The Psychoanalytic Quarterly

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

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To cite this article: Mark Kanzer (1958) Image Formation During Free Association, The Psychoanalytic Quarterly, 27:4, 465-484, DOI: 10.1080/21674086.1958.11926109

To link to this article: https://doi.org/10.1080/21674086.1958.11926109

IMAGE FORMATION DURING FREE ASSOCIATION

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During free association the barriers between the strata of consciousness fluctuate constantly, as is shown by the variations in the idiom of communication used by the analysand. Here we may witness the beginnings of those processes that result in the dream when there is full regression. Whereas the dreamer seeks to withdraw from reality, the patient seeks to withdraw from the analytic situation. (Rank, as Lewin reminds us, compared the analyst to a day residue [*19*]). A censorship—the resistance to waking in one instance, to analysis in the other—blocks the entrance of disturbing ideas into consciousness and forces their transformation by regression to perceptual components.[1] Under ideal circumstances these stimulate neither affect nor movement, but dissipate the disturbing idea in the very process of perception; a solution which, drawing upon wish fulfilment, is fundamental for the dream and for æsthetic enjoyment as well as for free association.

Interruptions of free association reveal to the observer the intrusion of disturbing ideas and reactions of restlessness like those of an uneasy sleeper; changes in the rhythm and tone of speech are comparable to changes in respiration; changes of position, and not infrequently a sudden awareness of somatic sensations or of objects in the environment, occur as if awakening had begun.

The patient may, however, neither interrupt free association nor continue it; he compromises by producing verbal imagery analogous to the visual images of the dream. The intrusive idea has been forced regressively into channels that are close to

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Presented as the Lester MacLean Memorial Lecture to the Organization of Candidates, Chicago Institute for Psychoanalysis, March 14, 1958.

[1] 'Emerging undesired ideas are changed into visual and auditory images' (*10*, p. 14).

the 'perceptual instance' *(10,* p. 394*)* from which it returns in forms that can be introduced into the stream of associations in apparent compliance with the laws of free association, but that are, in fact, secret islands of resistance. (Not only metaphors but also the manner of speech, the style of expression, the use of one language or another fulfil this same purpose.) To verbalize these unconscious thoughts helps to reduce affect and acting out. This ability is akin to the work of the artist; it is a process that resembles psychoanalytic procedure, but is unaccompanied by insight.

An extreme example is offered by the occasional sleep on the couch during which a dream occurs. In one instance *(14),* the dreamer, A, was being handed a yellow pencil by his younger brother. I interpreted the dream as itself represented by the pencil that the patient was handing to me. I occasionally used such a yellow pencil to make notes of what he said during the session; it was a bit of irony to suggest that I make notes during the period of silence when he is sleeping. His unspoken objection to my taking notes was expressed by sleep, a complete withdrawal from free association, and by the image of the pencil which both registered the complaint and was an effort to restore communication.

Another type of withdrawal that is likely to be followed by imagery is observable in the shock following an interpretation.[2] In one such instance, after a brief pause the patient, B, resumed without apparent reference to anything that had gone before: 'I seem to be concentrating on a gap in your curtains. There is a patch of blue sky. For some reason, I think of a lightning bolt streaking across there.' He could not account for this succession of images, but it was not difficult to recognize his thought that the interpretation was 'a bolt from the blue'. The interpretation had dealt with the patient's voyeurism and his reaction to the sight of the female genital as to Medusa's head. It had there-

[2] Similar imagery marks shock in reaction to Rorschach pictures, as described by Piotrowski and Berg *(22).* Baker speaks of the common regressive imagery of language and dreams *(1).*

fore had the effect upon him of being found guilty by his father. The resulting imagery condensed and confirmed both the impulses and the impact of the interpretation on his unspoken thoughts.

Attention to such details permits the analyst close contact with the patient's psychic processes as they plunge from one level to another in their efforts to elude detection. The shift in levels is illustrated in the following image. A tense and hysterical elderly patient, C, silent while she was consciously wrestling with erotic thoughts, finally evolved a daydream about a gray house with a second-story window which someone was attempting to reach with a ladder. The patient herself was the gray house, her daydream the ladder with which the analyst was invited to reach the 'upper story' by the intellectual means of an interpretation—an obvious displacement to a higher level of the erotic demands that she could not directly express. This daydream strongly resembles the 'yellow pencil dream' of patient A, for both dealt in the same way with similar problems. Both this dream and the daydream use similar images. Moreover, color appears in all three images so far described, and in two others that will be mentioned. Colors frequently represent emotional tone.

Ekstein and Wallerstein *(5)*, in descriptions of play therapy with children, demonstrate the transitions between verbalization, imagery, and action as resistance to the therapist fluctuates and induces different modes of expression. Felix Deutsch *(3)* has studied the description of imagery in analysis and its use as resistance and as communication. Lewin *(19)* refers to æsthetic reveries as resistances and alternatives to the verbalization of ideas. In psychoses, the retreat to imagery plays an important part in the general retreat from secondary process thought and reality testing. Hartmann *(13)* suggests that the 'concretization of thought' in schizophrenia regularly involves 'the investment of banal perceptions with new and often portentous meaning', arising apparently from similar regressive representations of thought.

Objects in the analyst's office readily become symbols of unexpressed thoughts:[3] patient A used the pencil he had seen on the analyst's desk, patients B and C, the curtained window in front of them. Relatively unimportant objects were chosen, just as by the dream work and in symptom formation, to screen the more commanding object. In the analytic situation, this more commanding object is inevitably the analyst. Freud *(9)* pointed out that in analysis, as in hypnosis, the patient may be consciously occupied with monotonous or uninteresting perceptions, or may claim that his mind is a blank, when actually he is unconsciously concerned with the therapist. This mechanism seems to be a constant feature of the transference neurosis, especially if we include the patient's references to events immediately before and after the analytic session which readily represent the analytic situation itself. (Not only temporally but spatially, as the observations of Balint substantiate [*2*], the world of the analysand revolves about the couch.) Ultimately, the repressed thoughts that condense about the contemporary object draw sustenance from the memories of the past.

The beginning and end of the session is likely to be marked by transitional perceptions, akin to the Isakower phenomena which record the passage from one degree of consciousness to another.[4] Patient D, a high-pressure executive was striving, early in his analysis, to express angry feelings about the analyst for which he could find no realistic justification. He terminated an unproductive session, carefully limited to a discussion of business problems, with a sudden outburst: 'I don't like the color of your walls. Brown! Did you pick it? [Actually my walls are not brown.] As I walked down the corridor coming here, I noticed a funny smell as of Chinese cooking. At one door, I could hear people quarreling. I saw an elderly man go in there once. I wouldn't like to have him come bursting out and see me

[3] See also Fisher's observations on the use of recent perceptions in dream imagery *(6)*.

[4] The use of the window by B and C is like the dream screen during fantasies on the couch. The dream screen in sleep often seems to represent the closed eyelids, whereas in free association it represents the closed lips.

as though I were eavesdropping. It would be very embarrassing.'[5] These references to smells, sights, and sounds served as defenses against voicing coprophagously-tinged fantasies relating to the analyst. The same fantasies also underlay his reflections on business matters that occupied him as he was lying on the couch.

The next day, with his feelings unchanged, D opened the session by declaring: 'I can't deny that I am peeved this morning'. (No one had accused him of it.) 'I have to come up here in a hot crowded subway pressed against smelly people of all colors.' Again recent impressions were used to represent the deeper fantasies. It is interesting to compare this imagery with the Isakower features of unpleasant sensations that envelop and force themselves into the person on the brink of sleep, just as D was on the brink of the analytic session.

During the night between the two sessions, he dreamed that he was in a yellow Cadillac, trying to pass an older man who was insistently driving his car on the left side of the road. The patient blew his horn furiously to make the other man pull over to the right; at the same time he knew it was against city ordinances to make so much noise. He awakened from sleep in a state of frustration and anxiety.

D had announced from the beginning that he did not believe analysis had to be such a long-drawn-out affair as it often is; that by a businesslike approach, one should get to 'the bottom' of things rapidly. This dream, like many anal dreams, reversed many elements in the real situation and thus signified the underlying wishes of the patient, which were opposite to those he expressed. The analytic situation was the day residue of the dream, but the relative positions were reversed. I sit behind and

[5] Under similar circumstances, another patient arose from the couch with an even more clearly defined experience of what might be called an 'awakening Isakower'. He reported that suddenly it seemed as though he were in a wide room with many windows,—an expansion of the ego boundaries, apparently, after the constricted 'sleep' on the couch; the windows (open eyelids) were a 'waking dream screen' that referred also to the mutual scrutiny that would now take place between the analyst and himself.

to the right of my patients. D's real fear was that the analyst, becoming aware that he was stalling and pressing him to communicate, would pry into his life like an eavesdropper, entering anally through the backdoor of the unconscious. Once indeed, in childhood, he had eavesdropped on his father. Apparently all the senses (including time and space) were used in this series of fantasies to reverse reality.

ANAL 'AWAKENING' IMAGERY DURING FREE ASSOCIATION

The imagery of the dream may be observed in the process of formation during free association. Similarly, the 'awakening' from sleep, when dreams are so often formed, may be compared to interruption of free association. We have thus far considered especially instances in which the interruption is motivated by inner resistances and is followed by imagery which represents immediately submerged thoughts. In these images we often find evacuative processes represented and we may regard them as autosymbolic manifestations of the waking process itself. Waking, as Lewin in particular has pointed out *(20)*, is often an evacuative interruption of sleep with contributions from the superego.

Occasionally the analysand experiences a desire to urinate or defecate at such times, thus extruding the unspoken thought and emerging from the somnolence of free association to the waking state in which his secondary processes may intensify their censorship. Patient D, struggling against engulfment in the analytic process, 'awoke' to find himself in a 'brown study' associated with many coprophilic fantasies. Patient A offered an example of a variant of this process when he, in a moment of resistance, fell asleep and awakened with the dream that he was 'passing' a yellow pencil to the analyst (his younger brother).

The vision of a 'bolt of lightning' seen by patient B during a moment of insight is also an awakening dream with evacuative implications, suggesting a sphincter (censor) that has suddenly lost control. Many times this patient at a moment of reluctant insight had a wish to pass flatus: an undoing mechanism which

treated the insight as a dreamlike experience and isolated it from reality.

