

Models for Pleasure

Bruce Buchenholz

To cite this article: Bruce Buchenholz (1958) Models for Pleasure, *The Psychoanalytic Quarterly*, 27:3, 307-326, DOI: 10.1080/21674086.1958.11926098

To link to this article: <https://doi.org/10.1080/21674086.1958.11926098>



Published online: 05 Dec 2017.



Submit your article to this journal

MODELS FOR PLEASURE

BY BRUCE BUCHENHOLZ, M.D. (NEW YORK)

Pleasure is man's most desired subjective experience. It has been studied by philosophers, physicians, and scientists, each using the sources of data and techniques appropriate to his discipline. The present study of pleasure, of which this paper reports a part, uses data drawn from the general population and is studied by methods of social science and psychoanalysis. Our primary interest is in pleasure as a subjective personal experience: 'What is the nature of the inner experience people call "pleasure"?'.

The first step toward construction of a definition of pleasure was to devise a questionnaire, asking the subject to 'think of any experience which gave you a lot of pleasure, joy, or delight. Try to put yourself back into the mood you had at the time. What were the inner feelings, the sensations inside, that you felt?' (1). The replies showed striking consistencies. Hundreds of responses from Americans, who varied in age, sex, location, profession, and education, disclosed monotonous repetition of such phrases as 'my cup runneth over', 'flowing through my body', 'overflowing', 'something new has been added', 'away from (and back to) reality'; they spoke of feelings of 'inner warmth and fullness', 'relaxation', 'satisfaction'. This repetitiveness can be explained by the serious limitations of the English language for the communication of emotion and by the similarities of the subjects' experiences of pleasure. This similarity of experience seems most significant. It suggests the thesis that pleasure is conceived according to past experience and is expressed within the limitations of language and social sanction.

The present paper examines the responses to the questionnaire in order to determine the unconscious experiential models on which the descriptions seem to be based. No attempt is made

From The New York School of Psychiatry, Wards Island, New York City.

to prove a thesis, but only to see what unconscious models are disclosed by the use of converging contextual evidence, analogy, and the application of psychodynamic theory.

Szasz has recently criticized 'the tendency to put back meaning to ever earlier layers' by forcing 'all later symbolic complexities back into the framework of [the] earliest conceptual prototype' (14). In studying human behavior one does not seek the earliest prototype because it has some presumed esoteric value. One seeks to establish laws, to generalize from particulars, to find the consistencies. It is inevitable that in searching for 'laws' in the structure of any universal human experience one is pushed further and further backward from the chronological level of greatest development of individual characteristics to periods of fundamental experiences which 'more', 'most', and finally 'all' human beings undergo. The study reported here carries us back to what Kardiner has characterized as one of the 'peculiarly human basic biological factors' (7), namely, the unusually protracted period of dependency during which the chief adaptive techniques are acquired.

The experiential substrate sought for here does not represent the 'meaning' of pleasure, nor its 'significance', nor does our finding it obviate the necessity for studying more complex levels of symbolization. We seek here only the foundation of the structure people call their 'pleasure'. The responses lead back to early and fundamental experiences, and they all seem to cluster about a central theme. The basic model for experience of pleasure is demonstrated. Additional models are also discoverable from the data.

Since the models are derived by inference, no attempt at statistical analysis was made. A sample of one hundred sixty questionnaires was chosen by drawing from the total number (about three thousand) the first twenty-five responses from each of the following groups of college students (aged eighteen to twenty-five): urban women, urban men, rural women, and rural men; and the first ten responses from each of the following groups: urban women, urban men, and rural men (aged twenty-six to

fifty years), and men and women aged fifty-one to seventy-five, and boys and girls aged thirteen to seventeen.

The overwhelming majority of models for pleasure, regardless of the source in contemporary experience, pictured some aspect of loving care, typically that experienced by a nursing infant. These pictures included being relieved from all responsibility, taken into the mother's arms, held and fed. The following two examples demonstrate these fantasies and the method of deriving them from the descriptions of subjective pleasure experience:¹

I felt new fires flowing into me—, the weakness was receding—I stretched delightedly, absorbing the warmth of the sun, feeling a myriad of tingling sensations in my body. I wanted to shout for joy! I wanted to kiss the flowers. I was grateful for the wonderful gift of life. I was expanding. Growing beyond myself, merging with the earth and the plants, pulsating with energies of the universe! There was rhythm and harmony in and around me, and I felt how wonderful it is to exist, *to be*—.

This woman's enthusiastic and graphic description is a clear delineation of a pleasure experience on the model of being filled with a strengthening, life-giving infusion. There is the picture of taking in the warm, energizing substance, of being filled and expanding. The concept of the feeding process as a merging with the mother ('merging with the earth') exemplifies one phase of a construct which I have elsewhere (2) defined as the 'to-have-and-to-hold complex'. This concept, also called the 'pleasure feedback',² describes the motivating action of pleasure in sequential phases: 1, being sensitized and alerted; 2, reaching

¹ The illustrative quotations given in this paper are copied verbatim from the questionnaires, including errors in spelling, punctuation, and word usage.

² One aspect of the subjective experience of pleasure seems to consist of impulses to action, to do something. Such impulses often arrange themselves in a temporal sequence to give the picture of a dynamic process. No single description contains the entire sequence, but when the tendencies extracted from the various responses are put together, the above-outlined pattern emerges clearly. 'To-have-and-to-hold' describes the central or climactic phase of the sequence, and 'feedback' refers to the final tendency to repeat the cycle.

for and being drawn to; 3, merging with, absorbing, and being absorbed; 4, fastening on and holding; 5, trying to recapture (when lost).

Here is a second example of what seems to be the basic experiential model:

The sensations that I felt occurred mainly in the region of my abdomen. There were sensations of flowing there, like clear rippling of water. A feeling of unattached freedom as well as a feeling of intense confidence in my ability to provide for all my needs was very strong. . . . I was at one with nature. A feeling of less constriction in my chest and throat—I was able to take deep slow breaths, and the air tasted good.

A sensation of reaching out to the sky, to the white clouds. A soft, warm feeling surrounded me.

Healthier blood seemed to be flowing through me. . . . This rippling—more like a streaming, a flow, a tender vibration—was the pleasure in its physical form. I felt soft toward everything in the vicinity and all things appeared to be reaching out toward me, as I was toward them.

The alimentary nature of the unconscious model for this man's pleasure experience is apparent in its abdominal localization, the 'flowing' sensations, the 'rippling water', the sense of its 'providing for all my needs', and the description of intake by 'the air tasted good'. There is again an exposition of the 'pleasure feedback' in the description of 'reaching out', 'feeling surrounded', 'at one with nature'. The picture is that of a child reaching out, being enfolded, held and fed in the mother's arms.

The central element in this picture of dependency and security is the feeding process. Its presence underlying the descriptions is usually signaled by the use of terms appropriate to the experience of drinking a warm liquid. The sensation of 'flow' often recurs, and other common terms are 'being filled', 'fullness', 'rippling sensation', and 'warmth inside'. With this basic description occur pictures of experiences preliminary to, concomitant with, or resulting from the feeding process. These include:

Being lifted and held:

1. Happy as if borne along on a great tide.
2. I also felt 'airy', that is, floating above the ordinary atmosphere to a higher level of existence.
3. I first had a soaring sensation as if my entire spirit had been lifted out of the depths of my being.

Being relieved of responsibility and fear:

1. I felt completely relaxed and at ease. My worries are forgotten during this time, and any defense barriers which usually exist between me and my environment were completely forgotten for the time. My muscles felt completely relaxed and I felt no butterflies in my stomach as I usually do.
2. All problems which would have to be faced in the future seemed to lose their magnitude and importance in the presence of this new feeling. The world seemed to be on my side.

Being strengthened:

1. I could do more with less fatigue. Mentally, of course, everything seemed right, I was satisfied, elated and physically felt a glow.
2. I felt strong, pure and bubbling. . . .
3. Inwardly it made me secure and provided me with a feeling of great strength.

Falling asleep:

1. It puts you in a sleepy, dreamy mood, and gives you a manna feeling.
2. A warm, tingling sensation and a delicious (restfulness, relaxation) in which I was completely relaxed overtook me and I finally fell asleep.

In these descriptions, the experience of being lifted up and held high is secondary only to the feeding process itself. Perhaps it represents pleasurable expectation. The sensual memory of this experience is reflected in such terms as 'my body felt light', 'walking on a cloud', 'exaltation', 'elated', 'soaring sensation', 'buoyancy', 'feel high and light', 'floating', 'got a lift out of

[it]'. This is a frequent element throughout, but it is particularly prominent in pleasure experiences associated with relief of tension and fear. This feeling 'high' is, in some responses, contrasted with the 'low' feeling in depression. In describing these 'low' feelings, the respondents equate 'reality' with 'emergency emotions' (10),—for example, 'worry', 'fear', and 'responsibility'. They write of being 'weighted down with reality', 'feeling heavy', or 'feeling low'. The 'high' feeling in the general pleasure response is, in the pleasure associated with relief of tension, emphasized by the heightening effect of contrast with the subject's prior mood.³ The lightness resulting from relief from oppression ('reality') gives a sensation of sudden soaring, of springing up, as though a natural upward tendency has been released. The implication is that there is within the individual a constant 'upward' striving which asserts itself when the 'downward' restraint is removed.

This soaring feeling is a universal human experience, expressed in many art forms (for example, the Egyptian pyramids and other architectural designs, Brancusi's *Bird in Space*, Nijinsky's famous leap). This consistent inner striving upward may represent a drive to mastery, personal assertiveness, a constant tendency toward the exploitation of one's powers, so that pleasure becomes the reward for the free and successful exercise of one's individual potential. It is reasonable to suppose that this aspect of pleasure has its background in a universal human experience, perhaps that of being picked up by the mother. It may have the psychodynamic significance of acceptance by the protective mother, who lifts her child out of 'reality' and takes on herself the burden of responsibility.

The other models discernible in the pleasure descriptions seem to confirm experimentally a good part of Ferenczi's clinical insight: 'The child's mind (and the tendency of the unconscious in adults that survives from it) is at first concerned exclusively with his own body, and later on chiefly with the

³ This is a significant dynamism in the development of dependence on drugs (11) and probably of other pathological emotional bondages.

satisfying of his instincts, with the pleasurable satisfactions that sucking, eating, contact with the genital regions, and the functions of excretion procure for him' (4). With regard to excretion, however, where the model for the pleasure experience seems to involve bowel function, the pleasure is less in the performance for itself than in the performance for reward:

It gave a feeling of being pleased it lighten you up, you forget about everything else, it mak you feel like you have done some thing and some one right. to boil it down it mak you feel like a deep clean hole inside of you.

In this boy's description, the localization is 'inside', the action relieves the subject of a load ('lightened you up'), leaving a 'deep clean hole'. This is a model of pleasurable satisfaction described in terms of what Ferenczi referred to as 'the functions of excretion'. But the focal point of the pleasure is explicitly stated: 'it mak you feel like you have done some thing and some one right'. This is clearly a statement of self-satisfaction and expectation of reward for the successful accomplishment of bowel duties. Again:

I had a feeling of satisfaction and I felt at ease more confident of myself. I felt pleasure like I had accomplished something. I felt better inside like a weight was taken from me. I felt happy and wanted to have fun. I wasn't afraid to face certain people.

This sixteen-year-old girl's pleasure is also less in the performance itself than in the results,—the sense of accomplishment and relief from fear.

Pleasure experiences associated with 'accomplishment' often show the bowel-movement model. They are characterized by references to cleanliness, emptiness, weight or load removed from inside, and a sense of position frequently described as 'sitting on top of the world':

The experience is deep, whole-hearted study mostly on my own initiative.

I feel vital, very alive and fresh and clean inside—as if a nice breeze was cleaning me up (inside). I feel on top of the world—so to speak—in that I feel master of myself—my future—my world about me.

I feel useful; the world about me becomes 'feelingly'—reality. I feel understanding, love for many things. I feel in relation to everything about me.

Here the bowel-training model demonstrates a transition in complexity and sophistication. For this college girl the pleasure in expected reward has progressed to the level of self-reward in the form of pride. The models thus far described have, therefore, demonstrated three stages ontogenetically: the primitive picture of direct oral gratification by the mother, the expectation of oral gratification by the mother as a reward for obedience, and the internalization resulting in self-reward (pride) for successful (obedient) performance. In the example now under discussion, the emphasis on self-sufficiency does not obscure the underlying fantasy. The first sentence establishes the claim, 'see, I am doing this without having to be told', and the last sentence delineates the expected reward, 'you must, therefore, have a loving [feeding] relationship with me'. The pride is in a feeling of acceptance derived from the early experience of the mother's reward for successful performance.

The report of a previous section of this study (2) indicated that the basic model, the aim achieved in pleasure, seems to be a merging with the source of the pleasure. The concept of fusion was expressed by Freud when he described mania by saying 'the ego and the ego ideal have fused together' (5); Rado described fusion in mania as 'the faithful, intrapsychic repetition of the experience of that fusing with the mother that takes place during drinking at her breast' (12); and Lewin included fusion in the 'oral triad' described for pathological elation (8, p. 102). The context of the present study is not clinical and its subjects are not patients. They are 'normal' persons who have been requested to tell what 'pleasure' feels like to them. Their

responses describing 'pleasure', not mania or elation, repeatedly validate the concept of fusion, but not uniformly of *oral* fusion. In the following response of a woman, for example, the merging is not so much a fusion with the breast as an incorporation within the mother in a classical fantasy of return to the womb:

It was as if I were apart from what I was doing or where I was. It seemed as if I were in a big dark void and I felt warm and very comfortable. I had no real thought in mind, but I felt close, safe, content.

I felt like humming. Although I was happy I felt so very emotional I could have cried. I was sort of filled to the brim with this feeling. It was at once tenseness and easiness. I didn't know how long it would last and I didn't care. It wasn't extreme excitement but a dreamy sort of semi-consciousness.

The only alimentary reference in this description is in the phrase 'filled to the brim', although Lewin would consider this, too, a nursing fantasy: 'The "intrauterine" fantasy, in which the child identifies itself with a nursling, is taken into the abdomen, and in that location continues its feeding or comes to rest in a sound sleep, is a nursing fantasy with a shift downward from the breast to the abdomen' (8, p. 108).

Erotic models constitute another major category in the responses. This includes those descriptions of subjective experiences of pleasure in which the sensations more or less clearly indicate a sexual prototype, usually unconscious. It is interesting that where the immediate source of a described pleasure experience was erotic, the unconscious model was often of the oral dependent type; and where the unconscious model was erotic, the immediate source often had some other manifest content:

Excitement—my heart seems to swell my head feels light my eyes close my heart beats fast my breath comes faster. There is a feeling of stimulation in the genitalia. The things outside myself seem far off I'm swimming just a little (sort of dizzy but not unpleasantly so) my mouth is open. The pit of

my stomach is sinking I catch my breath with the loveliness of it. There is a pain in my heart tears are in my eyes and I am crying with the exquisite pain. . . .

This woman's pleasure was evoked by 'a Camera Three performance of Walt Whitman poetry [which] had an exquisite moment of dance and poetry'.

Here, on the other hand, is a man's description of the feelings of pleasure resulting from a sexual experience:

It was almost a visceral sensation, one which generated from the genital area, and spread through the area of the stomach, leaving the greatest extremities unaffected.

The feeling itself can almost be recalled in terms of a texture: a soft wool, or velvet—extrinsically protective.

It was intrinsically inarticulate, giving a pervading sense of well-being, evoking, in part—fantasy of a primitive foetal natural.

The area affected includes the genitals and part of the abdomen, omitting the thighs and legs. The sensation affecting this area is described in terms of texture and characterized as 'extrinsically protective'. All this suggests that the area outlined is the diaper area and the protective texture is that of a diaper. The last sentence of the description reflects the sense of security, warmth, and comfort associated with being cared for by the mother.

Descriptions of subjective pleasure experiences that reflect an unconscious erotic model are often characterized by the words 'weary, sweet sensation' or 'ecstasy', and by descriptions of sensations that are 'rhythmic' or 'rising and falling', 'vibrating', 'thrilling', 'tingling', or 'throbbing':

I am closing my eyes and thinking of a feeling of pleasure which caused my entire body to thrill from the end of my hair strain to the toes on my feet. This feeling of pleasure electrified my entire body causing a heavenly feeling.

The following is a description of a subjective experience reported by a college girl as a 'sex relation result':

Warmness—a gentle warmth radiating through me. A drowsy feeling, yet not tired—relaxed looseness—effortless movement. A clear head. Tenderness. A slightly vibrating sensation in lower body. A loving feeling of great tenderness and devotion. A cuddling, want-to-be-near feeling. A dedicated feeling. Satisfaction. Soft pulse beating—head light—free feeling.

This demonstrates a combination of alimentary and erotic pleasure models and therefore comes close to describing an 'oral erotism'. The inner warmth which is radiating or flowing, the 'cuddling, want-to-be-near feeling', the emphasis on satisfaction and drowsy relaxation is a fairly clear picture of the satiated infant, the infant who has been filled with milk, held and cuddled, and is falling off to sleep. The 'tenderness' and 'dedicated feeling', however, is an active response to another person as a source of satisfaction, and is a little less self-centered and self-contained than the feeling of a satiated infant. This, in conjunction with the 'slightly vibrating sensation in lower body', has a characteristic erotic quality. The experiential model here need not be an erotic response to oral stimulation, but may reflect a particular combination of stimuli inherent in this individual's experience of feeding. The basic alimentary, oral, or feeding stimulus may be associated with an erotic stimulus because the infant was held and perhaps caressed during this feeding.

The following response shows the same psychodynamic structure with more complexity:

To me a feeling of pleasure is any thrilling experience, which in my case was the feeling of complete ecstasy, being closer to God, and engulfed in satisfaction.

If it were possible to float on a cloud I felt I could do so.

I have difficulty in breathing when realizing a most pleasant feeling. Altho I am not a large person I feel abnormally small.

A tingling sensation appears and I'm as in a spell, as it were.

It's all I can do to keep from screaming from happiness.

This description, supplied by a woman, suggests an almost orgasmic pleasure. The erotic qualities are indicated by the 'thrill-

ing experience', the 'tingling sensation', and the concept 'ecstasy', as well as by the tremendous relief of tension implied in the last sentence ('screaming'). The reference to very early feelings of dependency and security ('I feel abnormally small') is carried on in the fantasy of being 'engulfed' and the picture of being raised and supported ('float on a cloud'). The difficulty in breathing refers to being compressed, squeezed, so that the ecstatic pleasure results from being raised, held close, pressed, engulfed, and sexually stimulated. So far, this description resembles the preceding one. If, however, we consider 'God' the father, using the accepted psychoanalytic symbolism, then there is a transfer of the pleasure source and an increase in psychodynamic complexity. The father is picking her up, hugging, and fondling her, and she, a small child, is screaming with ecstatic orgasmic pleasure. She stated that the immediate source of this pleasure was 'the realization that I had given birth to a baby, one I was told I would never have'. Therefore the fantasy appears to be in an œdipal context and represents the achievement by magic ('as in a spell') of the impossible œdipal relationship ('told I would never have'), the successful accomplishment of intercourse with the father as evidenced by this infant to which she had given birth.

Perhaps more literally representative of the prototypical pleasure experiences Ferenczi had in mind are the subjective pleasure experiences described in terms suggesting a masturbatory model. These descriptions usually show one or more of the general characteristics of the erotic models, plus use of such words as 'feel', 'touch', 'hand', or 'play':

slight chill that ran across my whole body.
felt like wanted to fly.
felt light headed.
felt like whole world was a big wonderful playroom.
felt like laughing.
If someone was to touch my skin, it felt like it jumped.
feeling of complete relaxation.
Wanted to curl up with smile on my face and sleep.

The setting for this girl's play is the nursery ('big wonderful playroom'). The excitement, exhilaration, and active motion indicate active play, and the skin sensitivity implies sexual excitation. The combination of active play in the nursery, resulting in sexual excitement and subsequent relaxation, suggests a masturbatory activity such as riding a tricycle or a hobby-horse. We recognize here the same fantasies accompanying genital self-stimulation as we find in our patients. Emotionally, masturbation is not a solitary activity. In this description, the presence of a fantasied 'other one' is indicated in the sentence, 'If someone was to touch my skin, it felt like it jumped'. The nature of the relationship is implied in the relaxation and sleep, discussed above in the alimentary-security context. Just as the excretory pleasure model serves as a vehicle for pleasure in expected oral reward for obedience, so does this masturbatory pleasure model carry the fantasy of satisfaction by the mother.

Here is a description of the subjective pleasure resulting from 'making anything with my hands, such as knitting, cooking, or sewing':

The idea of creating this thing was such that I would much rather concentrate my time on it than on anything else because of the feeling it gave me. When I would work on it nothing else seemed important at the time. For some people perhaps this is not a unique experience but for me it is. I could get a sort of relaxed feeling (different from the tense kind of atmosphere I often feel). My mind would feel strongly relieved of the tensions of the fast moving world and a peaceful feeling would continue all thru the experience. My whole being would focus on of this thing. A glowing feeling would ensue until the end of this experience.

Attention is directed inward, as is indicated by the use of such expressions as 'for me', 'unique experience', and 'concentrate'. This concentration on the self, the focusing of the whole being on this hand-play, has the primary effect of relief of tension and produces a glowing sensation. The intensely personal self-centeredness, added to the emphasis on hands, the relief from ten-

sion, and the concept of creation (a genital act) imply that the unconscious model is genital self-stimulation. The sedative effect ('a sort of relaxed feeling') and the use of masturbation as a crude reparative device ('My mind would feel strongly relieved of the tensions of the fast-moving world') are familiar in clinical practice and require no elaboration.

The emphasis in the examples thus far presented has been on models of pleasure that are primitive, passive, receptive, and based on satisfaction of needs. In a relatively few instances, subjects described subjective pleasure in terms of models that are ontogenetically more recent. In general, these were in the context of self-assertion, subjectively interpreted as success in competition, defiance, or mastery. Here pride is most strongly emphasized, with additional stress on freedom, accomplishment, and excitement. The sensations characterized as 'excitement' imply the presence of anxiety, some element of danger to be overcome. The anxiety in these responses reflects fear of failure, fear of humiliation, and, perhaps primarily, fear of punishment. These fears appear in the following response:

The felling comes with in me and seem to be like a case of butterflys that you get before a big game. It starts low and finally spread out all over me. If you see something that really look good or has a great deal of excitement and joy you [I] feel good almost all day.

Pleasure comes and goes some times as fast as it started and has a great affect upon me.

A small laff comes up and seems to show all at wonce.

This is a picture of pleasure according to a model of pleasurable desire. Here the concept of pleasure is one of hope rather than fulfilment. The two specific sensations described are 'butterflys that you feel before a big game', indicative of anxiety, and 'a small laff', associated with pleasurable desire ('if you see something that really looks good'). This combination of fear and hope has been shown in a previous section of this study (3) to be characteristic of the 'anticipatory phase' of the pleasure

process, and clearly indicates that this pleasure model is in terms of expectation rather than satiation. This is an occasional finding and suggests a dynamic inhibition to fulfilment which restricts the subject's experience of pleasure to the preliminary phase. The inhibitory force is further suggested in the above response by the ephemeral quality of the pleasure described. Individuals with this type of response must find whatever pleasure is available to them in expectation rather than satisfaction. The implication is that for some individuals there is a linkage between pleasure and guilty fear which inhibits the pleasure by limiting it to the preparatory phase, the actual fulfilment having been blocked by fear of punishment. In this description, the only indication of the specific fear lies in the localization ('starts low', 'comes up'); both the pleasurable and painful aspects have their source low down. If this suggests the genital area, then therein lies both the hope of acquisition and the fear of depletion. This kind of experience of pleasure might be labeled the 'look-but-don't-touch' complex.

The forbidden wishes associated with the unconscious models for these kinds of pleasure sometimes provoke a reaction of elation, probably as a denial. The 'giving' quality in some of these descriptions may serve to obscure the fantasy that the great feeling of power is derived from merger with the mother. These characteristics appear in this young man's description of a subjective pleasure experience which has the aspect of pathological hypomania:

The inner feelings are characterized by an abnormal desire on my part for starting enterprises, a strong feeling of power for accomplishing and an abnormal adequacy, together with a craving for command. It is an intense desire for intellectual activity and organization. I perceive an almost mathematical unity and interdependence in all things. Were the restless activity of this powerful mental delirium not so ineffably wearying, and its individual points of light not so ephemeral, its ecstatic pleasure would be comparable to that of the old Greek Gods. I sometimes feel embarrassed by the very intensity and

generosity of my feelings, whose essence is kindness and good will towards men.

The experiences I usually have in mind that give me a lot of pleasure, joy, and delight are sexual. These constitute the majority of my joyful experiences.

The others are experiences of fame, fortune, and respect.

This kind of hypomanic expression of paranoid omnipotence is often seen clinically as a desperate denial in the face of humiliating failure in masculine competition. It is essentially a delusional attempt to retrieve self-esteem and is frequently associated with depression (13) and pseudohomosexuality (9).

Sometimes this denial by elation can show itself in a subjective experience of pleasure on the model of a fantasy of birth or rebirth. This may be a denial of ego-effacing passive oral wishes,—the wish, for example, to be incorporated, taken into the mother's body. Here, too, the description will emphasize self-importance, power, pride:

I felt exhilarated, completely refreshed, as if a wave of newness had drenched me. At the time, I felt as if nothing else mattered and nothing could be an obstacle in my path. I could overcome anything. I felt like giving an expression of this feeling by putting this new energy or feeling into dancing or singing (even though I can't sing, but at that moment I was sure I could). I felt this tremendous energy inside and wanted to throw myself into some activity wholly. Yet, there was an absence of someone to share this with, someone at the time which resolved itself into an aching feeling around the diaphragm and a constriction in the throat.

When the feelings or mood first came over me, I felt free and unbound and I felt as if I would burst and no longer be able to contain the joy I felt any more. I felt like crying, laughing and smiling in succession. I also felt superior to everyone and tremendous confidence overwhelmed me. I did not feel as if I were a part of any situation. I was detached from my surroundings. I knew I was in certain surroundings—I could see and hear them, but I wasn't really there. I was some place else and couldn't really recognize it or enter into it, perhaps because

they seemed too drab and ordinary. I think I almost felt contempt and ridicule for the environment because I was really in a world of fantasy where people should be dancing and singing and just being happy and enjoying themselves. This enjoyment, however, had to be expressed by dancing mainly. To take a deep breath would have broken the bounds of my body—so it seemed. To acknowledge my surroundings would have been suffocating (by this I mean to contemplate on them).

This girl's description implies a fantasy of birth or rebirth, expressed throughout and especially in the phrases: 'as if a wave of newness had drenched me', 'I felt free and unbound', 'I did not feel as if I were a part of any situation', 'I was detached from my surroundings', 'to acknowledge my surroundings would have been suffocating'. This last sentence indicates that this is an attempt at denial, specifically an escape in fantasy from the fantasy of suffocating surroundings (escape from the womb). The closeness of this elation to depression is indicated by the sudden intrusion of 'yet, there was an absence of someone to share this with . . .'. The 'someone' is the mother who was destroyed by the incorporation that gives so much strength ('new energy', 'tremendous energy', 'I felt this tremendous energy inside', 'I felt as if I would burst'). By this maneuver the omnipotence previously delegated to the mother is reacquired ('I could overcome anything').

All these descriptions of pleasure show certain fundamental consistencies. Foremost is the fact that the basic conceptual model for pleasure seems to be the relationship of mother and infant, particularly that of feeding (6). Descriptions of pleasure reveal models that emphasize one or another aspect of the feeding relationship or an ontogenetically later derivative. We may therefore tentatively classify pleasure experiences on the basis of the underlying unconscious model:

1. Being fed.
2. Experiences ancillary to being fed (lifted, held, diapered).
3. Experiences resulting from being fed (being relieved of re-

- sponsibility and fear, being strengthened, falling asleep).
4. Ontogenetically later derivatives:
 - a. Being fed as a promised reward for obedient performance (especially of bowel duties).
 - b. Transfer of the feeding role to the self (self-satisfaction) as self-reward for successful (obedient) performance.
 - c. Inhibited or exaggerated feeding of the self; this self-feeding expresses both fear and defiance because it rewards the self for defiant, and hence frightening, behavior.
 - d. Self-feeding (self-satisfaction) as a delusional attempt to repair threatened or damaged self-esteem.
 5. Erotization of the alimentary orgasm:
 - a. Association of alimentary and erotic stimulation.
 - b. Transfer of source of associated alimentary and erotic stimulation from mother to self.
 - c. Transfer of source of associated alimentary and erotic stimulation from mother to father.
 6. Combinations of the above.

This classification has been constructed from the responses examined in this study, and examples of each category have been supplied above. It immediately suggests several questions. What determines the particular model on which any given pleasure experience is constructed? To what extent does the immediate source of the pleasure influence the choice of models? Is there a consistent model or pattern of models characteristic for each individual in his varied pleasures? There also occurs the primarily philosophical problem of establishing a clear demarcation between 'normal' and 'pathological' derivatives of the basic conceptual model. It is perhaps encouraging that this report may raise more questions than it seems to answer.

SUMMARY

To gather data for the study of the inner experience which people call 'pleasure', a questionnaire was distributed to about

three thousand residents of the United States, differing in age, sex, education, and geographical location. Recipients were asked to 'think of any experience which gave you a lot of pleasure, joy, or delight. Try to put yourself back into the mood you had at the time. What were the inner feelings, the sensations inside, that you felt?'

A sample of the responses was selected and studied in the light of psychoanalytic theory to determine the basic experiential models which served as foundations for the subjective pleasure experiences reported. The basic model was found to be a picture of loving care by the mother, exemplified by the feeding relationship. Other models were ancillary to, derivatives of, developments from, or distortions of this basic model. They included pictures of part or all of the sequence 'to be lifted, held, and fed'; other pictures of bodily care; successful performance of bowel duties; models of sexual stimulation in relation with parents or self; pictures of defiant sexual or aggressive behavior; and combinations of these.

The various models are directly related to dependency and being fed: as reward for obedience, as punishment by threatened withdrawal, as substitutions of another person or the self for the feeding mother, or as erotization of the alimentary orgasm.

REFERENCES

1. BUCHENHOLZ, BRUCE: *Pleasure, Preliminary Report of an Investigation*. J. Nervous and Mental Disease, CXXIII, 1956, p. 351.
2. ———: *The Motivating Action of Pleasure*. J. Nervous and Mental Disease, CXXIII, 1956, p. 569.
3. ——— and NAUMBURG, GEORGE W., JR.: *The Pleasure Process*. J. Nervous and Mental Disease, CXXV, 1957, p. 396.
4. FERENCZI, SANDOR: Stages in the Development of the Sense of Reality. In: *Sex in Psychoanalysis*. New York: Robert Brunner, 1950, p. 227.
5. FREUD: *Group Psychology and the Analysis of the Ego* (1921). In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. XVIII*. London: The Hogarth Press, 1955, p. 132.
6. ———: *A General Introduction to Psychoanalysis*. New York: Liveright Publishing Corp., 1935. p. 275.
7. KARDINER, ABRAM: *The Individual and His Society*. New York: Columbia University Press, 1939, p. 4.

8. LEWIN, BERTRAM D.: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950.
9. OVESEY, LIONEL: *Pseudohomosexuality, the Paranoid Mechanism, and Paranoia*. *Psychiatry*, XVIII, 1955, p. 163.
10. RADO, SANDOR: Emergency Behavior: With an Introduction to the Dynamics of Conscience. In: *Psychoanalysis of Behavior, Collected Papers*. New York: Grune & Stratton, 1956.
11. ———: *Narcotic Bondage: A General Theory of the Dependence on Narcotic Drugs*. *Amer. J. Psychiatry*, CXIV, 1957, p. 165.
12. ———: The Problem of Melancholia (1927). In: *Psychoanalysis of Behavior. Op. cit.*, p. 54.
13. ———: Hedonic Control, Action-Self, and the Depressive Spell. In: *Psychoanalysis of Behavior. Op. cit.*
14. SZASZ, THOMAS S.: *Pain and Pleasure*. New York: Basic Books, Inc., 1957, p. 205.

Viggo W. Jensen & Thomas A. Petty

To cite this article: Viggo W. Jensen & Thomas A. Petty (1958) The Fantasy of being Rescued in Suicide, *The Psychoanalytic Quarterly*, 27:3, 327-339, DOI: 10.1080/21674086.1958.11926099

To link to this article: <https://doi.org/10.1080/21674086.1958.11926099>



Published online: 05 Dec 2017.



Submit your article to this journal



Article views: 1



Citing articles: 7 View citing articles

THE FANTASY OF BEING RESCUED IN SUICIDE

BY VIGGO W. JENSEN, M.D. AND THOMAS A. PETTY, M.D. (DETROIT)

The attitude and behavior of the person who attempts suicide express a strong wish not to die. Before and during the act of suicide, a mighty struggle to cling to life conflicts with the self-defeating act. Karl Menninger (9), in speaking of the wish to die, drew attention to 'the paradox that one who has wished to kill himself does not wish to die'. He then observed, 'One sees this unconscious wish not to die in the very frequent attempts at suicide which turn out unsuccessfully because of faulty technique'. Stengel (11) says, 'There is a social element in most suicidal attempts. Once we look for it we find it without difficulty. There is a tendency to give warning of the impending attempt and to give others a chance to intervene. Those who attempt suicide tend, in the suicidal act, to remain within or to move toward a social group. In most suicidal attempts, irrespective of the mental state in which they are made, we can discern an appeal to other human beings. This appeal also acts as a powerful threat. We regard the appeal character of the suicidal attempt, which is usually unconscious, as one of its essential features.'

Our experience confirms these observations. The 'wish not to die' and the 'appeal character' of the suicidal attempt are acted out in association with a fantasy of being rescued; and this fantasy is expressed in a suicidal attempt so arranged that it provides for the intervention of a particular rescuer to prevent

An abbreviated version of this paper was presented at the Brief Communications Section of the meeting of the American Psychoanalytic Association in Chicago, May 1956.

The authors are indebted to V. Keye and K. Dunlap, social workers at the Wayne State University Student Health Service, for some of the case reports included in this paper. Some of the theoretical formulations were suggested in personal communications from Doctors David Leach and M. O. Wolfe.

its successful execution. In the preparations for and in the execution of the suicidal act are expressed not only the wish to die but the wish to live and to be saved by this rescuer. A savior is chosen and an opportunity for rescue is provided. If the behavior of the one chosen for the rescue is not what the suicidal person expects or hopes it will be, death is probable or inevitable.

The fantasy and the response of the chosen rescuer are illustrated by the following example.

A desperate young man whose wife was in the final stages of divorce proceedings decided to make a last bid for reconciliation. Without conscious purpose or plan, he loaded his shotgun and put it into the back of his car. Then he called on his sister-in-law, who closely resembled his oldest sister. When troubled he had frequently found solace in her sympathy and understanding. As a result of her encouragement and in a wave of optimism, he rushed to the home of his wife's parents about fifty miles away. But before he left his sister-in-law, he gave her a sealed envelope with the admonition not to open it unless she did not hear from him later that evening.

His wife was not at her parents' home, and while he waited for her to return his optimism waned. His purpose in bringing the gun began to crystallize. If she adamantly refused to consider his plea, he would shoot her and her whole family and commit suicide. As he considered the idea, murder seemed impossible but suicide held an impelling fascination. Finally, after waiting more than half an hour, he decided to commit suicide if his wife did not appear within the next five or ten minutes. However, before she arrived, and before the additional minutes had elapsed, the police appeared and he was taken into custody without a struggle.

His sister-in-law's concern and curiosity had been aroused by his manner and behavior. She had opened the note which suggested suicide without specifically stating that it was intended. She had notified the police.

He had chosen the sister-in-law for his rescuer, provided sufficient provocation to arouse her suspicions and curiosity, and then allowed ample time to elapse for her to save him if she acted promptly.

