by the International Journal of Psychoanalysis and by the American Psychoanalytic Association, the latter in a tribute presented to the membership by Dr. Lawrence S. Kubie, published in the Bulletin.

The Secretary of the CANADIAN PSYCHOANALYTIC SOCIETY requests Canadians who have gone abroad and have become psychoanalysts, or are at present students in training, to write W. Clifford M. Scott, Secretary, 4342 Sherbrooke Street West, Montreal 6, Quebec, so that the Canadian Society may send them copies of its annual report.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 18, 1956. THE 'EXCEPTIONAL PERFORMANCE' AS A BIOLOGICAL CONCEPT. Laci Fessler, M.D.

The common denominator of somatic and psychic functions is the mastering of irritations. Superego, ego, and id are established psychological points of reference, and in the soma certain systems offer parallels to these three psychic institutions. Common to all somatic and psychological changes is 'a biological change operating in the service of the regulating principle and adjusted to the economic needs of the organism'. Criteria of an exceptional performance are described in the following terms: intensity of the irritation; the irritation usually stimulates more than one organic system; the exceptional performance satisfies a biological need and is goal directed; it is ego syntonic; it consists of a set of responses that usually controls the whole condition. The working of one organic system preponderates to such an extent that all the reactions are tuned to it accordingly; the exceptional performance implies a greater variability than the average reaction. Pregnancy is cited as the outstanding example of an exceptional performance. The orgasm is also under the impact of somatic changes. There are certain normal psychological conditions in which one functional unit—superego, ego, or id—controls the individual's behavior.

As an example of an exceptional performance ensuing from preponderance of the ego, the author describes humor; from preponderance of the superego,

devotion and ecstasy; from preponderance of the id, orgasm. Examples are given indicating the different areas from which threats to the ego may come and how these threats are warded off. The genetic approach to the development and functions of the superego is the best way to clarify the nature of devotion and ecstasy. The superego secures safety in counteracting as well as causing anxiety. The urge to survive derives from the pleasure principle and the reality principle, and survival itself is the area in which superego and id meet. Fertility provides the meeting ground, demonstrating a perfect example of a biological synthesis.

DISCUSSION. Dr. Harkavy made two points. First, he wanted to know how Dr. Fessler distinguishes the predominant role of the ego in humor from the type of defense termed *witzelsucht*. Second, he pointed out that the example of orgasm for the predominance of the id seems to leave out the choice of object, which is an ego function; he noted also that orgasm seems to have no relevance to the fantasy content of masturbation. Dr. Bychowski suggested that Dr. Fessler supplement a few of his remarks which seemed 'elliptic' and 'aphoristic'. He was surprised that Dr. Fessler made no distinction between devotion and ecstasy: ecstasy is the abolition of the limitation between ego and the nonego of the ego boundaries, a fusion with God or with supreme reality but psychologically it is not a devotion. Dr. Bychowski said that he hoped Dr. Fessler would reformulate the relation between the id and the superego. In the ecstasy of the prophets the superego becomes completely identified with the introject; subsequently the introject is reprojected. Dr. Brodsky commented that Dr. Fessler's paper fits with present psychoanalytic orientation in maintaining the importance of biological thinking in psychoanalysis. Even in some very complex phenomena, such as devotion or humor, the subject reverts in the midst of a very complex psychological structure and performance to one basically biological.

BETTY ALLEN MAGRUDER

February 26, 1957. LIEBESTOD FANTASIES IN A PATIENT FACED WITH A FATAL ILLNESS. Bernard Brodsky, M.D.

This paper discusses, on the basis of an analytic case history, the fantasy of *Liebestod,* the latent wish for an eternal reunion with a beloved person who is dead. One such fantasy is the wish to die with the person. A young woman with chronic leukemia was accepted for analysis because of intense depression and anxiety. Her mother's aloofness and her father's preference for the only son drove her into an intense and ambivalent relationship with her brother. In early life the two children became fascinated with Wagner's Tristan and Isolde. When the brother was killed in a war, the patient became depressed and had the fantasy of being reunited with him. After her marriage, and during her third pregnancy, her fatal illness developed. Her analysis revealed the fantasy to be: 1, a warding off of fear of death by denying it; 2, being buried with the brother as an intrauterine fantasy of coitus and pregnancy; 3, reunion with the brother as a means of being reunited with the mother—a good death being equated with

good sleep [Lewin]; 4, punishment for guilt because of incestuous and hostile feelings toward the brother. In partial identification with the brother (mimicking his gestures and mannerisms), she expressed a homosexual attachment to his former fiancée and was 'living out the reunion with Tristan by being Tristan'. Dr. Brodsky suggests that Lewin's oral triad of wishes is the basis of *Liebestod* fantasies. The patient improved greatly in the course of the analysis and was able to develop a sense of death as an event which is neither incestuous nor punitive.

DISCUSSION. Dr. Martin Stein speculated that an actual seduction had taken place. One meaning of the pregnancy fantasy is the wish to be cured; this patient became ill through pregnancy and would perhaps be cured in the same fashion. Dr. Stein discussed several aspects of the complicated transference, and especially emphasized the role of the analyst as a disciplining and loving mother who, by her supervision, would have protected the patient from incestuous seduction. Dr. Sidney Tarachow stressed the patient's intense orality from serious early deprivation. He was of the opinion that the central fantasy was motivated more by the wish for reunion with a good mother than by an attempt to deny death. He discussed various aspects of the equation: sleep = death. In connection with the patient's masochism, Dr. Tarachow advanced the thesis that painful affects may be converted into æsthetic experiences, a device (similar to the dream work) which serves the purpose of deflecting the accent from the painful truth. Dr. Brodsky, summarizing, discussed the countertransference in analyzing a patient with a fatal illness.

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