Another of B's visions on the couch illustrates how regression toward sleep and away from free association can be represented as a reparative closing of the sphincters to exclude insight and regain control. This time, B fixed his eyes on the Venetian blind of another window in a self-hypnotizing fashion and commented that it all but completely shut out the light. He thought next of a screen he could have bought in Japan but that had been too expensive and too heavy. Still, perhaps he should have bought it; it might have been useful in soundproofing his library. At this moment his eyelids felt heavy and he closed them. Next he recalled how the teacher had caught him drawing 'dirty pictures' in school. In these associations he was trying to resolve conflicts over coprophilic exhibitionism. The screen-eyelid-sphincter component isolated him from contact with the outer world, but at the same time he projected onto this isolating mechanism, as onto a dream screen, images that both removed him to great distances of place and time and gratified his anal wishes. Memories of the past, both in dreams and in associations, frequently serve as isolating devices to ward off intrusion of the present stimulus.

Similarly the patient may set up a sphincter against a disturbing stimulus by raising a barrier through which the voice of the analyst may not penetrate. A female patient maintained a constant stream of effortless speech which was merely increased in speed when the analyst spoke to her, so that his comment did not 'enter' her mind; his existence was negated. Her sexual life with her husband was an exact counterpart; he might enter her physically, but she continued her own thoughts and movements without inner interruption.

Intrusions into free association, with subsequent 'awakening dreams', may come either from within (resistance) or without. The end of the hour is an intrusion from without and the associations of the patient often indicate his unspoken awareness of the impending change and his efforts to control it. Episodes may

come to mind that recall separations experienced in the past, losses of parts of the body, operations, funerals, and birth. Or plans for activities later in the day are discussed: the patient has already left the session. There may be direct desires for evacuation, or defecation may be represented by a sudden flood of dreams, associations, and recollections which come only at the end of a 'constipated' period and lead to fury and reproaches if interrupted. 'Constipation' itself and the efforts of the patient to overcome it are represented by breaks in free association and feelings of distress which merge toward the nightmare awakening as the patient complains that he is 'up against a stone wall: nothing comes', or feels anxiously suspended in mid-air as he identifies himself with the fecal mass or the infant that is awaiting expulsion from the womb. Other determinants and meanings are of course also associated with such fantasies.

Another external interruption is the ringing telephone; this of course would not occur under ideal conditions. The effect is often comparable to the disturbance of sleep by an alarm clock, with ensuing alarm clock dreams. Superego responses are illustrated by a patient who, having spent the earlier part of the session in fretful nagging and complaining, remarked glumly that the telephone interruption was doubtless a punishment for these sins. Another felt that it must be his employer on the telephone, determined to track him down, though he could not have known of his whereabouts. The telephone call is often interpreted as a comment by the analyst as when one patient, who had been elated and boasting of his accomplishments, immediately became downcast as though the analyst, by diverting his attention, showed that he was unimpressed by the patient. Often the patient, soon after a telephone call, talks about some telephone call that came for him and describes in this call his own fantasies about the analyst's recent conversation. This may well be likened to the dream within a dream.

The two following examples show in more detail how a telephone interruption arouses images of evacuation of the bowels. A young woman remarked that she felt dizzy after the call, as

though she were coming out of ether (referring to an actual very traumatic operative procedure). Then she became possessed by a great fury and the feeling that she wished to pass wind (a more active mastery of the trauma and a 'blowing away' of the operative intrusion of the ether into her body). A long period of silence followed; then she explained that she was holding herself in, establishing apparently an auditory blank dream with the closed lips-sphincter as screen. The rush of past memories and the infantile repression precipitated by the trauma of the telephone call which broke through her defenses were to her like loss of sphincter control.

A telephone interruption produced the following effect upon a patient who was menstruating and reacting as usual with castration anxiety and denial. It seemed to her for a moment that she awoke and that the stars were falling in a heavy blue mass of snowflakes. There was such a feeling of reality associated with this hallucination that she looked out the window to see if it were true. The heavy mass that was falling was apparently an outward projection of the menstrual sensations, the sense of reality being drawn in part from the fact that she really was menstruating and also from the collapse of her masculine fantasies of denial (represented by the falling blue stars).[6] Other recurrent dreams helped to confirm the evacuative element in this imagery for she frequently responded to anxiety, anger, and menstruation with dreams of bombs falling from planes. These too seemed very real and did indeed have a basis in reality from wartime experiences in early childhood.

One patient, more inclined to act out, rose from the couch after a telephone interruption and ostentatiously turned a statuette so that its back was presented to the analyst. As she did so, she remarked, 'Things should be different here'. Her behavior seems similar to that of a dreamer described by Grotjahn *(12)* who awakened as he dreamed that he turned his back

[6] FitzGerald's Rubáiyát of Omar Khayyám opens with the lines: 'Awake! for morning in the bowl of night hath flung the stone that puts the stars to flight!' This appears to be an evacuative image of awakening.

angrily and decisively on another man. This was interpreted by Grotjahn as a turning of the back on sleep itself; in both instances, I believe, this awakening was also a defiant evacuation.

It is not surprising that the analysis, as well as the termination of analysis, may be an external interruption that elicits similar imagery. For one man, chronically troubled with constipation, whose dreams regularly represented intruders interfering with his oral and sexual pleasures, the final session, which came when he was about to marry, brought the following dream: 'I was in the kitchen eating breakfast with my mother and sister. Suddenly a mouse ran in and the women became hysterical. I picked up a broom and crushed its back. Then I picked it up by the tail and dropped it in the garbage can, commenting as I did so: "This is the end of it!".' He had learned to deposit intruding elements in the right place at the right time and could now enjoy his oral and incestuous desires without further fear of interruption. Those who waked him—the father and the analyst—were reduced to a size in which they could be properly evacuated.

Writers and dramatists frequently avail themselves of similar symbolism. In Alice in Wonderland, Alice, who has grown too big to remain in the womb-wonderland of sleep, is expelled as the dream figures turn to dead leaves and fall down from the trees,[7] a fecal imagery of awakening that corresponds to Alice herself being evacuated from the hole in which she had been making her abode. In the sequel, Through the Looking Glass, the oral satisfactions of sleep become truly dangerous as the other characters turn into food and Alice rescues herself from her oral sadism by grabbing the tablecloth and bringing down the entire assemblage of guests and dishes to the floor with a sudden pull. This repeats, I believe, the turning of the dream figures to dead leaves which occurs at the ending of the first book of adventures. By making a fecal mess, Alice awakens and

[7] The falling of the leaves as awakening symbols also suggests the falling of the stars in my menstruating patient and in the Rubáiyát. Birth, death, and waking are associated with the evacuative imagery.

saves herself from the oral dangers of further sleep. If Alice were not the male Lewis Carroll, I should suspect that the messy tablecloth referred to menstruation; perhaps it does, even so, terminating abruptly the residence in the womb.

THE VICISSITUDES OF THE IMAGE

Endless instances attest to the use of the analytic situation as day residue for both dreams and free associations. Sexual excitement on the couch is often suppressed, consciousness dwelling instead on some surrounding stimulus, such as in Freud's description of the ticking of a clock which displaced outward the sensations in his patient's genitals *(8)*. Creative activities may be fostered at such times, as in Eckermann's impulse, described by Eissler *(4)*, to draw the picture of a horse on his father's package of tobacco rather than to verbalize his œdipal feelings. Acting out and clinical symptoms may be alternative forms of expression when the defenses require deeper regression. Thus the perceptive substitutes for the idea may be displaced internally, as in the amputee described by Noble and co-workers *(21)*, who experienced sensations of a phantom limb under the influence of sexual excitement.

Basically, in such interplay between imagery and ideation, we are dealing with normal mental activity as it fluctuates between the primary and secondary processes, between the search for identity of perceptions and identity of ideas. One surface of consciousness is always turned toward perception, the other toward preconscious thought. Free association, by encouraging suspension of the secondary processes, promotes the substitution of imagery for ideas (see Freud's discussion of Silberer [*10*, p. 233]). A regressively introverted use of the critical functions occurs; they fuse with the experiencing portion of the ego on the couch *(23)*, making of the perception a newly created symbol of judgment. This may be seen in the related phenomenon of fetishism, which criticizes in its screen image the image that has gone before. This shift makes use of, or helps to create, an isolation of perception from thought which reaches a climax

in the blank dream in which, as Lewin suggests, there is complete failure to project the hidden thought (a prototype of traumatic disseverance, fixation, and repression in general).

Also related to this use of imagery is the concept of 'elliptical thinking', a term applied by Freud to obsessive doubt about an immediate object in place of a repressed thought that cannot be spoken *(7)*. The rejected thought is thus extruded as a projection; the conscious ideas that it links remain as an unbroken façade which, in the absence of apparent connections, may take the form of a delusion or be sensed as an inexplicable conviction, affect, impulse, inspiration, or bodily feeling attached to an idea.

The persistence of the repressed thought in finding an outlet is reminiscent of Fisher's fascinating experiments with perceptions, which presumably explore the same psychic functions *(6)*. In analysis, this craving for an outlet (the return of the denied with a claim to be heard) may take the form of an urge to confess, by means of which the perception reappears through a circuitous route, often with excretory aspects. A woman patient, E, dreamed that she was looking at the genitals of an elderly man, now dead, which were outlined through his black pants. She awakened in horror with the thought, 'I must tell this to the analyst'. Her suppressed impulse to tell the analyst what she really desired to see was brought back to the couch in the indirect guise of a dream,—under cover, like the genital itself. This helped her therapy by clarifying her states of anxiety during the sessions. Next she recalled that after the death of her father she frequently found herself saying, after some interesting experience, 'I must tell father this after I get home'. The impulse to confess balanced previous sins of omission and had both genital and anal correlates.

This patient considered her father guilty of 'black' misdeeds, punishable by castration and death, and this judgment of him she represented by a perceptual equivalent, the blackness of his pants.

The struggle of the image to reconstitute itself may lead to

motor activity, an outlet denied by the dream and by free association but made available by acting out between sessions. Images in dreams and free associations assume a prophetic character because of this inherent disposition of the image to recreate itself in its entirety. The secondary process itself arises through the use of motor mechanisms to recapture the image that is sought. In the case of D, who could not tolerate slow drivers in his dreams, prophecy began to fulfil itself when, instead of appearing promptly for his sessions, he encountered one obstacle or another that regularly made him late.

One image which arose on the couch and haunted a patient throughout a weekend is especially instructive. On Friday, at the end of the session, this man was thinking of the expected visit of a former suitor of his wife. He was recalling with amusement that he had once been jealous of the man. Today he was no longer jealous of him; but behind the recollection lurked his present jealousy of his wife's devotion to her analyst, a jealousy that had played its part in his decision to begin his own treatment. In my closing remarks, I pointed out this parallel, perhaps not at a fortunate moment.