The following is an example of an unfulfilled wish to be rescued.

A man in his early fifties feared demotion at work and was unhappy about his wife's entry into a professional school. He devoted several weeks to putting the details of his life in order and repeatedly left notes reminding himself to check insurance policies, mortgages, and house repairs. He became more withdrawn than usual, read until early morning instead of sleeping, lost all interest in social activities, and became irritable with his twelve-year-old daughter whom he adored. His wife noticed these changes but did not discuss them with him or anyone else.

One night she went to her regular bridge club meeting and as usual returned home at twelve-thirty. As she entered the house she thought it strange that the light was on in the garage and even stranger that her husband was not in the house. However, supposing that he might have gone on an errand, she sat down to read while she waited for him. The fact that an errand was most improbable at this hour and that if he had used the car for such a reason he probably would have left the garage door open did not occur to her. After glancing through some magazines for half an hour, she decided to investigate the light in the garage. There she found her husband, still breathing, seated on the floor next to the car with its motor running. Next to him was a book of Chekhov's short stories opened to the description of a suicide. This she recognized as a suicide note. However, instead of calling for a doctor, an ambulance, or the police, she called her sister-in-law who instructed her to call the hospital. Her husband was dead on arrival at the hospital. She was grateful for his choice of method 'because it was recorded as accidental'.

It is clear that this man served sufficient warning of his intention and that his warnings were received. By his choice of

method and his timing he offered his wife sufficient opportunity to intervene and rescue him. She did not respond. If the fantasy of being rescued underlying the suicidal attempt were to be expressed verbally, it might be: 'If you love me more than you hate me, you will save me. If you will not save me, I shall be dead.' A potential suicide does not become actual unless a possible rescuer, by failing to recognize the significance of the drama unfolding before him or by failing to respond, permits it to occur.

Menninger (9) writes that suicide entails three elements: the wish to kill, the wish to be killed, and the wish to die. We suggest a fourth element: an unfulfilled wish to be rescued.

The fantasy of being rescued tends to become conscious in varying degrees. When the wish to be saved is partially or almost wholly conscious, rescue is practically insured by the behavior of the suicidal person. The following case illustrates this point.

A twenty-one-year-old college sophomore told the telephone operator at the university health service department, where he had received almost weekly attention for minor complaints, that he was going to commit suicide. His call was promptly transferred to a social worker who engaged him in conversation while efforts were made to locate the source of the call. Speaking slowly, haltingly, in a barely audible voice, the young man explained that he was going to jump from the twelfth (top) floor of a particular building, that he was calling from a phone booth, that he had no money, no clothes, was in debt, and did not know what to do. Refusing to identify himself or reveal where he lived, he hung up the receiver. In the meantime the call had been traced to one of the booths in the building and a search was under way. Ten minutes later he called back, continued the conversation for several minutes, and then hung up again. By this time every booth in the building had been searched without finding him,—every booth but one in the basement. By the time someone remembered it, he had ended the conversation and left. A watch was put on the roof but he did not go there.

By the next day clues extracted from the conversation provided the means for identifying him, and a social worker went to his room where he was found in bed. The young man had spent the night wandering through the city streets. He was found to be seriously depressed and suicidal, but he had allowed ample opportunity to be rescued. Failure to come to his rescue probably would have been understood by this man as proof of abandonment.

The suicidal person may even become his own rescuer.

An impulsive man in his mid-twenties had lost his job and been put out of his mother's home because of drunkenness. In injured rage he decided to 'end it all'. He chose to jump from a well-traveled bridge that was not very high, into water not very deep, not too far from shore, at an early hour in the evening in late spring when it was not yet dark. The water turned out to be shockingly cold and the idea of dying in such uncomfortable circumstances was unbearable. Since he was a good swimmer he could easily change his mind and save himself. This he did by swimming under the bridge to escape detection. He told no one of his attempt until he related it to his doctor over a year later. The man had rescued himself.

The fantasy of being rescued may, however, be expressed only through slips of the tongue and inadvertent behavior. In such cases, the subject frequently is not aware of or will not acknowledge thoughts of suicide, death, or destruction. If he is aware, and can acknowledge them, he tends to minimize or deny their frequency, intensity, and importance. For such people the thought of suicide is almost inseparable from the act. Initially the suicidal impulse itself may be clinically less obvious than the fantasy of being rescued, which may be acted out as a prelude to and a magical warding off of the impulses of self-destruction.

For example, a woman in her mid-fifties, using a pseudonym because she wanted to keep her visit and identity secret, sought consultation for her adolescent son who had long been a dis-

appointment to her. For weeks she had been unable to sleep or eat, had lost fifteen pounds, and had been mildly hypomanic. Discussing her son, she repeatedly used such colloquialisms as 'I like to died' and 'It'll be the death of me yet'. 'Dead' and 'death' appeared frequently in her speech. However, she adamantly denied thoughts of suicide and insisted she was 'just fine'. During the next few consultations she discussed the possibility of psychoanalysis for her son and provided several clues to her real identity without being aware that she did so.

The night before her next appointment, she terminated the consultations by dropping a note into the doctor's mailbox. She attributed the termination to aggravation of her symptoms, including a number of somatic ones, to a feeling that it was hopeless to try to help herself by talking, and to the conviction that she could now solve her own problem. After verification of her identity she was notified by telegram that her hour would be reserved for her and that she was expected. She kept the appointment and insisted that she had thought of nothing beyond terminating her consultations. However, during the next few weeks after she had begun to sleep, eat, and gain weight, suicidal ideas became conscious and she spoke of them.

After choosing the doctor for a rescuer, alerting him by slips of the tongue and colloquialisms, she told him her real identity without awareness that she was doing so, and then gave warning of her intention with the note and its ominous insistence that she could now solve her own problem.

Even in the suicide attempts of 'borderline', psychotic, and toxic patients a savior seems to be designated, no matter how impersonal and possibly confused the choice, and an opportunity for rescue is provided though that opportunity may be brief. Both designation of the rescuer and the opportunity offered may be so disguised in symbolic terms, so obscure, and so quickly given that the fantasy is almost imperceptible. The following case is typical.

A chronic paranoid schizophrenic patient who had been

barely managing to stay out of the hospital had exhausted his financial resources and had been moping for several days in his YMCA room. Late one night he complained of his emotional state to the desk clerk, who promised to drive him to the hospital in a few minutes. However, thirty minutes later when the clerk entered the lobby the patient had disappeared. After waiting briefly for the clerk, he had left and walked to a nearby hotel. Entering the hotel lobby he walked back and forth before the hotel detective, who wondered at this behavior but did nothing. He next rode up and down in the same elevator with the same operator several times. Finally, the operator let him off on the eighth floor and noticed that he seemed to be confused or lost. After a brief delay he committed suicide by jumping from a corridor window.

In succession, this man had chosen a desk clerk whom he knew only slightly and two persons unknown to him to act as his rescuers. Each was presented with a cryptic appeal for help. His own obscurity in communication and the lack of sensitivity in his potential rescuers probably caused his death.

Study of many hundreds of attempts at suicide (including the six hundred or more such cases treated annually at the Detroit Receiving Hospital and the cases among students at Wayne State University, as well as cases reported from private practice) shows us that whenever a reasonably detailed account of the behavior of the suicidal person is available, there is evidence of the fantasy of rescue. Cases cited to disprove the existence of the fantasy have regularly demonstrated it most clearly.

Regardless of the extent to which it has become conscious, the essential features of the fantasy of being rescued are always expressed unconsciously through the acting out of the destructive impulses in the suicide attempt. The voice and its intonations; the gestures and posture; acts done or left undone; habits of eating, drinking, sleeping, and cleanliness; attitudes and emotional responsiveness—all may serve to dramatize the distress of the suicidal person in an infinite variety of ways and to con-

vey both the self-destructive intent and the desire for intervention to the potential rescuer.

The essential features of the fantasy are first perceived unconsciously by the rescuer if he is to fulfil his designated role. This rescuer must be someone who at a particular time responds to the unconscious destructive impulses of the suicidal person as though they were his own; but he must differ from the suicidal one in two essential respects: 1, he must have a surplus of free libidinal energy with which to love the suicidal one and initiate the act of rescue; and 2, he must have sufficient ego strength to deal with the destructive impulses, not only of the one he is to rescue but his own as well, whether they are directed toward himself or the suicidal person.

Thus the rescuer must be among those who at the particular time unconsciously empathize with the suicidal person and simultaneously have sufficient ego strength and libidinal energy for both of them. The prototype for the relationship the suicidal person seeks with the rescuer probably existed originally between the infant and mother at a time when they shared a common ego, chiefly the mother's, and each responded directly to the unconscious of the other as though it were his own; this state is temporarily reinstated by regression in the patient contemplating suicide. Freud (4) and Abraham (1) have written about children's fantasies of rescuing a parent; such fantasies have an oedipal or reparative meaning. And Glover (6) suggested that suicide is due to a sudden confusion of self and external world through projection and introjection.

Moreover, the 'rescue' of the suicidal person is an acting out between him and the rescuer. This is an acting out between parent and child, in its prototype. This kind of acting out has been described by Weiss (14), Johnson (7, 8), Szurek (8, 13), Bird (2, 3), and others. Each party in such an acting out responds to the unconscious of the other as if it were his own.

In providing the opportunity for intervention, the suicidal one rarely seems to take into account the possibility that an unforeseen event may delay or prevent the expected behavior

of the rescuer. A serious suicidal attempt may be preceded by vague and ambiguous notification and warnings. It may take place just at the time a husband usually arrives home from work or a landlady usually makes a bed,—a time so easily liable to postponement from trivial causes, so exacting in its demand for simultaneity of action between the suicidal one and the rescuer, that successful suicide seems insured. Yet it is most remarkable how seldom an accidental occurrence delays or interferes with the rescuer's fulfilment of his role. But it often happens that a potential rescuer recognizes the role assigned to him yet refuses that role or attempts to transfer it to someone else.

Interference in communication between the suicidal person and the potential rescuer frequently seems to result from certain factors. The rescuer's own unconscious hostility may have been so aroused by the demands, the unpleasantness, and the antagonism of the suicidal person that his predominant unconscious attitude is, 'Do it and be done with it. Good riddance.' This attitude may be one reason why guilt has not seemed to be quite as significant as the ego and libidinal resources in determining the response of the potential rescuer. The denial (both conscious and unconscious) that the suicidal person 'really means it', in spite of obvious evidence that he does mean it, tends to allay the guilt. Later, after the suicide has been committed, nagging guilt frequently sets in. Karl Menninger (10) noted that relatives often refuse to see their own part in promoting a suicide. They cannot bear to see how close such behavior is to homicide. Another factor is that the rescuer's ego and libidinal resources may already be taxed by his own affairs so that there is insufficient ego strength and libidinal reserve to deal with the sum of the needs of the two of them.

In Mourning and Melancholia, Freud (5) says, 'Now the analysis of melancholia shows that the ego can kill itself only when, the object cathexis having been withdrawn upon it, it can treat itself as an object, when it is able to launch against itself the animosity relating to an object—that primordial reaction on the part of the ego to all objects in the outer world.

Thus in the regression from narcissistic object choice the object is indeed abolished. . . . In depression, the ego has been unable to resolve a conflict in relation to the frustrating object. Regression from the narcissistic object choice has therefore taken place, and the conflict has been internalized. The abandonment of the object is the active repetition of the originally passively experienced abandonment of the ego by the primal object (the parent). However, this original abandonment, severe trauma though it was, was not complete and absolute. If it had been the individual would not have lived. This state, however, is regressively reactivated when a situation arises that closely resembles the original trauma or abandonment.

Following the regression and introjection of the object, the object bears the same relationship within the ego to the destructive part of the ego that the originally traumatized helpless infantile ego bore to the originally abandoning primal object. Thus the introjected object and the traumatized infantile ego are in the same position relative to the destructive part of the ego.

If our concept of a fantasy of being rescued in suicide is valid, the suicidal person repeats literally the original trauma and places himself in the position of the originally traumatized infantile ego and in the same position as the introjected object within the ego. Again the ego is literally dependent upon a savior as it was in infancy. Again the ego must be saved, but this time by the surrogate of the primal object (I_2). Implicit in the wish to be rescued is the wish to save the object and thus to restore the earlier relationship between the ego and its external (loved) object. In other words, the wish to be rescued is an attempt at restitution and implies that the suicidal person must actually be abandoned by the chosen rescuer (who represents the primal object) if suicide is to occur.

Richard Sterba (I_2) elaborated upon the aggression expressed in the fantasy of rescue. "The content, "rescuing", expressed only a part of the complex fantasy, for the object to be rescued must first have been brought into the danger from which the

producer of the fantasy is to save it.' Whereas the rescue fantasy expresses the active wish to save an object brought into danger by the aggression of the producer of the fantasy, the fantasy to be rescued in suicide expresses the passive wish to be saved by an object upon whom the suicidal person has projected a share of his own aggression and whom he unconsciously holds responsible for his impending death. The aggression against the object, or potential rescuer, is expressed passively through the threat of making a murderer of the potential rescuer if the fantasy to be rescued is not fulfilled in reality.

While the fantasy expresses the passive wish to be rescued, the role of the rescuer is an active one and he cannot equivocate if he is to function in his designated capacity. For equivocation will change his function from rescuer to pallbearer. This fact has special importance for psychotherapists and others who by reason of transference are likely to be chosen as rescuers.

The tremendous responsibility implicit in the recognition of the fantasy of being rescued is a powerful deterrent to that recognition. Yet once the potential rescuer becomes conscious of his designated role, failure to accept it may be tantamount to homicide. Specific intervention is necessary. It may range from a telephone call to the imposition of restraint. Simple interpretation may suffice, but usually it does not. Moreover, the rescuer must be prepared to intervene repeatedly or continuously if he is to save the suicidal person. Resort to therapeutic anonymity or passivity by therapist or analyst to avoid the responsibilities of the rescuer is a rationalization at best and will probably end disastrously for the suicidal person and sometimes for the potential rescuer as well.

Just as the preparation for and act of suicide represent a summation of all those forces tending toward self-destruction, so does the fantasy of being rescued represent the summation of those forces tending toward the defeat of the destructive impulses and the continuation of life.

SUMMARY

The fantasy of being rescued from suicide is expressed as a suicidal attempt so arranged that it invites the intervention of a particular rescuer to prevent its successful execution. A wish to be saved is an element in every attempted suicide. The rescuer is chosen from among those who have the capacity to empathize with the suicidal person at a particular time. In 'border-line' and psychotic individuals the choice may be symbolic and vaguely expressed.

The prototype for the relationship the suicidal person seeks with the rescuer probably is that early one between child and parent when they shared a common ego and responded directly to the unconscious of each other. The rescuer must have a surplus of free libidinal energy with which to love the suicidal person and initiate the rescue, and he must have sufficient ego strength to deal with the sum of the suicidal person's and his own destructive impulses. Often a potential rescuer recognizes the appeal to him but disregards it because of his own hostility or lack of ego strength and libidinal resources.

The more conscious the fantasy of rescue, the easier it is for the suicidal person to find and accept a rescuer.

The fantasy is an attempt to restore the original relationship between the primal object and the ego of the suicidal person.

REFERENCES

1. ABRAHAM, KARL: The Rescue and Murder of the Father in Neurotic Fantasy Formations. In: *Clinical Papers and Essays on Psychoanalysis. Selected Papers, Vol. II*. New York: Basic Books, Inc., 1955.
2. BIRD, BRIAN: *Antisocial Acting Out. Symposium 1954*. Amer. J. Orthopsychiatry, XXIV, 1954.
3. ———: *A Specific Peculiarity of Acting Out*. J. Amer. Ps. Assn., V, 1957.
4. FREUD: *Contributions to the Psychology of Love*. Coll. Papers, IV.
5. ———: *Mourning and Melancholia*. Coll. Papers, IV.
6. GLOVER, EDWARD: *On Suicidal Mechanisms*. As quoted by Melitta Schmideberg in A Note on Suicide. Int. J. Ps., XVII, 1936.
7. JOHNSON, ADELAIDE M.: Collaborative Psychotherapy: Team Setting. In: *Psychoanalysis and Social Work*. Edited by Marcel Heiman. New York: International Universities Press, Inc., 1953.

-
8. ——— and SZUREK, S. A.: *The Genesis of Antisocial Acting Out in Children and Adults*. This QUARTERLY, XXI, 1952.
 9. MENNINGER, KARL A.: *Psychoanalytic Aspects of Suicide*. Int. J. Psa., XIV, 1933.
 10. ———: *Love Against Hate*. New York: Harcourt, Brace and Co., 1942.
 11. STENGEL, E.: *The Social Effects of Attempted Suicide*. Canadian Medical Assn. J., LXXIV, 1956.
 12. STERBA, RICHARD: *Aggression in the Rescue Fantasy*. This QUARTERLY, IX, 1940.
 13. SZUREK, S. A.: *Notes on the Genesis of Psychopathic Personality Trends*. Psychiatry, V, 1942.
 14. WEISS, EDUARDO: *Emotional Memories and Acting Out*. This QUARTERLY, XI, 1942.

Narcissistic Defenses During Pregnancy

Henry M. Fox

To cite this article: Henry M. Fox (1958) Narcissistic Defenses During Pregnancy, The Psychoanalytic Quarterly, 27:3, 340-358, DOI: [10.1080/21674086.1958.11926100](https://doi.org/10.1080/21674086.1958.11926100)

To link to this article: <https://doi.org/10.1080/21674086.1958.11926100>



Published online: 05 Dec 2017.



Submit your article to this journal [↗](#)

NARCISSISTIC DEFENSES DURING PREGNANCY

BY HENRY M. FOX, M.D. (BOSTON)

The patient to be described in this report experienced an episode of acute anxiety during the seventh month of her third pregnancy. She required immediate psychotherapy and later began a psychoanalysis. During the course of this psychoanalysis, after the birth of the child, she became pregnant again. The dreams and fantasies evoked by her conception, gestation, and delivery show how she marshaled her defenses and why she was so much disturbed by pregnancy. The psychoanalysis also helps to explain why psychotherapy during the initial emergency provided immediate symptomatic relief but failed to reach her basic problems.

The patient was an attractive and highly intelligent married woman in her late twenties. She had a sister a year and a half older; two younger sisters and her only brother were born by the time she was five. She did not at first mention her mother's first-born child, a boy who died at the age of three or four during her mother's pregnancy with the patient.

Her parents spent much of their time in active social life. Throughout her childhood and adolescence they went out almost every evening and usually entertained guests the few nights they stayed home. She never saw her parents express any affection for each other and became aware at an early age that something was lacking in their relationship. Her mother became a prominent figure in various philanthropic organizations and often spent the evening at a dinner party different from the one to which her father had been invited. Detailed arrangements made it possible for her mother to know exactly what each of the children was doing at every moment of the day.

Presented at the mid-winter meeting of the American Psychoanalytic Association in New York, December 8, 1956.

'Mother tried to control every detail of our lives.' The house was constantly guarded by private detectives and the children, including the patient, were surrounded by servants, governesses, and teachers who gave them private lessons.

The patient believed she was her father's favorite daughter. She could not, however, win the interest he showed in her only brother. At fifteen she realized that a certain married woman was her father's mistress. She became keenly aware of her mother's distress when her father would fail to appear at family parties. On other occasions her father, an amateur artist, would leave the table and spend several hours completely absorbed in a picture he was painting. She thought of him as weak and in need of protection from her stronger mother.

At age eleven she had her first menstrual spotting which occurred at the time of her maternal grandmother's funeral. She felt drawn to her mother and told her about it, but experienced a painful sense of rejection when her mother remarked that this is not the sort of thing that people discuss. She was quite fat during that year and remembers that her older sister who had not yet menstruated made fun of her. Secretly she consoled herself by imagining that when she was fourteen she would become a princess. At times she more or less deliberately allowed herself to lapse into a kind of spell in which she became blank and walled, enjoying the disturbance this created in the family.

Her periods were irregular at first but she concealed this from others, reporting that they occurred every twenty-eight days, so that for a day or two she could sit on the stage at one end of the school gymnasium while the other girls engaged in sports. Later she developed severe cramps and malaise with her periods, occasionally fainted, and stayed in bed for two days each month until the time of her marriage. She particularly remembered the menstrual cramps she experienced when her mother took her on the train to boarding school.

She felt unpopular at school and was aware that the other girls did not want to include her in their secret clubs. It became

evident, however, that her intellectual capacity was outstanding and she had no difficulty in leading her class.

At sixteen she had a succession of illnesses including pneumonia, an appendectomy, chicken pox, and impetigo. While receiving morphine just after the appendectomy she was frightened by an urge to throw herself out of the window. From the time she had pneumonia until her marriage, she had occasional bouts of asthma but had no attacks thereafter. From time to time throughout her adolescence, and more rarely since, she had transient eczematoid eruptions on her forehead or chin.

She received a great deal of attention from men when she went to parties and dances, but believed that they were attracted only by her looks and that she had to be careful to conceal her intelligence. She resented the protective but patronizing attitude many of them manifested toward her as a woman, and finally became so much incensed that she decided to go to a well-known technical college rarely attended by women in order to prove that she could do as well as a man. After proving this for two years, she left and was later graduated from a college for women. After graduation she worked on a research project where she met her future husband. Soon after marriage she became pregnant, but because she caught German measles this pregnancy was terminated by an operative abortion before the third month.

A second pregnancy resulted in the birth of a son who was named after her husband. She remembered with horror the pain of this delivery and described what sounded like a hysterical episode that occurred after she had received some anesthetic, when for a period of several hours she believed that she was twelve years old and seemed unable to remember anything that had happened since.

When her son was three years old, she wanted to have another baby and planned with her husband to become pregnant for the third time. During the seventh month of this pregnancy she began to have attacks of pain on the right side of her abdomen, followed by deep aching in the left side extending down over

both legs and upward to the chest. Her skin over these areas became irritated with sensations described as like 'ants crawling'. Tearful and frightened, she was haunted by dread of the inevitable approach of death. She felt so weak that she could not lift her head and could not even feed herself. Although she had difficulty keeping her eyes open, even large doses of phenobarbital failed to allow her to sleep. After about a week, during which these symptoms became increasingly severe, she was admitted to the hospital. Since no organic disease could be demonstrated, she was referred to the psychiatrist for consultation and explained, 'I'm so scared. I'm afraid of everything. I'm afraid of a glass of milk but I'm not afraid of having the baby. Something is frightening me.'

She had a series of about twenty interviews, daily at first and then two or three times a week until the time of her delivery. Symptomatic improvement was rapid and it was possible to let her go home from the hospital in a few days. The question of eventual analysis came up from time to time during these discussions and it was made clear that therapy at that time was for help in the acute situation and that analysis would be considered only after the birth of the baby.

During the interviews she expressed terror of insanity as well as fears at finding herself in the hands of a psychiatrist. She pointed out, however, that what she told the psychiatrist did not really count because he was not a person she had ever heard of socially. She then felt guilty for having made such a remark. (Throughout her subsequent analysis the analyst frequently appeared in her dreams as a hairdresser, a chauffeur, or a butler, and finally, when the analysis was coming to an end after four years, as a purse snatcher.)

In the course of the psychiatric interviews she was encouraged to believe that her intelligence could help her to solve her emotional problems and she was also encouraged to consider herself as potentially a good mother. It was suggested that she might very well find no difficulty at all in nursing this baby, even though she had not succeeded before. (During her later

analysis this deliberate re-enforcement of her available defenses was used by the patient to justify her intellectual control of her emotions; this control was her defense against feelings of helplessness which had remained basically unaltered by the reassurance and suggestion that she received during the psychotherapy.)

She gave birth to a second son without further evidence of emotional disturbance but received heavy dosages of sedatives and analgesic drugs. After the delivery she felt happy and found that she had no difficulty in nursing the baby. To her son she gave the same name as a prince of the British royal family.

Two months after the delivery she returned for further interviews, expressing doubts about her ability to serve as a wife and mother and contrasting the menial role of the housewife to the interesting and challenging activities of a career outside the home. Psychoanalysis was now recommended and continued for four years with a total of six hundred eighty-four sessions. After she had been in analysis for over a year she became pregnant for the fourth time. The analyst continued to see her five times a week until the day before she was admitted to the lying-in hospital, and thereafter for two years.

Her first few analytic sessions were notable for the freedom with which she described her dreams and fantasies. Throughout her analysis she brought dreams quite frequently, about every third or fourth hour. This presented a technical problem,—to give enough interpretation to allow the preconscious and implicit elements in her fantasies to become fully conscious and explicit, but at the same time to analyze her use of dreams as a resistance. After about six months in analysis she indicated her dislike for the word 'fantasy' which to her implied something secretly disreputable; she preferred to think of herself as having an active imagination. It seemed to her that the analyst's knowledge about people's fantasies gave him the power of manipulation, and 'manipulation' suggested fingers and masturbation. Comparing the analyst to a housewife listening to a 'soap opera' or to the English people enjoying stories about the royal family, she pointed out that although she could indulge in fantasies

only for a few minutes during her hour, the analyst could sit and enjoy them eight hours a day.

These early interviews indicated her capacity for a kind of virtuosity in the display of her imagination, ostensibly in the service of her conscientious endeavor to be a good student during her daily 'lesson', but also subjecting the whole analytic procedure to subtle ridicule by carrying it out even better than the analyst might have dreamed possible. After she had clearly lapsed into lengthy and affectless associations which demonstrated that she could make clever use of what she had read and heard about psychoanalysis, it became necessary to interpret this as a fine intellectual performance serving as defense. She first insisted, 'I *am* smart', and then became angry and also frightened, reporting a dream that the analyst was about to let a dangerous man out of prison.

The content of these early interviews could be fully analyzed only later, when at last effective interpretation could be made of her defensive use of her capacity to produce dreams and fantasies. It is in retrospect clear, however, that these early hours offered an advance synopsis of what proved to be some of her most important difficulties. Her sado-masochistic preoccupations and her conflicts concerning exhibitionism were clearly stated in those hours; dreams about harbors, islands, swimming, and birth recurred frequently and it became evident that conflicts concerning incorporation constituted the central problem in regard to pregnancy.

There is little doubt that her diagnosis is hysterical character neurosis with narcissistic and compulsive elements. The histrionic quality of her behavior, characteristic of hysteria, had attracted attention during the delivery of her older son, when she believed that she was back at the age of twelve. During her next pregnancy, she showed hysterical dramatization of her weakness and acute anxiety, which required immediate treatment. But these were episodes in which she had become temporarily overwhelmed by panic and the rest of the time she resorted to a similar but far better-controlled playing out of her

daydreams. Around the age of fourteen she had imagined herself as a fictional character and almost believed that she would become a princess. As a young girl she had 'blank spells', once made believe that she had sprained her ankle, and used to pretend that she had a menstrual period every twenty-eight days. These traits exemplify a somewhat mendacious tendency to substitute her private game for reality.

The first appearance of her asthma after an attack of pneumonia at sixteen was a somatic compliance. It seems plausible to interpret the complete absence of further asthmatic attacks after her marriage as resulting from her partial transformation of a dangerously primitive attachment to her mother into a more benign dependence on her husband, one of whose nicknames was 'Mother'.

The first few interviews indicated her intense concern with her body image. This was characteristic of her dreams and fantasies throughout the analysis and was the basis of her disturbance during pregnancy. She dreamed of her body as a Steuben glass vase with a small flaw. (Schilder [6, p. 122] remarks that narcissistic libido has as its object the image of the body.) To the flaw she associated her own abscessed tooth with pus pouring out and a small hairy spot on her lower back. She tended in dreams to transpose front and back, she symbolically substituted the oral, anal, and vaginal openings for one another, and she perceived the inside of the body as a primarily oral cavity (7), associating pregnancy to a fish swallowed by a bigger fish. Schilder quotes Federn as saying, 'When we fall asleep and dream the old lability of the body image comes back and the body contracts and expands according to our emotional needs' (6, p. 124). Her masochistic preoccupation with surgical mutilation recalls Schilder's comment that fear of mutilation of any kind is based upon the narcissistic love of our whole body (6, p. 191).

All dreaming constitutes regression to a relatively primitive type of thinking, but this patient's waking fantasy also, at times, showed regressive tendencies. She was, however, able clearly to

differentiate fantasy from reality except during the episode at the time of delivery when, while still under the influence of anesthesia, she believed herself twelve years old. Tenuous contact with reality and confusion of fantasy with reality are typical of the hysteric, as is also a peculiar tenacity of oral mechanisms shown by this patient (see Marmor, 5, p. 659).

Her dreams, moreover, indicated a shifting identification with the body images of her father and her mother, with the dead brother who preceded her in her mother's womb, and with her sisters who came there afterward. These dreams during the early phase of her analysis, many months before conception, indicated an intense preoccupation with pregnancy. A dream about birth, to which she associated lying in a tub of warm water in her mother's house, expressed her regressive wishes for envelopment by mother; her preoccupation in the dream with the wetness of her skin suggests that these wishes may have intensified her libidinal awareness of her body surface. Her conflicts concerning exhibitionism and the somatic compliance of her sensitive skin, which 'broke out' from time to time with eczema, illustrate this awareness. The occurrence in close succession of severe illness (pneumonia), a surgical attack on her body (the appendectomy), and two skin diseases (chicken pox and impetigo) at the age of sixteen increased her sense of physical vulnerability. She experienced the surgical destruction of her first pregnancy following another disease with prominent skin lesions (measles) as real confirmation of her terrifying fantasies.

All this suggests that her narcissistic concern with her body image, which she perceived as damaged, represented a defense against an urge to allow her whole body to become masochistically consumed in a total maternal surrender (2). Although secret withdrawal into dreams and fantasies insulated the image of herself as a beautiful woman, it left her isolated and vulnerable. Her need for control and a rather puncturing intellectual sharpness (which she uneasily regarded as pseudomasculine) expressed her attempt at compensation by unconscious identifica-

tion with her mother, who had seemed so independent and controlling. She was concerned with the problem of the roles of man and woman in our culture; analysis showed that this concern represented an intellectualized displacement from anxiety about her own capacity for primitive rage and her sense of total helplessness evoked by her lack of true mothering.

After she had been in analysis for fifteen months she became pregnant for the fourth time. On the day before her last period she reported that her older son, aged six, wanted to know whether the young girl who helped take care of the children would bring him a little sister for Christmas. (It was now early in January.) He wanted it to be ordered from the hospital and brought by his mother. The patient explained that there has to be a Daddy. The boy then asked, 'When did we [meaning his mother and himself] meet Daddy?'. During this hour she described the servants' families she had known as a child and contrasted the chauffeur's wife who was like a witch with a broom to the gardener's wife who was soft and kind and secretly gave her cream for her kitten. She remembered thinking that if she ever went beyond the door and into the kitchen of this woman's house she would be endangered and might completely disappear. Her accounts of daily happenings, particularly the doings of her children, not only accurately chronicled her daily life but also referred symbolically to her deeper preoccupations, just as the manifest content of a dream refers to the latent content. She was aware of this herself but usually left interpretation to the analyst.

She had two dreams during the six days when conception most probably took place.

She brought home a guest. Her older son was not there. She showed the guest to a bed in the guest room but later he was in her bed. She went to get her younger son. She dreamed that on awakening in the morning she found her younger son had got out of bed and had taken a blanket with which he had covered himself on the floor.

In commenting on this first dream she remarked that she felt confused,—it was a feeling of not knowing where she was. Time seemed to be mixed up, for she brought the guest home in the daytime and yet it seemed to be nighttime. This disturbed her because she liked to feel that she had conscious control in her dreams. She thought perhaps the dream had to do with feelings about the analyst who, she believed, might be represented by the guest. This guest was in bed with her but her younger son was also there and seemed more independent than she had thought. He was completely covered by the blanket because his head was not even showing. She emphasized that in the dream her husband and older son were absent.

The associations to a dream four months later helped to clarify this first dream. The later dream was about Rita Hayworth who was living with her two children by herself in a house in Tennessee which was off the ground on two sticks. She was waiting for her divorce. For a while the patient herself was Rita Hayworth but at another time she was interviewing her for the press. Later in the dream she was in bed with her husband. She wanted him to make love to her and he was about to do so when her younger son came running in. In this dream it was very late.

She remembered in her associations that late in her pregnancy with her older son, her husband had come home from the war. Intercourse was followed by a cramp during which she thought the baby would be born, but instead it moved down to the floor of the pelvis. There was no room at that time for intercourse, and she remarked that now there was again 'no room' (because she was four months pregnant) for her younger son to go back and be a baby again. She associated Rita Hayworth's divorce to giving up being a princess. Interviewing her for the press seemed to indicate that the patient identified herself with the analyst.

Associations to this dream suggest that 'the guest' of the first dream referred not only to the man in her bed but also to the foetus in her body, whose presence displaced the baby's father

for whose penis there was now 'no room'. The beautiful actress living alone with her children in the house on two sticks (which sounds like a child's primitive drawing of its mother's body) also excludes the children's father by divorce. The patient's identification with Rita Hayworth may have been based on the fact that this actress gave up the exhibitionistic gratification of her career as well as the exotic glamor of becoming an Indian princess, but at least she had her children all to herself so that she became self-sufficient and no longer needed anything a man could give her.

The second dream occurred on the night after the first.

Her garden was filled with all sorts of beautiful flowers. She had no idea her garden had so much in it because it was winter-time and the flowers might all be killed. In what seemed to her to be another part of this dream she was looking in the window at Bergdorf Goodman, seeing all sorts of beautiful dresses and furs. She was outside in the storm but felt that although she could not afford these dresses she could make them herself.

In her associations she mentioned that the day before while sitting at her desk (below which there is an outlet for air returning to the furnace) she had a sudden glimpse of violent feelings which frightened her. They were extremely attractive but it was like falling down a well—not exactly like Alice in Wonderland. The only trouble was that she did not exist at all.

These two dreams suggest that she was aware of the possibility of conception and that this possibility evoked fantasies of a regressive dissolution of the boundaries of time and space (confusion of day and night, past and present, inside and outside), thus establishing a dreamlike return to the original objectless condition. This fulfils 'mankind's eternal yearning for identity between the ego and the nonego', as Helene Deutsch reminds us, 'once realized in the mother's womb' (1, p. 139). The loss of real boundaries permits the introjection of strength from the external world resulting in a feeling of omnipotence which balances the projected threats and dangers.

But the allusion to the guest in the guest room suggests that occupancy of the womb is to be temporary. The dream of her son's surprising independence and his climbing out of bed to the floor perhaps served as a warning to herself that babies get born, and she later recalled that her own baby had moved to the floor of the pelvis on his way toward the birth canal. She therefore must have perceived the new balance as precarious and eventually doomed by the relentless progress of the biological process. Separation would bring the terrors of a renewed and drastic shrinkage of the ego. Furthermore, the product of conception, an internal substance which would in fantasy have become invested with any increased feelings of omnipotence, would at birth become joined to the externally projected enemy and face her as a powerful demanding stranger (expressed during her pregnancy as the fear that she would be completely in the power of the baby).

The content of the second dream (her garden fuller than she had realized with beautiful flowers which might, however, be killed) and her associations (the room air returning to the furnace, suggesting respiratory introjection in this former asthmatic) seem, since the dream took place at the time of conception, to indicate her sense of the dangers of passive incorporation. It can be surmised that being outside in the storm referred to the eventual storm of labor and foetal separation. Since she would have to pay too high a price in humiliation and helplessness for indulging her wish to be adorned as a woman (unable to afford the beautiful dresses), the dream suggests a solution which actually became the theme of this pregnancy,—to make her dresses herself. Her attempt to feel that she could make and give birth to the baby by herself enabled her to re-enforce her mastery of her body and its boundaries at the expense of her libidinal investment in the child as a truly independent being with a life and goals of its own. In fantasy the baby thus remained confined to an exact replica of herself and there was indeed 'no room' for anyone else at all.