Monday brought a dream in which the patient was somehow aware that his brother was in the next room. Then 'somebody' struck the brother sharply and he left with an inaudible remark, —a tableau which I think had its origin in the interchange at the end of the last session. The remark that was not audible on that occasion apparently found its motor elaboration during the intervening period. Associations to the brother yielded the information that the brother's wife had announced over the weekend that she was about to begin an analysis. This pleased the patient greatly; his brother's home life had always seemed so happy and now he felt sure that this could not have been so. Certainly it would not be true any longer.

Next, the patient recalled that his niece had worn her hair in a pony-tail and he had impulsively yanked it at dinner with such force that the child had cried out. At dinner too the wife's old suitor had monopolized the conversation. Only one recollec-

tion of this conversation remained prominent and of this the patient spoke much during the session. The old suitor was now the adviser to a famous man who had a reputation for his benign and friendly character but was in truth given to temper tantrums and had once thrown a steak into the face of a waiter. As he said this, the patient, usually reserved and sometimes inaudible, laughed with gusto.

It seems apparent that this was the image that finally reversed the more humiliating one he had carried with him since Friday. The verbal slap he had accepted from me silently and without retaliation was compensated for indirectly by identification with the aggressor, the wrathful great man whose slap in the face had to be received in silence by the waiter. By telling of it, the patient transferred the scene back to the analytic situation in which it had arisen and obtained justice. During the weekend, there had been a series of episodes that had only partially provided the satisfying image as he gloated over his brother and tormented his niece. These real scenes were comparable to a series of dreams in which the latent content tries and discards a number of manifest contents until the wish-fulfilling image is attained and grants a maximum degree of catharsis. (It is relevant to this patient's imagery and reactions, which show sado-masochistic oral frustration and anal retaliation, that premature ejaculation was a prominent symptom.)

Fisher's experiments showed that a basic image strives to reconstitute itself in its entirety. The introjection of the image is presumably affected by the degree of oral receptivity, the recollection by evacuative habits. It would be of interest to correlate such experiments with these deeper trends. Moreover the imagery seems clearly to be a test not merely of perception but of the latent thoughts about the examination situation which cluster about the percepts and express themselves in the images. The image serves to symbolize first, the examiner in the present; second, the parental figures of the past; and third, the ego of the experimental subject himself. Fisher's tests there-

fore show not merely a striving to re-create an image but also a total situation which the image represents.

The final analytic session in the treatment of the patient just described illustrates the meaningful intrusion of the past into the present imagery through a latent thought that is not being uttered in free association. This patient desired to avenge himself for past humiliations by inflicting similar ones in the present on the analyst. As the hour drew to an end, he spoke of two events that had occurred just before he left his own office to come to the session.

First, he had discharged an employee that day but insisted on giving him extra severance pay. Second, an old man had been ushered into his office by mistake and had offered him tickets for a concert that would feature music he had composed. 'I don't know why I ever bought the tickets', the patient commented, 'I will certainly never listen to his music. I don't know how he got into my office at all; it seems weird. I don't even know why I'm talking about it except, now I think of it, he reminded me of my father.' And with this thought, the time for him to leave was at hand. It came with images of an office and a firm but courteous dismissal of an intruder. It was the patient who was in command in the office now, not the analyst. The kindness to the two men he discussed had its exact counterpart in the circumstances of the final session. Agreement had been reached to end treatment on the previous day but the analysand had insisted on an extra session for no apparent purpose except as extra 'severance pay' for the analyst.

The image of the office however made clearer some experiences he had previously told me of, which now at the end, in association with the father, were struggling to re-enter consciousness. The patient in his youth had been deeply attached to the father and would seek him out in his office when in trouble. There he had received gifts of money but no love. The day had come when he himself, now wealthy, had received the bankrupt father in his own office and had dismissed him with money but without love.

The termination of the analysis had a similar significance for the patient, who was now taking over a very impressive job in another city and had 'no time' for the analyst. Treatment ended therefore with the triumphantly acted out reversal of a previous image rather than its recollection and working through, as should have occurred for true completion of analysis. The struggle between remembering and reliving was shown in this final day residue on the couch and the decision in favor of reliving was voiced in a parting commentary with which the conflict was resolved: 'If there is anything I have learned in this analysis, it is the ability to kick people out of my office politely'. With this evacuative secondary elaboration of the image of dismissal, he reduced father and analyst alike to small sums of money that he could part with magnanimously while retaining the great bulk of his possessions for himself;—that is, he could remain in the office which to him represented a mother.

DISCUSSION

The analysis of the patient's perceptions during free association really carries us back to Freud's earliest analytic technique as he left hypnosis behind him and embarked on his new method of evoking past memories. Applying his hand to the patient's forehead, he would call upon her to conjure up the forgotten memory in the form of a picture that she would see before her *(11)*. These forced fantasies, or hypnotically induced dreams as we might now call them,[8] served as intermediate guides, to be followed by verbal associations. Freud insisted that the patient concentrate upon the image until the last detail had been explained; the results led to the goal 'every time'.

He likewise observed that somatic symptoms—the patient's pain in the legs—'joined in the discussion', and that these inner

[8] The present study continues my previous investigations on interrelationships between the hypnotic and the spontaneous dream *(18)*; the analyst as regulator of the sleep-waking mechanism *(17)*; and the shifting images that portray and communicate the relation to the analyst as the patient's mental state fluctuates between sleep, free association, and waking *(15, 16)*.

perceptions were a confession that she was not communicating all her thoughts. The physical sensations were therefore the equivalents and representatives of unspoken thoughts.

The path toward verbalization proceeded with memories, for example the recollection of an erotically tinged conversation with 'another' man who knew how to treat her affectionately when she was ill and who could understand her with a mere glance. That Freud did not recognize in this a hint from the patient and a picture of the immediate situation, produced under the pressure of his hand, attests to the fact that much was still to be learned about the manifestations of transference. Yet we see that from the beginning the analytic situation itself provided a basis of perception, through both inner and outer sensations which shaped the successive associations of the analysand.

The choice between the internalized and the externalized sensation, and the extent to which these are translated into memories, words, or actions, depends upon the form of the neurosis and the current transference relationship. Patient C, whose resistance at one moment took the phobic form of a fantasy about a man climbing through a window, under other circumstances experienced headaches which internalized the same idea. The image portrays not merely the object but also the reactive disposition of the ego: it shows the momentary attractions and repulsions that exist between the ego and the nonego. It contains evidence therefore as to whether communication is being internalized or externalized and whether it is under the influence of the primary or of the secondary process.

Basic questions remain unanswered. What is the relation between the visual and the auditory image, and between perception, image, and idea? It seems most closely in keeping with analytic usage to regard an image as the memory of a perception, an idea as an image that has acquired the function of a symbol.[9] The analytic technique itself favors the auditory image

[9] I am indebted to Doctors Fisher and Eidelberg for their discussions of these points at a presentation before the Psychoanalytic Association of New York, January 20, 1958.

over the visual and the idea over the image. The less favored forms tend to be shifted into the preconscious background where they can more readily be amplified by the unconscious and to enter into the foreground in moments of resistance when the more favored 'language' of the analysand is interrupted by resistance. The position of the analyst, hidden from the patient, is likewise a factor in cathecting visual imagery with background and unconscious significance. Other nonauditory imagery, such as of motor impulse, or temperature and cutaneous sensation, receives similar background cathexis. The emphasis on verbalization during free association also obscures the relation of image to idea. Progress in treatment may actually be marked by the interruption of free association and the emergence of the background imagery, rather than words, as resistance diminishes and true relaxation occurs.

The choice of images or their elaborations serves during free association to regulate the distance of the patient from the analyst. The sequence of the associations throughout the sessions, as well as the behavior between sessions, reveals the characteristic compromise formations through which this distancing is achieved. By virtue of the transference, the couch becomes the repository of images emanating from both outer and inner reality; it is in effect a concretization of the preconscious apparatus and a dream screen against which the patient himself is projected. The migration and transformation of images from the couch inwardly toward dreams and symptoms and outwardly toward words and actions provide useful tracers for charting the direction and meaning of the mental processes. The synthesis of these images, through the interpretations of the analyst, creates that special form of perception that we call insight.[10]

[10] Many images achieve motility on the couch. Automatic rubbing of the eye betokens moments of insight; itching and rubbing of the left eye especially signify dawning insights that are unwelcome. This involves a transposition of emergent onanistic impulses and a desire to 'awaken' from the insight that is now consigned to the status of a dream.

SUMMARY

The play of mental forces in free association causes it to be characterized by constant oscillations between imagery and ideation. This oscillation affords the analyst a unique opportunity to study image formation at stages intermediate between the dream and waking thought. The present study emphasizes especially the regression toward imagery at moments of resistance, the relation of imagery to typical aspects of the analytic situation (such as the end of the session), and the transformation of objects in the analytic environment into day residues which strive to re-enter consciousness in dreams, free association, and acting out of the transference. Somatic and communicative aspects of image formation are discussed and comparison made with the metaphors of writers.

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The Psychoanalytic Quarterly

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

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To cite this article: Maurice J. Barry JR. & Adelaide M. Johnson (1958) The Incest Barrier, The Psychoanalytic Quarterly, 27:4, 485-500, DOI: 10.1080/21674086.1958.11926110

To link to this article: https://doi.org/10.1080/21674086.1958.11926110

Published online: 07 Dec 2017.

THE INCEST BARRIER

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INTRODUCTION

What is the nature of the incest barrier in the family and in the psychoanalytic transference?

In an average analysis which proceeds in a reasonably predictable manner, the patient usually begins with residues of œdipal material expressed in his current living. Because of conflict at this level in the analysis, regression to preœdipal material is most common. Analysis of the pregenital strivings, with considerable resolution of ambivalence, then establishes a more stable foundation for what remains to be analyzed. With such a foundation of firmer emotional security and the patient's recognition of his basic capacity for loving and being loved, the œdipal conflict is again approached. In this final phase of analysis of the œdipal conflict, much castration anxiety and guilt are resolved. Upon resolution of these deterrents to the incestuous aim, the question arises as to what realistic barrier remains to prevent incestuous fulfilment in the analysis. If there is a barrier, what is its nature, origin, and advantage?

HISTORICAL INQUIRY

Freud *(4)* asked himself, 'What is the ultimate source of the horror of incest which must be recognized as the root of exogamy?'. He said, 'To explain it by the existence of an instinctive dislike of sexual intercourse with blood relatives—that is to say, by an appeal to the fact that there is a horror of incest—is clearly unsatisfactory; for social experience shows that in spite of this supposed instinct, incest is no uncommon event even in our present-day society, and history tells us of cases in which incestu-

Read at the meeting of the American Psychoanalytic Association in Chicago, May 1957.

ous marriage between privileged persons was actually the rule'. After extensive consideration, in Totem and Taboo, Freud said, 'At the end of our inquiry, we can only subscribe to Frazer's resigned conclusion. We are ignorant of the origin of the horror of incest and cannot even tell in what direction to look for it. None of the solutions of the enigma that have been proposed seems satisfactory.'

Freud nevertheless felt impelled to mention another attempt at solving it: 'This attempt is based upon a *hypothesis* of Charles Darwin about the social state of primitive men. Darwin deduced from the habits of higher apes that men, too, originally lived in comparatively small groups or hordes within which the jealousy of the oldest, strongest male prevented sexual promiscuity.'

From Darwin's theory of the primal horde, Atkinson *(1)* hypothesized that in such a group the younger men inevitably would band together, revolt, and kill the paternal tyrant. Such a revolt would be followed by rivalry, fighting, and consequent disruption of the organization. To prevent the rivalry that would destroy the organization, it was necessary to erect the incest prohibition.

Freud recognized that it was difficult to explain the persistence of the incest barrier on the basis of this hypothesis. 'I do not claim', he said, 'that these problems have been sufficiently explained or that *direct communication* and tradition, of which one immediately thinks, are sufficient to the task'. As an addendum he chose a phylogenetic answer: 'A part of the task seems to be performed by the inheritance of psychic dispositions which, however, need certain incentives in the individual's life to become effective'. He clarified this statement to some extent with the following: 'We may safely assume that no generation is able to conceal any of its more important mental processes from its successor—everyone possesses in his unconscious mental activity an apparatus which enables him to interpret other people's reactions, that is, to undo the distortions which other people have imposed on the expression

of their feelings'. Freud does not explicitly state that this is a phylogenetic concept. One could just as well interpret this as unconscious behavior or concept of behavior learned by living together and understanding the unconscious attitudes of the older generation. The child senses the unconscious prohibition and disapproval of the parents whenever it makes sexual advances to either parent.

Freud certainly believed that castration anxiety was phylogenetic. In reviewing these concepts in 1945, Hartmann and Kris *(5)* disagreed, and wrote that implicit attitudes and anxiety among significant adults were sufficient in themselves to cause an intense fear in the child.

In 1939 Kardiner *(7)* published an analysis of several different cultural groups on the basis of descriptive data furnished by the anthropologist, Ralph Linton. In this work Kardiner delineated the relationships between personality and culture, elaborating 'the common-sense observation that a Hindu is "different" from an Eskimo'. Without the aid of history, no satisfactory psychologic explanations of the origin of primary institutions could be achieved. Primary institutions varied greatly between cultures and included family organization and basic disciplines of feeding, weaning, and sexual taboos, including aim or object, or both. Kardiner demonstrated that the œdipus conflict was far from a basic universal phylogenetic structure, but was the resultant of a definite series of primary institutions. In the various cultures studied there were wide variations of rigidity, scope, and enforcement of the incest barrier. The one universally prohibited aim was found to be mother-son incest.

In 1945 Fenichel *(3)* wrote, '. . . the œdipus complex signifies the combination of genital love for the parent of the opposite sex and jealous death wishes for the parent of the same sex. . . . In this sense the œdipus complex is undoubtedly a product of family influence. If the institution of the family were to change, the pattern of the œdipus complex would necessarily change also. It has been shown that . . . societies with family configurations different from our own . . . have different œdipus com-

plexes. . . . The problem of the origin of the œdipus complex is thus reduced to the problem of the origin of the family, an interesting and still unsolved chapter.' Fenichel appreciated Freud's postulate of the phylogenetic origin of the œdipus complex in the jealousy of the chieftain of the primal horde; however Fenichel concluded, 'different environments provoke different reactions'.

What are the sources of the child's castration fears in the œdipus situation? As Freud says, the child understands the conscious and unconscious attitudes and operations of its parents. In other words, in the œdipus situation the child appreciates the unconscious jealousy and prohibitive attitude of its elder rival. This is a factor in its guilt and castration anxiety. The child also has its own ambivalence to master. It is jealous and destructive in its motives toward the rival and also toward the frustrating object of its instinctual wishes. It realizes with anger the parents' special passionate love attachment for each other which excludes it. It is simple, then, for the child to project its hostile destructiveness toward the parents which, however, only intensifies its own fears. As Hartmann and Kris *(5)* put it, 'the intensity of fear is not only linked to [the child's] present experience, but also to similar experiences in the past. The dreaded retaliation of the environment revives memories of similar anxieties when desires for other gratifications were predominant and when the supreme fear was not that of being castrated but that of not being loved. In other words, pregenital experience is one of the factors determining the reaction in the phallic phase. This simple formulation refers to a wealth of highly significant experiences which form the nucleus of early childhood; to the total attitude of the environment toward the child's anaclitic desires, when the need for protection is paramount, and toward the child's later erotic demands.' These may be the total sources of castration fear in the little girl, and in both sexes the validity of such fear is apparently corroborated by the observation of the genital, anatomical differences between the sexes. We shall, however, consider whether an even

deeper source of castration anxiety may not operate in the little boy within all cultures so far studied.

ABROGATION OF THE INCEST BARRIER

We have studied many cases of father-daughter incest, from little girls to young women. Some daughters have displayed little or no anxiety; others have manifested severe neuroses, perversions, promiscuity, and psychoses. We have seen many instances of the same symptoms among boys whose mothers have been highly 'seductive'. We have encountered no instance of literal mother-son incest. We are grateful to Dr. Irene Josselyn *(6)* for telling us of a case of mother-son incest in which there was no discernible anxiety. We have a number of cases of mother-daughter incest, and of mother-father-daughter incest, in some of which there were somatic and neurotic symptoms, some in which there was psychotic anxiety, and some in which there was no unusual anxiety. How can we understand the significance of these highly variable reactions?

If, as Fenichel and Kardiner observed, different environments provoke different œdipal reactions, we should find such evidence in our cases. We have had many cases which substantiate such views. The authors present two cases exemplifying father-daughter incest with little visible anxiety, fear, or guilt in the daughter where the mothers were passively collusive. Possibly, from such cases, we may achieve some further understanding of factors inherent in the incest barrier.

CASE I

Ten-year-old Marion was brought for consultation when the mother finally, after three months, became angry and disturbed, declaring that the father's sexual advances to the child must stop. From the time the child was four until she was ten, the mother had condoned the father's sleeping with Marion, his touching her genitals and placing his penis against her genitals. He had attempted intercourse, but had desisted when the child complained of pain. Marion was encouraged to fondle

the father's genitals and the mother knew of this. The father became anxious and depressed when his wife finally prohibited this behavior. As a result, he sought a psychiatrist, who sent him to us. Recently, Marion had been making sexual approaches to boys in school and in the neighborhood.

Both parents were college trained. The frigid wife had always rejected the sexual advances of her handsome husband. Her father died when she was one year old and later, over a period of years, an uncle had been 'seductive' with her. This woman preferred mutual masturbation to coitus. She had complained mildly for several years to her husband about his advances to the child, but had acceded limply when he replied that his behavior was the result of his wife's frigidity. The mother expressed no feeling that she was responsible on the basis of her complete vaginal anesthesia. The daughter was frequently allowed to watch the parents indulging in mutual masturbation. The wife suspected that her husband had some homosexual inclinations.

The father, a large, handsome man, was the son of a father who had been harsh to him and unloving to the mother. She had turned to her son for consolation with completely inappropriate expressions of affection. Her son, now the father of the child we were seeing, manifested intense hostility toward his seductive mother. When, as we have said, this man's wife finally interfered between him and Marion, he became depressed as his anger toward his mother and his wife was mobilized.

The child was pretty, neat, mannerly, and completely composed. She tried to please and attract attention from men with seductive mannerisms. She said that her mother and father had told her to tell 'everything'. She spoke calmly of her interests and friends. She often dreamed of snakes and falling off cliffs, she said. She talked in detail, without any anxiety, about her father's sexual play with her. She said she had not thought it wrong until recently; her father now always put the blame on her, or told her that her mother was the one who caused him to do such things. Lately she had been telling her mother about

these episodes because her mother had told Marion to run to her if her father 'bothered' her. The child said that she wanted to stay with her parents.

CASE II

A twenty-four-year-old nurse requested psychotherapy because of anxiety concerning her nursing career. Recently, she intensely disliked patients requiring considerable nursing care, especially elderly female patients. The genesis of this dislike stemmed from her hostile relationship with a paternal grandmother who had been rejecting and critical, but also physically seductive. Through the years, she had become aware of this hostility and expressed her anger toward the patients.

Purely as a matter of historical record and without anxiety, she spontaneously commented that she slept with her father until she left home at the age of eighteen to train to become a nurse. She literally took her mother's place in the parental bedroom when the mother deserted the father when the patient was twelve years old. Long before that, the mother had abandoned the child to the care of the father. For six years she had been her father's sexual partner, enjoying intercourse without any sense of guilt. The patient had never been aware that her father thought it was wrong, and the sexual relationship had never been questioned by her father's mother. When the grandmother was ill she would sometimes ask the patient to be her bed partner; when she did, mutual masturbation frequently ensued. In such instances the patient was aware that she and her grandmother were anxious. She became ashamed and then repelled by this, setting her own limits on it at the age of fifteen. She had never felt repelled or in need of abandoning the relationship with her father.

CASE III

In the case reported to us by Dr. Josselyn the patient was twenty-three years old. His father periodically deserted the family and was often in jail. They lived in an isolated Ken-

tucky mountain community. The family physician told the boy that since he was the eldest, he should take his father's place in every way and help his sick mother become well. The young man was not mentally deficient, and recounted the details of his sexual relationship with his mother with no apparent feeling that it was of any particular significance. Dr. Josselyn found no evidence of psychopathology in the young man.

Among the cases presented, in which a sense of guilt was absent or only recently felt, the fact is that both parents condoned the incest. This is true in other similar cases. From our studies of father-daughter incest, collected from all economic classes, it is the rule that the daughter is compliant if the father manifests no sense of guilt and the mother is collusive or indifferent. When the mother is not permissive and the incest is consummated surreptitiously, both partners feel great anxiety and guilt.