Thirty-four days after her last menstrual period she reported

that the previous night her husband had driven off from the club believing that she was in the car with him when actually she had been left on the steps. She thought it funny, and guessed that he would not realize she was not with him until he got into bed. Her amusement in reporting this episode to the analyst suggested that she regarded her husband as having unconsciously acted out her own fantasy of displacing him after conception,—that he had, in fact, acted it out so completely that whether he was with her or not no longer mattered.

During the following session, a Friday, she reported that her older son had suggested that the next time they went skiing there should be a place for the Daddies and a different place for the mothers and children so the Daddies would not get mixed up with the Mommies. (Once again the husband and the child are mutually exclusive; if one is 'there' with the mother, the other is not.) She mentioned Alice in Wonderland who was too big to get back into the secret garden and began to cry, remarking that even if one is too big one cannot give up hoping. In a different voice she added that she did not really want to go through the door into the secret garden (the womb) as she felt it would be dangerous.

The following Monday she remarked that she had not mentioned that last Thursday and Friday she had been wondering if she might now be pregnant. She believed that the analyst had indicated at the beginning of the analysis that she should fully discuss becoming pregnant so as to make sure she would not be doing it to escape something. (Actually there had been no such demand by the analyst.) If she should be able to have a baby, the analyst might become angry and walk off believing that she did not need any more help. Similarly, she thought that if she did not carry out labor and delivery exactly according to the ways and ideas of her obstetrician or of her mother, she could expect no help at all, so that she must read everything about babies and take over completely herself. What disturbed her most was the thought of the baby being taken away either during the pregnancy or afterwards. She felt physically over-

whelmed, that she had lost perspective, and that she could not seem to get 'outside' herself.

She complained of backache from time to time during the first two trimesters but not at all during the third when the mechanical strain was actually greatest. Early in the second trimester she explained that she held her back tight as otherwise she might fall apart and her perineum might protrude. She feared that she might lose the baby and that this would be her own fault. She had a sense of fighting feelings belonging to an evil little girl the analyst had not met. She had been talking of her fear of getting angry and of her intention to cut off her fingernails before going into labor to protect the nurses. She became much concerned about a screaming dog with a broken leg which might bite its rescuers.

She wanted to feel that having a baby was important but thought that the obstetrician tended to take away this importance and to treat the whole thing like a surgical operation, such as taking out the gall bladder. She was afraid that her own anger might reach infinite proportions. It reassured her to know that when skiing she could not possibly exceed a certain speed and that there is also a definite limit to the intensity of pain. She spoke of wanting to have spinal anesthesia so she could stay awake. She was afraid of a recurrent dream under anesthesia but did not remember what it was, except that there was a repetition of voices. (She remembered the content of this dream toward the end of her pregnancy, as reported below.)

With the advance of the third trimester she no longer complained of backache but at times became tearful and frightened. It seemed to her that it would be frightening to be conscious and to know what was happening but even more frightening not to know. The time was now so close. She felt that she was becoming involved in something she could not stop and that she would become ragingly angry. She now for the first time remembered the content of her recurrent dream under anesthesia, explaining that in the dream 'someone is beating someone' (4). She added that the person doing the beating experienced intense

pain. No effort was involved, however, in carrying out the beating. Although she thought of the person doing the beating as a man, she could sense the lack of effort in her right arm which seemed to go rhythmically up and down. Some phrase was repeatedly uttered and this was terrifying,—not the content of what was said but the effect of its repetition. She now remarked with an air of startled discovery and relief that the two occasions when she had had this dream were not when she was having her babies but when she had been given anesthesia by the obstetrician during the course of her labor so that he could carry out a rectal examination. The emergence into consciousness of her dream under anesthesia, with its sado-masochistic and bisexual implications, seems to have made it possible for her to begin to establish a more reliable differentiation between genital and anal impulses so that giving birth to the baby became less frightening.

The content of her dream under anesthesia and the associations to a dream the following night about having the baby clearly indicated that she related masochistic gratification to masturbation. But she felt deeply anxious lest her sado-masochistic impulses burst through her capacity for control, bringing the punishment of genital damage and also the possibility of unlimited pain and total helplessness.

Three weeks before the expected date of confinement, she remarked that the baby somehow seemed like an antagonist and it would get fatter and fatter, even if she herself ate nothing. She spoke of having patiently helped her younger son to be big and strong, although she sometimes felt ready to explode and thought that he seemed to have grown stronger at her own expense. She also explained that she wanted to avoid imagining herself as the baby because this seemed like a dangerous idea implying that in giving birth she would be losing part of herself. A week before the baby was born she reported contractions every six or seven minutes for about two hours, during which she felt as though she were being born herself. The world seemed very close around her but not in a constricting way. She

had a feeling that she was tremendously large but it could also have been that the world was quite small. She wanted to know just when the baby was really coming and how long it would take. She really felt frightened but if she knew the exact time it would be like being able to predict an eclipse. Several days later the obstetrician told her that the baby would be born in three days. She felt relieved to know that there was a time limit and spoke of needing to be constantly reminded that the process was going according to schedule so that she knew just what was happening.

The next day she was admitted to the hospital and in forty-eight hours gave birth to a girl who was named after herself, her mother, and her maternal grandmother. Her husband reported that she was at no time unconscious and had only two injections of Demerol and some Seconal during the day. Toward the very end of the delivery she remarked that she guessed she would have to have some gas, but she was encouraged to hold out, which she did. She was extremely happy and excited when the baby was born. During the course of labor the nurses offered to press down on her abdomen but she refused to have them do this, saying, 'No, this is mine'.

Six weeks later the patient gave a detailed account of the delivery. She reported that the pain had actually been very severe but she had not become emotionally upset by it. All through the procedure she had the reassuring feeling that she knew more about what was happening than anyone around her. After the delivery she was moved to the recovery room and very much enjoyed the fact that she was fully conscious, although the nurses had not expected this and kept asking her such questions as whether or not she could see the clock. She remarked that since the birth of the baby she had felt better than at any previous time in her life. The next day she described her little girl, remarking, 'She is exactly a little replica of me and she is awfully cute'.

During the following weeks her sense of triumph in the manner in which she had managed her delivery gave way to an in-

creasing awareness of the unresolved conflicts within her. She was still as anxious as ever about her hostile feelings, especially those directed toward her husband and her sons, and could not yet reconcile her urge for fame and importance with her wish to function without anxiety as a wife and mother. She still had cramps with her periods and felt jealous of her husband's increasing vocational success. She also continued to feel very much left out by her parents and was painfully aware of their interest in her sisters and particularly her brother.

Analysis was therefore continued for two more years. Her menstrual cramps gradually disappeared and were replaced by rather intense anxiety which in turn faded out. She gradually became much less inhibited athletically and socially but also seemed able to derive more enjoyment from the companionship of her children. At times she directed her anger at the analyst, but treated him less as an outsider, and there was a gradual increase in her capacity for warmth and friendliness, a change which particularly impressed the internist who had originally referred her for psychiatric treatment.

In contrast to her feeling of helplessness during the previous pregnancies, her attitude during this one had been characterized by an active urge to master her anxieties by vigilance and intellectual control quite similar to the control to which she had been subjected by her mother as a child. In the course of her struggle during analysis to counteract the introversive tendencies which had nearly overwhelmed her during her second and third pregnancies, this patient narcissistically overemphasized her active mastery and her self-sufficiency. Further analysis during the two years after the birth of her baby enabled her to gain an emotional balance which permitted her to establish improved object relationships and to feel more comfortable as a wife and mother. In fact, it seems likely that for this patient, and for many other women as well, maternal love springs, as Helene Deutsch has suggested, from the narcissism of pregnancy which 'erases the boundaries between the I and the You' (1, p. 153).

The patient's second and third pregnancies resulted in epi-

sodes of panic because the biological process of conception and gestation constituted a kind of somatic compliance. The implications of such compliance were highly threatening for this woman whose dreams when she was not pregnant were so filled with images of incorporation into the womb. Aggressive impulses of oral-phallic intrusion (expressed, for example, by a dream in which she identified herself with a dog who scratched deep grooves under the doorknob of a house containing children) intensified her fears resulting from the more passive aspects of these wishes. The operative interruption of her first pregnancy confirmed her lifelong fears of masochistic bodily invasion. Her narcissistic preoccupation with her body image heightened the significance to her of the somatic alterations during pregnancy and resulted in her perception of delivery as a mutilating separation.

The birth of her brother when she was five and the awareness of her father's infidelity when she was fifteen seem to have been the two most traumatic events in her emotional development. Both intensified her masochistic feminine identification. Her appendectomy and her pneumonia at sixteen enhanced her sense of bodily damage.

A history of eczema and asthma in her family indicate some constitutional basis for her somatic compliance. Her father's ability to shut himself off from his wife and family so completely by absorption in his painting seems to indicate a constitutional tendency to dwell in the world of the imagination as a denial of reality. Similarly the tendency noticed by Freud for Dora's father to stray from the truth may indicate an analogous background for Dora's hysterical amnesia. These trends, along with the encouragement both of these fathers gave to the œdipal fantasies of their daughters, make it unnecessary to consider the effect of acquired defects of the central nervous system with which Freud was still concerned when he wrote his *Analysis of a Case of Hysteria* fifty years ago (3).

Although Freud worked with Dora for three months rather than four years, he was well aware of the oral implications of

her nervous cough and clearly recognized the importance of the girl's relationship to an older woman. Describing Dora's mother as a compulsive obsessive character, he, like Dora herself, seems to have perceived the mother as foolishly involved in menial tasks of the household and he did not give so much attention to the effect on Dora of the early relation of mother and child. The implications of this period of life have been elucidated in detail since the time when Freud wrote his earliest papers. The mother of the patient reported here was also an obsessive character whose inability to give the security of warm maternal affection left the patient in the hands of maids and governesses and to whatever solace she could derive from preoccupation with her own dreams and fantasies.

Psychotherapy in the setting of a protective (but not regressively maternal) transference enabled her to advance from helpless victimization by her fantasies to active intellectual control for the duration of the emergency. Four years of psychoanalysis were necessary before she could achieve enough genuine self-esteem to become less anxious concerning her sado-masochistic impulses and relatively independent of her narcissistic defenses.

REFERENCES

1. DEUTSCH, HELENE: *The Psychology of Women, Vol. II*. New York: Grune and Stratton, 1945.
2. FOX, HENRY M.: *Body Image of a Photographer*. J. Amer. Ps. Assn., V, 1957.
3. FREUD: *Fragment of An Analysis of A Case of Hysteria*. Coll. Papers, III.
4. ———: 'A Child is Being Beaten'. *A Contribution to the Study of the Origin of Sexual Perversions* (1919). Coll. Papers, II.
5. MARMOR, JUDD: *Orality in the Hysterical Personality*. J. Amer. Ps. Assn., I, 1953.
6. SCHILDER, PAUL: *The Image and Appearance of the Human Body*. New York: International Universities Press, Inc., 1950.
7. SPITZ, RENÉ A.: The Primal Cavity: A Contribution to the Genesis of Perception and Its Role for Psychoanalytic Theory. In: *The Psychoanalytic Study of the Child, Vol. V*. New York: International Universities Press, Inc., 1955.

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Phyllis Greenacre

To link to this article: <https://doi.org/10.1080/21674086.1958.11926101>



Published online: 05 Dec 2017.



Submit your article to this journal



Citing articles: 12 View citing articles

THE IMPOSTOR

BY PHYLLIS GREENACRE, M.D. (NEW YORK)

An impostor is not only a liar, but a very special type of liar who *imposes* on others fabrications of his attainments, position, or worldly possessions. This he may do through misrepresentations of his official (statistical) identity, by presenting himself with a fictitious name, history, and other items of personal identity, either borrowed from some other actual person or fabricated according to some imaginative conception of himself. There are similar falsifications of that part of his identity belonging to his accomplishments, a plagiarizing on a grand scale, or making claims which are grossly implausible. Imposture appears to contain the hope of getting something material, or some other worldly advantage. While the reverse certainly exists among the distinguished, wealthy, and competent persons who lose themselves in cloaks of obscurity and assumed mediocrity, these come less frequently into sharp focus in the public eye. One suspects, however, that some 'hysterical' amnesias and dual or multiple personalities are conditions related to imposturous characters. The contrast between the original and the assumed identities may sometimes be not so great in the matter of worldly position, and consequently does not lend itself so readily to the superficial explanation that it has been achieved for direct and material gain. The investigation of even a few instances of imposture—if one has not become emotionally involved in the deception—is sufficient to show how crude though clever many impostors are, how very faulty any scheming is, and how often, in fact, the element of shrewdness is lacking. Rather a quality of showmanship is involved, with its reliance all on the response of an audience to illusions.¹

From The New York Hospital and the Department of Psychiatry, Cornell University Medical College.

¹ The Second Earl of Rochester, known as Rake Rochester, intimate friend, and one of the Court of Charles II of England, showed both the repeated im-

In some of the most celebrated instances of imposture, it indeed appears that the fraud was successful only because many others as well as the perpetrator had a hunger to believe in the fraud, and that any success of such fraudulence depended in fact on strong social as well as individual factors and a special receptivity to the trickery. To this extent those on whom the fraudulence is imposed are not only victims but unconscious conspirators. Its success too is partly a matter of timing. Such combinations of imposturous talent and a peculiar susceptibility of the times to believe in the swindler, who presents the deceptive means of salvation, may account for the great impostures of history. There are, however, instances of the repeated perpetration of frauds under circumstances which give evidence of a precise content that may seem independent of social factors.

Well-defined cases of imposture are quite rare in analytic practice. The analyst, however, quite frequently gets glimpses of such traits, only partly realized or appearing brightly in an incident or two, without emerging into overt fraudulence in the lives of a number of patients. Clinical investigation of such occult imposturous tendencies, embedded in the character of individuals, some of whom are productive and talented, and supplemented by the study of some notorious impostors of history, is the basis of this study.

The life stories of the following impostors will be referred to throughout this paper:

Titus Oates (1649-1705) was probably the main impostor at the core of the fictitious 'Popish Plot' in the reign of Charles II of England. His lifelong imposturous tendencies were used by

postures of men of lowly background and the consistent showmanship. Clever, versatile writer, known mostly for his obscene verse, prankster and supreme rake in a court of rakes, he would from time to time disappear from his usual haunts and set himself up under an assumed name in some lowly and obscure part of London, doing some menial work, but always with a theatrical flourish. At one time he posed as an itinerant tinsmith, going from door to door collecting battered kitchen utensils for repair; also he established himself as a fakir and healer by occult powers. These impostures were episodes in a scattered, dissolute, and sexually polymorphous perverse life (1, 2).

craftier political schemers and caused the death or disrupted the lives of countless people, simply on the basis that they were, or were supposed to be, Catholics (3, 4, 5, 6, 7, 8). He was one who, in the language of Pope, was damned to universal fame (9).

George Psalmanazar (1679?-1763) never revealed his true identity. He was probably a Frenchman, presented himself in London as a Japanese converted to Christianity, invented a fictitious history and a geography of Formosa for which he also invented an alphabet and a language. He became depressed and partly reformed after a serious illness. He became a Hebrew scholar, and in his old age a crony of Samuel Johnson. He was among those responsible for the founding of the Universal History to which he contributed (10, 11).

James Macpherson (1736-1796) was a very slight poet in his own right who presented, as a translation, the works of Ossian, poetry which received much acclaim, was imitated by Goethe, Byron, and others, and is credited with influencing the Romantic Movement in literature. His poetry was the subject of intense and repeated literary controversy over a period of more than a century. He was ultimately discredited and regarded essentially as an impostor (12, 13, 14, 15, 16, 17).

Thomas Chatterton² (1752-1780) was a really talented poet who perpetrated a literary hoax while still in his teens and poisoned himself before he was eighteen (18, 19, 20, 21).

There are other less well-known impostors such as Bedloe (22) and Fuller³ (23, 24), who coöperated with Oates, and Bower who was a contemporary and acquaintance of Psalmanazar.

² Chatterton was the most renowned of this group. His genius is commemorated by Shelley in *Adonis*, by Wordsworth in *Resolution and Independence*, by Coleridge in a *Monody on the Death of Chatterton*, by Keats who inscribed *Endymion* to his memory, and by D. G. Rossetti in *Five English Poets*.

³ In support of Oates's attack on James Stuart, Fuller wrote a fictitious account: *A Brief Discovery of the True Mother of the Pretended Prince of Wales Known by the Name of Mary Grey. To which is added, A Further Discovery of the Late Conspiracy Against His Majesty's Sacred Person, and Government. As/ and before the King and Deposed to a Committee of Parliament*, by William Fuller, Gent. Sometime Page of Honour to the late Queen of France. London: Printed for the author, A.D. 1696. Dedicated to the Duke of Gloucester.

The Tichborne Case (1865) was a direct misrepresentation of identity in a suit to claim an inheritance (25, 26). This instance has the distinction of extreme notoriety and vulgarity.

Three basic constellations of disturbing symptoms in clinically well-developed cases of imposture are at once impressive: first, the dominant and dynamically active family romance; second, the intense and circumscribed disturbance of the sense of identity, a kind of infarction in the sense of reality; third, a malformation of the superego involving both conscience and ideals. It is certainly not the presence of and only to a small extent any special variation in the content of the family romance which is significant. Based as it is on the *œdipus* complex, this fantasy is probably one of the most frequently expressed themes of children's fairy tales.

It is the endurance past puberty, the intensity, and the compulsive pressure to live out the family romance which are characteristic of impostors. This fantasy usually reigns only during the latency period. It is then expressed in the predilection for such stories, in acting it out in play and make-believe; it is the motive for some escapades of running away, and it is clearly evident in the intensely infatuated contemporary interest of some youngsters in, for example, Princess Anne and Prince Charles. One way or another, it contributes much to the content of defensive fantasies of this developmental period. It seems closely related in time and origin to the period of superego development which is ordinarily taken up mostly by beginning social identifications and formations of ambitions and ideals, reaching far beyond the limits of family relationships. A very strong libidinal investment in the family romance might be a substitute in large part for these influences, associated with a considerable failure or delay in the development of the more impersonal ego ideals due to a persistence of *œdipal* problems. More than this, it is a memory of the earliest awarenesses of the parental relationship from the dawn of even the slightest sensing of the self as a separate being. It is the extraordinary and

continued pressure in the impostor to live out his fantasy that demands explanation, a living out which has the force of a delusion, (and in the psychotic may actually appear in that form), but it is ordinarily associated with 'formal' awareness that the claims are false.

The sense of reality is characterized by a peculiarly sharp, quick perceptiveness, extraordinarily immediate keenness and responsiveness, especially in the area of the imposture. The over-all utility of the sense of reality is, however, impaired. What is striking in many impostors is that, although they are quick to pick up details and nuances in the lives and activities of those whom they simulate and can sometimes utilize these with great adroitness, they are frequently so utterly obtuse to many ordinary considerations of fact that they give the impression of mere brazenness or stupidity in many aspects of their life peripheral to their impostures.

A patient whom I saw years ago had repetitively impersonated a doctor, received and carried out appointments on hospital staffs with only the medical training he had had in serving as a hospital orderly during World War I. He had, however, apparently observed with extraordinary accuracy many of the surgical techniques and procedures which he was able to reproduce in so creditable a fashion that he was well accepted by able colleagues with whom he worked. Nonetheless, he failed in the simple precautions against detection that any shrewd schemer or good conspirator would certainly have taken. During the periods of active imposture he was calm, placid, and happy. It may be said, and probably rightly, that this defect was due to his inner conflict and his wish to betray himself, but it was deeply repressed and he showed no anxiety about detection. I would emphasize, however, that the failure to protect adequately against detection is not only due to unconscious guilt, but even more fundamentally to the peculiar disturbance of the sense of identity. The impostor has, then, a specially sharpened sensitivity within the area of his fraud, an identity toward the assumption of which he has a powerful unconscious pressure,

beside which his conscious wish, although recognizable, is relatively slight. The unconscious drive heightens his perceptions in a focused area and permits him to ignore or deny other elements of reality which would ordinarily be considered matters of common sense. It is this discrepancy in abilities which makes some impostors such puzzling individuals. Skill and persuasiveness are combined with utter foolishness and stupidity.

In well-structured impostures this may be described as a struggle between two dominant identities in the individual: the temporarily focused and strongly assertive imposturous one, and the frequently amazingly crude and poorly knit one from which the impostor has emerged. In some instances, however, it is also probable that the imposture cannot be sustained unless there is emotional support from someone who especially believes in and nourishes it. The need for self-betrayal may then be one part of a tendency to revert to a less demanding, more easily sustainable personality, particularly if support is withdrawn.⁴

The impostor seems to flourish on the success of his exhibitionism. Enjoyment of the limelight and an inner triumph of 'putting something over' seem inherent, and bespeak the closeness of imposture to voyeurism. Both aspects are represented: pleasure in watching while the voyeur himself is invisible; exultation in being admired and observed as a spectacle. It seems as if the impostor becomes temporarily convinced of the rightness of his assumed character in proportion to the amount of attention he is able to gain from it.

In the lives of impostors there are circumscribed areas of re-

⁴ On one occasion when I had the experience of working for a year with a colleague who made exaggerated claims concerning the nature and efficacy of his treatment, I became aware of what a burden it was to him to maintain them. He was not a fully developed, 'smooth' impostor. Although he was then driven forward by a brief period of fame, he could hardly have got himself into this fix nor have continued in it, except for the ambitions of his wife, supplemented by the opportunistic exploitation of some of his staff. Following the collapse of his claims, he went through a period of confusion and amnesia in which he could not remember his name nor where he lived.

action which approach the delusional. These are clung to when the other elements of the imposture have been relinquished. Although Macpherson, the fraudulent 'translator' of the Ossianic poems, did not continue and multiply his deceptions so openly, to the end of his life he maintained that he would continue to work on 'the originals' of which he had almost none, and more grotesquely, he developed the idea that he could work by substituting Greek for Gaelic characters. This was nevertheless a worldly man and an experienced politician.

Oates took to imposture like to a drug, changing readily from one variety to another; yet the imposition which he defended most vehemently and undeviatingly was that he had received a D.D. degree from the University at Salamanca, from which he had never received a degree and to which he had never been. He reacted with rage whenever he was ridiculed on this score.

This need to have the imposture sustained by successful exhibitionism is glaringly apparent in the Tichborne Case in England, perhaps the most notorious imposture in modern history. About the middle of the nineteenth century a roving Englishman, temporarily a butcher in a place with the improbable name of Wagga Wagga, Australia, was brought to England claiming to be heir to the enormous fortune of the Tichborne and Doughty families. The heir, Sir Roger Tichborne, had presumably been lost in a shipwreck traveling from Rio de Janeiro to Mexico. It was asserted later that a few of the passengers had been picked up and taken to Australia. The claimant emerged some eleven years later at a time when the dead man's mother, herself an impostor of a kind, was denying his death and putting out searchers for him in the form of advertisements in the London papers. It appears that his case would almost surely have collapsed quickly, in spite of the love of the populace for a lost nobleman, had it not been for the determined and pathologically gullible acceptance of him by Sir Roger's mother (herself a resentful natural child) who had treated her son so badly that she had almost of necessity to deny his untimely death. It seems that in its early stages, this extraordinarily complicated hoax

was certainly a coöperative, symbiotically determined affair between the aging Lady Tichborne and the illiterate butcher from the Australian bush country. The case did not however collapse with her death. The structure of the pretense had seemingly acquired a kind of autonomy, having taken hold of the popular imagination, which gained it further support. Lady Tichborne may have abetted the publicity, partly as bitter retaliation toward her proper English relatives, a retaliation which in other forms had been a sustaining influence in her life for years. The claimant proceeded to make public demonstrations, lectures, and rallies, exceeding the noisiest and brashest political campaigns, in asserting his rights as the lost Sir Roger. In a sense, it was rather like an election campaign, the public being called upon to take sides.

It was most striking, however, that after serving ten years of a fourteen-year prison sentence for perjury, during which he became more sober, reasonable, and in better health than at any time in his meteoric and pretentious career, when his release was granted—on condition that he should not encourage any public demonstrations—he had been out of prison only a few hours when he signed a contract to give short addresses on his case in any hall or place which his backers (the proprietors of a traveling circus) might select. It had been but a short time earlier, while still in prison, that he had written, possibly with insight arising from the enforced deprivation of his exhibitionistic activity: 'I know I am an enigma to many—and this principally caused by the horror I have to two things: egotism and flattery. My motto has always been that if you show me an egotist, I will show you a worthless scamp. Show me a sycophant and I will show you a worthless scoundrel' (25, p. 420).

It is obvious that anyone who perpetrates such a fabric of fraudulence has some fundamental pathological development of the superego. Certainly some elements in this may vary according to the nature of the total structure of the character from which the imposturous drives arise. The significant nuclear disturbance, however, appears to consist in the weakness of any

strongly established principles of behavior involving consistency of reality testing. Once an imposturous goal has been glimpsed, the individual seems to behave without need for consistency, but to strive rather for the supremacy of the gains from what can be acted out with sufficient immediate gratification to convince others. For the typical impostor, an audience is absolutely essential. It is from the confirming reaction of his audience that the impostor gets a 'realistic' sense of self, a value greater than anything he can otherwise achieve. It is the demand for an audience in which the (false) self is reflected that causes impostures often to become of social significance. Both reality and identity seem to the impostor to be strengthened rather than diminished by the success of the fraudulence of his claims.

This gives us some understanding of the fragile but artistically driven young Chatterton, fatherless, impoverished, and considered a freak who wrote but poorly under his own name, but by impersonating a fictitious sixteenth century bard, who was part of the court of a munificent city father, won interest and recognition which enabled him to develop his talent. There was a hint of something similar about Jonathan Swift who was also a posthumous child.

As one studies a series of impostors, their compulsive pressures become clearer. It is an urgency to perpetuate fraudulence rather than an exaggerated sense of righteousness as is true of most neurotic compulsiveness. It is necessary to be schematic in presenting the essential pathology of this seemingly paradoxical situation. Examination of the developmental history of the impostor reveals that the child had characteristically from the beginning a definite type of disturbance of evolution of object relationship. From birth, the mother has regarded the infant with extreme possessive and ambivalent concern and constant watchfulness. Whether this appeared as marked anxiety and guilt, or as great pride, seems less important than the fact that the attachment was extreme. In those cases in which an early history was obtainable, the parents were at odds, the mother frequently despising, reproaching, or attacking the father who

either remained detached from the child or removed himself by death or desertion.

In one of my own cases a not very reliable father deserted when the child was about three, after a period of open conflict and violence. During his absence the mother spoke often but disparagingly of the father to the child. In two other cases, the mother blatantly 'showed off' and admired the child while derogating the father, who was in each instance ineffectual and disappointing in his achievements. In one of these the father was absent during the child's second and part of the third year, his place being taken by an uncle. In a fourth case, the rigidly conscientious mother showed a constant nagging anxiety toward the child and a naggingly critical attitude toward the father who was unreliable and dishonest and who, while taking some interest in the child, taught it to conceal much from the mother in order to avoid reproach and worry from her.

Chatterton's father died before he was born. Oates's mother was a pious midwife, married to a psychopathic scoundrel who was a clergyman. The child was deformed, appeared stupid, ugly, and had convulsions until he was five. The parents separated when he was six. The intensity of the disturbance between them is indicated by the mother's account years later that during pregnancy she dreamed repeatedly that she had conceived with the Devil. She considered the birth itself as the worst she had ever known and wondered that it did not kill her. The child was so ugly the father did not want to look at it. Psalmanazar's childhood is described in his own memoirs, unreliable as they may be, in which he depicts an anxious, devoted, ambitious mother, separated from an unsuccessful but pretentious father when the boy was six. Fuller was possibly an illegitimate child, and the presumptive father died when he was six months old. The mother remarried, but the boy had a bad relationship with his stepfather. Bedloe was a child of extraordinary precocity, wit, and beauty. His father died when he was very young. He too did not get on with a stepfather. About the Tichborne Claimant, it is of interest that, while comparatively little is stated regard-

ing his real parents, except that he was the youngest child, he is stated to have been genitally deformed (pseudohermaphroditic), son of a father who was a violent Wapping butcher, and of a mother who was said to be decent but not otherwise described. The parents of Roger Tichborne, who he claimed to be, fit accurately into the pattern for parents of an impostor, and Roger Tichborne's brother was an unreliable psychopath.

The intense maternal attachment to which the future impostor is subject, as if he were a part of the mother, undermines his sense of a separate self and the development of his own identity. By placing the child in a position of definite superiority to the father—either through the mother's attitude alone, or by fate through the death or desertion of the father—there is set a potentially serious imbalance of the œdipal relationship, the child being able to assume an uncontested supersedence over its father. This inevitable intensification of infantile narcissism favors a reliance on omnipotent fantasy in other aspects of self-evaluation to the exclusion of reality testing.

Such a child comes into the œdipal period in an already greatly impaired state. The conditions of the family relationships being chronic do not change (except sometimes for the worse, through parental death or desertion), and the early assumption of having vanquished the father remains. The frustration due largely to the inability to live out the œdipal sexual urges, and the aggravated fear of the father based on hostility unrelieved by any possibility of positive identification with him, make the conflict both sharp and insoluble. I have elsewhere (27) indicated that if, under these conditions, the child has been exposed to the sight of the genitals of an adult male, it may produce in fantasy an illusory enlargement of its own phallus which becomes indeed a kind of local imposture involving the organ and contributes to the already forming tendency to general imposture.⁵ In the struggle to maintain supremacy there is then reinvoked the attitude of a quasimagic power

⁵ It is true that the subjective sense of the genitals is important in the establishment of the sense of identity (36).

which is inherent mostly during the second and third years of life. There is a great interest in gesture and imitation which gives to the young child a convincing 'as if' behavior, and makes great appeal in charming cuteness to the adult.

This period may be one of special cathexis for the potential impostor, since it contains the exhilaration of seeming independence with the great pleasure in and capacity to win admiration for the recently developed skills of walking and talking, but without real responsibility. Indeed, the behavior of the impostor utilizes exactly these characteristics with a very great dependence on *Gestalt* gestures which are acted out with plausible and sometimes astounding mimicry. It is also conspicuous that impostors utilize words in a similar way, with punning variations and substitutions, especially in names through which nuances of change in identity may be implied.⁶

The impostor seems to be repeatedly seeking confirmation of his assumed identity to overcome his sense of helplessness or incompleteness. It is my impression that this is the secret of his appeal to others, and that often especially conscientious people are 'taken in' and other impostors as well attracted because of the longing to return to that happy state of omnipotence which adults have had to relinquish.⁷

The study of the lives of these versatile gentlemen has led to the conclusion that sustained imposture serves two important functions in the life of the pretenders. It is the living out of an

⁶ Titus Oates made an anagrammatic version of his own name, as Testis Ovat. George Psalmanazar adopted his name first from the Biblical character of Shalmanezzer, later changing it to Psalmanazar. In his later years, during his reformed period, he claimed authorship of a book published seemingly by S. Palmer. Samuel Palmer, the supposed author, had died some time before. The question naturally suggests itself whether Psalmanazar was actually the author or whether the similarity in names suggested the claim to him.

⁷ It is interesting in this connection how much Samuel Johnson became involved with impostors. He was one of the most violent and constant attackers of Macpherson. On the other hand, he was first fooled by one William Lauder, who attempted by a hoax to prove that Milton was a plagiarist, then Johnson detected the trick and condemned Lauder (28). But Johnson became a great friend of Psalmanazar, whom he professed to admire greatly, and was also acquainted with A. Bower, another impostor.

œdipal conflict through revival of the earliest definite image of the father. In so far as *the imposture* is accomplished, *it is the killing of the father through the complete displacement of him. It further serves to give a temporary feeling of completion of identity* (sense of self) that can be more nearly achieved in this way than in the ordinary life of an individual so impaired from having been psychologically incorporated by his mother. As part of this imposturous impersonation there is a seemingly paradoxical heightening of his feeling of integrity and reality. This is certainly re-enforced and sustained by the sense of being believed in by others and, with the intoxication of being in the limelight (which reproduces the infantile situation with the general public taking the place of the mother), furnishes a most powerful incentive for endless repetition of this special type of gratification.

It is indeed striking in the cases of the great impostors of history how much the fraud is clearly directed at the father, though sometimes mediated through a brother, whether he be represented by the King, his surrogate the Duke, the tribal father and his accessory poet or bard, or the superior artist. In any case, there is repeated fluctuation between attack and identification. Thus Oates, after having with great difficulty edged himself into Jesuit schools, accused the Jesuits under the leadership of James Stuart, Duke of York, of plotting to kill King Charles II. Soon he was, however, implicating Charles himself in the Popish Plot. From scrutinizing his life one sees that this probably represented an interplay between him, his father, and his older brother.⁸ Both father and brother played less conspicuous but equally fluctuating roles in connection with the plot. At the end of his life Titus Oates was reduced to swindling on so ignominious a scale as trying to fleece two Baptist clerical brothers of an inheritance from an old lady parishioner. Macpherson,

⁸ Some of the older accounts of Titus Oates state that he was an only child (6). The more careful study by J. Lane (3) shows quite conclusively that Titus's father, an older brother, and less frequently a younger brother were involved in the work of informing sometimes in support and sometimes against Titus himself. None of them was so talented an impostor as Titus himself.

of Ossianic fame, dealt with a tribal father, the great mythical Gaelic, Fingal, Highland Chief, whose blind son, Ossian, was a poet. Somewhat similarly Thomas Chatterton produced the Rowley poems as though written by a monk close to the sixteenth century Mayor of Bristol, who was a great traditional figure for his endowment of the city.

There is another unconscious gain sought through the work of the impostor over and above regaining his 'rightful position' in life, (which we have indicated means the overthrowing of his father and realizing his own 'little kingship' from the past), and this has to do with impersonation for material advantage. The unconscious motivation is to rob the overthrown father of his penis which, it is imagined, furnishes a better equipment than the inferior infantile one which the impostor feels himself to have. This fantasy has become clear to me from the analysis of patients with occult imposturous symptoms, and has been reported elsewhere (36). While this cannot be clearly demonstrated from the life stories of the notorious impostors of history, it is in accordance with certain noted findings. As mentioned, Titus Oates, late in his life, tried to get from a fellow churchman against whom he had a grudge an inheritance which had been left by an elderly widow. James Macpherson, who was not wholly an impostor, succeeded in capitalizing on his talents by becoming an early version of a public relations man combined with ghost writing for the government. With this advantage he managed his affairs so well that he was offered (and 'righteously' refused) the confiscated estate of Ewen Macpherson, head of the clan who had much earlier turned in rebellion against the British government. James, who in boyhood was in the position of a poor relation, subsequently bought and developed a much grander property in his native county of Inverness and lived the life of a country gentleman until he died in 1796.

Oates had one leg shorter than the other and was notable for this extraordinary physical ugliness. Macpherson, in general good looking, was inordinately touchy about the thickness of

his legs. The Tichborne Claimant had a genital malformation which had made him doubt whether he could have children, although he succeeded in proving himself amply in this respect. All these three had bodily defects toward which they reacted with extreme sensitivity, indicating probably an excess of castration anxiety, and narcissism.

While the emphasis of this study has been on the defective development of the ego in these cases, some attention is due the sexual functioning. All of the cases I have analyzed were men who had considerable impairment of sexual potency. Two had severe potency problems, but all were inhibited in full enjoyment of sexual activity. It was quite apparent that genital sexuality, though seemingly functioning adequately, was more a narcissistic gratification or an attack than a truly libidinal satisfaction. It might be said that the genital function was in the service of proving the capacity of an illusory penis. Of the four patients, three had suffered from a 'small penis complex', while the fourth showed this in reverse with the idea that his penis was oversized and thus a betrayal of his excessive masturbation. Passive homosexual trends were marked, as would be expected.

Among the historical impostors, Titus Oates was a known homosexual with a predilection for sodomy, an accusation which he was also wont to make against young men who stood in his way. He apparently did not marry until forty-four, when he selected a girl of twenty-three, who had a reasonably good fortune which he soon squandered. He ultimately produced one daughter after a period in which he publicized the number of his wife's miscarriages, using this as the basis for soliciting support from public funds. He died at fifty-six.