We have histories of several ten and twelve-year-old boys from intellectual, 'progressive' families who fondled their mothers' breasts in the presence of their fathers and others. At the time some were observed, the boys had no evident guilt or anxiety. The rage in these boys when they are made to understand that such actions must stop is tremendous: some boys with such a history have been apprehended for grabbing at women's breasts.

If mother-son incest occurs as often as father-daughter incest, we certainly do not hear about it; yet in our society there seems to be less prohibition against expression of partially seductive attitudes of mother toward son than against father toward daughter. This strict genital taboo may allow for greater expression of partial (polymorphous) sexual indulgence. The loosening to this extent of the incest barrier nevertheless produces its own pathologic processes in the genesis of sexual perversions *(9)*.

Although we feel that powerful factors in conforming to or transgressing the incest barrier are dependent on conscious and unconscious communication between the parents and the child,

we cannot but be impressed with the seeming universality of the mother-son incest barrier. Our investigations and research have failed to discover an account of a culture in which this barrier does not exist in a much more absolute form than the restrictions on father-daughter and brother-sister incest. Is this because there are no indifferent, permissive fathers, or should we look more closely into the whole process of growth for a possible answer? One is forced to consider the early personality developments of both male and female children as their object relations change. In this consideration, it is necessary to begin with the common and shared situation of early biologic infantile dependency. The most basic dependency in any child is on the mother, beginning with intrauterine existence, continuing through suckling, physical care, and the like. In most cultures the mother is at home with the child while the father is away. In general, the maturation process may be described as one in which an infant gradually acquires emotional and physical strength directly proportional to the satisfaction of its dependency needs by the mother and is thereby paradoxically enabled gradually to become free of dependence through a burgeoning self-sufficiency brought about by identification and introjection. The growing identification of the boy with his father is a powerful force in resolving his dependence on the mother. His maturation, however, carries with it the memory of earlier developmental stages, when all passive needs were satisfied simply and quickly and without effort, and when sustenance at the mother's breast was not gained by 'the sweat of [his] face'.

With growth, the task becomes more complex and difficult for the child. Passive longings tempt him to retreat from disappointments and difficulties to his retrospective memories of infantile omnipotence. Such an ultimate and permanent regression is physically and realistically impossible because the child's need for the mother is founded on dependency and is not reciprocated quantitatively or, in some ways, qualitatively. Even if it were, the protagonist would be faced with the difference in

future life expectancy of mother and child, which necessitates a situation in which the offspring comes to assume that there will be many years in his life in which mother is no longer available. This is a *logical* reason for the relinquishment of the mother as an object.[1]

A mature heterosexual love relationship is one in which two adults share a mutual passion and a mutual reliance. The strength of the relationship is directly proportional to the equity and balance of the reciprocal interrelationship. An incestuous relationship is essentially one that has mutually exclusive aims.

Anthropologic studies reveal that Navajo Indian mothers frequently masturbate their male sucklings and kiss them passionately on the mouth while feeding them *(8)*. Weaning is the relinquishment of sensuous satisfaction and pleasurable gratification for both mother and son. In this frustration there is a mutually transient vacillation between regression and development.

Regardless of the possible genital significances of this relationship at the oral level, its perpetuation into the genital phase is doomed to failure because of either unfulfilled infantile needs in the parent, or the perpetuation in the child of a dependency which would eventually leave him helpless and alone. In either eventuality, the fixation at an incestuous level carries with it the danger of an inherent degree of frustration and consequent hostility which is incompatible with the relative freedom from ambivalence that characterizes mature love. It is our feeling that an important source of castration anxiety,

[1] Noting Freud's statement that the suckling experience, in its satiation, is the prototype of later adult orgiastic gratification, Dr. Lewis *(8)* suggests that the mother-son incest barrier is doubly strong because both have participated in consummated oral incest. In a sense he believes that this is the reason for the barrier which differs from the father-daughter and brother-sister relationships, as these were not influenced by the suckling contact of the former. A double barrier thus exists which must be guarded against not only because of the danger of a return of the repressed fantasy, but against the return of the repressed oral memory.

in the broadest sense, stems from the dependency-rooted urge toward incestuous fulfilment. In this situation, 'castration' stands not merely for loss of the phallus, but for the loss of all the things for which the phallus is the symbol: independence, maturity, object relationships, potency in the broadest sense, and, most important, the ability to withstand separation and aloneness because of the recognition of one's potentiality for loving and being loved. Therese Benedek *(2)* has emphasized that growth means an oscillation between gratification and frustration and cannot be explained only as a repetition of the past. These factors constitute personal identity, and their acquisition comes about through the healthy resolution of the infantile state of helplessness. In other words, we cannot conceive of an incestuous relationship compatible with evolution from infantility for either child or mother.

TRANSFERENCE IMPLICATIONS

Let us examine the complications arising from the analysis of a male patient by a woman in the resolution of the œdipus conflict. Castration anxiety and guilt about the hostile components associated with frustration were analyzed. In the transference the rage at the frustrating analyst was recognized and resolved. As Benedek says, in such cases the analysis moves from the final œdipus to the late adolescent level where the patient is prepared to accept and to be accepted by an adult love object. If the patient is analyzable to the point of readiness for a genital object relationship, what then occurs in the transference and countertransference is not a simple repetition of the past relation to the mother. Toward the mother the multiple factors in the incestuous relationship are unconscious.

In our patient, at this level of analysis, powerful components of the incestuous striving and the taboo against it were made conscious. He was no longer an angry, frustrated, frightened little boy but felt himself to be a confident, lovable man. The ultimate resolution of this process was achieved with adult objects outside of the analysis.

When a male patient has achieved this stage of synthesis of tenderness and genitality, with minimal ambivalence, the analyst's feelings cannot be without content. It certainly was true during the analysis of the ambivalent œdipus in our patient, and there was no doubt as to why the analyst was frustrating to him. This is necessary while the patient is reliving his œdipal cravings; however, with a patient who has moved to the level of postœdipal maturity there is no reason for an analyst to continue to remain in the role of the frustrating parent. At this point the patient is aware that he is ready to abandon his œdipal fantasy and will sense this without its being stated. To the woman analyst the awareness of her reaction would be another item in the continuous analysis of her countertransference—positive and negative—throughout the therapy. This is not a black or white repetition of the unanalyzed mother-and-son relationship. If such intuitively empathic communications occur, is there no incest barrier operating? It appears that there is.

The patient has evolved beyond the stage in which the therapist was the omnipotent mother. The analysis of the transference does not, however, erase the positive transference memories. No relationship to another love object can ever be the same as the relationship to the mother for whom the analyst is a surrogate. To the patient it now seems, in part, a 'normal' relationship being experienced with a mature woman not associated with his mother. But analysis cannot blot out forever the unconscious traces in the memory of such an important experience in his life. This can be a subtle and emotional experience for the patient who may be realizing for the first time a tenderness associated with sexual passion undistorted by hostility and at this time the patient, himself, recognizes the necessity for growth and control.

If at this point in an analysis there is such a qualitative empathic communication, the question of a seductive attitude on the part of the analyst arises. For example, a specific question or rumination was verbalized by our patient: 'If time and circumstance were different, and I were as capable of loving and

being loved as I now am, I am sure you could have fallen in love with me', or 'I feel quite strongly at this stage that you find me an appealing adult man'. Some analysts might say that if the œdipus were thoroughly analyzed such rumination would not arise. This may indicate that these analysts regard themselves first and last only as transference objects to their patients. This is to a varying degree undoubtedly true. As stated above, any sexual relationship that has incestuous implications is incompatible with maturity. Inherent in transference is the substitution of the analyst for various important relationships in the analysand's past. Whenever this transference is resolved by analysis, the analyst's task is completed, and the patient is ready to form attachments suitable to his needs. If his development had been relatively uncomplicated he would presumably have achieved this goal without analytic therapy.

We feel that these ruminations of the patient, although historically based on the transference, are directed more to the person of the analyst as a coequal human being. This is a transitional object relationship for the patient, and we must consider both its scope and its necessary limitations to avoid a seductive binding of the patient in this transitional phase. In our opinion, this transitional phase is the first step toward the recognition of the separate individualities of the analyst and the patient. At this stage an interpretation directing the patient back toward œdipal material in the transference may only bind and perpetuate the analyst as a transference figure, even if one's words say, 'You must now go your own way'.

We consider maturation as more than a simple repetition of the past. At this stage of the analysis, in addition, there should be extra-analytic maturation going on all the time with a mature heterosexual object such as the wife, or some other really loved and loving woman.

In the foregoing transitional phase the patient is really voicing the belief that he is ready for a more mature extra-analytic fulfilment and is commenting that he believes the analyst concurs in this belief on the basis of what he senses the analyst

experiences in her own countertransference. The analyst knows that perpetuation of the relationship with the patient on a genital level would bring no real happiness or fulfilment to the patient or to the analyst. This is because of the historical roots of the relationship in the dependency and the temptation to a regression to this state. This could lead neither to growth for the patient nor to satisfaction for the analyst. By this time the well-analyzed patient should recognize this as clearly as does the analyst. At this stage the analyst *can* state that for the sake of the patient's own growth the patient must go his way. However, is this not redundant and would it not be stated in order to preserve the analyst's own feelings of superior maturation? If seductiveness on the part of the analyst means tying the patient to her by ambivalence, it seems to us that recognizing the patient's maturity to such degree as to allow the separation to be *mutually* agreed on is the best way to give the patient a real freedom, achieved partially on his own, rather than a spurious freedom which has within it the ambivalent results of being gratuitously rejected. If we are not trying to preserve the image of ourselves as a superior authority, we will recognize that the patient is not asking for a gratification that requires such rejection at this point.

The final stage of renunciation is coincident with a somber mood that is a state of mourning. The patient now poignantly experiences the sadness of separation from his childhood gratifications that he had not before—more diffusely—been capable of relinquishing bit by bit during his life. Analysis of a patient of the opposite sex may perhaps place a greater responsibility on the therapist. His or her countertransference in every instance requires careful scrutiny. Unless the therapist is quite secure, he or she may be threatened in final phases of the therapy by the patient's avowal of mature genital fantasies to the detriment of the patient's striving toward genitality. In the ultimate phase of analysis of a woman by a man, the patient's temptation toward regression to a dependence should not be so great; however, many women analysands under treatment by a

subtle male analyst may necessarily have been carried through as profound a dependent mothering as any man treated by a woman analyst. As a matter of fact, if a woman has a deep-seated problem with her mother, the male analyst might be better equipped to resolve her mother-daughter dependence. When such a woman patient has resolved her ambivalent œdipus, the result will be equally successful if she is not discouraged from feeling that she has succeeded.