James Macpherson never married. He abandoned his aspiration to be a poet, leaving Scotland where he was held in high esteem, preferring to live in London despite suffering there many scornful attacks on his literary ability and integrity. He prospered cannily in political and business pursuits. He always preferred English women to Scottish. On his death he provided

handsomely for five illegitimate children ('by several mothers') by whom he was so much esteemed that even the entirely legitimate descendants of his daughter took the name of Macpherson. Agile man that he was, he succeeded in getting himself considered for poet laureate, and when he died, he was buried in the Poets' Corner of Westminster Abbey beside Ben Jonson. He was the only one among them all who was successful in playing off both ends against the middle. William Bedloe, an associate of Titus Oates and a confirmed impostor, was a transvestite. He married around thirty, a short time before his death. George Psalmanazar was addicted to laudanum for many years. According to his memoirs (10), he so much enjoyed his reputation for taking it in enormous doses that he concealed the fact when he succeeded in reducing the amount. Although he lived to be past eighty, there is no record that he married. One suspects from the general tenor of his life that he may have had polymorphous perverse tendencies, but specific knowledge is lacking. The Tichborne Claimant certainly led a varied sexual life. Alcoholic, gluttonous, explosively violent, suffering from tics and possibly from convulsions in infancy, his life was characterized by lack of restraint. He married at thirty-one, had several children, later separated from his wife and kept only intermittent contact with his children. By and large, the impression is of a polymorphous perverse sexual organization with almost no object relationship in any of these men.

It will be noted that the cases here mentioned are all males. It is possible that cases of well-developed imposture are more frequent among men than among women, due essentially to its relation to phallic strivings and to the difference of the maternal influence on the male and on the female oedipal problems. It is probable also that social conditions may somewhat favor the maturation of impostural attitudes in males more than in females. Conditions related to imposture that occur more frequently among women are malingering, the 'as if' characters in which there is a diffuse rather than a focused activity of imposture, and especially kidnappings in which the kidnapped infant

is passed off as their own. One can see a relationship to these characteristics which cause a woman to go from one man to another assuming successfully the interests and coloring of each man as though they were her own, the type portrayed in Chekhov's, *The Darling*.

One great feminine impostor, more ancient than any other mentioned, is Joan or Joanna of the ninth century. After being elevated to the papacy, and reigning as Pontiff for more than two years, she gave birth prematurely while riding in a papal procession. She died, as have so many impostors since and probably before, as a result of her compulsion to betray herself. Whether she was a true impostor or whether this is an imposturous story of an impostor, each reader of the evidence must decide for himself. The story has been handed down through the ages, but the version I have read was presented in 1896 by a Greek writer of skill and delicacy, Emanuel Royidis, and was charmingly translated by Lawrence Durrell (32) in 1954. Mr. Royidis was excommunicated. Mr. Durrell has been living on the Island of Cyprus and has recently published two books. It is remarkable that while the story is generally discredited, still, as Royidis points out, Pope Joan is included in the Canon of Popes by so faithful and serious a historian as Platina himself, a secretary to a Pope and a librarian to the Vatican.

It is fascinating to see that the story of Joan follows inversely the outline of the male impostors. Joan was the child of Judith, a fallen goosgirl, who fell finally into the arms of a monk, who was in consequence after some time defrocked. On the travels together of Judith and the former monk, he was attacked and emasculated beyond repair while Judith was impregnated and bore Joan as the result of a woodland encounter with two archers. Judith died when Joan was young (Royidis says eight years old) and the child was so precocious that she preached her mother's funeral service. Her pseudo father, the former monk, then made such use of her talent that it supported them both, for he taught her to perform like a dancing bear and to answer encyclopedic questions, after which the hat was passed with great profit. In

this way then Joan was launched in her extraordinary career, to become ultimately the Holy Father.

The psychoanalytic literature in regard to imposture is scant. While the field of delinquency was opened to psychoanalytic investigation by Aichhorn's striking contribution, *Wayward Youth* (1925), Abraham in the same year gave the first clinical case report of an impostor looked at through psychoanalytically trained eyes. His article (33) together with those of Helene Deutsch in her study of the 'as if' character (1934) (34) and the impostor (1955) (35) furnish the basis for any further work on the subject. Dr. Deutsch alone has had the advantage of a long period of observation and psychoanalytic treatment of an impostor, a treatment which evidently had to become largely a supportive psychotherapy. She emphasizes that there are different types of impostors and different degrees of imposture. The chief case of her presentation is a young man—adolescent when she first saw him—in whom there was some improvement as he adapted better to reality under treatment, but from the patient's angle this was paradoxical in that he now had more anxiety and, what was more, now *felt* like an impostor. His anxiety broke through during participation in a war from which he could not feign his way out. The treatment may have furnished some support to his weak ego, and he gradually came to conform more to standards of reality. It still could not furnish him with as much semblance of strength and verve and of being someone as he could get from time to time in his earlier impostures.

It may be that vision and the reflection of oneself from and by others play a crucial part in early problems of identity (36), as well as the fact that the sado-masochistic excitement of imposturous states gives a heightening of sensation and perceptiveness with strong narcissistic libidinal investment, and that the sense of reality in these deformed characters depends more on this than on the depth of object relationships. The further question would be how much can this be changed by treatment. Annie Reich recently reported a case, much more resembling an 'as if'

character than an impostor, in which she got a good therapeutic result through a forceful concentration of interpretation in the transference with a subsequent shift in values to more workable ones (37). My own experience would lead me to ask how much was there developed a real incorporation of these values through the transference to form a different structure of ego ideals and the way of utilizing them, and how much might there be developed what one could call a therapeutic compulsion neurosis, with the patient always carrying the voice of the analyst with her, and the obligation to think 'what would she say (or do) under these circumstances?'. It is not only the standards and values which need to be changed in such cases, but the ability itself to convert a narcissistic identification into a critically selective and internally structured set of ego ideals, which is ordinarily only accomplished through resolution of the oedipal problems at the beginning and later at the end of the latency period.

Dr. Helene Deutsch emphasized that her patient was 'over-fed' with tender solicitude by his really very warm mother and that this diminished the development of early active ego strivings in him, everything being so well supplied that there was little need for him to make efforts in his own behalf. It would seem to me that this must have been heightened by the stated fact that during the first three or four years 'the father did not concern himself with the boy', but that he did with the much older brothers. In this setting, the boy would, of course, identify himself with the somewhat devalued mother, and the closeness of the relationship between them would have further absorbed the child's envy of the brothers, which was then forcibly turned in the reverse direction, the father actively enticing the boy into an alliance and narcissistic identification with himself in a powerful, spiteful, and vindictive attitude toward these same brothers—all this to be followed when he was seven by the collapse of this grandiose paternal figure into a weak and foul-smelling man who died when the boy was twelve. It would appear to me that while the schema of the early relationship of the boy to the

parents is not what I have described in my cases, the forces in it are similar. The boy's subsequent defiant, persistent imposturing was a repeated attempt to reclaim the role which he had glimpsed early among the father and the brothers—which he later briefly experienced in his triumphant alliance with the father when the father used him as his agent. One suspects that this attitude of the father toward his children must have been extremely intense since the two older brothers established their independence from him at such an extraordinarily high price.

One item in this case is of special interest: the anal problems of this patient. The 'hot air' talk and the reaction to the foul sputum of the father are mentioned by Dr. Deutsch. In my experience, patients in this group, who have strong anal identifications with others, have an increase in their problems of identity and illusion because the stool substitutes so readily for the phallus, and for a devaluated image of the self, and flatus contributes to the sense of the sublime power of an illusory counterpart. Dr. Deutsch's earlier paper on the 'as if' character seems to me to give invaluable help in understanding that type of encroachment on the spontaneous development in which the need to please substitutes both for deeper libidinal gratification and for ego development involving genuine reality testing, since this is always routed through the other person and is achieved through narcissistic identification rather than through a direct approach to reality.

Abraham's article on this subject gives the picture of a classically compulsive, repetitive impostor, whom he saw first in 1918, when it was necessary to examine him because of many delinquencies. This man repeatedly impersonated officers and obtained money under false pretenses. He was convicted but was soon released in a general amnesty at the close of the war. Abraham saw nothing of him until 1923, when at the request of the civil court he was asked to re-examine the patient and make a report. He then found to his surprise that in 1919, a few months after his sentence, the patient had improved suddenly and markedly and subsequently had lived a responsible active life, well re-

spected in his profession. This reform occurred when, in his usual trouble with the police, he had attracted the interest of an older woman with half-grown children of her own. She responded to his story of destitution and of unemployment by befriending him and finding work for him as a draftsman where his definite artistic talent could be used. Later, they married and 'he rose to a place of responsibility in the business (hers and her former husband's) which incidentally insured him a good social position'. It was through her, whom he called 'little mother', that he maintained himself as a responsible person. In other words, he lived out in an acceptable form his oedipal wishes and could do so with less guilt, as this father, his wife's former husband, was dead, and she rather than he had taken the initiative in the attachment. This, at least, is the gist of Abraham's explanation. As both he and Abraham realized, this adaptation was a vulnerable one. This kind of solution is certainly an exception, but not an extreme rarity. It is the more striking, however, since the delinquent activity and the imposturous ambitions appeared as early as five years and had been fairly constant through the intervening years. What seems to me very important in the change of the direction of this patient's life, and perhaps not sufficiently emphasized by Abraham, is the role of his apparently definite talent. It appears that this was the first time that his artistic talent was recognized as something more than a plaything with which to charm others. Of his childhood it is only said that he was the youngest child in a large family of brothers and sisters of a poor minor official, but nothing is said of the attitudes and characters of the parents. The life story brings into focus the question of unusual talent and its effect on a child, especially if it is the source of derogation rather than recognition, and touches on the complex problem of the artist in accepting, assuming, and synthesizing the sometimes unusually diverse elements in his identity (38), a subject with which I would wish to work, i.e., consideration of the relation of the artist to the impostor (39).

SUMMARY

While this paper has emphasized the importance of the œdipal problems in the production of imposture, it should be stressed again that one might better refer to these as the effects of an œdipal phase than the effects of the œdipal relationships. The acting out of the impostor is largely an attempt to achieve a sense of reality and competence as a man more than to claim the mother in any deep sense. From the material of my analytic cases, it seemed indicated that the mother might be a phallic mother and that in so far as the child was closer to her than to the father and might identify with her phallus, this increased the whole quality of illusion with which the impostor paradoxically struggles for some self-realization.

It will be noted that this paper has dealt more explicitly with cases from history or from reports of others than from my own. This was unfortunately necessary since after a number of years of analytic practice and with a number of published articles, it becomes increasingly difficult to give the rich full clinical details that one would wish. This is particularly true when so delicate a subject as imposturous tendencies and impostures is involved. Patients tend to become aware of the analyst's writing and may later look for themselves in clinical publications. While it would be unfair to publish anything without the consent of the analysand, this still does not resolve the problem. To see their own life histories in print may, in any event, be too great a narcissistic injury even though permission has been given for such publication.

REFERENCES

1. NORMAN, CHARLES: *Rake Rochester*. London: W. H. Allen, 1955.
2. By the author of 'Digby': *Rochester and Other Literary Rakes of the Court of Charles II*. London: Longmans, Green & Co., 1902.
3. LANE, J.: *Titus Oates*. London: Andrew Dakers, Ltd., 1949.
4. BURNET, BISHOP GILBERT: *History of His Own Time*. Edition of 1838. London: William Smith, pp. 282-298, 308-311, 323-324, 337, 359, 383.
5. BROWN, THOMAS: *The Salamanca Wedding*. London: August 18, 1693.

6. SECCOMBE, THOMAS: *Lives of Twelve Bad Men*. London: T. Fisher Unwin, 1894, pp. 95-154.
7. ANONYMOUS: *The Life of Titus Oates From the Cradle to His First Pilloring for Infamous Perjury (A Broadside)*. Printed in London by Mallet in White Horse Alley near Fleet Bridge, 1685.
8. MACAULAY, THOMAS BABINGTON: *History of England*. London: Longman, Brown, Green, Longmans and Roberts, 1858, Vol. I, pp. 234, 483.
9. HOWARD, MARY W.: *Hastings, Past and Present*. London: John Russell Smith, 1855, p. 89.
10. PSALMANAZAR, GEORGE: *Memoirs of ———, Commonly Known by the Name of George Psalmanazar, a Reputed Native of Formosa*. London: R. Davis, 1765.
11. ———: *Historical and Geographical Description of Formosa, An Island Subject to the Emperor of Japan*. London: Dan Brown, G. Strahan & W. Davis, and Coggan, 1704.
12. BLACK, GEORGE F.: *Macpherson's Ossian and the Ossianic Controversy, A Contribution Towards a Bibliography*. New York: The Public Library, 1926.
13. GRANT, JAMES: *Thoughts on the Origin and Descent of the Gael: and Observations Relative to the Authenticity of the Poems of Ossian*. Edinburgh: Walker & Grieg for Archibald Constable & Co.; London: Longman, Hurst, Reese, Arne and Brown; Inverness: John Young & Co., 1814.
14. MACPHERSON, ALEXANDER: *Church and Social Life in the Highlands*. Edinburgh & London: William Blackwood & Sons, 1893.
15. SAUNDERS, BAILEY: *The Life and Letters of James Macpherson*. London: Swan Sonnenschein & Co., 1895.
16. SMART, J. S.: *James Macpherson, An Episode in Literature*. London: David Nutt, Longacre, 1905.
17. TOVEY, REV. DUNCAN C.: In: *Reviews and Essays in English Literature*. London: George Bell & Sons, 1899, pp. 138-155.
18. WILSON, DANIEL: *Chatterton, A Biographical Study*. London: Macmillan, 1869.
19. MASSON, D.: *Chatterton, A Biography*. New York: Dodd, 1901.
20. RUSSELL, C. E.: *Chatterton*. New York: Moffat, 1908.
21. INGRAM, J. H.: *The True Chatterton*. London: Unwin, 1910.
22. ANONYMOUS: *The Life and Death of Captain William Bedloe, One of the Chief Discoverers of the Horrid Popish Plot*. London: Printed by George Larkin for John Hancock and Enoch Prosser, 1881.
23. ROPER, ABEL: *The Life of William Fuller*. London: (Printer not given) 1692.
24. VIAN, ALSAGER: William Fuller. In: *Dictionary of National Biography*. London: Smith, Elder & Co., 1889.
25. WOODRUFF, DOUGLAS: *The Tichborne Claimant*. London: Hollis and Carter, 1957.
26. GILBERT, MICHAEL: *The Claimant*. London: Constable, 1957.
27. GREENACRE, PHYLLIS: Experiences of Awe in Childhood. In: *Psychoanalytic Study of the Child, Vol. XI*. New York: International Universities Press, Inc., 1956, pp. 9-30.

28. WILLIAM LAUDER. In: *Oxford Dictionary of English Literature*. Oxford: Clarendon Press, 1939.
29. COREMANS, P.: *Van Meegeren's Faked Vermeers and de Hooghs, A Scientific Examination*. Amsterdam: J. M. Meulenhoff, 1957.
30. BAESJON, JAN: *The Vermeer Forgeries*. London: Geoffrey Bles, Ltd., 1956.
31. BARING-GOULD, S.: *Curious Myths of the Middle Ages*. Boston: Roberts Bros., 1880, pp. 160-172.
32. ROYIDIS, EMANUEL: *Pope Joan*. Trans. by Lawrence Durrell. London: Verschoyle, 1954.
33. ABRAHAM, KARL: *The History of an Impostor in the Light of Psychoanalytic Knowledge*. This QUARTERLY, IV, 1935, pp. 570-587.
34. DEUTSCH, HELENE: *Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia*. This QUARTERLY, XI, 1942, pp. 301-321.
35. ———: *The Impostor*. This QUARTERLY, XXIV, 1955, pp. 483-505.
36. GREENACRE, PHYLLIS: *Early Physical Determinants in the Development of the Sense of Identity*. To be published in the J. Amer. Ps. Assn.
37. REICH, ANNIE: *Contribution to the Panel on Ego Distortion*. Read at the Twentieth International Psychoanalytic Congress held in Paris in 1957.
38. ERIKSON, ERIK H.: *The Problem of Ego Identity*. J. Amer. Ps. Assn., IV, 1956, pp. 56-121.
39. GREENACRE, PHYLLIS: *The Relation of the Impostor to the Artist*. To be published in *The Psychoanalytic Study of the Child*, Vol. XIII.

Ednita P. Bernabeu

To cite this article: Ednita P. Bernabeu (1958) Underlying Ego Mechanisms in Delinquency, *The Psychoanalytic Quarterly*, 27:3, 383-396, DOI: 10.1080/21674086.1958.11926102

To link to this article: <https://doi.org/10.1080/21674086.1958.11926102>



Published online: 05 Dec 2017.



Submit your article to this journal



Article views: 1

UNDERLYING EGO MECHANISMS IN DELINQUENCY

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

Delinquency should, like fever or alcoholism, be considered primarily a symptom and not in itself a disease entity or a syndrome. The adolescents studied here are empirically considered delinquent because they acted in contravention to law or custom in such a way that they were brought to the attention of the New York City Magistrates' Courts by the police or their own parents. They come from various social, ethnic, and economic milieus, including all but upper middle class and professional groups. All had been placed on probation, and referrals for diagnosis and recommendations were made to the Psychiatric Clinic by the probation officer or the presiding magistrate. Treatment was offered to a certain number (10).

In our cases we find that delinquency and delinquent acts may be a manifestation of every kind of psychopathology. Delinquent acts occur in neurosis, psychosis, character disorders, 'immaturity reaction', and reactive and imitative behavior. Theft, for example, occurs in many different contexts, each of which has a different and distinct meaning. An act of neurotic stealing may be symbolic of sexual or aggressive drives. Shoplifting may thus have a symbolic significance (several girls studied by us had each stolen three items of the same nature), or it may be an impulsive act resulting from deprivation or from imitation. Stealing money may represent aggression or a 'grabbing' of love otherwise withheld, or it may be a guilty offering of appeasement when done on behalf of another person. Stealing may also occur in certain types of character disorder in which a primitive, heteronomous morality persists, completely dependent on external controls, with anxiety but little guilt. This condition is distinguishable from the lack of guilt found in very immature adolescents coming from primitive cultural and familial backgrounds which have not provided models

for prohibitive internalization. A schizophrenic also may steal, sometimes impulsively, sometimes symbolically, or to precipitate dire punishment or total destruction; in the latter case, severe depression is likely to follow. The severity and duration of such a depression, out of proportion to the act involved, may be the early clinical indication of the underlying disorder.

Different kinds of meanings must then be distinguished and the particular psychodynamics worked out in each case. The same is true also of other delinquent acts, such as running away from home, undesirable sexual activity, disorderly conduct, and acts of aggression against police officers, to name but a few. An attack on a representative of the law committed by an alcoholic boy struggling against homosexual tendencies threatening to emerge from repression has a different meaning from the same act committed by a neurotic boy in acute conflict with his stepfather or a schizophrenic girl in a catatonic rage. This truth can be of prime importance in the judicial disposition of a case, as well as in the conduct of therapy. Other examples could be given of how in each type of antisocial act various nosological entities are represented, so that in each case the dynamic, genetic, topographical, and structural problems must be considered; these, and not the phenomenology of the act itself, are the essential factors.

If a delinquent act, whether directed against property, person, or self, may have various psychodynamic sources, why attempt to formulate any unified hypothesis of delinquency? We are justified in doing so by the fact that although the dynamic content of delinquent acts is variable, such acts yet have something in common. These acts chosen by delinquents to express a conflict or drain off tension all violate some one of society's rules, a code that is an integral part of reality. We need not here consider the validity of these rules (as long as they are not tyrannical, cruel, or unduly restrictive); whatever the code may be at different times and places, the individual must reckon with it in formulating his responses to life. If these responses flout the law and get their author into trouble, the ego has failed in its

function of mediating with reality; and especially so when such flouting becomes chronic—a way of life. These more chronic and aggressive offenders will form the subject of this study because their more severe disturbances will make clearer the nature of the problem.¹

It has been generally accepted that in the process of adaptation 'choices' will have been made between autoplasic and alloplastic adaptation, with an implied preference for the latter as tending to be more healthful, while the former may be more conducive to neurosis. However, in the alloplastic changes still further choices present themselves. Will these changes be really beneficial to the individual, and at what price to society? The delinquent seeks to effect alloplastic changes which are detrimental, often to himself and society. An important distinction must be introduced here in the concept of alloplastic activities. The change produced in the environment can be used to evade reality, rather than to modify it to a constructive end. The child who slips out of the therapist's arms to avoid restriction of a dangerous activity, the adolescent who steals what he wants but will not work for it, or smashes property because he envies its possession by another, is certainly making changes in the environment but doing so only in an attempt to escape the pressures of what the rest of us call reality. This might be termed negative alloplastic adaptation.

Freud (4) has stated in brief terms a simple formula concerning what is perhaps the most important genetic difference between neurosis and psychosis: 'Neurosis is the result of a conflict between the ego and its id, whereas psychosis is the analogous outcome of a similar disturbance in the relation between the ego and its environment (outer world)'. The degree of evasion of reality demonstrated by some chronic aggressive delinquents raises the question whether their acts do not betray an underlying inability to perceive the outside world or its demands without extreme distortion. Other authors, such as Fritz Redl (9)

¹ What has been called 'sexual delinquency' requires special study and is beyond the scope of this paper.

and René Spitz (11), have amply documented the degree of distortion, by projection especially, with which the 'child who hates' sees the world. This reaches proportions which could be termed 'psychotoid'; in this quasi-psychotic state, the equivalent of the secondary elaborations are perhaps the chronically anti-social acts. By impinging negatively on the outside world (what we have called the negative alloplastic mechanism), the individual is spared the need to elaborate the secondary symptoms, such as delusions or hallucinations, which are ordinarily explained as an abortive attempt to externalize overwhelming internal conflicts.

We here face a recurrent problem of psychopathology, the 'choice of symptom', or more broadly, the choice of illness. It may be that environmentally, both in the home and in our cultural setting, we are today exerting less pressure toward enforced internalization of conflicts and hence acting out is becoming gradually more prevalent as a substitute for the development of neurotic or psychotic symptomatology.

Commission of an antisocial or self-damaging act sufficiently serious to bring an individual to the attention of the court indicates that the ego has failed in its fundamental role of synthesizing agent and mediator. Therefore it seems logical to start with a review of the condition of the ego of these youngsters to see if they show any similarities in the development of their egos. Nunberg (8) has pointed out the semantic and theoretical pitfalls and confusions arising from careless use of the terms 'weak' and 'strong' ego. Redl (9), with respect to the delinquent, has also emphasized that the concept of 'weak' ego is inaccurate and misleading, since the delinquent presents strong and skilful ego techniques in defense of his preferred reaction patterns. However, it is clear that something is wrong with the ego, as well as with the superego, in this group of patients. What is this and whence does it come?

The delinquents studied here show a striking constriction and limitation of both ego functions and libidinal gratifications. Their daily round is usually work or school, going home,

watching television, going to bed, getting up. Occasionally they sit on the house steps or stand on a corner, or go to the candy store or to a friend's house. Passive entertainment, especially television and movies, is the rule. The alternative for the girls seems to be intense dependent involvement in particularly unhappy sexual relationships or in promiscuity; for the boys, aggressive acts, drinking, and gang relationships satisfy emotional needs.

Concomitant with this degree of constriction of life is often found latent or overt depression of varying severity. A number attempt suicide with more or less determination. Also combined with the inactivity is an impoverishment of affect which does not quite reach the level of the apparent flattening of affect of the schizoid personality. There is little evidence of sublimation; there are few intellectual, æsthetic, or ascetic defenses; we do not even see the 'teen age' type of attempt to manage libidinal and aggressive impulses, such as are implicit in the craze for crooners, autographs, or clubs. Applying Hartmann's concept that sublimation is practically the same as neutralization of libidinal or aggressive drives, it becomes plain that in the absence of such a mechanism sexual acting out and aggressive acts are left almost uninhibited.

There is a serious lack of success in all spheres of adaptation to school, work, play, love, and sex. Truancy and scholastic failure have often been the prodromal signs of disturbance, to be followed by antisocial acts. These young people do not perceive school as a challenge, an opportunity, a stimulation, or a satisfaction of drives toward mastery and achievement; they feel it rather as another imposition from the adult world to be resented; or else as another experience of failure and frustration.

The early experiences of the adolescent who has quit school 'to go to work' also tend to be unfortunate. Untrained in any specific skill, lacking the apprenticeship of a trade to say nothing of previous successful experience with disciplined adaptation to inevitable monotony and routine, plagued by problems with authority, he soon defaults here too. The specific role

of the social structure and the school system, and the source and handling of this problem are beyond the scope of this paper; yet this is one of the most important and tragic problems confronting our urban culture. When a distorted permissiveness has allowed the individual to avoid stress and demands, he cannot measure his own abilities against the demands of reality; paradoxically this permissiveness seems to allow relatively unrestrained growth of fantastic fears and secondary aggression.

There is, in the children of this study, a preponderance of physically or emotionally broken homes; the parents are generally immature individuals who are openly or subtly exploitative of their children, as well as brutal. There is rarely any attempt at inculcating systematic values or ideals other than possibly a shallow façade of respectability, maintained solely for the sake of the neighbors or relatives. Violence and quarreling are frequent, and so is disregard for the dignity of the other spouse and of the children. Genuine interest and supervision are absent; in their place there are angry, premature accusations of wrongdoing, searching of intimate belongings, and other evidences of mistrust. These homes lack any suitable models for identification to aid in the ego development of the child; on the contrary, the infantile parents make parents of their children and want from them on all emotional levels. Since the child cannot realistically supply these narcissistic and libidinal comforts to the parents, it becomes more and more frustrating and unacceptable to them and hence is the butt of their mounting hostility. The child is consciously expected to conform (that is, not to be troublesome), and is the object of their unconscious projections, thus stimulating parental accusations. These lead to further restrictions by the adult, further stimulating rebellion, starting a vicious circle. Where parents have themselves been criminal or delinquent, the child is often expected to be for them a sort of substitute superego, thus mirroring the situation originally described by Adelaide Johnson (6).

Little is available as a model for the development of the more successful defenses against impulses; striving for autonomous

achievement, mastery of cognitive processes and other skills, reaction-formation, and artistic sublimation are all notably absent in our whole group. Instead heavy reliance seems to be placed on the more dangerous mechanisms of massive repression and denial of impulses, with a clinging to underlying fantasies of omnipotence. This is a defensive system that is notably brittle and, under the stress of other factors, breaks down fairly easily. When it does, it tends to produce explosive behavior.

The parents confer emotional omnipotence on the children, whom they see as siblings or parents, by such outspoken statements as, 'Look what my child is doing to me. My child is ruining me, denying me, torturing me.' In the quarrels that are frequent between parent and child in our clinic and court over such matters as money and housework, each is saying, 'Mother is not feeding me! Mother is abandoning me!' It is often that a mother cries out, when a court officer recommends that an eighteen or nineteen-year-old girl move out of the home, 'She cannot live without me', followed by the more desperate, 'I cannot live without her'. The elements of the struggle for power include conflict over giving and withholding, as well as a struggle for dominance in order to receive.

The constriction of life, anhedonia, and apathy referred to are the visible results of the severe immaturity and the basic though hidden dependent attitude to life. Although we characterize these youths as 'acting-out' types, it is important to avoid an associative confusion and think that they are particularly active. On the contrary, it has been our observation that this group tends to be lethargic, inactive, addicted to passive entertainment, unathletic (they love to drive about in cars, however,—another passive externalization of the motor drive). Together with the small pleasure in doing things goes their weakness in striving for autonomous achievement and contrastingly their great need for prestige, status, and recognition. These they demand rather than work for, thus betraying the underlying fantasy of omnipotence. They seek importance more from their peers than from adults. Since the adult world is more likely to

require realistic achievement, a reaction of defiant hostility is set up to guard against the narcissistic injury that would overwhelm them if they faced this demand. Adults are then defensively accused of malevolence and scorned as feeble and 'stupid'.

Beller (2) has reported how certain young children express their dependent wishes. Some children make direct demands for adult help when they need it; others express such demands only indirectly. The children who express their demands directly tend to have specific and realistic fears, whereas those who express demands indirectly are more subject to unchanneled anxiety, are unable to curb their aggressiveness, and become submissive when they need help. This latter group resembles the youths reported in this paper, who are often unable to seek openly any realistically useful dependence to fulfil their needs. Status is more sought after than achievement, and object relationships are shunned but replaced by exploitative manipulation of others.

For them no safe relationship has ever existed to allow the development of trust, which is a prerequisite for dependence, socialization, and ego development. The fantasy of omnipotence must be kept (never delegated) as the safeguard against the dangerous power of adults to hurt; lack of power is fearsome. The examples of brutality and hypocritical duplicity set by parents help to allow the children to escape into action to evade realistic development. Realistic fears and dependency cannot be admitted, but are replaced by fantastic fears of damage and an almost paranoid hostility.

A combination of reversal of affect and projection is here used: 'I don't need you, depend on you, or love you. I defy you and hate you. It is you who are malevolent; hence there is no need for guilt on my part.' The similarity to the mechanism described by Freud for homosexuality and paranoia is evident.

Eissler (3) has stressed the importance of fantasies of omnipotence to the delinquent and postulates that a traumatic situation, supervening when the need and expectation of gratification are great, has fixated the individual at this stage of

omnipotence. This alternates, he states, with periods of extreme helplessness. It seems from the clinical evidence available to us that the patient is fixated at a point where he needs to retain indefinitely his fantasies of omnipotence as a defense against his basic helplessness, and has never been able to take the step toward delegated omnipotence because no adult has offered him the opportunity for realistic dependency, *in safety*. Partial power either of the self or of the adult is dangerous. Since the power of the adult is perceived by the child (because of its experience) only as being exercised against it, it fights this power as well as its own wishes for dependency, which must be denied because they constitute a threat. The child has never been able to trust in the protective aspects of adult power.

A six-year-old boy summarized this attitude as follows: 'You can't boss me. You're not my boss. You can't make me do anything, or stop doing anything, until you catch me. And I won't let you. I'll run and run. You'd have to catch me first and I wouldn't let you.' And he runs away.

There is obviously no question yet of internal controls, since a megalomaniac denial of external control still persists and must be abandoned before any internalization can occur. Thus it seems that superego development must wait on the growth of the rudiments of the ego. This in turn depends on the trust in another person, through experience of gratification, and the development and acceptance of a dependent relationship. This is illustrated by the statements of a seventeen-year-old girl who carefully explained how she feels about following any instructions or orders. If she were told to stop smoking, she would have to smoke; if told to smoke, she would refuse. Doing what someone told her to do was 'like being trapped or under a spell, like being hypnotized'. She would not attempt to please anybody because there is no one she would want to please; no one is going to be her boss.

If this omnipotence is delegated (as it is to the court, at times), then the intense demands of passivity and dependency emerge, and the court is expected to fulfil all sorts of magical roles. The

passivity underlying the almost paranoid defiance is not to be underestimated; many accusations against the court take the form of 'Is it compulsory? Make me! Go on, make me!'. The dependency needs are to be gratified by force, thus maintaining the illusion of hate and force as triumphant.

The seemingly aggressive behavior which appears to be so characteristic in this disorder may not be solely due to an increased total of aggression but may result because aggression fails to be bound by the four types of conflict that modify the aims of aggression, as postulated by Hartmann, Kris, and Loewenstein (5): 1, instinctual conflict (which occurs when both drives, libidinal and aggressive, are vested in the same object); 2, conflict with reality, which results from the reaction of the object to aggression; 3, expectation of conflict with reality, which results in a structural conflict involving the ego; 4, structural conflict involving the superego. Furthermore, there is relative failure of all but the first of the four types of processes postulated to modify the impact of aggression by displacement, restriction of aim, sublimation, or fusion.

There is clinical evidence for the hypothesis that it is the fate of the aggressive drive, rather than its quantitative level, that is of decisive importance.² For example, these young people seriously lack aggressivity in the service of constructive ends and are passive in work, play, and sexual activity. The aggressive behavior with solely destructive aim points therefore to existence of the drive in almost pure form. It has not been sufficiently fused with libidinal components, and this failure of fusion depends on an inability to handle the vicissitudes of the dependency needs.

The extreme dependency (and its distortions by pathological mechanisms) in this group has perhaps not been adequately recognized, although the struggle between dependency needs and

² It is, of course, evident that deprivation and frustration will increase the intensity of the aggressive reaction, but even intense aggression could still be handled by internalization, turning against the self, sublimation, and other defenses, as it is in so many other clinical conditions.

the new press toward independence has been amply studied in 'normal' adolescence. This conflict is particularly poignant in our group, who lack the support that realistic achievements and strivings give to other young people; instead of going through and resolving a true conflict, these delinquents respond by total reversal of the predominant need. The need for love and gratification they distort into a need to hate and rebel.

Dependency can be accepted only after the sense of trust has been established as a stable, powerful, and protective source of gratification that also aids in progressive maturation of the ego. Dependency can then be a powerful aid in the process of socialization, based on controls from within instead of on external coercion. This trust in the protection of the adult world, a protection which expresses itself in gratifying and nurturing and,—what is equally valuable,—the providing of 'persistent stimulation, dosing, and structuring of new experiences' (*r*), has never been earned by those who have been responsible for the growth of these children.

The adolescent must become less dependent and conforming, he must re-evaluate himself and his elders as he learns to take his own place as a responsible member of the adult community. The normal adolescent is re-examining (and in the process often rebelling against) a set of standards that, although they may not be universally agreed upon, have nevertheless a coherent structure and social value, with both advantages and disadvantages. But the parents of the delinquent have not presented their children with such a set of values; instead they have presented only demands to satisfy their own needs for narcissistic supplies. When these are not provided by the child, it becomes the object of their hostility, stemming from frustrated parental dependency needs. Thus what the delinquent is rebelling against is actually not what we mean by authority, carrying with it the implication of responsible action and protection; the delinquent is rebelling rather against what *he* conceives, out of his own tragic experience, to be authority,—a tyranny, cloaked all too often in simultaneously rejecting and demanding brutality. It is

this confusion we have to overcome in the thinking and feeling of the patient: for him, authority or control is a dirty word.

The denial that external reality, the adult world, the police have any right or power over the delinquent allows for acting out which seems to mask the deficiencies of the ego, hiding them both from the patient's awareness and from the casual observer. Chronic acting out also hinders further ego development by attempting to circumvent reality rather than to deal with it.

In a small but extreme group of cases, the ego constriction and hidden dependency almost produce a state of symbiosis with a hating, hated parent. Then there is seen a craving for physical contact which, duly rationalized, expresses itself in sharing cramped quarters for living and sleeping; violence and frequent mutual beatings serve as outlets for both the need for physical contact and the guilt it arouses. In this group there have been cases of incest with the father. But such incest masks the real problem, the symbiosis of mother and child. If the father is absent, the symbiosis between mother and daughter may be of an astounding degree. (It is frequently found that the symbiotic parent is either psychotic or suspected of psychosis.) In these situations the adolescent may run away from home, yet fight with every resistance all attempts at true separation. I refer the reader to Mahler's (7) article on childhood symbiosis; except for the ages at which she finds childhood symbiosis, her description applies to these delinquents: '... and disturbance becomes apparent ... at such crossroads of personality development, at which the maturational function of the ego would usually effect separation from the mother and would enable the child to master an ever-increasing segment of reality independently of her. ... The illusion of the symbiotic omnipotence is threatened and severe panic reactions occur. ... The world is hostile and threatening because it has to be met as a separate being.'³

Some of our patients tell us that they cannot even conceive of themselves as being alone or on their own (this often at the

³ We are not considering here any biological basis or 'constitutional' inability to develop, but only the clinical description of the situation.

age of twenty or twenty-one), and that they are terrified at the mere thought of living in a separate habitation from the parent. Mahler further notes: '. . . the adult partner often seems able to satisfy the child only as it belongs . . . as a quasi-vegetative being, an appendage to her or to her body'. This, too, we see in some of our parents who scream publicly that they cannot give up their child to the world because 'she will destroy herself' and because the mother cannot stand this separation and 'will die'. This entire symbiotic adaptation is more complex and less easily recognized in adolescence than in childhood.

SUMMARY

The vicissitudes of the strivings for dependency play an important role in the psychopathology of delinquency. The delinquent, because of his experience, and by projection, sees the world as hostile. He has had bad objects,—his infantile and un-nurturing parents,—as models and he has felt severe deprivation. Never able to give up his fantasy of omnipotence, which he regards as his only safeguard, he has not delegated omnipotence to parental figures or their substitutes. He cannot tolerate partial power. His dependency needs are intense but felt as an exquisite threat against which he defends himself by reversal and projection in the formula: 'I do not need you or depend on you or love you; I am omnipotent; I hate you. You, the adult, are malevolent, so I can fight you without guilt.' Action has become a means of evasion of reality rather than of adaptation to it (the negative alloplastic reaction). External controls are not internalized, and indeed their very validity is denied in a way that interferes with reality testing. Reality is ignored to such a degree that psychosis may be simulated; in this state, aggression or other acting out is substituted for psychic symptoms or secondary elaborations.

This acting out, since it does not solve the fundamental problems of the individual, causes a continuing lack of socialization and therefore of opportunity for development of the various ego

functions. The constricted ego, unable to perform in such a way as to procure realistic gratifications and achievements, reverts to the old mechanisms of reversal and projection. The ego lacks the ability to acknowledge and utilize emotional and instrumental dependence; it cannot extricate itself from its vicious circle of constriction.

REFERENCES

1. ALPERT, AUGUSTA and KROWN, SYLVIA: Treatment of a Child With Severe Ego Restriction in a Therapeutic Nursery. In: *The Psychoanalytic Study of the Child, Vol. VIII*. New York: International Universities Press, Inc., 1953.
2. BELLER, EMANUEL K.: *Dependency, Aggression, and Fears in Early Childhood*. Amer. Psychologist, in press.
3. EISSLER, KURT R., Editor: *Searchlights on Delinquency*. New York: International Universities Press, Inc., 1949.
4. FREUD: *Neurosis and Psychosis* (1924). Coll. Papers, II.
5. HARTMANN, HEINZ; KRIS, ERNST; LOEWENSTEIN, RUDOLPH M.: Notes on the Theory of Aggression. In: *The Psychoanalytic Study of the Child, Vol. III/IV*. New York: International Universities Press, Inc., 1949.
6. JOHNSON, ADELAIDE M.: *Factors in the Etiology of Fixations and Symptom Choice*. This QUARTERLY, XXII, 1953, pp. 475-496.
7. MAHLER, MARGARET: On Child Psychosis and Schizophrenia: Autistic and Symbiotic Infantile Psychoses. In: *The Psychoanalytic Study of the Child, Vol. VII*. New York: International Universities Press, Inc., 1952.
8. NUNBERG, HERMAN: Ego Strength and Ego Weakness: The Synthetic Function of the Ego. In: *Practice and Theory of Psychoanalysis*. New York: Nervous and Mental Disease Monographs, 1948.
9. REDL, FRITZ and WINEMAN, DAVID: *Children Who Hate; The Disorganization and Breakdown of Behavior Controls*. Glencoe, Illinois: The Free Press, 1951.
10. ROSE, JEROME and BROMBERG, NORBERT: *Problems of Consultative Services in a Psychiatric Clinic for Adolescents Attached to the Court*. Read at annual meeting of the American Psychiatric Association, April 1955.
11. SPITZ, RENÉ: *Infantile Precursors of Delinquency*. Amer. J. Orthopsychiatry, XX, 1950.

'When I Grow Big and You Grow Little'

Wilbur Jarvis

To cite this article: Wilbur Jarvis (1958) 'When I Grow Big and You Grow Little', *The Psychoanalytic Quarterly*, 27:3, 397-399, DOI: [10.1080/21674086.1958.11926103](https://doi.org/10.1080/21674086.1958.11926103)

To link to this article: <https://doi.org/10.1080/21674086.1958.11926103>



Published online: 05 Dec 2017.



Submit your article to this journal



Citing articles: 1 View citing articles

'WHEN I GROW BIG AND YOU GROW LITTLE'

BY WILBUR JARVIS, M.D. (FREEPORT, NEW YORK)

The fantasy of 'the reversal of generations' is frequently expressed by a child with a further remark, often, but not always, hostile in nature. A two-and-a-half-year-old girl was told by her aunt that she could not stay up longer to play with her cousin. 'Auntie', the child retorted, 'when I grow big and you grow little I won't let you play!'

Ernest Jones¹ discussed briefly the possible connections of this fantasy with the growth of the child in relation to its size as compared with adults; in regard to the idea of reincarnation; and in regard to narcissistic ideas of immortality. What, however, he considered its chief motivation was a struggle between impulses of love and hate as it is observed in the usual pregenital ambivalence.

According to Jones, the most important consequence of the fantasy is the way in which it determines the later attitudes of adults toward their own children. The adult is himself the 'grown big child', and the child is the individual's 'grown little parent'. In its positive form it can influence the attempt to mold a child to become like a favored grandparent. An example of the negative form is a man's dread of having a son who represents to him the reincarnated (hated) grandfather.

A forty-year-old patient shuddered and said, 'I hate to think of people getting old and being taken care of by their children'. At this period in therapy she had been dwelling on her relationships both with her mother and with her own thirteen-year-old daughter. The patient had slapped and scolded this daughter, her only child, from infancy. During therapy, however, a year had passed without such an incident. She recalled her own childhood as a state of loneliness and fear from an early age when her mother became involved in a love affair and completely ignored her. The mother eloped with her lover, and the patient then lived for a time with her father.

¹ Jones, Ernest: The Fantasy of the Reversal of Generations. In: *Papers on Psychoanalysis*. Third Edition. New York: William Wood & Co., 1923.

As a child she had had no means of directly expressing her anger toward her mother. The prospect of becoming old and being taken care of by her child is a reversal of the common childhood fantasy: 'When I grow big and you grow little'. The patient as 'old' represents the parent grown little; her daughter as adult represents the child grown big. The shudder of dread is the fear of retaliatory reversal. The patient's child will feel toward her mother as the patient had felt toward her mother, and, indeed, had not the patient treated her daughter—under different circumstances—as the patient's mother had treated her?

The expression of a confusion of identity between child and adult is a mutual displacement, a change of identity between parent and child. This interchange of identity, from the point of view of the ego, varies in significance depending on the stage of ego development to which it refers. In very early childhood this change of identity betokens the usual lack of differentiation between object relationships and the infantile ego whose boundaries are blurred. It is also encountered in connection with the magical and omnipotent imaginings of later childhood. At this period to become an animal or a giant, or for one person to change into another are all acceptable possibilities. The reasoning of the adult, however, accepts no such possibility. It is possible at any stage of development to regress partially to old magical forms of feeling which accounts for the 'reversal'. The mother now dreads becoming old—helpless, as she was when a child. She then fears being left to the care of her daughter who is endowed with the lineaments of the 'bad' mother of the patient's childhood.

In these 'confusions of identity' and the uncanny² there is in both a return in later life of repressed infantile memories. The return of the repressed 'reversal fantasy' produces not a feeling of eeriness, but a transient confusion. The difference appears to lie generally in that the uncanny rekindles a supposedly settled struggle and we temporarily relinquish reality testing. The magic we once believed and later dismissed as imaginary appears once again to be occurring before us in reality: 'So it is really true that a wish can cause a person's death!'. In the reversal of generations the magic we once believed in struggles against the sense of reality, and reality

² Freud: *The 'Uncanny'* (1919). Coll. Papers, IV.

prevails—but not quite, and the magic is defeated at the price of a transient feeling of ‘confusion’.

Another outcome of the struggle between magic and reality is, in part, the composite of affect and thought, adding a sense of wonder to the ego of the child.

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Joseph William Slap

To link to this article: <https://doi.org/10.1080/21674086.1958.11926104>



Published online: 05 Dec 2017.



Submit your article to this journal

THE GENESIS OF MOSES

BY JOSEPH WILLIAM SLAP, M.D. (PHILADELPHIA)

With characteristic recognition of the speculative nature of his reasoning, Freud was led to believe that Moses was an Egyptian of noble origin (1). The first two arguments he offered were the derivation of the name *Moses*, and the Biblical story of Moses' birth in comparison with an 'average myth' (2). A hypothesis concerning the second of these arguments is here presented, based on a clinical fragment.

This line of thought was originated by the dream of a patient, an unmarried woman of twenty-one, who was subject to wide fluctuations in her weight, and given to intense infatuations with men who resembled her father in physical appearance and mannerisms. She had a brother five years younger, and she was profoundly ambivalent in her relationship with her mother.

It was at a hunting lodge. There were many couples. A pregnant, blonde woman appeared. She was completely nude. She was beautiful; a perfect Venus type. Before her I felt sexless. I overpowered her. Then she climbed on top of me in the male position and she went up and down as if we were having intercourse. The baby was transferred from her into me. She disappeared. Then I felt I was being penetrated. It was wonderful, and I felt fulfilled.

Her associations to the hunting lodge were a former 'boyfriend', an enthusiastic hunter, and a current 'boyfriend', who at the time of the dream was vacationing at a 'rustic adult camp' which was locally notorious for the promiscuous behavior of its guests. Both these men, she said, closely resembled her father.

The blonde girl was an acquaintance who had expressed disappointment about being pregnant when she met her at a social gathering the patient had attended the day preceding the dream. The patient 'seethed with anger' when she heard the woman's lamentations because she herself was so desirous of having a child.

The meaning of this dream is that the patient, desiring to have

From the Philadelphia Psychiatric Hospital.

Read at the midwinter meeting of the American Psychoanalytic Association, December 1957.

the baby her father had given her mother, removes it, already conceived, from the womb of the idealized mother of her childhood and incorporates it into herself.

Regarding Exodus, II: 1-10, as a dream reported by Pharaoh's daughter, the Levite couple is believed to be the dreamer's parents, —Pharaoh and one of his wives. The representation of a dreamer's parents as being of another race is a common disguise of the dream work. A frequent distortion is to disguise the parents as royalty. When the parents are royal, they can only be disguised as members of a slave race.

Further we learn that the mother 'hid him three months. And when she could not longer hide him, she took for him an ark of bulrushes, and daubed it with slime and pitch, and put the child therein; and she laid *it* in the flags by the river's brink.' The baby's age of three months is commonly assumed to be extrauterine and was so regarded by Freud. This understanding, however, leads to a certain difficulty. The 'ark', in terms of the unconscious, is an allusion to the uterus and what a child three months old would be doing in the uterus is hard to fathom. If, on the other hand, we understand by three months the duration of the gestation, the significance of three months becomes comprehensible. At three months the fundus of the uterus rises out of the pelvis and the pregnant state of the mother becomes obvious to a daughter who has an opportunity to see her mother undressed.

There are two elements that confirm that the dreamer is Moses' sister. One is placing the child in the river, a sister symbol (3). The other is the introduction of his sister who watches his placement into the river and who arranges for his temporary return to his mother. I believe this sister is a representation of the dreamer.

The tenth verse which reads, *And the child grew, and she brought him unto Pharaoh's daughter, and he became her son. And she called his name Moses: and she said, Because I drew him out of water*, dissatisfied Freud and others who were seeking in it an etymological explanation. Freud wrote: 'What first attracts our interest in the person of Moses is his name, which is written *Mosche* in Hebrew. One may well ask: Where does it come from? What does it mean? As is well known, the story in Exodus, II, already answers this question. There we learn that the Egyptian princess who saved

the babe from the waters of the Nile gave him his name, adding the etymological explanation: Because I drew him out of the water. But this explanation is obviously inadequate. . . . An equally valid deduction is that the princess is not explaining the choice of the name but her right to bestow the name against the rights of the Levite mother. In terms of the unconscious this would be: 'My Mother was made pregnant by my Father. When I found out about it I made my Mother give the baby to me. As I was unable to care for him I gave her the baby as a loan. When he was sufficiently grown, I took him back. Since I made my Mother give me the baby, he is really mine and I have a right to call him mine and to give him his name.'

The question is how the dream of an Egyptian princess found its way into the Pentateuch. If it is true, as Freud speculates and for which he gives evidence, that Moses, an Egyptian, left Egypt, 'accompanied by his immediate followers', is it not within the realm of possibility that this retinue included an adoring sister?

If this sister had a dream of the same general type as that of my patient, and this dream took the form recorded in Exodus, II:1-10, she might well have freely communicated it, giving rise to a legend which was written down, and making plausible its adoption by the Hebrews who were understandably eager to make Moses one of their own.

Scrutiny of the five books of Moses reveals first that there is no mention of Moses' parents other than the brief mention in Exodus, II:1-10, whereas his sister, Miriam, is given considerable attention. In Exodus, XV, Miriam is referred to as a prophetess, which would suggest that her dreams would command attention and credence. In Numbers, XII, Miriam raises loud objections to Moses' marriage and is severely punished and humiliated for her attempt to exert authority over him.

REFERENCES

1. FREUD: *Moses and Monotheism*. New York: Alfred A. Knopf, Inc., 1939.
 2. *Holy Bible*, King James Version.
 3. NIEDERLAND, WILLIAM G.: *River Symbolism*. This QUARTERLY, XXV, 1956, Part I, pp. 469-504, and XXVI, 1957, Part II, pp. 50-75.
- Cf. also JONES, ERNEST: *The Birth and Death of Moses*. Int. J. Ps., XXXIX, 1958, pp. 1-4. [Ed.]

Footnote to the Genesis of Moses

Moses Naftalin

To cite this article: Moses Naftalin (1958) Footnote to the Genesis of Moses, The Psychoanalytic Quarterly, 27:3, 403-405, DOI: [10.1080/21674086.1958.11926105](https://doi.org/10.1080/21674086.1958.11926105)

To link to this article: <https://doi.org/10.1080/21674086.1958.11926105>



Published online: 05 Dec 2017.



Submit your article to this journal [↗](#)

FOOTNOTE TO THE GENESIS OF MOSES

BY MOSES NAFTALIN, M.D. (NEW YORK)

In *Moses and Monotheism*¹ Freud wrote under the heading, *The Progress in Spirituality* (Section II, Subsection IV): 'If we may trust to language, it was the movement of the air that provided the image of spirituality, since the spirit borrows its name from the breath of wind (animus, spiritus, Hebrew *ruach* = smoke). The idea of the soul was thus born as the spiritual principle in the individual.'²

My attention was attracted in this passage to '... Hebrew *ruach* = smoke'. An elementary knowledge of Hebrew would lead one to question the translation *ruach* = smoke, and it must be assumed that Freud had this knowledge and knew that *ruach* means breath or spirit. It is repeatedly met with in the early Hebrew education of a boy brought up in an orthodox environment, and is found in Genesis, I: 2, '*ruach Elohim*', meaning 'the spirit of God'. In Yiddish, *ruach* is commonly used with the meaning 'demon-spirit'. A Hebrew dictionary gives the following definitions: breath, air, wind, breeze, breath of life, spirit, soul, bad demon.

Why did Freud translate *ruach* as 'smoke' when the literal translation, breath, spirit, air, soul would have corresponded exactly with animus, spiritus, and would have lent confirmation to his thesis? It then occurred to me that Freud made the association *ruach* (Hebrew) with *Rauch* (German) which is 'smoke', and that the association was based on the similarity of sound since there is no connection etymologically between the Hebrew *ruach* and the German *Rauch*.

I was sceptical, as would Freud himself have been, about an absence of meaning in this error. When I mentioned the matter to a

¹ Freud: *Moses and Monotheism*. New York: Alfred A. Knopf, 1939.

² Ernest Jones, in Volume I of *The Life and Work of Sigmund Freud* (New York: Basic Books, Inc., 1953), records that Freud had been taught Hebrew. In the same volume there is a translation of an inscription in Hebrew by Freud's father in a Bible given to him. This inscription contains the words 'spirit of God' and 'holy spirit.' In the original Hebrew 'spirit' could have been no other word than *ruach*.

friend and colleague, Dr. William Brooks, he immediately recalled to me that Freud was an inveterate smoker and considered smoking more or less as the 'breath of life'.

In his letters to Fliess³ Freud makes numerous references to his addiction to smoking. In a letter dated 19. 4. 94 he says, 'As everyone must have come under someone's suggested influence to escape his own criticism, from that time on (three weeks ago today) I have had nothing lit between my lips, and I can now actually watch others smoking without envying them and can conceive of life and work without it. I have only just reached this point and the misery of abstinence has been unexpectedly great, but that is obvious, after all.' In the same letter he describes symptoms of cardiac insufficiency which occurred suddenly after a few days of deprivation of smoking which were accompanied by '... a depression of spirits which expressed itself in visions of death and departure in place of the normal frenzy of activity. The organic discomforts have diminished during the last two days, but the hypomanic state persists, leaving behind a human being who looks forward with confidence again to a long life and undiminished pleasure in smoking.'

In the letter dated Vienna 12. 6. 95 (p. 121): 'I have started smoking again, because I still missed it (after fourteen months' abstinence), and because I must treat that mind of mine decently, or the fellow will not work for me. I am demanding a great deal of him. Most of the time the burden is superhuman.'

'I have entirely given up smoking again, so as not to have to reproach myself for my bad pulse, and to be rid of the horrid struggle with the craving for a fourth or fifth cigar; better to struggle with the craving for the first. Abstinence is probably another thing that is not very conducive to mental satisfaction.' (Vienna, 16. 10. 95, pp. 127-128.)

Freud stated elsewhere⁴ '[I] . . . believe I owe to the cigar an increased ability to work and a solace during fatigue. My father, who

³ Freud: *The Origins of Psychoanalysis. Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902*. Edited by Marie Bonaparte, Anna Freud, and Ernst Kris. New York: Basic Books, Inc., 1954.

⁴ *On Smokers and Smoking*. Original letters and sketches. George Arents Collection, New York Public Library.

Letter to Mr. Victor Rubens. It is in the George Arents Collection of the New York Public Library, Catalogue No. 3270, Accession No 5062, and was written on 12. 2. 29 from Vienna.

was an inveterate smoker, and remained one until he reached the age of eighty-one, served as a model in this respect.'

There can be little doubt that smoke was indeed the breath of life—perhaps death, too—to Freud, and also that the homonym *ruach*—*Rauch* proved to be a matter of significance as a further confirmation of Freud's theory of the dynamic influence of the unconscious in the psychopathology of everyday life.

VOLUME 27:3	2017	Page
CONTENTS		
Editorial Introduction		313
ABRAHAM FABIAN 1909-1958: A Retrospective		315
JOHN FROSCH: A Retrospective		317
JOHN FROSCH: A Retrospective (Continued)		319
JOHN FROSCH: A Retrospective (Continued)		321
JOHN FROSCH: A Retrospective (Continued)		323
JOHN FROSCH: A Retrospective (Continued)		325
JOHN FROSCH: A Retrospective (Continued)		327
JOHN FROSCH: A Retrospective (Continued)		329
JOHN FROSCH: A Retrospective (Continued)		331
JOHN FROSCH: A Retrospective (Continued)		333
JOHN FROSCH: A Retrospective (Continued)		335
JOHN FROSCH: A Retrospective (Continued)		337
JOHN FROSCH: A Retrospective (Continued)		339
JOHN FROSCH: A Retrospective (Continued)		341
JOHN FROSCH: A Retrospective (Continued)		343
JOHN FROSCH: A Retrospective (Continued)		345
JOHN FROSCH: A Retrospective (Continued)		347
JOHN FROSCH: A Retrospective (Continued)		349
JOHN FROSCH: A Retrospective (Continued)		351
JOHN FROSCH: A Retrospective (Continued)		353
JOHN FROSCH: A Retrospective (Continued)		355
JOHN FROSCH: A Retrospective (Continued)		357
JOHN FROSCH: A Retrospective (Continued)		359
JOHN FROSCH: A Retrospective (Continued)		361
JOHN FROSCH: A Retrospective (Continued)		363
JOHN FROSCH: A Retrospective (Continued)		365
JOHN FROSCH: A Retrospective (Continued)		367
JOHN FROSCH: A Retrospective (Continued)		369
JOHN FROSCH: A Retrospective (Continued)		371
JOHN FROSCH: A Retrospective (Continued)		373
JOHN FROSCH: A Retrospective (Continued)		375
JOHN FROSCH: A Retrospective (Continued)		377
JOHN FROSCH: A Retrospective (Continued)		379
JOHN FROSCH: A Retrospective (Continued)		381
JOHN FROSCH: A Retrospective (Continued)		383
JOHN FROSCH: A Retrospective (Continued)		385
JOHN FROSCH: A Retrospective (Continued)		387
JOHN FROSCH: A Retrospective (Continued)		389
JOHN FROSCH: A Retrospective (Continued)		391
JOHN FROSCH: A Retrospective (Continued)		393
JOHN FROSCH: A Retrospective (Continued)		395
JOHN FROSCH: A Retrospective (Continued)		397
JOHN FROSCH: A Retrospective (Continued)		399
JOHN FROSCH: A Retrospective (Continued)		401
JOHN FROSCH: A Retrospective (Continued)		403
JOHN FROSCH: A Retrospective (Continued)		405
JOHN FROSCH: A Retrospective (Continued)		407

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: <https://www.tandfonline.com/loi/upaq20>

Abraham Fabian 1909-1958

John Frosch

To cite this article: John Frosch (1958) Abraham Fabian 1909-1958, The Psychoanalytic Quarterly, 27:3, 406-407, DOI: [10.1080/21674086.1958.11926106](https://doi.org/10.1080/21674086.1958.11926106)

To link to this article: <https://doi.org/10.1080/21674086.1958.11926106>



Published online: 05 Dec 2017.



Submit your article to this journal [↗](#)

ABRAHAM FABIAN

1909-1958

Abraham Fabian's death was especially shocking because it was totally unexpected: he had been ailing for months and, aware that death was not far off, he remained active until the last. His life was representative of those who have had to strive to achieve their goals.

Born in Austria and brought to this country at the age of two, it was later found that he had a gifted voice, and from age seven through maturity he sang in some of the foremost choirs in this country.

Graduated from City College of New York in 1929 with honors, he studied biochemistry and then went to Creighton University School of Medicine where he was elected to Alpha Omega Alpha. Returning to New York, he interned for two years at the Hospital for Joint Diseases, after which he went into the general practice of medicine in Greenwich Village where he formed friendships with Thomas Wolfe and many other struggling young writers whom he befriended.

From 1940 he pursued an earlier interest in psychiatry, and served his residency at the Bellevue Psychiatric Hospital. Through his interest in child psychiatry he made many valuable contributions to the subject of schizophrenia, reading disabilities, and brain injuries.

In 1947 Dr. Fabian was invited to join the faculty of the Long Island College of Medicine. During the years of his association with what became the State University, he gained the respect and admiration of students, residents, faculty, and was made Clinical Professor of Psychiatry.

He graduated from the New York Psychoanalytic Institute in 1947 and became a member of the American Psychoanalytic Association in 1950. When he became a member of the faculty and a training analyst of the Division of Psychoanalytic Education, State University of New York, College of Medicine at New York City, he felt that he had finally achieved what he had been striving for. At the time of his death he was in the process of organizing a child analytic training program for the State University.

Aware that his span of life was limited, his wife and his daughter, aged six, were especially dear to him.

What can one say of a friend and colleague of many years duration which can convey to others the manner of man he was? To sketch his life history, his work, his contributions is but to present a rather limited facet of this human being. What characterized Abraham Fabian to all of us who knew him was integrity, honesty, and a total freedom from malice. He had the equanimity which is often seen in those who have come to terms with themselves. He was never harsh with anyone, but this does not mean that he was not devoted to principles in which he believed. He would frequently raise his voice in protest against what he felt were deviations from these principles, but even at such times he was most appreciative of others' feelings. When critical of a student's psychoanalytic work, with a characteristic gesture, he would cock his head, a little twinkle would come into his eyes, and a gentle smile on his face; he would shake his head and say, 'But he just doesn't understand psychoanalysis'. These are some of the little things his friends and colleagues remember about him. These are the qualities which have left their imprint on all who came in contact with him; and these are the qualities we will miss in the loss of Abraham Fabian.

JOHN FROSCH, M.D.

On the Early Development of the Mind. Selected Papers on Psychoanalysis, Vol. I. By Edward Glover, M.D. New York: International Universities Press, 1956. 483 pp.

Norman Reider

To cite this article: Norman Reider (1958) On the Early Development of the Mind. Selected Papers on Psychoanalysis, Vol. I. By Edward Glover, M.D. New York: International Universities Press, 1956. 483 pp., The Psychoanalytic Quarterly, 27:3, 408-436, DOI: [10.1080/21674086.1958.11926107](https://doi.org/10.1080/21674086.1958.11926107)

To link to this article: <https://doi.org/10.1080/21674086.1958.11926107>



Published online: 05 Dec 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

BOOK REVIEWS

ON THE EARLY DEVELOPMENT OF THE MIND. *Selected Papers on Psychoanalysis*, Vol. I. By Edward Glover, M.D. New York: International Universities Press, 1956. 483 pp.

'The custom of issuing volumes of "Selected Papers" during the lifetime of the author has no doubt many motivations in common with the practice of writing autobiographies, and, as in the case of an autobiography, can be justified only on the assumption that the author's remains are worth preserving. At first a sanguine belief shared by author and publisher, this sometimes naïve assumption must sooner or later be submitted to the public for judgment.'

So begins Dr. Glover's preface to his book, which is a collection of twenty-eight of his papers, published over a period of thirty years, beginning in 1924. Dr. Glover justifies their reprinting by the fact that the great majority of the papers are concerned with one aspect or another of the early development of the mind, since they deal with early developmental stages, early structural and functional aspects, and his noteworthy work on classification of normal and pathological manifestations on etiological and developmental bases. Moreover, in this collection Dr. Glover adds introductory paragraphs to each of the papers summarizing his present views on the status of the contribution. This addition is a noteworthy improvement on the usual type of collection of papers where the author does not trouble to indicate whether he has changed his mind, or whether he would now deal with the topic differently than he did in earlier years.

It was particularly interesting to the reviewer to find ideas and concepts in some of the papers published over thirty years ago which have been presented in relatively recent publications by other authors without due acknowledgment to Dr. Glover. A few examples which come to mind are his idea of the imprint of early libido and ego development upon later stages of character structure; the qualitative closeness of the defensive structures of the 'normal' to that in psychoses, drug addictions, or character disorders; and the approach to neuroses from the point of view of adaptation theory. There are many others; I have mentioned only those which impressed me particularly.

It is of special interest to follow through the book the development of Dr. Glover's concept of 'ego nucleus' with its theoretical and clinical ramifications. His paper, *The Concepts of Dissociation*, is particularly good stylistically since it deals with the concepts of ego structure and weaknesses from the point of view of dynamic, economic, structural, and developmental and adaptational criteria. The model of the treatment of a psychoanalytic problem from these five different points of view is one that not enough psychoanalytic writers follow. Fortunately some do, and their works have the greater value because of the endeavor to separate these distinctly different criteria instead of presenting the usual sort of *mélange*, often indicative of a lack of clarity in thinking.

In *Functional Aspects of the Mental Apparatus*, the paragraph of Dr. Glover's differences with Dr. Hartmann on the concept of the conflict-free sphere is unfortunately too brief. This paper seems altogether too condensed since it raises, among other things, the argument of the inadequacy of the structural approach to psychic phenomena, a point of view with which many authors would undoubtedly take issue.

The value of the book will probably be most appreciated by those who have some knowledge of the history of the development of psychoanalytic theory for the last thirty years. For this reason it is especially recommended to the newer students of psychoanalysis, who are at times apt to feel that the most durable and valuable psychoanalytic insights are to be found in the most recently published issue of a journal.

NORMAN REIDER (SAN FRANCISCO)

ENVY AND GRATITUDE. A STUDY OF UNCONSCIOUS SOURCES. By Melanie Klein. New York: Basic Books, Inc., 1957. 101 pp.

In her latest contribution Melanie Klein develops and expands certain hypotheses concerning very early object relations which she introduced at the Nineteenth International Psychoanalytic Congress in Geneva. As always, in attempting a critical evaluation of Mrs. Klein's work, it is essential to differentiate three aspects: her detailed observations and descriptions; her theoretical deductions; and her application of these deductions to clinical material.

Both in her clinical examples and her literary and philosophical

references, Mrs. Klein presents stimulating and illuminating material. Many analysts will recall situations from their own experience which resemble those she describes. Both transient and persistent negative therapeutic reactions related to the patient's envy of the analyst's relative strength and security frequently present difficult technical problems. Mrs. Klein has brought together varied expressions of this important negative attitude, with detailed and convincing evidence of the potential significance of envy as a deterrent to emotional maturation. From this point of view Envy and Gratitude, like so many of Mrs. Klein's contributions, should be regarded as a valuable addition to our clinical literature.

Unfortunately, however, Mrs. Klein has cited this clinical material in support of a highly controversial hypothesis concerning very early psychic development. She suggests in brief that the infant at the breast envies its mother's productivity. This envy is to be regarded as a basic, essentially innate emotional attitude which varies in degree rather than in kind, between one individual and another. Excessive envy, it is suggested, may cause the infant to sabotage its own pleasure in receiving and thus impair growth and development. In contrast, lesser degrees will gradually be overcome and displaced by the grateful acceptance essential for good object relations.

The familiar criticism of Mrs. Klein's tendency to regard infantile psychic life as extremely complex from its inception is obviously applicable to this new thesis. On the one hand, her premise implies the existence of detailed fantasies which cannot be confirmed by direct observation; on the other, the concept of envy which she proposes appears to be based on a spontaneous differentiation between self and object which is not compatible with most current developmental psychology. Her concept of basic emotional attitudes represents moreover a significant departure from the traditional freudian model of psychic structure and function. It is generally recognized that the psychoanalytic theory of affects has many complex unresolved problems. It is also the general consensus of opinion that definitive formulations must be clearly related to the fundamental basic concepts integral to psychoanalysis. It is extremely unlikely that attitudes such as envy and gratitude could ever be regarded as basic emotional states in the sense that Mrs. Klein suggests. It is therefore probable that future developments based on this concept are likely to differ considerably from generally accepted psychoanalytic theory.

The most important aspect of a new psychoanalytic hypothesis, however, concerns its effect on clinical judgment and technique. Mrs. Klein's description of the manifold expressions of envy in the analytic situation certainly indicates that interpretation is necessary. The proposals, however, that envy may generally be regarded as the reappearance of a basic infantile attitude, that the efficacy of analysis may be limited where innate envy is excessive, and that the patient's negative response is determined by envy of the analyst's creativity have far-reaching implications. The suggestion that complex adult emotions of envy may be regarded in essence as the simple repetition of infantile experience will raise questions for those who have traced its multiple determinants to a variety of sources. More important, however, are the conclusions to be drawn from the hypothesis that accuracy of interpretation may of itself elicit unanalyzable negative responses in the inherently envious patient. Recognition and evaluation of the therapeutic limitations of clinical psychoanalysis are matters of widespread current interest. A differentiation must be made between attempts to delineate problems which should not be approached by traditional methods and retrospective constructions to explain the results. The former concerns the limitations of a method and relates primarily to therapeutic indications. The latter, in contrast, reviews a *fait accompli* seeking to find the cause of success or failure. That unanticipated failure is not to be avoided is an unfortunate reality. How far such failures are to be attributed to inherent defects in the patient and how far they arise from difficulties in specific analytic situations, remains an open question. One cannot help envisaging the possibility that a premise like Mrs. Klein's might, in certain circumstances or in inexperienced hands, lead to an unjustified attitude of analytic omnipotence which could adversely influence the progress of treatment.

Throughout her long and distinguished psychoanalytic career, Melanie Klein has been a controversial figure. A highly gifted and intuitive psychoanalyst, her clinical observations have stimulated speculative theoretical deductions. These, in turn, have influenced her reconstructions and clinical technique. In certain areas, her suggestions have proved extremely fruitful. Much, for example, that she has said about early fantasy life has been confirmed as to content though not as to timing. Her theoretical orientation rests, however, on an approach to early mental life which is not generally accepted. Although her present thesis still depends on these basic

premises, the reader familiar with her work will find subtle but significant changes in her current argument, for the hypothesis developed in *Envy and Gratitude* suggests that Melanie Klein is moving further away from, rather than toward, the main stream of contemporary psychoanalysis.

ELIZABETH R. ZETZEL (CAMBRIDGE, MASS.)

HANDBOOK OF SPEECH PATHOLOGY. Edited by Lee Edward Travis.
New York: Appleton-Century-Crofts, Inc. 1957. 1088 pp.

The size of this book is striking as an objective fact and noteworthy as an interpretative phenomenon. A handbook is usually defined as a compact reference book on some subject. This work, containing thirty-three chapters by twenty-seven authorities in the various areas of speech pathology, appears rather as a volume of reference material of encyclopedic scope. The editor explains the bulk on the basis that speech pathology has grown beyond the grasp of any one man. Apparently the editor's aim was encyclopedic as he uses such terms as 'the whole field' and 'in relatively complete fashion'. However, there appears to me to be quite a different basis for the length. This is particularly true in the area of the functional speech disorders. In essence my criticism here pertains to the current scientific position of academic and clinical psychology to which most of these authors adhere. This position consists, as is well known, of an eschewing of any theoretical frame of reference with the resultant accumulation of an endless collection of heterogeneous 'data'.

The book is divided into four parts. Part I, occupying one quarter of the volume, is devoted to basic considerations on speech pathology. It deals impressively with the facts and theories of the development of speech; an extensive array of terminology and nomenclature; a very creditable selection of the relevant neurophysiology; the physics, mathematics, and instruments dealing with acoustics, speech and sound formation—a huge field of technical knowledge that can only be used for purposes of reference by the already initiated. The concluding chapters are concerned with the incidence and methods of evaluation and diagnosis of speech disorders. After a large display of forms and data sheets, it is concluded that 'perhaps as precipitating conditions become better known and universally accepted, more standardized testing procedures can be recommended.

In the meantime, the greatest tool of the examiner is *observation*. He must never sacrifice this tool in favor of the standardized testing procedure.' If observation is really the greatest tool, then why relegate it to 'the meantime'? It seems to me only because 'observation' as here implied is not only more difficult than standardized tests but approaches the well-nigh impossible. The reason is not merely that 'precipitating conditions are not better known or accepted' but rather that in the absence of an integrated frame of reference or theory of personality and pathology, it is observation that must be uncritical and hopelessly diffuse. As already mentioned, this type of criticism suggested itself repeatedly throughout the reading.

Part II, the largest, deals with speech and voice disorders associated with organic abnormalities, such as deafness, aphasia, organic brain disease, cleft palate, and dental abnormalities. These disorders are comprehensively described and their treatment is gone into carefully and in detail. Psychological correlates and sequels are recognized but dealt with comparatively more superficially. The area, as can be seen from the topical list, covers a large sector of basic medical science and clinical medical specialties. What is impressive about this part of the book is the vast range of basic and clinical medical knowledge that is here condensed. The consequence of such a range is that it presents a burden to be mastered by the nonmedical person, and a need for adequate collaboration between the medical and nonmedical disciplines—a fact that is recognized by some if not all of the authors.

Parts III and IV have to do with speech and voice disorders unrelated to organic abnormalities and with psychotherapy and speech therapy, respectively. As such they obviously have the greatest interest for the readers of *THIS QUARTERLY*. Among the contributors here are some of the leading writers in the field of speech correction or speech therapy, including Ainsworth, Johnson, Travis (the editor), Van Riper. As usual, when functional speech problems are discussed, voice disturbances, cluttering, delayed and inaccurate speech are briefly mentioned, but stuttering constitutes the lion's share of the interest.