SUMMARY

To explore the origins of incest and the taboo against it, Freud was influenced by the Darwin-Atkinson hypothesis of the primal horde. Re-examination of incest from recent anthropologic data confirms that the taboo has its origin in the jealousy of the father. Such data indicate, however, that different ethnic groups have different œdipal conflicts according to variations in family habits and customs. Clinical instances of father-daughter incest demonstrate that such relationships have been fostered by both parents. This fact indicates that an important factor in the incest barrier rests on conscious and unconscious communication between the parents and the child.

A theoretical résumé of the terminal phase of analysis of a man by a woman analyst is presented. Thorough analysis of the castration complex, in the classic sense, may not be a deterrent to incestuous genital strivings toward the analyst. Examination of the last barrier in analysis indicates that in some instances it may be a mutual fantasy. In such instances it is believed that the analyst's countertransference can be a threat to her which she parries by attributing her patient's recently acquired genital attitude toward her as an infantile striving to his detriment.

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The Psychoanalytic Quarterly

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

Infantile Deprivation and Arrested Ego Development

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To cite this article: Ruth F. Lax (1958) Infantile Deprivation and Arrested Ego Development, The Psychoanalytic Quarterly, 27:4, 501-517, DOI: 10.1080/21674086.1958.11926111

To link to this article: https://doi.org/10.1080/21674086.1958.11926111

Published online: 07 Dec 2017.

INFANTILE DEPRIVATION AND ARRESTED EGO DEVELOPMENT

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A girl of seven, a foster child in a second foster home, was treated over a period of two and a half years. She was described by the foster mother as unruly, a child who did not hear when called or spoken to, had temper tantrums, loved to play with dirt, all of which the foster mother countered with threats of another eviction.

By court commitment, the child had been placed in an orphanage at the age of five, remaining there three months. She had first been brought to the attention of authorities by neighbors because of the extreme neglect to which she had been subjected. She had been dressed in rags and either locked in or out of the house for hours. The mother was subsequently institutionalized with a diagnosis of schizophrenia with paranoid trends; the father was estimated to be psychopathic. Both parents were college graduates and came from upper middle-class families.

In the first foster home the child cried excessively and had temper tantrums, seemingly related to a longing for her father. She believed her mother went away because she was bad: her mother was always angry with her. The child had a tendency to overeat and became worried because her father said that the mother became sick because she was fat. She was kept in this first home only five months because the foster family 'could not take' her lack of appreciation for what was being done for her. The second foster mother was also requesting that the child be placed elsewhere.

At six and a half, the child, due to an error, was in her second

I wish to thank Dr. Esther Menaker for her many technical and theoretical suggestions. Dr. Hans Herma's critical suggestions were invaluable in the preparation of this manuscript.

school year. Despite a superior intellectual endowment she was totally unable to read, write, and count. She knew neither the days of the week nor the months of the year; such concepts as 'before', 'after', 'more', 'less' were meaningless to her.

I

During the first interview she said: 'Ten years ago or ten million years ago I was very shy, but now I am no longer shy because I have a foster home'. As I was introduced to her as a special kind of teacher, she spontaneously wrote a few words for me, trying to prove that she was not stupid and also seeking my affection.

Her 'good little girl' behavior lasted for only two sessions because of her inability to sustain self-control and of some awareness that I was not a threat. As she became more restless there were periods when her voice and speech completely changed. She shouted, slurred, and made gurgling sounds very difficult to understand. She reacted like a wild animal in a cage. Everything she said and did was charged with enormous intensity, altogether inappropriate, and completely overwhelming to her. It was not surprising that she could not control it; there was too much of it.

She reacted with fury to any situation involving a skill she could not master, especially reading and writing. She wanted to know without the discipline of learning and refused to acknowledge that she could not acquire the skill by pretending that she had it. Her method is exemplified by a game with a deck of cards she found somewhere and brought to the sessions. This game had no rules. If any were evolved, she could always win by changing the rules. She played this game in a wild and incoherent fashion, shouting a flurry of words related to card games but unrelated to the situation. She called me stupid, threatened to kill me, and jeered at me because I could not win.

It transpired that in these card games she was re-creating a competition with her foster siblings in which she was always defeated. Not having learned the rules of the games, she im-

provised to be able to win without knowing them. Defeat for her was a helplessness imposed by superior powers. This she was reversing with me by rendering me helpless by the omnipotence she believed was essential to achievement.

Any delay of immediate gratification was intolerable to her entailing, as it did, floods of disappointment, rage, and a panic impotent helplessness. She naturally tried to avoid everything that in any way made her aware of her helplessness. She could not endure being different from others, nor postpone the wish to be like others. Not having learned ways which would make her similar to another person, she had to be that other person. The outcome of such an adaptation certainly was an attempt to assume roles for which she had no equipment. Her behavior therefore appeared bizarre. She would, for instance, start talking in what I came to recognize as 'M's talk' (her foster sister): 'I have many friends; I have no time to play with her; it is unfair; I want to be with my friends'. She would also parrot her foster mother: addressing her doll, she would say, 'I can't stand it any longer. I will get a heart attack. I can't sacrifice my entire life for this child. Nothing can be done for her. . . .' It was possible to comprehend the extreme to which she acted out these fantasies only after she could tell me something directly without playing a role.

To stimulate her interest in reading and writing, I suggested we write a book together. She was enthusiastic, but demanded that I do it for her. Having watched me write some of the stories she was telling me, she suddenly began to write a hodgepodge of letters which in their outlines were vaguely reminiscent of my handwriting. This was, she explained, her 'secret writing' which she refused to divulge. She gave herself gold stars for it and spent many hours at it. I was immediately aware that she got a feeling of satisfaction from it because it 'looked so real'. She was asserting her ability to write as well as I. Later it became clear that to her my handwriting was a 'secret language' which I could read but she could not. This was too pain-

ful for her because it made her aware of a power I had which she lacked.

Distorted though the process and the product were, she was trying by these devices of pseudo identification and acting out to express a striving to be in contact with others and to be like them or to excel them. Her voracious eating, her tendencies to bite, to suck, and occasionally to spit revealed the predominating primitiveness of her reactions.

II

As she became more confident about her relationship with me, she began to tell me stories about her two dolls, Carol and Susie. These narrations usually began in a normal tone of voice which soon mounted into a crescendo of yells and threats toward Carol. Susie was an image of perfection; Carol was all bad. Carol's crimes ranged from matricide to not coming home for supper, from being late for school to having killed her grandmother. All punishments for Carol, no matter what the offense, were violent: from being whipped to all possible ways of being killed. Any suggestions that perhaps one could help Carol become a better girl were met by outbursts of fury. Carol had to be annihilated. Susie, who represented the model foster sister, was her idea of perfection. Carol represented her conception of herself as exemplified by the treatment to which she was accustomed, expected, and evoked. She wanted as well to destroy the part of herself which made it impossible for her to be treated like Susie. She did not know how to transform herself from a Carol into a Susie. She turned to me and said, 'If you love Carol you can have Carol. I am going to leave.' She picked up her things, sadly said good-by, and walked into a corner almost weeping. I put my arm around her and explained, 'I love only you and am concerned with helping you'. After a while she permitted herself to be led out of the corner and sat on my lap. We were both silent for a long time.

After this session a significant change occurred in her. Her restlessness during the sessions increased, and she acted in many

ways like a much younger child. She spent hours jumping from a chair and demanding that I catch her. She would whirl around the room, get dizzy, fall in my arms to be held for a little while, then tear loose and repeat the process endlessly until she became exhausted and would snuggle up on my lap. I would say: 'Little children like to be caught by their Mommies. They are safe when Mommie catches them', and similar comments. She received these comments without answer. She never referred to her mother or to anything that had ever happened to her. By endless repetition she was establishing a new experience. Being held was very important for her. She would cling with intensity, but had to be released the instant she wanted to go; otherwise she would struggle anxiously to free herself.

A situation involving so much motor activity required the establishment of certain limits. That she was not permitted to climb on the desk or jump from the filing cabinets aroused in her furious protests. She would scream with rage, attempt to strike me, try to outsmart me, and threaten to leave. For a brief time I had to keep the door of my office locked. While she was kicking at the door, I would explain why the door was locked and tell her I wanted to be with her, to play with her, and to help her. I had a feeling that locking the door was especially difficult for her because of her previous experiences of being locked in or out. I was quite firm in adhering to these restrictions, telling her repeatedly that I loved her also when I said 'no'; that I did not blame her for hating me at such times, but that she could not hit me. I had become for her the focus of her love and violent anger. She never said that she loved me, however loving she might behave, but she had no hesitance about telling me how much she hated me. Rarely, when sitting on my lap, she would lovingly call me Mommie; then she had to leave me.

In the beginning of this phase, which lasted about four months, she still told stories about Carol and Susie, however with notable differences. The stories were more factual. Susie was sometimes not so 'good'. One day she reported that Susie

had been naughty and Carol was really quite good, and there was no further talk of Carol and Susie. She supplied the answer to this omission when she told me that she had received a beautiful new doll. I shared her pleasure and asked the doll's name. She answered casually, 'Susie-Carol'. I said it was a nice name and asked what kind of child Susie-Carol was. She answered, 'Mostly good but sometimes bad'. I said most 'kids' were like that.

III

As my relationship with the child improved and her reliance on me had strengthened her self-reliance to a degree that she could better tolerate frustrations, I introduced a variety of activities which could be simply accomplished fairly quickly and, furthermore, could be gratifying to her. Knowing her desire for personal adornment, I provided a variety of materials to make ornaments for her. She was assured she could have anything she made 'for keeps' and that I would help her to make them. Her initial response was great enthusiasm and joy. I showed her how to string beads. After a few minutes, however, she became impatient, despaired that the necklace was not yet finished, and demanded that I do it for her. Her helplessness, anger, and disappointment stemmed from her urgent need to possess it before it was begun, so that she might take it home.

There followed a period of increasing her tolerance to postponement of immediate gratification for a future gain; also of insisting that she participate. Gradually, with encouragement, she was able to persist for as much as fifteen minutes. We began making an Indian bead ring, an object which she wanted very much. I explained that it would require more than one session. She agreed until she realized she could not acquire this coveted object without delay. She became enraged, wanted to destroy what had been accomplished. Appeasing her required the same process of explanation and reassurance as before. It only acquired meaning for her after she was quite convinced that neither her anger nor her cajoling would change my mind. She left angry but without having destroyed the ring.