Ainsworth makes a praiseworthy effort at establishing a framework by means of a set of criteria for integrating theories of stuttering. He states correctly that 'the wide variance as to causes (or ex-

planations of stuttering) are due in part to the fact that they begin from different concepts as to what stuttering is and how it develops'. He gives many illustrations of the limitations of previous attempts at integrating theories. He concludes by offering three headings under which theories may be brought together for a satisfactory understanding of stuttering. These headings, in essence, relate to the varied phenomenology, the genetic, and psychodynamic factors. Although this approach is regarded both as axiomatic and minimal by the psychoanalyst, it represents an advanced position in the speech correction discipline which is based on widely divergent though generally very circumscribed formulations.

Another author, Van Riper, begins his article by inveighing against the logic of the psychoanalytic attitude in relation to symptomatic treatment. He uses a number of imperfect analogies from medicine. However, he concludes his thesis with a procedure for exploiting and manipulating the symptom in different ways as part of the psychotherapy. Inducing stutterers to stutter consciously and deliberately may offer ways of displacing and of understanding the unconscious satisfactions and resistances which the stuttering symptom represents. If I understand him correctly, what he offers has useful potentialities for insight and therapy. It is akin to some parameters which have been advocated by different psychoanalysts. For example, Coriat urged the deliberate abstinence in oral gratifications outside the analytic sessions and within them a 'forbidding' or 'indulgence' in stuttering. The reviewer has experimented with occasionally interrupting severe speech blocks, directing the patient to drop his concentration on the blocked thought content and to elaborate on the associated affects instead. I believe these and similar efforts to be a fruitful field for further study and experimentation. Van Riper, in urging the indulgence which Coriat forbade, deserves credit for elaborating his technique. On the negative side of Van Riper's presentation, however, may be listed some of the faults common to the entire group: a personality concept is not discernible or may be totally nonexistent; ultimate verification is hoped for only from the experimental 'laboratory'.

Johnson's contribution to the genetic problem in stuttering is an important one. It states that the parents' anxiety in reaction to the usual iterations of the child's early speech is a significant precipitating factor, i.e., their diagnosis of stuttering actually commences it.

But certainly there is much more in the clinical picture than merely the parental disapproval because of nonfluency. What do words, speech in general, mean to the parents? Are they disturbed only by the nonfluency? Are they not really more anxious because their spokesman, the child, is beginning to expose itself—and them—through its speech? And what are these fearsome mental part-selves and 'acts' it might divulge? As far as I could gather Johnson does not seem to answer these questions, or even ask them. Hence, the holistic device of substituting the concept of nonfluency for that of a summary statement of the current connection between intra-familial and other object relations and stuttering, does not approach the basic anxieties. Furthermore, it seems to me that his use of the intellectual discipline of semantics as a substitute for a psychodynamic theory of personality and psychotherapy is inadequate.

Two authors, Travis and Wolpe, base their contributions frankly on the orientation of psychoanalysis, though each adds significant modifications. Travis, the editor, contributes two chapters, *The Unspeakable Feelings of People With Special Reference to Stuttering* and *The Psychotherapeutic Process*. The relative emphasis of some of the modifications suggests the proverbial tail shaking the dog. Thus, Travis defines current psychotherapy as the intermingling of two streams—Freud and his followers as one, and Pavlov, Watson, Hull, Dollard, Miller, and Mowrer as the other. Actually what this fusion amounts to is the acceptance of the fundamental observations of psychoanalysis, without giving them the designations of their discoverer, and using these observations as an inventory of somewhat isolated items which are not closely knit as they are in the theoretical structure of classical psychoanalysis. In lieu of the deleted structure another is substituted—consisting of theories of learning and conditioning—as attempted by Dollard, Miller, and Mowrer. Thus the encouragement to free association becomes 'the primary new condition of learning imposed upon the person . . . of unminded verbalization'. Travis, in his chapter on unspeakable feelings, gives a fairly large number of long excerpts dealing with instinctual strivings in terms of images and affects so primitive in nature and uninhibited in expression that they impel me to ask: How many of these patients are possibly schizophrenic? Or, were other associations of the same hour excluded to stress only the 'unspeakable feelings'? Or, are these quotations the result of the ap-

parent isolation of and concentration upon an inventory of feelings significant in the mutual working understanding of therapist and patient, as alluded to above? However, in the discussion of the therapeutic process much greater breadth is indicated by the inclusion of dream analysis, transference analysis, and the working through.

The second author who bases her contribution, with even less qualification, on the findings of analysis and the techniques of child analysis, is Wolpe, who writes on *Child Therapy and Parental Counseling*. She uses psychodrama as an adjunct to play therapy and gives a very meritorious discussion of its assets and limitations. Psychodrama is also used for parent counseling as is group therapy. It is regrettable that a more specific therapy for parents is not advocated or outlined. Even sensitive counseling, for which Wolpe makes a plea, is still counseling and not psychotherapy.

Two other points in her article are noteworthy. After a fairly elaborate demonstration of analytic play technique she states: 'This is the clinical psychologist's approach to speech pathology'. As far as I know such theoretical and clinical training is not part of the current training or practice of the large majority of clinical psychologists. Child psychoanalysis seems to me a more fitting designation for this form of therapy.

The same author also notes that a number of speech therapists do not consider stuttering a neurosis but mainly as speech with a quantitatively larger number of iterations, and that to them the term 'functional' is less emotionally charged than the term 'neurotic'. In this book the reviewer encountered a parallel reluctance in the use of the word 'patient' and a resort to such awkward alternatives as 'these people' and 'this case'. Perhaps this behavior suggests a conflict within a distinctive discipline in which a sizable group of practitioners emphasize the symptom (without calling it such) and subordinate or deny the patient. In line with this orientation, clinical observation—that 'experiment in nature'—is held in low esteem in contrast to the sacred cow of ultimate validation: evidence from the 'experimental laboratory'. However, it is not fully recognized that isolating the function of speech from its natural contexts—important as the principle of studying variable elements in isolation when dealing with inanimate substances and with primitive biologic reactions may be—destroys its essential meanings. Conclusions drawn from specimens *in vitro* are not regularly applicable to organisms

in vivo. To cite at random a recent bit of evidence from the 'laboratory' which comes to mind: Tape recordings were made of adolescent stutterers who talked 'spontaneously' (?) many long hours a day for a certain number of consecutive days. The aim was to determine adaptation to stuttering. The result was that a statistically significant decrement in severity was generally demonstrated. However, from the discussion of this and of similar work very little could be learned about the adaptation. More experiments under a wide variety of other conditions were called for. No attempt was made to interpret the meaning and the means of adaptation. This is a far cry from a method of ultimate validation.

This book is a useful compendium of facts about speech in terms of the basic sciences in relation to voice and speech formation and development, as well as the manifestations of physical pathology. Much less can be said regarding the functional disorders. Here, despite a couple of laudable attempts to bring these in line with the fundamental findings of psychoanalysis, too large a proportion of authors still cling to the pursuit of endless accumulations of isolated, superficial, simple, heterogeneous observations, without any theoretic position or interpretation.

I. PETER GLAUBER (NEW YORK)

THE ORIGINS OF CULTURE. [Part I of PRIMITIVE CULTURE.] By Sir Edward Burnett Tylor. New York: Harper and Brothers, 1958. 431 pp.

RELIGION IN PRIMITIVE CULTURE [Part II of PRIMITIVE CULTURE.] By Sir Edward Burnett Tylor. New York: Harper and Brothers, 1958. 554 pp.

Readers who are over forty may recall that, in the English-speaking world at least, the word 'Victorian' had a distinctly pejorative quality during their youth. Happily, the 'sawdust Caesars' and the intellectual charlatans of the twentieth century have already achieved, or are rapidly achieving, a well-deserved oblivion; and it is refreshing indeed to return to the work of an eminent Victorian, Sir Edward B. Tylor.

These two volumes are a reissue, in paperbacks, with unnecessarily dichotomized titles, of Tylor's *Primitive Culture* (1871), a clas-

sic of anthropological thought. Psychoanalytic readers who have not yet acquired them are respectfully urged to correct this deficiency at their earliest convenience.

Described at times as 'the father of anthropology', a title which is subject to challenge, Tylor remains without any doubt the greatest name in the history of anthropology. Not a field worker or even a trained scientist, he managed to abstract the concept of culture, to postulate manageable hypotheses, and to outline the dimensions of the then incipient science that would devote itself to the study of the 'complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities acquired by man as a member of society'.

Victorian in his optimism about peace and progress, dedicated and methodical but distinctly not a genius, Tylor was in personal and intellectual contact with the great English scientists and scholars of the nineteenth century. He was not the first to concern himself with anthropology, but he did put it on the map as a science; and his *Primitive Culture* is to anthropology what Darwin's *Origin of Species* and *Descent of Man* are to biology. A man of religious faith but remarkably free of the religious or scientific dogmas which consumed some of his friends and colleagues, Tylor was not only saturated in the tough-minded empirical traditions of classical English philosophy and psychology but he was also conversant with the new data and techniques which were emerging from philology, geology, biology, paleontology, archaeology, and ethnology. As a result, he abstained from the wild conjectures or even the sporadic brilliance of his anthropological predecessors and contemporaries.

Interestingly enough, his formal education was modest. Born in 1832 of a liberal and affluent family, Tylor, being a Quaker, was legally debarred from attending Oxford or Cambridge. Educated privately and in denominational schools, he entered his father's business in his middle teens. He resigned about seven years later because of poor health and traveled in the West Indies and Mexico. These experiences, supplemented by a brief visit to the Pueblo Indians of the American southwest, constituted his only firsthand contact with 'primitive culture'. Tylor was recognized early by the leading English scientific organizations, received an honorary doctorate from Oxford, and was in due time called by that institution to be Keeper of the University Museum and Reader in Anthropol-

ogy. Knighthood followed later. In view of the subsequent Teutonization of British and American universities (the fault may rest in part with what William James described as 'the Ph.D. octopus'), it is chastening to reflect on what so many nineteenth century men, frequently of independent means, were able to accomplish in science and scholarship without the benefit of academic or governmental assistance and direction.

As almost a century has passed since Tylor's first book was published, it is noteworthy that most of his work has stood up well and that he is held in the highest esteem by contemporary anthropologists. His interests were so diverse, and his thoughts so orderly and yet flexible, that he has been claimed as an ancestor by many of the rival schools of anthropology. Thus, it would be possible to subsume some part of Tylor's work under each of the following headings: diffusionism, evolutionism, functionalism, historicism, psychology, statistics, etc. Ironically, although Tylor's theory of religion was essentially psychological and evolutionary, and although he could (and should) have had a greater influence on the first psychoanalysts, his relevance to psychoanalysis and to psychoanalytic anthropology was first appreciated by Géza Róheim, whose germinal insights are in turn enriching the work of Devereux, La Barre, and other American anthropologists.

Tylor's studies of the psychological origins of religion, and of the evolutionary progression from animism to monotheism, are somewhat dated but nevertheless quite stimulating. In the light of subsequent work, however, especially that of Durkheim, Malinowski, and Radcliffe-Brown, the methodological defects of Tylor's approach to religion have become clear. (Incidentally, it is scientifically and culturally significant that up until very recently a century of American anthropology produced no important theoretical work on religion.) On the other hand, Tylor's interest in such varied and relevant topics as survivals, historical and cultural reconstruction, mythology, language, games, counting, etc., his attempt to study culture scientifically and holistically, his concern with correlations (then known as 'adhesions'), uniformities, and causality—all these, in addition to his pervasive rationalism and empiricism, make him more modern and scientific than Toynbee or Jung.

S. H. POSINSKY (NEW YORK)

SCHIZOPHRENIA IN PSYCHOANALYTIC OFFICE PRACTICE. Edited by Alfred H. Rifkin. New York and London: Grune & Stratton, Inc., 1957. 150 pp.

Appearing at a time when a relatively large and ever-increasing number of schizophrenic patients are being seen and treated by psychoanalytically oriented therapists in their daily office work, this slim volume is not without some merit. It consists of the papers presented by thirty authors of variegated provenience and experience at a symposium held, under the same title, in New York early in 1956, which was essentially devoted to a discussion of conceptual, structural, diagnostic-therapeutic, and related aspects of extramural schizophrenia. When different authors participate and their deliberations are offered in a compendium type collection of articles like this, the quality of the contributions is bound to be uneven and the relationship of the conceptual formulations to the observational material is not always clearly stated or elaborated. Nevertheless, the book contains a number of stimulating contributions such as a searching inquiry into the Nature of Extramural Schizophrenia by the late Lewis B. Hill, and highly readable papers by Zilboorg, Bychowski, and others. It also contains a good many passages which to this reviewer appear rather weak and unsatisfactory, e.g., one contributor's effort to negate the significance of unconscious processes in schizophrenic illness. After reading the volume, one is inclined to agree with Zilboorg's poignant formulation: 'I doubt whether it is possible today to arrive at a unitary understanding of the problem'.

On the whole, the editing is adequate and it is questionable whether more editing could have provided more clarification. One passage reads: 'Panic results when the area of unmastered activity, activity which is inadequately conceptualized and hence automatic and compulsive, is of such a nature that its exposure or threatened exposure, in connection with an event or series of events results, not simply in the temporary failure of consciousness and the experience of helplessness and anxiety, but rather in the threatened destruction of the structure of consciousness itself' (p. 84).

WILLIAM G. NIEDERLAND (NEW YORK)

CLUES TO SUICIDE. Edited by Edwin S. Shneidman, Ph.D. and Norman L. Farberow, Ph.D. With a Foreword by Karl A. Menninger, M.D. New York-Toronto-London: The Blakiston Division, McGraw-Hill Book Company, Inc., 1957. 227 pp.

This volume represents an outgrowth of a symposium held at the Western Regional Meeting of the American Psychological Association in 1956. It comprises a series of eighteen papers dealing with clinical and sociological aspects of suicide.

The opening paper, from which the book takes its title, is a brief report by the editors on the tentative results of a study in which they are currently engaged. The material used in this study consists of psychiatric case histories, test results, and suicide notes. Unfortunately, the paper does not contain sufficient information to permit a detailed evaluation of the findings without reference to the authors' other publications on this topic. For instance, the statement that 'it is practically impossible to distinguish a potentially suicidal person from the details of his case history alone' cannot be evaluated without knowing what categories of analysis had been employed; moreover, it seems to require some qualification in the light of another statement, on the same page, that 'seventy-five percent of the subjects who committed suicide had a history of having previously threatened or attempted suicide'.

Other contributors—notably Moss and Hamilton, and Schechter—do make some specific statements about factors related to suicidal proneness which were found to emerge in case histories. For example, Moss and Hamilton report that in the overwhelming majority of cases of attempted suicide which they studied, there was a history of loss of a parent, sibling, or mate, most often in preadolescence and frequently under 'dramatic' or 'tragic' circumstances; and that this loss, in many cases, was followed by 'premature and excessive sexual activity, sometimes of a homosexual nature', giving rise to feelings of guilt.

One aspect of their study is described by Shneidman and Farberow in sufficient detail to warrant a more specific methodological comment. This is the application of the Mowrer Discomfort-Relief Quotient technique to suicide notes and to simulated notes written at the authors' request by persons who were matched with the suicidal cases in terms of age and occupation. The technique was originally developed by Mowrer (or rather, by Mowrer and Dollard) as a

means of analyzing social case records to determine shifts in the degree of tension shown by the client and thus to facilitate evaluation of the 'movement' in casework treatment. Essentially the technique consists in classifying 'thought units' into those which are characterized by 'tension', those which indicate 'relief', and those which are 'neutral'.

Shneidman and Farberow found that the 'total number of thought units' was 'significantly higher' in the genuine than in the simulated suicide notes. 'Discomfort' statements (expressing guilt, blame, tension, aggression, etc.) were more frequent among the genuine note writers, but there was no difference in the number of 'relief' statements (which were pleasant, warm, loving, and which denoted relief from tension). The most pronounced difference between the genuine and the simulated notes concerned the 'neutral thought units' which were much more numerous among the former. These neutral thought units were 'mostly statements giving instructions and admonitions and sometimes listing things to do'. This finding is interpreted as indicating that 'only the genuine note writer deals in this connection with the idea of his really being gone'. The authors here point to a distinct contradiction between the 'decision to die' and the attempt to exercise power over the future. Their interpretation of the greater number of instructions and admonitions in the genuine notes is plausible, and the theme of logical contradictions is developed by them more fully in their paper, *The Logic of Suicide*. However, no convincing reasons are offered to justify the comparison of genuine suicide notes with simulated ones written under obviously artificial conditions.

Another paper by Farberow and Shneidman, *Suicide and Age*, presents a statistical analysis of suicide notes on the basis of categories derived from Karl Menninger's discussion of suicide in *Man Against Himself*. The 'wish to kill' and the 'wish to be killed' were less frequent among the older than among the younger note writers, whereas the reverse held true for the 'wish to die'. With some minor differences, this finding applied to both sexes. While this is interesting as far as it goes, and appears theoretically plausible, the fragmentary manner in which the data are treated is somewhat disappointing. No statistical information is provided about any aspect of the notes except their classification with respect to the Menninger categories and to the writers' age and sex. This study strikes the re-

viewer as semantic and clinically inconclusive. The authors' verbose description of therapeutic measures seems schematic and lacking in true clinical quality. A certain lack of editorial integration of the volume is apparent in the fact that this article contains no reference to Batchelor's more clinical paper, *Suicide in Old Age*, or vice versa.

The contributions by Henry and Short, by Ferracuti, and by Silving are primarily concerned with sociological aspects of suicide. Perhaps the most interesting in this group is Silving's, *Suicide and Law*, which gives a historical review of the treatment of suicide in legal and religious systems. The authors of these sociological papers all share an essentially psychodynamic orientation, as distinguished from the Durkheim tradition.

The second part of the volume deals with clinical aspects of suicide. One of these papers, by Moss and Hamilton, has already been mentioned. It is based on a study of patients who had made serious suicidal attempts and were saved only 'by chance'. The authors offer some very pertinent comments concerning various phases in the treatment of suicidal patients, particularly on the handling of the reactivation phase in which suicidal impulses become strengthened under conditions of apparent improvement. Schechter's paper, *The Recognition and Treatment of Suicide in Children*, deserves special mention; it provides a concise and excellent discussion of the dynamics underlying suicidal attempts in childhood. His remarks concerning the probable reasons for low suicide rates among children, as well as his suggestions for therapy, are very constructive.

Notwithstanding the high quality of some contributions, the overall value of the book is weakened by the incomplete and fragmentary manner in which most of the topics are treated. A smaller number of more exhaustive studies, based on direct clinical observation rather than on semantic speculations, might have made for a more useful and more cohesive volume.

PAUL FRIEDMAN (NEW YORK)

THE EDUCATION OF YOUNG CHILDREN. By D. E. M. Gardner. New York: Philosophical Library, Inc., 1957. 118 pp.

This little book gives an understanding approach to the 'whole' child in the nursery school setup. It is couched in simple terms and is written primarily for teachers of nursery schools. Typical of its

philosophy is the introduction: 'We have at least learned that it is no use trying to educate a hungry or sleepy child or one suffering from physical discomfort or pain. I think we have learned too that we cannot educate a very unhappy child or one who is even temporarily in the throes of jealousy or anger or mourning. We are also coming more and more to realize that emotional satisfactions lie at the root of all intellectual interests.'

Observations from daily nursery life deal with various topics: feelings, interest in other children, the equipment needed for learning and mastering. The various activities important to the young child are all stated simply. The particular abilities and insights which would make for a good nursery teacher are also indicated.

ANITA I. BELL (NEW YORK)

THE NEUROLOGIC AND PSYCHIATRIC ASPECTS OF THE DISORDERS OF AGING.

Association for Research in Nervous and Mental Disease, Volume XXXV. (Proceedings of the Association, December 9 and 10, 1955, New York, N. Y.) Baltimore: The Williams & Wilkins Co., 1956. 307 pp.

This volume contains the papers read at the 1955 meeting of the Association for Research in Nervous and Mental Disease. The larger portion is devoted to neurological changes occurring with the aging process, and deals with age pigments, cellular inclusions, calcium deposits, basal metabolism, oxygen consumption, falling out of neurons, and so forth. It is concluded that all of these varied considerably and none could specifically show the degree of aging, though all were generally progressively effected by the process.

Also from the organic point of view an interesting paper was given on animal experiments. When mice were given food rich in all essentials but insufficient for general body needs, their life span could be as much as doubled. It was recalled that over fifty years ago, it had been observed that tumors could not be transplanted into underfed rats. The underfed rats were also more slowly affected by chronic diseases. We cannot draw conclusions as regards humans from this, but it calls attention to the fact that much is unknown about aging and that possible discoveries may be imminent to prolong life aside from just controlling infections.

Another paper dealt with the changes noted in intelligence tests.

Observations made some twenty-five years ago that intelligence began to decrease from the early twenties is at last shown to be faulty. The erroneous results were believed to have been obtained from testing only certain categories, and not testing the same person at different ages. Even though more credit is given to intelligence in the middle and early later years, it is still apparent that this area is deficiently explored. Further tests are needed to attempt to weigh such things as judgment, experience, control of impulses, reality testing, self-knowledge, and so forth, which play such a large part in the individual's adaptation and his general capacity to think clearly and make good decisions, which, after all, is the primary function of his mind.

There was considerable discussion about the large numbers of people reaching advanced age, and the prolonged dependency period of adolescents and young adults with its further burden on the middle-age group. Several chapters were devoted to the problem of the arbitrary sixty or sixty-five-year age of retirement. Some people plan and look forward to this age for giving up work, but most of them do not, and many wish to continue. However, our rigid social attitudes often prevent this. In one study it was estimated that at sixty-five only about forty percent of those employed were doing inferior work because of illness, limitation by their physicians, or just slowing up. Many of them could do lighter work. Some companies are tending to keep on employees after retirement age for the simple reason that it saves them expenditure on pensions. This factor alone has caused them to spend considerable time in studying the aged employee.

There was little constructive thought in these papers on how to meet this problem of compulsory retirement. They were mainly devoted to descriptive and statistical data. It would seem to this reviewer that some long-range planning really has to be done in our entire educational system to train people to prepare for their financial support in old age through various insurance measures within their financial reach, to train them perhaps in diversity of skills and interests, and to educate the general public regarding their problems. Little was said about the possible role of local and national government or private enterprise in providing housing, supervision, recreation, and work retraining projects for the partially handicapped.

A report was given of an interesting panel discussion regarding acute breakdowns in the elderly. It was said that these were too easily ascribed to arteriosclerosis. Many were due to the marked traumata of old age:—death of close family members and friends, retirement, physiological impairment, and fears of helplessness and ego impairment. Retirement was compared to major transitions in life, such as adolescence, marriage, children, new job, promotion, immigration, or disaster. It was also compared to bereavement or grief in the loss of activity, social isolation, loss of income, and changes in social and family status. It was pointed out that many of these same difficulties were also encountered in earlier age periods, but rarely as many together. The aged stood their individual traumas remarkably well. There was little difference between their reaction and that of the younger age group. It was the mass of different problems that broke them.

The reference value of this collection of papers would have been much enhanced if it had been divided into two monographs, so that the part devoted to social and psychiatric problems could have been expanded more fully. The amount of space given over to slides, graphs, pictures, and descriptions of organic changes is too far removed from the social and psychiatric features.

This monograph presents some interesting material as a starting point, but aging is a social problem of the first magnitude which requires great thought and planning. The aged must have more respect and attention in our society where youth, brawn, and energy have held too much dominance over character and experience. We must concentrate and specialize on the organic and psychiatric aspects of aging. The former may take a long time to solve; the latter cries for changed attitudes and immediate measures in understanding and management.

JOSEPH W. OWEN (NEW YORK)

ELEMENTS OF PSYCHOLOGY. By David Krech and Richard S. Crutchfield. New York: Alfred A. Knopf, Inc., 1958. 694 pp.

This handsome and impressive textbook, intended for undergraduate students, arrives at a time when the reviewer has been appraising a number of similar publications with an eye to selecting a text for several of his college courses in psychology.

Psychoanalysts or analytically-oriented psychologists who have taught courses in general psychology will appreciate the importance of providing students with an 'overview' of the entire field of modern psychology and of its historical background, while chafing nevertheless at the restrictions imposed by the average text. When some of the students are potential 'majors' in psychology, a reasonable amount of reading (and thought) may be expected of them. But when the students are taking a course or two in psychology for 'cultural' reasons (i.e., to meet academic requirements for a degree) and when their first course in psychology is also their 'terminal' one, the professorial dilemma is sharpened and even the selection of a text becomes difficult.

Until recently, this reviewer has avoided the use of formal textbooks, preferring instead one of the several anthologies which make original and significant papers available to those students (the majority) who have not yet developed the habit of reading psychological journals in libraries. Although the mechanical eclecticism and spoon-feeding which are characteristic of the average textbook may thus be avoided, the work of the course falls entirely on the teacher; and he will probably have to labor harder (and learn more) than if he were assigning so many yards of reading each week from a text. Worse, there is even the greater danger of riding one's own hobbies and failing to provide the 'overview' and perspective which beginning students should properly receive.

The recent volume by Krech and Crutchfield is superior in many respects to several of the books which have become standard texts in introductory psychology. It surveys every aspect of academic psychology in a pleasant and mature style, and with the use of pertinent illustrations. The summaries, glossaries, and references have been compiled with great care; important experiments, classical and modern, are summarized in attention-catching 'boxes'; and the entire book is a testimonial to the scholarship and skill of the authors. Nevertheless, this text must inevitably be too long and too detailed for students whose first course in psychology will also be their last; and, like most texts of such generous scope, it introduces the techniques of automation into the art or craft of teaching. For students with a long-range interest in psychology, however, this would be a very satisfactory text.

S. H. POSINSKY (NEW YORK)

SYSTEMATIC SOCIOLOGY. An Introduction to the Study of Society. By Karl Mannheim. Edited by J. S. Erös and W. A. C. Stewart. New York: Philosophical Library, Inc., 1958. 169 pp.

This posthumous publication, based on lectures delivered at the London School of Economics between 1934 and the end of World War II, has been conscientiously edited by two of Mannheim's former students.

Justly renowned for his contributions to the sociology of knowledge, Mannheim concerns himself in the present study with a synthesis of the various sciences of man. In a meaningful if tentative manner, he attempts to correlate the findings of modern psychology with the methods and schools of sociological analysis. His general orientation is epitomized in the following words: 'My view is that analysis of politics without psychology is quite inadequate. But on the other hand, psychology alone is insufficient because psychology has a very important limitation: it tends to cut out the social factors, such as the development of institutions and of the technical apparatus of society and it neglects economic pressures and the needs and influences arising from strategic and military factors to which a society is exposed.'

Viewing behaviorism, psychoanalysis, and Marxism as 'partial analyses', rather than whole systems, Mannheim was 'trying to use the result of the investigations of all three, to obtain a more adequate picture of the working of society'. Whether or not such a heroic synthesis is even possible, Mannheim's prolegomenon to a science of man and society will come as a welcome relief to those who have been surfeited with the statistical compulsion of modern sociology.

Empiricists in the social sciences will find this book rather more eclectic and philosophical ('speculative') than their own techniques of investigation would allow. Nevertheless, an octopoid eclecticism has been avoided, and the results are truly systematic and rewarding.

S. H. POSINSKY (NEW YORK)

ENTFALTUNG DER PSYCHOANALYSE (The Unfolding of Psychoanalysis). Edited by Alexander Mitscherlich. Stuttgart: Ernst Klett Verlag, 1956. 276 pp.

This book includes contributions by Franz Alexander, Erik H. Erikson, Heinz Hartmann, Eduardo E. Krapf, and René A. Spitz which

are already available from other sources, informative surveys of the latest developments in psychoanalysis, and several significant original papers which are published here for the first time.

Mitscherlich's *Aggression and Adjustment* contains a very comprehensive analysis of the impact on the structure of the individual of the changes in the structure of our society. Factors such as technical progress, increase of population, the loss of accepted values, have brought new and challenging demands for adjustment which result in a decided inadequacy of all interpersonal institutions. The individual, in an effort to protect himself against the all-pervading anxiety thus created, erects an enormous security apparatus which leads to ever-mounting aggression and increasing libidinal depletion. The task of culture, as Mitscherlich sees it, is to force the death instinct to serve eros.

In his critique of psychoanalysis, Mitscherlich indicates that Freud failed to consider adequately the specific demands of the external world, by which instinctual control is determined. Inadequate instinctual control, for example, could possibly be viewed as due to a premium society might place on uninhibited instinctual gratification. Mitscherlich reproaches the analyst, who must feel the same difficulties of adjustment as his patient, for letting society lay down the norms in relation to which his cure is directed. Psychoanalysis, he believes, has not yet succeeded in bringing into synoptic view the relative 'autonomy of the social manipulations of drives and affects and the individual's specific life history, so as to permit a balance between both dynamics. . . . To reduce a patient's once experienced threat of death to the status of an infantile bogeyman, the therapeutic process would also have to eliminate the terror emanating from socially tolerated inhuman behavior.' This important problem, which has been treated before to some extent, acquires a renewed importance through Mitscherlich's observations, obviously reflecting the impact of recent political developments under Hitler, Stalin, etc. It seems to this reviewer, however, that the proffered solution—viz., the creation of the condition for a nonconformist adaptation full of creative, spontaneous activity—has always been the goal of psychoanalysis. The importance of the paper lies in the wealth of interesting formulations and observations which do not lend themselves to a brief review.

The same must be said about A. M. Becker's equally thought-pro-

voking paper, *The Structure of the Superego*. It represents an important contribution to discussion of this subject. The paper contains a detailed review of the vicissitudes of the various functional links of the superego, such as self-observation, ideal formation, conscience, and control of the ego, and considers their dynamic interrelationships and their dependence on environmental influences. Both papers deserve to be made accessible to the English-speaking reader.

Jeanne Lampl-de Groot's article, *Remarks on the Psychoanalytic Instinct Theory*, defines the theory of the life and death instincts and advises that, for practical purposes, the terminology of instinct theory be revised: the term 'instinct' (*Trieb*) should be reserved for psychological phenomena, and the term 'drive' (*Strebung*) for the somatic phenomena on which the instincts are based. The paper by Käte Victorius, *The 'Moses of Michelangelo' by Sigmund Freud*, points to the impact of Michelangelo's work on Freud. Schottländer's paper, *Blinding Through Images*, treats problems of identity and their dependence on projections. Interesting clinical contributions include Winnicott's *States of Withdrawal and Regression*, Zulliger's *On the Psychoanalysis of a 'Blitz' Cure*, and Gerhard Ruffler's paper, *Induction of Psychoanalytic Treatment in a Hospital*. Lebovici's *The Aspects of Early Object Relationships and the Anaclitic Relationship*, calling attention to the work of the École de Paris, and Gerhart Scheunert's *Development of the Recent Psychoanalytic Ego Psychology* are lucidly written and informative surveys.

MAX M. STERN (NEW YORK)

THE PATIENT AND THE MENTAL HOSPITAL. Contributions of Research in the Science of Social Behavior. Edited by Milton Greenblatt, M.D.; Daniel J. Levinson, Ph.D.; and Richard H. Williams, Ph.D. Glencoe, Illinois: The Free Press, 1957. 658 pp.

During the past few years much interest has developed in the sociological aspects of mental hospitals. This volume presents the papers and discussions of a Conference on Socio-Environmental Aspects of Patient Treatment in Mental Hospitals held under the auspices of the National Institute of Mental Health in Boston in 1956. The material is arranged in an orderly and readable manner. There are thirty-eight chapters divided into five parts: Mental Hospital Or-

ganization and Its Implications for Treatment; Therapeutic Personnel; The Ward; The Patient and the Extra-Hospital World; Conclusions.

A volume of this length can hardly be summarized in a relatively brief review; a few points, however, may be made. Smith and Levinson, in *Major Aims and Organizational Characteristics of Mental Hospitals*, suggest that the new goal in an organization is to permit 'the good effects of patients upon each other to be maximized', emphasizing the sensitiveness of patients to their milieu. They offer the startling suggestion that perhaps 'the traditional designation of mental hospitals as medical institutions is hindering their full development along new conceptual lines'. Gilbert and Levinson discuss 'custodialism' versus 'humanism', indicating by the former the traditional viewpoints and policies, and by the latter an 'attempt to recognize the individuality of each patient and to create a setting meeting a wide range of human needs in both patients and personnel'.

Several papers may be particularly commended—Jules Henry's *Types of Institutional Structure*; Talcott Parsons' *The Mental Hospital as a Type of Organization*; Morris Schwartz's *What is a Therapeutic Milieu?*. Maxwell Jones and Robert Rapoport contribute an interesting chapter on the absorption of new doctors into a Therapeutic Community, and T. P. Rees presents a brief paper on the psychiatric patient, the mental hospital, and the community.

One of the most valuable papers is that by J. Sanbourne Bockoven, *Some Relationships Between Cultural Attitudes Toward Individuality and Care of the Mentally Ill, An Historical Study*. He concludes that endeavors to improve the quality of care in mental hospitals are not likely to be successful or lasting unless they are part of a larger endeavor, namely, one which aims at establishing individuality as the primary value in our society.

Other papers of interest are by Paul Barrabee on the aged psychotic; T. Lidz, G. Hotchkiss, and Greenblatt on patient-family-hospital interrelationships; J. L. Dothan, D. Kantor, and Otto von Mering on volunteer movements; and Greenblatt on the movement from Custodial Hospital to Therapeutic Community. The volume concludes with a chapter by Levinson, *The Mental Hospital as a Research Setting: A Critical Appraisal*. 'It is hoped', he says, 'that theoretical contributions . . . will take their place alongside the more

practical contributions to therapeutic practice, as the major achievements of future work in this field'.

WINFRED OVERHOLSER (WASHINGTON, D. C.)

THE DISSOCIATION OF A PERSONALITY. A Biographical Study in Abnormal Psychology. By Morton Prince, M.D., LL.D. New York: Longmans, Green and Co. Reissued 1957. 575 pp.

Morton Prince (1854-1929) was Professor of Nervous Diseases at Tufts from 1902-1912. He was the founder and editor of *The Journal of Abnormal Psychology*. His other major books include *Nature of Mind and Human Automatism*, *The Unconscious*, and *The Psychology of the Kaiser*. His famous hypnotic investigation and treatment of Miss Beauchamp were carried on from 1898 to 1903 and first published two years later. For his contemporaries the thoroughness and resourcefulness with which Prince approached his patient must have seemed a tour de force; it has remained the classic example of a multiple personality. The three major personalities and two 'subconscious' states are traced from their clinical origin, correlated with each other, and sketched in a biographical format. Recorded observations of speech, handwriting, and automatisms are used to delineate the personalities vividly; three contrapuntal dissociations tempted Prince to think of them as 'The Saint, The Woman, and The Devil'.

B I, or Miss Beauchamp, was 'the typical saint of literature'. B IV, the Woman, had as her idea in life the accomplishment of her own ends regardless of the consequences to others or the means employed. B III, or Sally as the Devil, was a mischievous imp rather than an immoral devil, whose pranks caused the moral suffering of B I and the social difficulties of B IV. B I had poor health; B IV was capable of mental and physical exertion much beyond the powers of B I without ill effects; B III had never known pain. These three personalities and the two 'subconscious' states, B IA and B IVA, existed simultaneously as well as alternately and were capable of independent activity unknown to the main stream of consciousness. Such dissociations were considered to be the result of strain and painful experience, but no indication of any specific, dynamic cause-and-effect influences illuminate the account. The author takes pains to dissect these personalities from the educational and artificial in-

fluences that might ordinarily be expected to shape character and memory, ostensibly estimating these points as most vulnerable to criticism. Through exhortation, posthypnotic suggestion, and provocations the dissociations are merged: first B I and B IV become the same person, and finally B III becomes aware of B IV.

Almost the entire emphasis in this volume is on the mechanistic switching of the personalities and upon the demonstration of them as discrete entities co-existent with primary consciousness. The equivalent of a synthetic ego is alluded to as operative in the hypnotic synthesis, but none of the broad, encompassing functions that we are now familiar with are explored.

Despite the semblance of an environmental approach, this study remains a static description of psychopathology. The present-day reader will be frustrated by the dearth of biographical history; a bare three or four sentences give a fragmentary glimpse of the patient's first thirteen years. Though the need for discretion and the maintenance of confidence are given as reasons for the omission of identifying information, actually the anamnesis is not seen as etiological or of more than anecdotal value. Much is made of the conflicting modalities among the personalities, but practically nothing is given to account for the transient ascendancy of one over another. The treatment also is an empirical and speculative rendering of suggestion and transference manifestations in a hypnotic setting. But as a pioneering study of a multiple personality, it stands as a milestone in psychopathology and is enhanced by the scholarly attention to detail and the apparently successful outcome.

GERALD HILL (SAN FRANCISCO)

INSTINCT IN MAN. In the Light of Recent Work in Comparative Psychology. By Ronald Fletcher, Ph.D. New York: International Universities Press, Inc., 1957. 348 pp.

This is an abbreviation of the thesis which Dr. Fletcher submitted for his doctorate at the University of London. His objective is to establish in the context of wider sociological theory a reliable basis of instinct in psychology. Without firsthand acquaintance with psychoanalysis he has no qualms about comparing psychoanalytic instinct theories with the established knowledge of animal instinct as studied by the ethologists.

An excellent historical rendering of the early doctrines, from Darwin and Lloyd Morgan through McDougall and Drever, precedes his account of the recent work of the comparative ethologists, mainly Lorenz, Tinbergen, and Thorpe. The concepts of the ethologists have striking psychoanalytic counterparts. The biophysiological approach is explicit in Tinbergen's definition of instinct as 'a hierarchically organized nervous mechanism which is susceptible to certain priming, releasing and directing impulses of internal as well as external origin, and which responds to these impulses by coördinated movements that contribute to the maintenance of the individual and the species'. The ethologists conclude that there is no evidence of a general 'aggressive instinct' among animals.

In an excellent synthesis Fletcher presents a contemporary theory and classification of instincts which is at variance with Freud. He begins with the instincts proper (the primary impulses) having a definite inherited neurophysiological basis, proceeds to the general instinctive tendencies (the ego tendencies), and concludes with the secondary impulses (containing the elements of inhibition and aspiration derived from the superego).

The author assiduously refutes the concept of the death instinct. Ethological evidence is marshaled to undermine Freud's 'necessary postulate'—the special application of Fechner's principle that the function of the nervous system is to reduce to the lowest level excitations reaching it. What Freud sees as instinctual in sadism and aggression, Fletcher describes as an ego tendency. He feels that Freud confuses questions relating to human psychology with others relating to genetics, embryology, and the mechanisms of organic evolution. Had Freud followed up his original classifications of instincts as to sources and aims, which parallel those of comparative ethologists, he would not have needed to postulate a duality between two basic groups of instincts in order to explain intrapsychic conflicts. Fletcher feels that it is conceptually incorrect to regard instinct as 'making demands' on the central nervous system; rather the demands are upon the ego. He also disagrees with Freud's view of the phylogenetic continuity of the content of the superego as essentially Lamarckian and states that it can be explained by social tradition and familial transmission of affective symbols, a view shared by Rapaport and others.

The author does psychoanalytic thinkers the service of pooling

independent observations into an organized scheme of instincts. Though the nirvana principle does not die so wishfully, Fletcher's synthesis is a logical and cogent demonstration that Freud's views of instinct are otherwise in consonance with independent studies.

GERALD HILL (SAN FRANCISCO)

THE PSYCHOLOGY OF SEXUAL EMOTION. The Basis of Selective Attraction. By Vernon W. Grant, Ph.D. New York: Longmans, Green and Company, 1957. 270 pp.

This is neither a psychoanalytic book nor can it be called scientific in the strict sense of the word. Yet anyone interested in the psychology of sex will find some interesting material in it. The author reports on a great deal of old literature which has almost fallen into oblivion. He provides a colorful picture of the chaos of ideas regarding sex which existed at the time when Freud wrote his *Three Contributions to the Theory of Sex*. We learn about some speculations which are not only interesting in themselves but also remarkable as expressions of the psychology of the authors.

Dr. Grant states, "There are two sex motives, unlike in quality, in duration, and in expression. One of these, here called "amorous", is an urge to possess in a complete, intimate, and lasting sense, manifested physically in nongenital contacts.' He calls the other sex motive 'genital-sex desire'. These conclusions are neither proven nor satisfactory. Yet without agreeing with his conclusions, Dr. Grant's book can be appreciated.

FRITZ SCHMIDL (SEATTLE)

PSYCHIATRY AND THE CRIMINAL. A Guide to Psychiatric Examination for the Criminal Courts. By John M. MacDonald, M.D. Springfield, Illinois: Charles C Thomas, 1957. 227 pp.

The analyst or psychiatrist specializing in the study of the 'criminal' may not gain much new information from this book which is intended more as an introduction to psychiatric criminology than as an account of it. The book is a guide to psychiatric examination for the criminal courts. It contains a careful and extensive bibliography which includes the analytic literature.

MARTIN GROTHJAHN (BEVERLY HILLS)

THE NEUROSES AND THEIR TREATMENT. Edited by Edward Podolsky, M.D. New York: Philosophical Library, n.d. 555 pp.

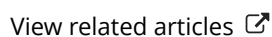
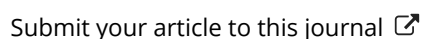
The editor of this anthology aims at a comprehensive survey of the neuroses and their treatment for the medical practitioner. More than forty papers are reprinted from authors who are recognized experts in their various fields. In an attempt to cover such a vast field the material is spread extremely thin. The topics range from allergies to phobias, from psychotherapy in infancy to the handling of senility, from all kinds of psychotherapy to electroshock, from psychopharmacological aids to lobotomy.

The reprints contain neither reference to the original publications nor to the authors, nor is a bibliography given. A brief foreword shows lack of style, orientation, and structure.

MARTIN GROTJAHN (BEVERLY HILLS)

Joseph Lander

To link to this article: <https://doi.org/10.1080/21674086.1958.11926108>



ABSTRACTS

International Journal of Psychoanalysis. XXXVIII, 1957.

Oral-Digestive Superego Aggressions and Actual Conflicts in Peptic Ulcer Patients. Angel Garma. Pp. 73-81.

The genesis of peptic ulcer is re-examined. Garma believes that actual (external) conflicts reactivate a basic underlying problem, the oral-digestive internal aggressions of the representations of the bad internalized mother. He rejects Alexander's theory that ulcer depends on a repressed elemental wish toward the mother, a regressive expression of the repressed wish to be loved by and dependent on her. The internalized bad mother expresses her aggressions in the prohibition of 'good food', the forcing of 'bad food' on the patient, excessive tonic and peristaltic contractions, and other corroding and damaging consequences.

Utilization of Social Institutions as a Defense Technique in the Neuroses. Samuel Novey. Pp. 82-91.

Some neurotics use social institutions such as religion as part of the defensive system against anxiety. Such institutions, as Hartmann has said, can be used to channelize other tendencies besides projection and sublimation. Man created these institutions as aids for coping with his inner impulses and his external physical environment. The social institution aims to channelize instinctual energies into sublimatory, group-approved activities, and thus to enhance object relationships. The neurotic who weaves the institution into his defensive system in nonsublimating fashion presents a difficult problem because the defense becomes rationalized as an expression of the social institution, and is clothed with virtue and righteousness. The relevance of these postulates to clinical practice is explored in the analysis of an obsessive man, a devout Catholic.

Dream Interpretation in the Talmud. Sandor Lorand. Pp. 92-97.

In the Babylonian part of the Talmud, compiled from about 200 B.C. to 300 A.D., there are two hundred seventeen references to dreams. These include such topics as the origin of dreams, their purpose and meaning, wish fulfilment, relation of dreams to reality, and the technique of interpretation. Dreams were believed to stem from external sources (God or demons) or internal (psychological) sources. The Hebrew concept of man's struggle between his good and his immoral, or impure, impulses found expression in these Talmudic references to dreams.

On the Origin of Man and the Latency Period. Lajos Szekely. Pp. 98-104.

Freud and others, notably Hans Lampl, have indicated that the existence of a sexual latency period is not only an exclusively human phenomenon, but that perhaps 'the evolution of the latency period [is] the pivot of the question of

man's origin'. Under what conditions, phylogenetically, has the latency period emerged? Study of apes reveals relevant data. The male ape, in sharp contrast to males of lower species, is sexually excited or excitable eighty to ninety percent of the time. His retention of the sexually attractive (æstrual) and fertile females depends on his ability to dominate the younger 'bachelors', to keep them at a distance from the more desirable and exciting members of the harem. Those 'young bachelors' who challenge the dominant male to combat before reaching full physical (not sexual) maturity are not only worsted physically in the battle: they are also likely to suffer disturbances of potency thereafter, as revealed in sex play or actual coitus with nonæstrual females. On the other hand, the bachelor who, though sexually mature, postpones such battle until his physical development insures victory over the aging dominant male of the herd will emerge not only dominant but sexually potent. Thus status, leadership, and propagation are the prizes for successful control of libido directed toward attractive females and postponement of aggression against the dominant male. Sexual selection therefore favors those best able to tolerate tension and postpone the discharge of their instinctual impulses, those who can best master their libido and their aggression. 'The descendants of this herd may develop an ego organization, with its inherent hostility to instinct.'

Œdipus and Samson. The Rejected Hero-Child. A. J. Levin. Pp. 105-116.

Myths of exposure of the child who later wanders and ultimately becomes a hero (Œdipus, Moses, Cyrus, and others) made life more tolerable in an atmosphere of rejection. (In our times, Cinderella and the Ugly Duckling serve a similar purpose.) The myths of Samson and Œdipus are related in various ways. Both lose their eyes, vanquish a beast, and function in 'megalomaniac and authoritarian fashion'. Samson destroys a temple, Œdipus crashes through the doors to find Jocasta hanging. The shaving of Samson is paralleled by the hairlessness of Hercules (in the sea monster episode) who is related to Œdipus as a sun hero. In both myths there is a plague. Levin discusses these and other resemblances. 'Myths are psychodynamic evolutions and therefore records of primitive history. Myth interpretation and history interpretation are allied.'

An Irish Legend as Proof of Freud's Theory of Joint Parricide. L. Veszy-Wagner. Pp. 117-120.

In an Irish legend three brothers have intercourse with their sister the night before they attempt to kill the king, their father; but they are themselves killed by him. The son resulting from this triple incest has intercourse with his mother, but the inference is that he represents his grandfather, the king. The legend is offered as an almost 'flawless mythological example supporting . . . one of Freud's sociological hypotheses'.

A Re-Evaluation of Certain Aspects of the Theory of Instinctual Drives in the Light of Modern Ego Psychology. Samuel Novey. Pp. 137-145.

Current theoretical concepts regarding instinctual drives lag behind clinical developments in ego psychology. If the theory of instincts is to include the psy-

chic representation of all sources of inner need or stimuli, the energetic sources of the organizing and synthesizing operations of the ego must be included. Novey surveys the development of instinct theory in Freud's works from 1914 to 1949. Reich's Character Analysis and Nunberg's Synthetic Functions of the Ego were early significant papers on ego psychology. Increasingly, ego disturbances were viewed as playing a role in the production of neurosis. Both integrative and repressive ego functions began to receive attention in the analysis of character disorders. Just as the id is subject to the impact of reality, with a potential for secondary process and subservience to the reality principle, so also the ego may be conceived as having a primary potential of energy, as is implied in the concept of the autonomous ego. 'To assume an *Anlage* of the ego in the undifferentiated ego-id, we must assume it to be endowed with drive energy.' These sources of ego energy presumably arise from Eros. The earlier formula, according to which only the id invests energy in the ego, is incorrect, even though some ego energy (libidinal and aggressive) does derive from the id. In this newer definition, Novey re-introduces the concepts of sexual libido and ego libido as variable aspects of Eros or the life instinct.

The Ego Aspect of Transference. Max M. Stern. Pp. 146-157.

Transference serves a dual purpose: gratification, and defense against trauma. The latter function lies in the individual's attempt, in the transference relationship, at reparative mastery of the traumatic failure of his infantile dependent period. In this scheme, the mental apparatus is conceived as a safeguard with the crucial function of maintaining homeostasis (overcoming the destructive effects of trauma) in a way strictly analogous to Selye's theory of disorganization and physiological shock. In both physiological and psychological trauma, counter-shock mechanisms are mobilized. Infantile traumata therefore are instrumental in creating the base for future transference.

Some Notes on a Dying Patient. Beryl Sandford. Pp. 158-165.

Sandford raises questions regarding the ways in which patients 'use' illness, including malignancy. Thirty-seven at the time analysis began, this impoverished man presented profound obsessional, paranoid, and delusional material. Only after seven years of analysis could he renounce the governmental financial benefits on which he had for many years subsisted and undertake a business venture in which he quickly achieved considerable success. Within a year thereafter he developed lung cancer from which he died in a matter of months. The analysis strongly suggested that he had 'split himself and his mother into two: the external good all-supplying breast (his successful business), and the internal bad cancer breast. When he felt that the destruction (of the bad inside) was complete within, he could say "all is now goodness" and became one with the ideal mother' (in death). Lewin's work on elation is relevant here: terminal ecstasy, sleep, and the libidinization of death meant to this patient being blotted out in perfect union with the mother.

On the Theory of Psychoanalytic Treatment. Thomas S. Szasz. Pp. 166-182.

The concepts on which analysis rests have not kept pace with advancing knowledge, and are in some respects unscientific. To be truly scientific, analytic concepts, like those in any other field, require agreement about fundamentals, well-defined methods of investigation and observation, frank sharing of observations with colleagues, and checking of the validity of new data with consequent integration into or rejection from the balance of the body of the science. The true scientific attitude excludes 'practical application' or 'usefulness' as goals, and seeks only extension of understanding. Szasz points out various unscientific aspects of analytic theory and practice. The word 'psychoanalysis' itself, for example, is used loosely to include situations differing considerably from Freud's original formulation, which corresponds closely to Eissler's 'primary model technique'. The ways in which rules define a situation, analytic or other, are illustrated by analogy with chess. The relatively rigid rules and organization of both these situations do not preclude infinite variation within the framework of those rules. There is mutual interaction between the participants; both situations require certain definable basic endowments or characteristics for the participants.

As with chess, the final goal of analysis is inherent in the technique of the treatment. Influencing the patient by treatment evolves into the goal of the patient's adopting a progressively more scientific attitude toward himself and his relations with others. This goal is inherent in the technique of analysis and is not a matter of choice for either analyst or patient, and the analytic process is intrinsically interminable. Various implications concerning training analysis as compared with therapeutic analysis are discussed.

Comments on the Analytic Situation. Nils Haak. Pp. 183-195.

It is important to identify and utilize the veiled transference reactions that appear in almost every hour, sometimes concealed behind rationalization. Some analysts lay clever countertransference traps for the analyst. Deviation from analytic neutrality is tempting but always dangerous. Emotional stress on the analyst is heavy, and may be reflected in difficulties in the handling of the transference neurosis. Patients usually have magical expectations, which Nunberg considers an essential part of the 'will to recovery', but which can be a source of serious difficulty if not adequately analyzed. Another potential trap is the testing of the analyst in various ways.

Technical Remarks on the Handling of the Transference Neurosis. S. Nacht. Pp. 196-203.

Analysis becomes interminable when the patient is intrinsically incurable or when technical errors have occurred. For example, the analyst may find in the transference excessive satisfaction of instinctual tendencies, in some instances because of the analyst's unconscious need to 'feed' him in this way. Moreover,

any departure in the first stage of analysis from strict neutrality, even to the extent of wanting to cure the patient, 'must be curbed', as it may arouse opposition from the patient who is unready to surrender his neurosis. But when much of the preliminary work has been completed, it is essential for the analyst to orient the analysand toward reality, to treat him as a fellow adult, to steer him away from preoccupation with the transference neurosis, and to stimulate him to act on what he has learned. Nacht sees the analyst's kindness and love as the essential point in enabling patients to surrender the neurosis. 'The rest', he believes, 'is only secondary'.

Oral Invasion and Self-Defense. Richard F. Sterba. Pp. 204-208.

Anna Freud has suggested that negativism sometimes serves to protect one's identity: to love would mean a kind and degree of oneness with the love object that is equated with obliteration, loss of self. Under such conditions negativism is a defense against masochistic surrender on an oral-passive level. Two cases demonstrate a fear of penetration by the breast or nipple, and the fear of being filled with 'mother substance' which would replace the self.

A Comparative Study of Psychoanalytic Ego Concepts. Edoardo Weiss. Pp. 209-222.

Federn's concepts of the ego resemble Freud's, but they also differ in some important respects. Weiss discusses their respective formulations in regard to such questions as origin of the ego, theoretical versus 'factual' orientation, significance of the drive for mastery, 'ego feeling', and the relation of the ego to the preconscious. Freud and Federn especially disagree on the unconscious portion of the ego. For Freud the ego was primarily body ego; for Federn, a mental ego preceded a body ego. Weiss discusses the implications of the word 'self'. Hartmann and his co-workers agree with Federn that ego autonomy rests on the concept that ego cathexis is composed of libidinal and aggressive energy. Unlike Federn, they reject the idea of a death instinct. Federn's introspective approach to the ego has no parallel in respect to the id and the unconscious part of the superego. This does not alter the validity of Federn's opinions about the ego.

Weiss suggests that the different meanings attributed to the word 'ego' contribute to grave variations between groups of analysts. He urges a more precise use of terms for clarity, and he considers Federn's concepts of the ego most valid.

Contribution to the Problem of Psychopathological Stratification. Heinrich Racker. Pp. 223-239.

The author illustrates with clinical material a scheme of 'levels'. Early frustrations constitute the deepest level, a primary depressive situation. The next stratum, a libidinal bond to a frustrating object imago, is the first paranoid situation, which elicits identification with the persecutor (primary manic situation). This leads to the destruction of the object; the secondary depressive situa-

tion is reached. Racker defines eight such strata. The succession depressive, paranoid, and manic appears twice.

'R' — The Analyst's Total Response to His Patient's Needs. Margaret Little. Pp. 240-254.

The symbol 'R' denotes the analyst's total response, conscious and unconscious, to his patient's needs. 'Total response' includes his thoughts and feelings, not merely his interpretations and behavior. Many patients, mostly psychotics or those with character disorders, cannot use transference interpretations because of an impaired sense of reality. Since they function at the level of early infancy, with primary narcissism and delusion, their needs must be met on that level. The reality of the analyst's being, his actual personality, and his spontaneous responses constitute that reality for such patients. Only through this real relationship can one 'make the patient's ego accessible to transference interpretation by breaking up a delusional transference'. Little urges experimentation with this principle, which she has found eminently successful.

Pain. Ernest Jones. P. 255.

At the peaks of intense pain, the entire self is filled with nothing but pain. The ego responds with disadvantageous tautness and apnea. Relaxation, a better response, depends on the ability to cope with the dread of destruction. Repression blocks the memory of severe pain, so that one cannot imagine it and builds no immunity to later similar experiences.

Feelings of Unreality. Brian Bird. Pp. 256-265.

In depersonalization the ego and the external world appear changed and foreign. The defensive meaning of the symptom is to repudiate conscious recognition of threatening external events which the ego cannot tolerate. In Bird's clinical illustrations, the intolerable experiences all had to do with loss. The defensive mechanism of denial also is associated with ideas of castration and loss of love objects. The sense of reality being so intimately connected with sharp distinction between the self and the outer world, feelings of unreality represent a return to fusion with mother (loss of self). Through the sense of unreality Bird's patient reduced his fear of external objects, enabling him to maintain at least a partial relationship with them. Without this 'dilution', fear would necessitate total retreat from those objects.

Differentiation of the Psychotic From the Nonpsychotic Personalities. W. R. Bion. Pp. 266-275.

According to Bion, two parts (the psychotic and the nonpsychotic) of the personality become differentiated when there occurs 'a minute splitting of all that part of the personality that is concerned with awareness of internal and

external reality, and the expulsion of these fragments so that they enter into or engulf their objects'. Bion believes real treatment of the psychotic rests on the use of this principle, and on the role of projective identification in the psychotic part of the personality as a substitute for regression in the neurotic part.

JOSEPH LANDER

Psychoanalytic Review. XLIV, 1957.

Fears and Defensive Adaptations to the Loss of Anal Sphincter Control.

Charles E. Orbach; Morton Bard; Arthur M. Sutherland. Pp. 121-175.

Patients with colostomy (artificial anus) achieve a measure of control of evacuation by periodic irrigation. Such patients may develop adaptational techniques such as special foods and rest based on irrational assumptions and beliefs, affording a (false) sense of mastery and control.

A New Technique of Psychosomatic Consultations. Martin Grotjahn and Jerome V. Treusch. Pp. 176-192.

A technique of close collaboration between internist and psychiatrist is described. On the request of the internist the psychiatrist comes to the internist's office for a consultative joint interview with the patient. The psychiatrist is enabled to give an outline of the psychodynamics, deepening the internist's insight, giving him reassurance, giving opportunity for more intensive psychiatric study if needed, and providing other advantages to physician and patient.

Blame: Its Motive and Meaning in Everyday Life. Herbert Fingarette. Pp. 193-211.

'Normal blame [is] spontaneous moralistic indignation against a wrongdoer.' It frequently serves also as a means of reducing tension in those with conflict about unneutralized id drives: superego aggression is diverted outward, preoccupation with 'the sins of others' provides partial gratification of one's own comparable drives, and other gains are derived in strengthening the defenses against a delinquent (acting out) solution. With increasing maturity, blame should be replaced by insight and understanding.

Teleological Contributions of Dreams to the Waking Ego. Harry C. Leavitt. Pp. 212-219.

The relation between the reality ego and the dream is by no means limited to the matter of stimuli or expression of latent wishes. Greater understanding of dream function is achieved only if one studies the effect of the dream on the waking ego, not merely the ego's influence on the dream. Dreams often have a teleological purpose and an effect on the individual's welfare which are of vastly

greater significance than the traditional stress on dreamwork and goals suggests. The hungry man who dreams of a banquet is not only protecting sleep; on the contrary, a more effective result of this constellation is increased motivation to get real food. The dream serves to augment adaptation to reality by the ego; it is also a protector against external or internal hazard.

Freud, the Creative Scientist. Reflections Upon Some Pictures of Sigmund Freud. Joost A. M. Meerloo. Pp. 220-224.

Originality is not as important as the psychic energy one can put behind it and the ability to communicate one's thoughts to others. These abilities constitute Freud's creative and poetic quality, recognized when he received the Goethe prize for his literary and scientific masterpieces.

The Id and the Ego. Emanuel Goldberger. Pp. 235-287.

This comprehensive survey reviews the literature and contains some of the author's own contributions on the nature and functions of the id, the 'primitive' ego, and the 'abstract' ego. Goldberger examines the id's quality of awareness, and its relation to the body, emotion, perception, muscle action, repression, and dreams. He suggests that man's nonverbal mind corresponds to the id. The 'primitive ego' is emotional and verbal, functioning in primitive peoples, infants, young children, schizophrenics, and patients with various organic pathological states. He illustrates ego functions of perception, thought, action, the concept of space, the defenses against anxiety, the body image, the role and nature of shame, the nature of symbols. The primitive ego uses words to express a relationship between two visual sensory images; it lives both in the real world and in the world of magic. By contrast, the 'mature abstract verbal ego is a higher development, rarely achieved'. This part of the ego is aware of the self as subject, it can think abstractly without emotion; Goldberger believes that one can think abstractly only if the culture possesses a written language. Anxiety is not present in the abstract ego, but 'guilt plays an important role'. The ego is thus phylogenetically and culturally determined. The absence of guilt in the primitive ego is due to unawareness of the self as subject. Guilt is 'a characteristic of the highest mind of man, the abstract ego, and is therefore one of the last mechanisms to develop'. Dreams are a manifestation of the id, the primitive ego, and the abstract ego; the author believes that the abstract freudian concept of symbols in dreams or myths is fallacious. He lays major stress on the role of kinesthetic sensation in the development of reality sense and functioning. Implications for the treatment of schizophrenia and of neurosis, with special reference to the role of language, are discussed in considerable detail.

The Structure of Emotion. D. Stanley-Jones. Pp. 289-297.

Psychoanalysis and behaviorism lead to the conclusion that lust and rage, described as the two primary human emotions from which other emotions are

derived, represent and stem from man's earliest (paleolithic) adaptation to the rhythms of his primitive life. Physiologic and psychologic (libidinal) correlates are linked to their anatomic 'headquarters' and apparatus in the brain and sympathetic and parasympathetic nervous systems. The author suggests that the primary emotions are an adaptation to the activities and functions of the external rhythms of night and day.

The Psychotherapist's Continuous Evaluation of His Work. Clifford J. Sager. Pp. 298-312.

Evaluation of treatment is notably difficult, partly because of the prominence of the therapist's subjectivity in the process. Various factors playing a role in such evaluation are examined and clarified: factual data reported by the patient; observation of his automatic reactions and symptoms, his feelings and attitudes toward himself; his relationship to the therapist; his diverse communications and productions. Permanent change rests on altered conscious and unconscious conceptualization.

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. VII, 1957.

Resistance as a Narcissistic Defense. Paul Sloane. Pp. 1-17.

The development of a transference neurosis in analysis necessitates regression to a point of fixation. In this state the patient may experience narcissistic gratification and protection from narcissistic injury. He is acting out toward the analyst early patterns of behavior established in relationship to parental figures, especially mother. The analyst, serving as an ideal ego and as a tolerant externalized superego, permits the lifting of repression and direct expression of instinctual drives. The patient often resists abandoning this new found equilibrium, and thus a refractory transference resistance develops. The patient rationalizes his activity; he becomes compliant toward his image of the analyst; he may become skilful in provoking the analyst to assume attitudes that are favorable to the maintenance of the state of regression. He manages to convince himself that he is normal and at the same time dispels feelings of guilt and anxiety. In this manner a stalemate develops in the analysis. The analyst's task in such a case is to help the patient abandon his point of fixation. In order to do this it is necessary for the analyst to withhold any gratification. In such cases interpretation is often insufficient, and it may then become necessary for the analyst to employ silence as a means of withholding gratification or even to indicate a loss of interest in the case. Such a position on the part of the analyst may reverse the patient's alloplastic tendencies and arouse the feelings of guilt and anxiety that must be accessible for working through as a prerequisite to progress in the analysis.

The principal discussants of this paper included Drs. Waelder, Flumerfelt, Katan, and Marcovitz. It was the consensus that the problems to which Dr. Sloane

referred are certainly present in some patients, but not in all. When these problems are present, they tend to represent extreme situations. It was pointed out that frustration is not sufficient in all cases. The frustration technique described by Dr. Sloane was differentiated from 'role taking' psychotherapy.

Alarm Dreams. Sandor S. Feldman. Pp. 45-49.

Feldman describes his own dreams and dreams of another adult and a child. He calls them 'alarm dreams'. 'They are anxiety dreams and are manufactured for the purpose of awakening the sleeper at an *intended time*, or *in order* to awaken the sleeper from a *genuine* anxiety dream situation.' Feldman differentiates these dreams from Freud's 'alarm clock dreams' and Ferenczi's 'dirigible dreams'. 'In the "alarm dreams" the system Pcs gained dominance over the system Ucs by a hypercathexis of one part of the Pcs system over the other part.'

The Shift of Object in Regression. Martin H. Orens. Pp. 56-61.

Orens's patient used regression as a defense against œdipal anxiety. In his states of regression, separation appeared as a process of birth from his father rather than from his mother. Preenatal fixations affect genital conflicts. It is suggested that 'when a person regresses from the œdipal situation and has pre-œdipal fantasies, the content and meaning of these may well be determined in large part by the conflicts of the œdipal areas from which the regression took place'. In the patient under discussion, the fantasy of separation or birth from father may be understood as a regressive fantasy, colored by œdipal experience in which the patient eliminated his mother as an object because she was the more dangerous parent, and also because his libidinal attachment to her placed him in rivalry with his father. In his pregenital regressive state he still avoided mother as the object, choosing father instead, as he had in the œdipal situation.

Legal Guilt and the Unconscious. Werner Hamburger. Pp. 62-65.

Hamburger's patient began analysis after being indicted for molesting a little girl. The patient persistently denied being guilty as accused, but nevertheless manifested extreme feelings of guilt. Analysis revealed strong œdipal guilt stimulated by the legal accusation. The 'incident' of which the patient was accused, if it occurred in actuality, may have been precipitated to furnish a factual basis for the unconscious œdipal guilt. A 'guilty reaction' to a legal accusation may be very difficult to evaluate because of the unconscious factors that may contribute to it.

The Neurotic Character of a Gentleman. Don E. Johnson. Pp. 66-74.

The analysis of a 'gentleman' revealed this character structure to be the patient's attempt to deal with œdipal feelings and castration anxiety. The pa-

tient's ambition was derived from fixation to his mother (rather than arising chiefly from urethral eroticism) and was associated with introjection, in toto, of his mother's chief ego ideal.

EDWIN F. ALSTON

Bulletin of the Menninger Clinic. XXI, 1957.

The Unconscious Before Freud. Henri Ellenberger. Pp. 3-15.

Though Freud's investigations of the unconscious were decisive, he had many precursors. Since the term 'unconscious' is used to designate a number of dissimilar concepts, studies of the unconscious before Freud cover a variety of phenomena. Ellenberger surveys the writings on the unconscious in its various senses and suggests the following classification of phenomena designated unconscious:

1. The metaphysical unconscious: this includes the 'will' of Schopenhauer and the 'absolute unconscious' of von Hartmann. The concept is of a force that underlies all manifestations of life.
2. The biological unconscious, with its formative and organic activity: this includes the 'physiological unconscious' of von Hartmann, the 'mneme' of Semon, and the organic unconscious of Marie Bonaparte.
3. The deep psychological unconscious: the unconscious of the mystics, mesmerists, and parapsychologists, the seat of unconscious creative activity and of collective symbols (Jung).
4. The more accessible psychological unconscious, including forgotten memories (Saint Augustine), subliminal perception (Leibnitz, Herbart), 'unconscious inference' (Helmholtz).

To these concepts, Freud added a new one: the dynamic unconscious, the unconscious of the repressed.

The Hot Rod Driver. Jack C. Neavles and George Winokur. Pp. 28-35.

The authors studied thirty hot rod drivers. The hot rod driver, like other delinquents, suffers from feelings of inadequacy, dependency needs which he must repudiate, strong aggressive urges that he cannot handle in a socially acceptable manner, and superego lacunae that permit acting out. Hot rod driving affords the driver a counterphobic way of handling intense anxiety and an enhancement of his body image through identification with the car. It gives him also membership in a hot rod gang which implies status and virility.

Psychological Factors in the Choice of Medicine as a Profession. Karl Menninger. Part I, Pp. 51-58. Part II, Pp. 99-106.

According to recently published doctors' autobiographies, some of the motives for choice of medicine as a profession are the desire to follow a family tradition;

compliance with, or defiance of, parental wishes; the challenge and mystery of medicine or the lure of solid facts; and, finally, the desire for prestige and an adequate income. The motive generally accepted as primary is the desire to relieve suffering and preserve life.

Besides these conscious motives, unconscious motives must be sought to account for perseverance and success in the practice of medicine. Some possible unconscious motives are the following: benevolent or hostile identification with the father or father surrogate, a wish to please the mother, or identification with the mother as the healing member of the family. Other unconscious motives may be the need to atone for aggressive impulses, and curiosity about the body, originally the mother's body.

The author considers psychological factors in the choice of various medical specialities. Pediatrics affords opportunities for 'proxy mothering'. In obstetrics, curiosity about childbirth and identification with the delivering mother may be expressed. Proctology, besides offering obvious gratification to the doctor with interest stemming from the anal phase, may offer him, in our fastidious culture, a kind of humility. The doctor who has little guilt over his sadism, so that he may sublimate it efficiently, may find satisfaction in surgery. Men drawn to psychiatry may, through their work with lonely people, be attempting to handle a repressed feeling of loneliness in themselves. Psychiatrists who are zealous to refute the idea that mental illness represents a punishment for forbidden impulses may be attempting to deal with their own early fears. Interest in medicine is, however, much more than an attempt to express infantile aims and overcome infantile fears. It is autonomous and may arise from a mature belief that people can be helped.

Suicide as a Magical Act. C. W. Wahl. Pp. 91-98.

Suicide is not a rational solution to the subject's situation (though it may seem so) but rather a magical act aimed at achieving 'irrational, delusional, or illusory ends'. The suicide, in his childhood, felt rejected by his parents and reacted to them with hatred which (through identification with the parents) he turned against himself. Suicide may be precipitated by a wish to punish a depriving figure by induction of guilt, a wish to expiate a fantasied act of murder, or by a need to cope counterphobically with an overpowering fear of death. An unconscious denial of the reality of death makes the act possible.

JOSEPH WEISS

Psychiatric Quarterly. XXXI, 1957.

Intractable Episodic Vomiting in a Three-Year-Old Child. I. N. Berlin; G. McCullough; E. S. Liska; S. A. Szurek. Pp. 228-249.

A number of recent reports suggest a relation between psychosomatic illness in children and the attitudes, feelings, and conflicts of the mother. Recently

a few writers have emphasized the importance of understanding the whole family for psychotherapy of such cases.

A three-year-old boy with intractable episodic vomiting was treated, along with his mother and stepfather, for eight months. The psychic structure of each member of the family was found to be relevant to the episodes of vomiting. The mother, a hysterical character who used oral regression as a defense against demands made on her by the birth of her child, overprotected the boy in reaction to her rejection of the infant. This led to his vomiting as a means of controlling and manipulating the mother through her guilt. The stepfather's conflicts over his unconscious strivings were intensified by the mutually possessive, domineering, and submissive attitudes of mother and son. His tension increased the anxiety of the mother and contributed to the child's symptomatic vomiting.

The authors conclude that collaborative psychotherapeutic efforts may be as efficacious in a shorter time, as more intensive psychotherapy with the child alone.

The Two Aspects of Schizophrenia. S. Arieti. Pp. 403-416.

The author claims kinship with certain revisionists of Freudian theory: George Mead, Martin Buber, and Harry Stack Sullivan. He seems, however, to offer a new terminology rather than any conceptual novelty. He emphasizes that constitutional as well as environmental factors are important in the evolution of schizophrenia. These constitutional factors involve the primitive thinking and affective states that the older terminology calls primary process. The author does not make clear whether there is a constitutionally better development of primary process in the schizophrenic, or a greater tendency to regress to it because of traumatic fixation, or both. He only states that more attention must be paid to these constitutional factors.

Two types, he says, do not develop frank symptoms until adulthood. Fixation and trauma do not begin until the second year of life, when the child's ego has developed sufficiently to distinguish between object and self, to use symbolization, to anticipate the future, and to assume the roles conferred by significant adults. Parental rejection has a severe effect but may be subtle. The child's image of itself, in keeping with its parents' attitude, is poorly organized and is rejected by it as inferior. In defense, the child represses emotions and withdraws from contact with objects. Another type, the stormy personality, tries forcefully to establish a relation to objects by aggressive, constantly changing maneuvers. This develops a very weak sense of identity. When adulthood requires increasing maturity and integration, these types react to the demand with psychotic mechanisms which seem to offer immediate benefits.

On Ambivalence. D. N. Graubert and J. S. A. Miller. Pp. 458-464.

This paper discusses the historical development of the concept of ambivalence. In 1910 Bleuler coined the term to mean static coexistence of different affects

on two levels of consciousness. In Freud's earlier writings ambivalence meant conflict between two polar opposing forces, the repressed instinct seeking discharge and the opposing repressing process. In *Beyond the Pleasure Principle* (1920) Freud described ambivalence as based on the opposition between the life and death instincts. The failure of the proper fusion of the two drives, or the defusion which occurs in regression, causes the tension between aggression and libido that leads to the clinical manifestation of ambivalence.