The ring completed, I complimented her that she now was a big girl who had learned it takes time to do a thing and who had learned to wait. I said I knew how hard this was, describing her feelings and adding that she was sometimes afraid to do things she did not know because she was afraid she would not be able to do them perfectly and all at once. In school, I said, she thought other children immediately knew how to read and write and that she was 'dumb' because she could not do it. Listening quite calmly up to this point, she suddenly became violently angry and began accusing me of not keeping my promises to her. I urged her to tell me which promise she thought I had broken. Finally she said, 'Do you remember what you promised —that you will not tell anyone the secrets I tell you?'. I assured her I had not revealed any of her secrets, whereupon she said, 'And don't tell me the secrets I tell you'. She then sat down on a big swivel chair and informed me she was King G (her name) and I had to do what she ordered. She ordered me to work on her necklaces and to be quiet. I began to 'work' and conducted a monologue in which I expressed the wish to speak to my *friend* G, from whom I had no secrets.

During the next months I brought to the sessions cut-outs, simple puzzles, coloring books, elementary reading books with the alphabet, and dresses for dolls which needed sewing. Each new project evoked the same reaction. While showing greater control, she was verbally punitive and cruel. I would comply with her orders for a while and then I would say that I was tired, adding that if she wanted her necklace, or something else, she now had to help me. Finally she would condescend and begin bargaining about the amount of work she would do. When we reached an agreement she would comply.

With progressive achievements, she began to enjoy what she was doing. She asked for praise: 'Don't I do it good?'; 'I don't get so tired any more'; 'I have done it almost all by myself'. She also wanted praise for what she had made: 'Isn't it pretty?'; 'It is the most beautiful'; 'No one can make it as good as me'.

As her skills increased and the overexcitement subsided, she

began to say to herself what formerly I had said to her when she became excited: 'I can do it if I don't hurry'; 'At first everything is hard because no one knows how to do it at first'; 'I know you won't let me have it till it is finished. I have to wait till next time. It is hard because I want it very much but I know I will get it next time.'

IV

Our relationship came to an abrupt, temporary end when circumstances required that she be moved to another foster home. The decision was sufficiently sudden that she could not be adequately prepared. She was unhappy and anxious. She despaired about the separation from her foster sister with whom she had an intense though ambivalent relationship. She said to me, 'I can't talk about it. It hurts too much.' She then went into a phase of total resistance, anger, and fear of me. I became her enemy. She would not come near me. She screamed at my approach, clung to others for protection against me, and finally, after she was moved to the new home, refused to come to the sessions.

I had several telephone conversations with her. I assured her that I was not angry with her, and I promised her a surprise which she could take home when she came to see me. When she was persuaded to come, it was her first visit to my office and I had provided a variety of toys from which she was to choose one. She came in demure and quite tearful. She said the office was pretty. Finally she went to the toys and at last chose a lion cub. She explained that it was a cat 'like a lady had when I lived with Aunt B' (her former foster mother). She would now have a cat like that for herself. She was thus deviously re-establishing links with me and with her former foster home. She named the cat 'Pretty' (the name of the lady's cat), began to fondle it and speak to it in an endearing manner which was very sad though she was expressing her happiness. I told her I knew she was unhappy and lonesome for M and Aunt B; that she was angry with me and others for the change. She listened, and

fondling the toy she said, 'I can sleep with Pretty?'. I assured her she could. 'I'll take Pretty around everywhere I go', she continued. I agreed. She would need a leash, she said, and we began to talk about what we could make for Pretty. She then came quite close to me and permitted me to put my arm around her. She sat silently next to me. When we parted she volunteered that she did not want to come any more because she was missing school. I agreed, saying that she and I were both doing work. I said I missed her when she did not come; that I then was lonesome and waited for her, and told her when I would see her again.

The traumatic effect of these events resulted in an exacerbation of her symptoms. For several weeks she spent her sessions talking incoherently on a toy phone. She asked me not to bother her. She was Aunt B, making arrangements for a Halloween party. Such a party, which she had enjoyed immensely, occurred on the evening before she moved to the new foster home. The party had represented for her one of her few significant objects and its loss. Considering all the deprivations she had endured, any addition was catastrophic for her.

To re-establish the relationship and to help her express what she was feeling, I described to the child my loneliness for her. She reacted at once with anger because I 'interfered'. Gradually, by describing my bereavement in terms of what she was experiencing, she began to speak about herself. She then told me a repetitive dream. In it she was playing with M, who suddenly went away. She called and called M, but M did not come back. This dream made her very sad and angry. She reacted to the dream as to a reality, even though she knew it was a dream. I was able eventually to link the dream with the telephone conversations. I explained she missed M so much because she found it so painful that they were no longer together.

She now conducted telephone conversations in which she repeated phrases used by various members of the new household, pertaining to situations she did not comprehend. In telephone

conversations with her doll, she tried to repeat instructions her new foster mother gave her. It was most bizarre.

Being very jealous of her new foster sister, she began to regard me as belonging only to her. She became demanding and jealous. She wanted gifts, demonstrations of affection, to be hers exclusively, to stay with me always. Because of her increased dependence on me and her new foster mother's pressure for accomplishment, she showed an increased interest in school in an unrealistic way. She began to make 'work books', spending many sessions stapling papers into notebooks. She said she needed books for school and that her teacher would give her good grades for having them. When I suggested that to gain good grades she would have to learn to read and write, she confided that she was stupid because she did not have a 'real Mummy and Daddy like other children'. She said this with a sadness that implied hopelessness. She was able to confide further that the other children said she was stupid and called her names. She did not want to go to school, preferring to come every day to learn with me. I seized this opportunity to tell her how she must have felt when she was separated from her parents and placed in the orphanage. I stressed that she could not then have understood what was happening and why it happened, and that it therefore seemed to her that she was powerless and stupid. She had had so many worries when she started going to school, I said, she could not be concerned with learning. During the next few sessions she asked me to tell her, 'How was it and how did I feel when Mummy went to the hospital'. She would listen intently and then exclaim, 'That's right!'.

By praise and encouragement, we now spent a few minutes during each session reading. This had many characteristics of toilet training. Initially resisting, she would give up the struggle and read for me as a gift, bargaining with me as to how much she would read. I had to reciprocate by giving her a gift—reading to her. When angry, she would refuse to read. The quality of her reading depended on her mood, primarily on her attitude toward me. She became exceedingly upset whenever she en-

countered a word she did not know. She could not tolerate my telling her or being corrected. The experience evoked painful sensations of shame and humiliation because she was confronted with her ineptitude. To insure the continuation, however little, of our reading during each session and thus slowly to build up a tolerance for learning, I rewarded her for reading by giving her toys, permitting her to win in bargaining. She exhibited her tension while reading by rocking, standing, jumping, and occasionally touching her genitals. Sometimes she would sit on my lap and read. It seemed to me on some occasions that she needed my control to quiet her.

During this period she was engaged in intensive play with dolls. She mothered them, dressed them, fed them, and occasionally would become angry and spank them. There was one doll she punished very frequently because the doll could not say why she was doing all the bad things she did. 'Dotty [the doll]', I said, 'may not understand why she is naughty. Why do you think Dotty is naughty?' She then would whisper to the doll and refuse to tell me what she told the doll. She showed pleasure in having secrets from me and teasing me with them.

I noticed that while nursing the dolls, she would occasionally suck the bottle. This led eventually to talks about the life babies lead and the life bigger children lead. While she mothered her dolls, I told her about all the things babies like their mothers to do for them. I complimented her for being such a good mother. She began to express her wish to be a baby. She said that if she were a baby, she would not have to go to school; she would be carried around and could suck the bottle. One day she said she wanted the bottle. She lay down with her head in my lap and sucked at the bottle. I cradled her. Soon, still sucking the bottle, she began to point to the numerals on the bottle and read them. I praised her and said, 'This a baby could not do. This only a big girl like you who is smart and able to learn can do.' She continued sucking and reading the numbers. She left some milk at the bottom of the bottle and then said she had to feed her daughter. Very tenderly, she proceeded to nurse her favorite

doll. I complimented her again on being such a good mother and then started speaking about the advantages of growing up. After listening for a while, she said, 'I want to be a big girl and do . . .'. We talked about the fun of being big, the things big girls can do and babies cannot. When she stopped feeding the doll and began to wander aimlessly around, I suggested she read a page. At first, very teasingly, she refused; then she agreed. This was the first time she read with some fluency, evidently deriving enjoyment from it.

V

As her ambivalence toward me became balanced in favor of trust, she was less cautious about trying new games, but not without compromises and alternatives. She now tested my benevolence and her power by wanting to own everything I had. 'You like these nice things and I like them', she said, 'and I want them just as much as you do'. She wanted to smoke cigarettes and use lipstick as I did.

Before the summer vacation, when her foster sister left to be with her father, the foster mother was depressed. The child suddenly developed a great anxiety about sleeping alone. She asserted she needed A, the foster sister, to protect her 'against the witch'. When A was with her they both fought 'against the witch'. She was in a frenzy; the witch would take her treasure. Finally I resorted to magic. I told her I was more powerful than the witch and could protect her. She looked at me in surprise. She told me seriously how terrible the witch was, how cruel, and how ugly. I laughed and said this did not scare me as I was much more powerful. I too did not like witches and used my power to defeat them and do pleasant things. She deliberated for some time and said she would leave her treasure with me. This would make the witch come to me and leave her alone. I agreed that this was a splendid idea because I was not afraid and the witch could do me no harm. She buried her treasure under my couch and was visibly relieved.

In the next few sessions she came in a state of anger and panic.

She shouted that I was a murderer and wanted to kill her. She spent a great deal of time frantically telephoning the police to come and save her from me. She was altogether inaccessible. When she got into a fury of destructiveness in which she wanted to destroy the furniture, I gave her the outlet of tearing up newspapers. This she did for the entire hour, strewing them on the floor, and yelling that she was changing my room into a 'pigsty' so that nobody would ever want to come to me. I repeatedly interposed that I knew she was angry because I see other children, and of course she wanted someone 'all for herself'. Her only response was to shout that she would never see me again. I repeated the reasons why I believed she was angry, told her I was not angry with her, and I would see her next time.

This was the last outburst of its kind with me. During the remaining weeks before she went to camp, she wanted me to read over and over the story of Cinderella. I suggested that when she learned to read she could read such interesting stories herself. While I read the story of Cinderella, which she almost knew by heart, I would point to simple words and wait for her to say them. When she said the word, I would exclaim that she knew how to read from a big book. I got a collection of small story books and told her that I would give her each book when she could read it, adding, 'Then you will have a library of your own just like mine'. She liked this idea. She of course wanted all the books at once but she was much more amenable.