A Psychiatric Study of the Mothers of Excessively Crying Infants. I. H. Weiland; A. R. Leider; C. A. Mangham. Pp. 508-520.

What sort of mother provokes excessive crying in her infant? Five such mothers were studied during the first six or more months in the lives of their crying infants. The fathers were interviewed at least once. Conclusions are tentative.

The five mothers were alike in finding it hard to accept their roles as mothers. They viewed femininity as a deprived, suffering, inferior state. It is not simply the presence of guilt or hostility in the mother that makes for the excessively crying infant; rather it is the intensity of the feelings and the mother's anxiety about handling the infant. This anxiety is a defense against hostile or libidinal interests; it produces the neglect that leads to the chronic crying.

JOSEPH BIERNOFF

Psychosomatic Medicine. XIX, 1957.

'Voodoo' Death. Walter B. Cannon. Pp. 182-190.

In this article (reprinted from *The American Anthropologist*, XLIV, 1942) Dr. Cannon reviews all our information about 'voodoo death' and suggests that it does occur, caused by 'shocking emotional stress . . . obvious or repressed terror'. His own experiments suggest that the victim in his terror refuses food and drink and that the fear causes physiological disturbances through sympathetic hyperactivity. 'It is clear that [in animals] the rapidly fatal result is due to a persistent, excessive activity of the sympathicoadrenal system.'

On the Phenomenon of Sudden Death in Animals and Man. Curt P. Richter. Pp. 191-198.

Some of the rats used in an experiment on survival seemed to die for no apparent reason. Some wild rats died when simply held in the hand, others when placed in water, and more as a result of both procedures. All died when their whiskers were trimmed. Few tame rats were killed by these procedures. Richter at first erroneously supposed that Cannon's hypothesis [see preceding abstract] explained the deaths. The true cause was probably parasympathetic hyperactivity, which perhaps is promoted in man by hopelessness; this is a possible explanation of 'voodoo death'.

Richter's and Cannon's studies should be read in conjunction with Abraham A. Brill, *The Concept of Psychic Suicide* (Int. J. Psa., XX, 1939, p. 246). All three papers are relevant to the problem of the death instinct.

Duodenal Ulcer in One of Identical Twins. Martin L. Pilot; L. Douglas Lenkoski; Howard Spiro; Roy Schafer. Pp. 221-227.

One of a pair of male identical twins developed peptic ulcer at age forty-six. The character of both twins resembled that described by Alexander as typical in peptic ulcer. Why did only one of the pair suffer from ulcer? Apparently the well twin had less rigid defenses against his wishes for dependency, and married a woman who could be kind and loving. The sick twin had more rigid defenses and first suffered from symptoms of ulcer while his wife was disturbed almost to the point of psychosis. The twins therefore differed slightly in character, and circumstances tended to intensify oral conflicts in the twin who became sick.

Psychoanalytical Observations in Two Cases of Thrombophlebitis Migrans. John A. P. Millet and James F. Dyde. Pp. 275-286.

The authors describe two cases of thrombophlebitis migrans treated by psychoanalytic therapy. Both patients were men in their thirties. No dynamic factors were found to be specific to the disease, but unresolved emotional strains seemed to precipitate or aggravate the attacks.

D. H. POWELSON

Journal of the Hillside Hospital. VI, 1957.

Transference Psychosis. Norman Reider. Pp. 131-149.

The author discusses occurrence of psychosis during analytic treatment in patients without known history of previous psychotic breaks. The term 'transference psychosis' is reserved for those psychotic episodes in which the nature of the transference acts as a precipitating factor. It is possible that transference interpretations can reverse these states.

Certain signs may aid the clinician in early recognition of the possibility of psychosis: repeated parapraxes, and consistent and predominant use of psychotic mechanisms. Since the transference itself involves regression, psychotic episodes may occur when there is re-enacted a previous psychotic state, or a previous ego state in which distrust is prominent, or an identification with a psychotic person.

Reider illustrates by a case study the clinical and theoretical features of this phenomenon, and offers interesting comments on certain conceptions of psychotic processes and the treatment of psychoses.

JOSEPH AFTERMAN

Revista de Psicoanálisis. XIV, 1957, Nos. 1 and 2.

A symposium on psychoanalytic technique and interpretations, reported in this issue, discusses Interpretation and the Analyst; Interpretations and the Analysand; Forms of Interpretation in Various Clinical Situations; Specific Aspects of Interpretation; Child Analysis and Interpretation; and Problems in Learning Psychoanalytic Technique. Only a few of many excellent articles among the sixteen presented can be abstracted here.

Mauricio Abadi, writing about 'verbalization', states that speech originated from a defense mechanism of obsessive nature. Verbalization serves to control, to effect action at a distance, and to confer magical omnipotent power. 'Its importance during the analytic work is due mainly to its unconscious value as a magical instrument and to its power of producing action at a distance.' If these elements are not taken into consideration and speech is treated as a logical instrument, any verbal communication of the analyst will have the functions of a magical instrument for the purpose of controlling someone else.

G. T. de Racker speaks about the formulation of interpretations. Her manner has something, as she says, of the quality of a nursery rhyme. In her experience, '... any interpretation, regardless of content, must be felt as "good" by the patient or it will not eliminate but provoke anxieties ... or denial ... or violent opposition to it. ...'. One of her patients tried 'to seduce and bewitch' her like Scheherazade.

Diego García Reinoso discusses the interpretations given to hypochondriacs and patients with conversion symptoms, stating that 'in any character manifestation there is always an implicit body fantasy'. He observed this in obsessives also, 'in whom the body is alien to the ego just as much as is the affect'. In a female patient with conversion symptoms he was able to demonstrate how 'in each muscular contraction there was a fantasy of her father or of herself identified with him or, rather, with the "hand-penis" of the father. The pain produced ... showed it to be a defense mechanism. ... This constituted the phenomenon of conversion.' The memory 'is fixed to the body ... and this memory refers to bodily sensations, fantasies, and reality'. We show the patient the importance of his memories of his body when associations seem to refer to the body with urgency and determination. In hypochondriacs, 'the delusions and hallucinations are "fixed" in the body' and hence are unnoticed. If the body aspects are resolved the psychotic symptoms will appear.

Angel Garma discusses prenatal fantasies. The fantasies are repressed because of the birth trauma. He traces their appearance in patients' dreams. He adds that 'the fantasy of dressing is a substitute for the foetal membrane'; it appears in dreams 'and must have existed in the primitive mother when she decided to dress her child'. If going to sleep is adopting the foetal position then 'in dreams it is possible that the psychic experiences of the individual and the phylogenetic (collective) past may appear. ... One of the characteristics of foetal psychic life is perhaps a dream state.' Resistance to these ideas is like denying childhood sexuality because we cannot recall it. 'If A. Rascovsky's idea ... that the pineal gland was originally a single eye [is valid], ... it may explain why these fantasies

are only bidimensional', with no depth. This is the reason Descartes situated the soul in the pineal gland. The idea appears also in Tausk's well-known patient who believed she was being flattened out. Plato's Republic shows the same bi-dimensional vision. Plato states that man's vision of reality is as imperfect as that of persons inside a cave with their backs to the light who must interpret the world outside by the shadows on the wall before them. 'Man cannot understand external reality as it is, but he is forced to interpret it according to his own primary prenatal fantasies'; he sees it as he originally did, in the bidimensional way of the foetus and of the dream.

Joviality in the Transference and the Death Instinct in an Obese Patient.
David Liberman. (No. 3.) Pp. 292-306.

The patient failed to experience any feelings of desperation or depression; they were 'somatically represented'. His depressive feelings, his death wish (for internal death), his castration fears, and his homosexual passive impulses were all hidden and substituted for by his obesity, which was the 'corporeal equivalent and representative of all these'. Therefore he was able to be witty and jovial. The patient never thought of his father as a father, nor was he aware of anyone as an authority. He made a seeming adaptation to these objects; he seemed good-natured and obedient; but this semblance was a deceit, a fraud, by which he triumphed over any father figure. The pleasure in his jokes was produced at the expense of the repressed affect; thus he effected a saving of psychic energy. Since he could not discharge his tensions he tried to abolish them, and therefore his death instinct became re-enforced. His humor and his obesity were reaction-formations against suffering, and they became also the vehicle of his intense death wish. 'His fat was no longer felt as nourishment and warmth but became "dead weight" and excrement . . . which diminished little by little any libidinal impulse.'

GABRIEL DE LA VEGA

Revista Uruguaya de Psicoanálisis. II, 1957.

Some Schizoid Mechanisms in René Descartes' Concept of the World. Willy Baranger. Pp. 20-32.

Baranger examines Descartes' Discourse on Method and his Meditations with special reference to Descartes' autobiographical remarks. 'Descartes remains indifferent to the "ordinary" pursuits of most men . . . such as honors and wealth, because according to Descartes' own philosophy, "he who lives hidden lives well"'. He lost his mother when he was a year old, 'a fact confused by Descartes in his statements as if he did not know when and why she died'. He married 'a Protestant girl . . . and eventually led a life of conflict because he was attacked by all the scholars of his time' including Catholics and Protestants. He lost his daughter Francine at an early age and himself died at fifty-three of 'disease of the lungs', as had his mother. His eternal doubts were determined by his having

to offer truth and generosity in exchange for envy and error. Truth for him had a nutritive aspect. 'His reconstructed world (his philosophical system) is his mother again . . . the *house* which he builds is the mother's body.' His ambivalence and sadistic impulses, with all their anxieties, were elaborated into his 'doubtful system'. He said: 'Do I fool myself? Or am I being fooled? Do I dream, believing I am awake? Am I mad, believing I am not? But I have ceased to think; therefore to fool myself is to think. And since I think, I exist. . . .' Descartes 'was well aware of his conflicts when he stated "when I sleep, I portray in my dreams things not other,—and at times more unbelievable,—than those perceived by madmen when they are awake"'. The author demonstrates how these mechanisms which play a role in schizophrenia and in normal character take part in the formation of an ideological system.

GABRIEL DE LA VEGA

Acta Neuropsiquiatrica Argentina. III, 1957.

Migraine, Feelings of Pseudo-Stupidity, and Delusions, in One of Perez Galdos's Characters. Angel Garma. Pp. 143-154.

Garma studies Maximiliano, principal character of the novel, *Fortunata y Jacinta*. Maximiliano thought himself ugly, retired from society, and developed a host of psychosomatic ailments, such as terrible toothaches and migraine, but in the course of the story fell deeply in love with a prostitute. After trying to deny that his wife, Fortunata, was promiscuous, he began to have a conviction that he was stupid and manifested paranoid thinking. When intensely enraged he even became blind and had convulsions. His intellectual activity and his genital sexuality were in direct relation: his intellectual inhibitions occurred as a consequence of sexual repression. His love for his wife determined the productivity of his intellectual life; he said to her, 'looking at you I understand things clearly'. When he was confronted with her infidelity his 'pseudo-stupidity' reappeared. After fighting with her first lover and being worsted, he acquired a feminine voice, which lasted until Fortunata left him. She returned to him but again he found her unfaithful. This discovery led to paranoid ideas about his friends and family, delusions which disappeared the day Fortunata left him for a second time. 'His delusions were efforts at restitution, though inadequate ones.'

Maximiliano regretted being 'attached to a carload of affects'. To eliminate this state he became an avid reader, a therapy explained by the fact that a book often represents the female genitals. He stated, 'when I sleep, I dream, I am a man; now the Beast has tied me down, whipped me, and made me do everything the Beast wants'. Maximiliano finally became psychotic with the delusion 'of being a Messiah . . . what I call "Messiahnitis" . . . a modification of my jealousy. The Messiah . . . your son, born to a man who was not your husband. Everything is jealousy, jealous feelings fermented and putrefacted. Oh, my daughter! How bad it is to be crazy!'

Garma states that Galdos's explanations 'are by no means complete but his interpretations are true psychologically'. Galdos lived from 1843 to 1920, and

by his intuition anticipated psychoanalytic discovery of the mechanism of delusions such as Maximiliano's.

GABRIEL DE LA VEGA

Psyche. XI, 1957.

Zwei Abhandlungen zur Griechischen Mythologie. (Two Contributions to Greek Mythology.) Franz Borkenau. Pp. 1-27.

Borkenau starts his unusually interesting reinterpretation of Greek mythology with a description of a Cretan wall painting of the Flower Prince, showing a tall man with a crown of flowers on his head. The man is neither a god nor of the kings, but probably a royal consort, son and lover of the mountain mother, the Magna Mater who was queen and goddess at the time of the matriarchy in Crete. She was free to choose two phallic consorts. Her insignia were the 'labrys', which is a double axe, and her representative animals were lions. She was the impersonation and symbolization of eternal fruitfulness. She and her Flower Prince were originally not gods. Only later did she become the goddess of fertility, while her royal consort remained human and was sacrificed after the holy marriage. Their sacred intercourse took place in the fields to insure fertility of the fields. This is an example of *hybris*, the sinful pride of one who aspired to become like a god. A consort had to die annually. He was mourned by the goddess and resurrected by her.

Borkenau considers Freud's interpretation of the story of *Œdipus* partially correct, but mainly a projection of Jewish-Western patriarchal ideas into the time of Sophocles. Borkenau intelligently and convincingly applies methods learned from Freud and Reik to prove that what the *Œdipus* myth calls the step-parents were probably the true parents of *Œdipus*. Freud reasons in his works, *Family Romances* and *Moses and Monotheism*, that Pharaoh's daughter was the true mother while the modest Israelitic origin of Moses belongs to the myth. According to Borkenau: 'What is right for Moses should be right for *Œdipus*, too'. Laius is not the father of *Œdipus* nor Jocasta his mother. Careful reading of Sophocles also shows that *Œdipus* never murdered Laius. When *Œdipus* came to the crossing of the roads, he killed the charioteer. Laius was carried to his death by the horses, which was a ritual death of the royal consort.

Borkenau reasons further that the name *Œdipus* is unusual; nobody calls his son 'swollen foot',—surely not a Greek. But in order that he might be dragged to his death by wild horses, it was customary to pierce the heels of the king. Both men, *Œdipus* and Laius, are in this way marked as royal escorts to the Great Mother. The swelling of the foot has something to do with the poisonous thorn or poisonous arrow with which other annual kings were put to death.

In the limping *Œdipus* and the death of Laius are condensed two different rituals: two kings fought for their lives as we know from the priest-kings of Nemi.

The great crime for which *Œdipus* had to die and all Thebes was punished was not the murder of the father and the incest with the mother. It was the rape of the mother; and the rape of Jocasta symbolized the end of her free will, the

end of the reign of the Great Mother. It changed the matriarchy into the patriarchy. It was not a crime but a ritual necessity to kill the father, the king, the enemy in battle. It was no crime to be chosen by the mother, but it was a crime to force the queen, because that put her into an inferior position and put the man in the place of the woman.

The Erinyes represented exclusively the mother; they never punished a crime against the father. The Sphinx was also female, a demon of sickness. Symbolically she represented the main trend of the Œdipus myth, the fight against the overpowering mother, for she symbolized death and destruction and was overcome by the hero. She now became the demon who originally sacrificed the young man of the year in the Labyrinth at Knossos.

The incest taboo became a realistic necessity only after the transition from matriarchy to patriarchy had been established. Then the triumphant son, now being father himself, had to protect his wife, the former goddess-priestess and mother of all, against the assault of her sons. Œdipus had to kill Laius to win Jocasta and he then had to protect Jocasta by the incest taboo in order to establish the patriarchy with all its taboos. What Freud considered the original crime is now a phenomenon of a much later time, perhaps to be placed in the second millenium before Christ.

Borkenau states that the theories of the Kleinian school throw considerable light on the correct interpretation of early myth. One is tempted to say: Borkenau gives a preœdipal interpretation of the Œdipal myth.

MARTIN GROTHJAHN

Meetings of the New York Psychoanalytic Society

Poul M. Faergeman

To cite this article: Poul M. Faergeman (1958) Meetings of the New York Psychoanalytic Society, The Psychoanalytic Quarterly, 27:3, 457-464, DOI: [10.1080/21674086.1958.11926438](https://doi.org/10.1080/21674086.1958.11926438)

To link to this article: <https://doi.org/10.1080/21674086.1958.11926438>



Published online: 05 Dec 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

NOTES

As previously noted, in our last issue, THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION will hold its Twenty-first Congress in Copenhagen from Monday, July 27th through Thursday, July 30th, 1959, at the invitation of the Danish Society. Dr. Vanggaard is in charge of the administrative arrangements. Dr. Willi Hoffer is Chairman of the Program Committee, and any inquiries or suggestions about the scientific program should be addressed to him (21 Grove End Road, St. John's Wood, London N.W. 8, England), or to Dr. Paula Heimann, the Honorary Secretary of this Committee (32 Eamont Court, Eamont Street, London N.W. 8, England).

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

June 11, 1957. PRE-BODY EGO TYPES OF (PATHOLOGICAL) MENTAL FUNCTIONING.
Augusta Bonnard, M.D.

This paper attempts a comprehension of the quality and type of perceptual-affective functioning in the first six months after birth—an extremely obscure preverbal process. It is postulated that the functions of narcissism and libido and its cathexis are not in dynamic operation from the beginning and that their evolution may be markedly modified by more archaic patterns of affective-mental functioning if these patterns are not properly integrated. Responses to reality antedating the development of the body ego which persist do not lend themselves to investment by narcissistic or object libido except as media of secondary elaboration or of pathological defense. The vicissitudes of these archaic functions may be of paramount importance for abnormal as well as normal mental functioning. For example, many of the most striking or poignant effects of artistic creativity are due to utilization of these archaic functions which have distinctive primary process attributes. We should be more alert to the ubiquity of animism and of anthropomorphism and study the archaic precursors of mechanisms of defense. A fundamental difficulty is that the direct observation of these earliest states are mainly appraised as behavioristic and their interpretation is anthropomorphic. The clinical data are derived from the study of two boys and a man, who showed significant deviations of maturational and affective patterns of response from earliest infancy. These patients were extremely hypermotile almost from birth. The two boys displayed sudden outbreaks of vicious attacks on children, adults, and animals. There was profound anxiety, depression, and lack of orientation as to the meaning and purposes of their bodies and their actions. The hypermotility, which in one patient had the quality of an addiction, belonged to a very primitive state of development, and was partly a defense against a strong fear of passivity. In all three cases there was a fundamental impairment of reality testing due to a lack of sovereignty of ego boundaries in Federn's sense. The aggressive behavior of these patients was not an identification with the aggressor or with the victim but a representation of innately dangerous forces, of primary process quality, which augmented each other to the point of collec-

tive annihilation. The prototypes were found in archaic bodily conversions. An anal spasm, for example, accompanied by pain, gave rise to a sense of agony and of explosive tension. One of the boys who had the symptom, 'tongue swallowing', also wrenched and bent back his joints. This was a displacement of the attributes of the tongue to the body. In verbal beings with a sense of taste the sovereign role of the tongue in informative responsiveness is never superseded, but only forgotten, because of its hidden position and quality of being intrinsic. In the adult patient, the rapierlike effectiveness of his tongue, with which he demolished his imagined attackers, was striking.

DISCUSSION. Dr. David Beres expressed the opinion that 'body ego' and 'pre-body ego' are ambiguous and unsatisfactory concepts. He prefers to speak of the ego's functions of self-representation, self-awareness, awareness of the body and its parts, i.e., the body image. He agreed that there probably exist certain primitive thought processes before the ego has developed the capacity to recognize the self, to separate self and nonself, and to form object relationships. Dr. Gustav Bychowski mentioned examples in adult schizophrenic patients of fear of uncontrolled motility and the projection of the aggressive impulse involved as a defense against the anxiety. Dr. Bela Mittelman characterized this developmental period by the absence of differentiation, rather than by a coexistence of contradictions. He suggested that the tongue very early in life has two functions. Sucking provides pleasure; its searching movements (for objects) is the inception of ego function. Dr. Robert Bak expressed the belief that there are physiological models for psychic mechanisms, and called attention to the importance of regression to temperature and olfactory orientation in schizophrenia. It is in these archaic developmental phases that the fusion between self and nonself occurs. He agreed that a hypercathexis of the tongue can be either a regression from the phallic phase or an original hypercathexis; the alternative is especially likely in cases of oral deprivation in infancy. In the development of a transitional object or the development of the transition between the whole body and the body of the object there can be a phase in which the nipple and the tongue coalesce. We should aim at a more precise differentiation between ego functions and especially their interrelationships. Under certain circumstances damaged functions may combine with normally developed functions to produce new formations. This can lead to results which cannot be simply understood retrogressively.

POUL M. FAERGEMAN

June 25, 1957. ON EGO DISTORTIONS. Maxwell Gitelson, M.D.

Ego distortions involve the entire psychic apparatus and become rigidly integrated into a defensive adaptation. Various specific ego distortions are single instances of a general process. Because a variety of designations has been applied to these pathologic ego manifestations, usually the chief symptom (e.g., 'as if' personality), the assumption is that the disturbance represents a specific defect of the ego. This emphasizes a structural delimitation of pathology and does not conform to the acknowledged interrelationships of the ego's functions.

It would be preferable to consider these phenomena as character disorders in

which modifications of the ego have occurred, revealing the developmental pattern of the narcissistic neuroses. In contradistinction to the character neuroses and the transference neuroses in which the pathology is determined by vicissitudes in psychosexual development, in these cases the most intense conflict has been between ego and reality in which aggression figures more extensively than libido. The resulting ego disturbance approaches, in appearance, schizophrenia, but this does not imply commitment to the thesis that there is a transitional series, in any one person, of potential ego states from hebephrenic to normal. These various ego states, or modifications of the ego, form configurations which the author would call 'narcissistic personality disorder' and comprise that group of idiosyncratic adaptations commonly referred to as 'borderline'.

The author presents an illustrative case. He states that in the clinical picture he sees not ego weakness nor defect but a strength insuring survival by means of 'facultative accommodations in various ego functions'. A psychic system, at a moment of crisis in its history, has 'gelled' to preserve a balance of energy which otherwise was in danger of disintegration. After enlarging on the particular aspects of the case referable to the topic under discussion, the author concludes with the following propositions. 1. Ego distortions do not represent ego-specific pathology. 2. Patients in this group have encountered unusual stress in relation to their original objects, particularly the mother, with subsequent accommodations of ego functioning making survival possible. 3. These adjustments and accommodations of ego functions follow the normal patterns seen in transient cross section of the normal ego during developmental and adaptational crises. 4. The clinical picture is of an adaptational balance which occurs phasically in early development, in adolescence, and in certain menopausal cases. 5. Nosologically these are arrests in ego development, not defects, not weaknesses; unlike the psychoses, there is in these cases no surrender of the object and no loss of object libido. 6. Because of the etiological factors and the nature of the fundamental disturbance, the syndromes commonly referred to in specific terms of distortion of the ego may be designated 'narcissistic personality disorders'.

DISCUSSION. Dr. Heinz Hartmann stated the difficulty in understanding ego pathology both as to its nature and its function. In some cases ego distortions have the function of preventing serious disease, in others they are the remnants of a distortion once useful but no longer so. He thought it necessary to differentiate whether the defect is a primary defect of the ego or is a defect resulting from what happens in the other psychic systems. While there are many ego distortions of the kind Dr. Gitelson reports, an added factor we should know is whether the ego that gets into such a crisis was previously intact or impaired. Dr. Hartmann agreed with the description of specialization and rigidity of function, adding that these phenomena are also observed as fixation and no longer adaptive. He alluded to what Freud said about the relation between repetition compulsion and fixation. As to ego strength, he felt that, in general, he would call an ego strong only if its specific functions are not impaired through defensive functions and through the displacements of energy that occur in this process; this may be so where average demands of the ego are made, and not necessarily so where excessive demands on the ego are made. Dr. Annie Reich

questioned whether the ego's pathologic solution and adjustment in this case could be considered an indication of ego strength. The 'as if' aspect presents the symptom of most interest and does not represent in such cases a defensive measure, but is indicative of a primary ego defect due to a defective *Anlage* of which one of the elements is frequently the persistent identification with a mother suffering herself from difficulties in object relations and leading in the child to the 'assuming of roles' as something of an ideal. As to the narcissistic aspects of such cases, Dr. Reich remarked that where there is primary defect of the ego there is a disturbance in cathecting objects in any sustained way, resulting in a turning back of libidinal cathexis and, therefore, a great number of ego functions are not cathected with neutralized energy but are highly libidinized in a narcissistic way usually combined with a disturbance of superego development. Dr. Victor Rosen raised the question of how much special talents or gifts influence the structure and functions of the ego. A distortion might be not only an adaptation to instinctual tension and reality stress, but also the result of a hyperfunction of some ego factor with consequent accommodations of other parts to the hypertrophied one. Also he asked about the possible role of narcissistic identifications with transitional objects in such cases. Dr. Bertram D. Lewin agreed that these patients present narcissistic personalities, and since the nature of the transference is the basis of psychoanalytic diagnosis, the term suggested, if understood descriptively, is better than several others that have been used. The 'borderline' seems to be the variable boundary between narcissistic and transference libido. Dr. Peter Glauher noted that in this type of disorder the phenomena are maintained by environmental forces so that a large part of the momentum is in the extrapsychic and not the intrapsychic sphere. These cases present anhedonic affective states commonly found in schizoid personalities, of which this case can be considered one. It represents a kind of strength or stability. It is a sudden mobilization of all ego elements as a result of crisis. Dr. Robert Bak remarked that these cases cannot be regarded as presenting a stable picture either clinically or by definition. What may appear in cross section to be an ego distortion may, in a longitudinal view, be a psychotic state. As to the question of adaptation, he believes that any pathologic manifestation, neurotic or psychotic, is a failure of adaptation. He emphasized the importance of considering the state of regression of the ego in evaluating pathology. In concluding, Dr. Gitelson called attention to his original purpose in presenting the paper: to give a *post hoc* description of a certain type of case without teleological intentions on his part. The clinical picture in such cases is sufficiently typical to warrant diagnostic and prognostic implications when viewed in cross section.

JOHN DONADEO

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

June 5, 1957. PERSONALITY AND PERCEPTION. Herman A. Witkin, Ph.D. and Helen B. Lewis, Ph.D.

An inquiry is made into the subjective and objective nature of the relation between the ego and the environment. The sense of the location of the body

with reference to the vertical and horizontal axes in space is based upon two kinds of determinants: first, the gravitational pull which apprehends the true upright position; second, the apperception of the body in relation to the surrounding visual field. Special situations were devised in which these determinants were separated. Some persons, at one extreme, succeed very well in maintaining the separateness of body from field and are able to bring the body to the upright position. Others require that the body be more or less aligned with the tilted field to perceive the body as upright: strong sensations of body tilt are 'unfelt', the body seems to 'fuse' with the field. The latter are designated as 'field-dependent'. In general, most subjects fall between the two extremes, but in all, one mode of perceiving or the other has remained a stable characteristic over a period of years. Women are more 'field-dependent' than men (less aware of sensations from within). 'Field-dependent' perceivers tend to have less well-developed egos: lack of self-esteem, impulsiveness, passivity. 'Field-independent' perceivers tend to have better-defined and more adequate egos. Performance in these perceptual situations reflects the subjects' characteristic 'life style'. These tendencies are correlated with fundamental differences in development. A variety of evidence suggests that children who remain in a more 'field-dependent' way of perceiving (primitive form of perception) have made less progress toward self-differentiation and function at a lower intellectual level. One of the influences contributing to the generally lower level of differentiation among 'field-dependent' children is a mother-child relationship which is characterized as restrictive or overprotective. A 'field-independent' style of perceiving is not necessarily indicative of better adaptation to life or to an absence of pathology. Marked pathology was observed at both extremes. Application of these experimental perceptual techniques, combined with clinical therapy, are illustrated by the investigation of specific personality problems as shown by studies of gastric ulcer alcoholism. It is anticipated that the study of perceptual functioning in connection with unconscious motivations in human personality may serve to unify the thinking in related disciplines to their mutual advantage.

DISCUSSION. Dr. Sibylle K. Escalona noted a historical relationship and mutual influence between greater emphasis on ego problems in psychoanalysis and experimental work on perception and cognition: such studies of ego functioning facilitate a more controlled and systematic approach to problems of psychoanalytic theory, as they potentially increase knowledge of the ego mechanisms involved. In view of the reported sex differences and of the adaptive values of the ability to take clues from the environment, she questioned any tendency to assume a high positive correlation of degree of field independence and degree of maturity. Dr. Sidney Tarachow observed that the neurological factors involved in the righting reflexes, both visual (cortical) and labyrinthine-vestibular (brainstem) require control before psychological inferences can properly be drawn. He gave examples of the care necessary in matters of definition and evaluation, particularly the requirement to conceptualize the experimental group dynamically which requires a psychoanalytic approach, as classification by tests may overlook dynamic problems: it is more difficult to assess intrinsic personality qualities of an instinctual nature than to measure ego 'style' and defenses. He suggested that

the experiments could best be integrated into psychoanalytic thinking by having a percentage of each tested group psychoanalyzed. Dr. Abraham A. Fabian stated that because perception can serve as an index of ego functioning, the idea of quantification of perceptual data as a guide to diagnosis and choice of therapeutic approach and as a gauge of therapeutic effectiveness is most attractive. He noted the fact that while an ego disability might be reflected in a regressive perceptual tendency, such as position in space, the reverse also occurred. He was of the opinion that the existence of perceptual distortion was nonspecific, since the ego disability is the end point of conflict and neurotic compromise, and that regression is part of the picture in all forms of stress and resultant psychopathology, thus questioning the use of perceptual data as specific diagnostic and therapeutic guides. Dr. Judith S. Kestenberg referred to the reported differences between males and females, stating that body boundaries are more secure among males (anatomically) than among females, the latter in consequence being more dependent on visual perception and externalization. Dr. Jan Frank questioned the epistemological validity of the wish to objectify the psychic event and thought the experiments would be more valuable in child development studies than in the field of dynamic psychology. Dr. Witkin concluded by agreeing that the middle range of the 'field' concept was best suited for gauging social adaptation, the study offering only a measure of individuation.

IRVING RUBINS

October 22, 1957. RESISTANCE. Sandor Lorand, M.D.

The distinction in the literature between resistance and defense mechanisms is not clear. Some authors use the terms synonymously, others clearly differentiate the two. Dr. Lorand disagrees with Ella Freeman Sharpe and others who use the terms synonymously. He defines resistance as the type of behavior in analysis by means of which a patient tries to thwart the analyst's attempts to analyze his defenses in the service of altering his habitual patterns of thinking, feeling, and acting. Resistance can be said to be a defense in the sense that it is part of the patient's protection of a vested interest in his neurosis with which the analyst interferes. This definition makes resistance a part of the psychoanalytic therapeutic process which aims to resolve the individual defense mechanisms. This definition and differentiation are not novel. In *The Problem of Anxiety*, Freud described five resistances deriving from the ego, the superego, and the id. The ego gives rise to three resistances, repression, transference, and the secondary gain from illness. The id gives rise to the repetition compulsion. The superego gives rise to the sense of guilt or need for punishment.

Relevant clinical instances are discussed. Problems attendant on starting analysis are handled without rigid insistence upon the application of rules. A particular patient who had great anxiety about lying on the couch was during fifteen sessions interviewed face to face and sufficiently reassured to then be analyzed on the couch. A patient's silence can occur at any stage of the analysis and at times attempts at interpretation, reassurance, or suggestion can be tried. When a patient is initially silent, the analyst should help him to communicate. A pa-

tient who had been previously in analysis and had been mute for weeks, began her analysis with the same resistance. She was told she could write what was on her mind rather than say it. After she had written a series of genital and anal obscenities which she had been desperately afraid would slip out, she was able to communicate. Not talking can represent the re-creation of an infantile period when the child has not learned to talk and the mother, understanding the baby's needs, satisfies them, doing all the talking herself. Talking means not only giving attention but, on the deepest level, love. An analyst's countersilence cannot overcome this resistance. It is necessary at times to modify technique and use special means to overcome tenacious resistances as Freud did in helping some of his patients to overcome phobias at the proper time. By the rule of abstinence, Freud did not intend denial of all gratifications, but only gratification of symptoms. As analysis proceeds and substitutive gratifications are repressed, somatic symptoms requiring medical evaluation can occur. Reappearance of previously analyzed neurotic behavior is an accompaniment to improvement in the analysis and should be no cause for concern to the analyst. When the transference has been established, the analyst must then interpret the patient's behavior and communications in relation to current reality, childhood and developmental experiences, and the transference. Change takes place against resistance from unconscious fears and guilt.

DISCUSSION. Dr. Ludwig Eidelberg agreed that resistance and defense are not synonymous; that the first occurs only in psychoanalytic therapy whereas the other exists independently. Approached economically, dynamically, or topographically, all require the same special clinical, technical considerations rather than concentration upon ego and one or another aggression. Explanations about the analyst's behavior should be given to the patient as, why, for example, the patient's questions are not answered. He should know that it is not because the analyst is lazy, angry, or asleep, but that answering will extend the process of analysis and make it costlier to the patient. Explanation that fears are related to repressed wishes can help overcome many resistances as—in the infantile unconscious—wishes and acts are undifferentiated. Since resistance is a product of the analytic situation, the human influence of the analyst in overcoming it was of course answered affirmatively by Freud. 'Acting in', as contrasted to 'acting out', was differentiated as action in the analytic situation. Dr. Nathaniel Ross amplified the necessity of differentiating resistances and defenses by giving two examples. In latent schizophrenia, defense mechanisms are not functioning adequately, permitting primary processes too easy of access to consciousness; and when a patient comes into treatment putting his worst foot forward, this is advance warning of inadequate defense mechanisms, making analysis difficult or impossible. Dr. Otto Sperleng recalled that Freud was always very modest in his therapeutic expectations and that this was best suited to reduce resistances, since the more that is promised, the greater the resistances. He agreed that the patient be permitted to write, and added that at times it is better not to start with the basic rule but with taking a history. Free associations may also be a particular form of resistance. Dr. Jan Frank stated that resistance against the emergence of the primary process is physiological, and that patients who plunge

into what Kris called the 'Proustian mood' and indulge in an 'id mud bath' require 'upward reconstruction' as posited by Bornstein and Loewenstein. If this is not done and the analyst listens passively, these patients do not change and analysis can become interminable. The patient who wrote associations also demonstrates the fact that ego needs vary greatly, as was shown by a musician who played Mozart as part of an analysis, and by a mathematician who used mathematical equations similarly. To analyze these ego needs as though they were resistances rather than exploring them would be a grave error. There are other manifestations which similarly must not be considered to be resistances. In a patient who always showed great horror and shouted during analysis, his shouting proved to be an attempt to avoid the horrors of his past, and was a nonverbal communication, not a resistance. The patients in the 'Proustian mood' are not actually threatened by schizophrenic outbreaks, but if that appears to be a possibility, such patients are not treated on the couch and reality is analyzed.

EDWARD E. HOLLANDER

The Board of Trustees of The New York Psychoanalytic Institute wishes to support the efforts of THE DETROIT TRAINING GROUP in establishing a library. Reprints or other copies of publications will be most welcome. The Library of The New York Psychoanalytic Institute will act as a collection agency for all donations. Please send material, marked 'For Detroit', to Mrs. Meyer, Librarian, New York Psychoanalytic Institute, 247 East 82nd Street, New York 28, N. Y. Contributions are tax deductible.

THE AMERICAN PSYCHOSOMATIC SOCIETY will hold its sixteenth annual meeting at Chalfonte-Haddon Hall in Atlantic City on Saturday and Sunday, May 2 and 3, 1959. The Program Committee would like to receive titles and abstracts of papers for consideration for the program no later than December 1, 1958. The time allotted for presentation of each paper will be twenty minutes. Eight copies of the abstract should be submitted for the Program Committee's consideration to the chairman, Milton Rosenbaum, M.D., at 265 Nassau Road, Roosevelt, New York.