VI

Returned from her summer vacation, the child was distant and completely uncoöperative with me. She was much better in school, was proud of her achievements in reading. She told me with great excitement and enthusiasm about her love for her teacher. She tried to do things to please the foster mother. During this period she played checkers with me. At first, she refused to accept the rules, got into a mixture of rage and panic when I took a pawn from her. When she took a pawn, she expressed the fantasy that she was killing and tearing me apart. While we

were playing I put her feelings into words for her but also assured her that she was not hurt when I took one of her pawns, that this was a game and nothing really bad could happen. When she accepted the rules, she so ably copied my moves that after a few minutes there was a stalemate. This outcome of the game was repeated over and over for many sessions. I told her we could have more fun in playing if we took chances. I encouraged her to jump my pawns and showed her moves. Anxiously she would say, 'If I jump you, you'll jump me'. She gradually was much freer, not overtly sadistic and destructive. She was now pleased she could beat me because she was so good at playing. She told me about a little girl at home with whom she played who did not know the rules. She had to teach her. 'The little girl is funny', she said. 'She wants to jump all the time, or is afraid to jump.'

The changes in the checker game were somewhat preceded by marked changes in her relationship to me. During the negative phase, I went away on a short vacation. She was delighted that she would also have a vacation. We had a good-by party before my departure. I promised to send her cards, bring her a gift, and have a welcome party upon my return. When she resumed, she appeared soberly with a Teddy bear I had given her some time before, complaining that it was ripped and asking that I mend it. She was distressed to tell me that she had given away Pretty; she wanted me to give her another Pretty that she could have always. She had also disposed of a ring she received from me and wanted a ring like mine. She was loving and affectionate, the inflection of her voice had changed, and it was apparent that she enjoyed coming to see me.

She read willingly each time she came for ten minutes (timing herself with a stop watch). She agreed to accept a big monthly prize instead of requiring each time some small reward. She would change her mind from one time to another but was able to wait. She explored the room and admired objects, saying, 'I know you won't give it to me because it belongs to the room'. I would nod my assent; she would then put the object

down without protest, or play with it and later put it back. During one of her explorations she found the book she had made during her period of secret writing. 'What is this?', she asked. Told that before she could write she had been very unhappy and ashamed and therefore 'made believe' she knew how to write, she looked at me and said, 'I don't remember. You are telling me a story.'

VII

This child's vulnerability to narcissistic mortification following almost any frustration, and the extent to which she resorted to omnipotence, made her inaccessible to the usual corrective influence of reality. Her underdeveloped ego made her almost totally unable to control her impulses.

The history in this case is incomplete. It can only be assumed that the extreme deprivations from both psychopathic parents and lack of gratification in infancy resulted in severe injury to her primary narcissism. Subsequent disappointments intensified her infantile helpless impotence. This led to a vicious circle. The injury to the primary narcissism plus the subsequent trauma made it impossible for the child to give up or to sufficiently modify her infantile omnipotence. This resulted in faulty ego functioning which hindered her from adequate adjustment, thus increasing susceptibility to narcissistic mortification. Further, the lack of adequate infantile gratification resulted in the child's inability to develop trust in a gratifying libidinal object. The pathological reality situation which existed in her infancy did not lead to the usual shift of omnipotence from self to libidinal object. The lack of reality gratification served for her as an impetus to retreat into her omnipotent wish which had become her reality.

In therapy, her demand to receive without giving, know without learning, was a symptomatic expression of her pathology and a striving to repair her extreme privation. She had had no reality corrective experience to give her the confidence to explore the trial and error involved in every learning process which, bit

by bit, leads to the acquisition of skills that give a sense of mastery founded on reality.

The preponderance of her primitive reactions indicates the earliness of her arrested development. This gives, however, no clue as to why she reacted to her severe deprivations as challenges, and why she was not crushed into an inert irretrievable retreat into fantasy.

VIII

Therapy was modified in accordance with the child's needs. As she was inaccessible to verbal communication, she had to be given direct gratifications which initially resulted in a regression and the expression of her unsatisfied earlier needs. It was necessary, within limits, to give her the opportunity to act out and gratify many infantile wishes and correctively re-experience the satisfaction of infantile needs (A. Alpert) of which she had been severely deprived. Her tendencies to compulsive repetition were curbed to the extent to which restitution counteracted the original trauma which then could be mastered. This was planned in a relationship in which she could become secure to express her aggression without expecting the total retaliation she feared.

The setting of limits was of no less importance than the fulfilment of gratifications. She had to learn that she could not be permitted to hurt herself or a person she loved. Control was exercised only after long periods of loving tolerance, and then an attempt was always made to proffer a substitute gratification to avoid total frustration.

SUMMARY

The psychopathology of a girl of seven is described to illustrate the interrelationship of arrested ego development, narcissistic injury, and the persistence of omnipotence as a pathological gratification and a mechanism of defense. The course of her treatment during two and a half years is outlined.

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The Psychoanalytic Quarterly

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

The Grandparent Syndrome

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To cite this article: Ernest A. Rappaport (1958) The Grandparent Syndrome, The Psychoanalytic Quarterly, 27:4, 518-538, DOI: 10.1080/21674086.1958.11926112

To link to this article: https://doi.org/10.1080/21674086.1958.11926112

Published online: 07 Dec 2017.

THE GRANDPARENT SYNDROME

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In his endeavor to retrace symptoms and character traits, the analyst usually learns about the patient's parents but in his inquiry stops short of the grandparents. Yet influence of the grandparents on the character formation of the child and, later, the adult cannot be denied. The grandparents are always important, even if they were dead when the child was born. Moreover, there is a group or syndrome of characteristic fantasies, symptoms, and symptomatic acts that are closely connected with the grandparents. Certain patterns of distorted, even grotesque, behavior are likely to originate in identification with a grandparent.

CASE 1

The illness of a thirty-year-old patient in psychoanalysis could not be fully understood until identification of himself with his grandmother was recognized as its most important cause.

The patient suffered from hay fever, allergic conjunctivitis with dimness of vision and dizziness, and premature ejaculation. However, his most serious trouble was a compulsion to call attractive young women by telephone or to approach them on a bus or streetcar and introduce himself as a worker for the Kinsey Report or as an agent who hires models. While interviewing a girl about her bodily dimensions, her poses when modeling, and her dates and sexual experiences with men, he masturbated.

His father had died when he was seven years old. Thereafter his mother had to go to work and he was under the supervision of his maternal grandmother. The old lady had already

Presented at the midwinter meeting of the American Psychoanalytic Association, New York City, December 8, 1956.

survived the grandfather, one of the patient's uncles, and two husbands of the patient's mother. Nevertheless, it was the grandmother who was always sick, mostly with gastrointestinal disturbances. She took many drugs and the patient had to read the labels for her because her vision was dim. She underwent five operations, among them a cataract extraction. Whenever she supposed herself dying, her son, the patient's uncle, was called to her bedside to watch her die. She yelled to the deceased grandfather, 'I'm coming, Jake'. But she continued to live; when she was eighty the uncle, a vigorous, active man, died and she lived on for another ten years. The patient's identification with the grandmother was responsible for his gastrointestinal disturbances in childhood, his preoccupation with the bathroom, and later his hay fever as a result of excessive stimulation of his sense of smell. In analysis, he once reported a dream in which he was cleaning up the floor of an old people's home. It meant cleaning up after the grandmother, whose nurse he used to be. The chronic granulating conjunctivitis with frequent episodes of dim vision derived from identification with his grandmother. For years he was in treatment with numerous ophthalmologists, and it appeared as if an old ambition was fulfilled when he dreamt, while in analysis, that he was being operated on for cataract. He dreamt of being stabbed, filed, and cut like his much operated on grandmother. She was never dressed properly and wore a filthy old robe; imitating her, the patient also refused to wear decent apparel, and in fantasy it was his ambition to become a character called Filthy Rubbish the Pirate. For this purpose, he also collected his mother's used menstrual rags, as he had observed his grandmother doing. The closeness with the old grandmother, who was in constant fear of death but showed an astounding capacity for survival, aroused an even greater fear of death in the boy. But he had ample opportunity to observe that men die while women go on living, and since he wanted to live he decided to learn from the women how to be a woman and survive. Naturally the best person to learn from was the person with the greatest longevity, the grand-

mother. She never left the house and stayed in bed until evening when the patient's mother came home and reported to the grandmother her amorous experiences while at work. The boy regularly vomited in the morning when he had to go to school, and had dim vision until he was sent home from school. Finally, he had to interrupt school for six months and stayed home. He had successfully adopted the grandmother's method of survival by inactivity and vicarious gratification. The grandmother was an avid reader of 'true romance' magazines with pictures of seminude models. The grandson bought them for her and watched her read them by the hour, 'eating up' every word and every picture as if by devouring the young girls and their sexual experiences she were keeping herself alive. This was the unconscious meaning of the patient's perverse acting out when he was interviewing models.

The serious consequences of the close contact between grandparent and grandchild appeared in the child's too early and too persistent awareness of old age and the threat of death, which aroused an excessive fear of death otherwise alien to a child. A child in such a situation tries to overcome this fear by methods learned from the grandparent, consisting of inactivity to conserve energy and excessive hunger for magical incorporation of whatever promises to supply the energy it so desperately needs to defeat death. We find the corresponding attitude in the grandparent who, with much greater tenacity even than the child's parent, clings to his grandchild because of his greater need to defy death by incorporating the child's vitality and unrestricted life expectancy. Thus the frantic clinging to each other of both child and grandparent stems from the same fear of death.

The grandchild's wish to identify itself with the grandparent has been pointed out by Ernest Jones *(8)* in his writings concerning the fantasy of reversal of generations. He referred to a belief of children 'that as they grow older their relative position to their parents will be gradually reversed, so that finally they

will become the parents and their parents the children'. As a result of this fantasy, which is not rare among children, 'the child is in imagination the actual parent of its parent, i.e., equivalent to its own grandparent'. Jones concluded that the child derives illusions of power from this fantasy especially if adults show that they share it, for example by naming children after their grandparents. In a primitive society, 'the child who receives the dead grandfather's name is for some time treated with the same respect as the latter, the people definitely believing that the grandfather has returned in the person of the child'. Jones quoted a girl of three who said to her mother, 'When I am a big girl and you a little girl, I shall whip you just as you whip me now'. The little girl expects to become the mother of her mother, meaning her own grandmother. For the child to expect this, the status of the grandparent in the family must appear desirable to the child. Sandor Ferenczi *(2)* therefore differentiated between the image of the powerful grandfather, whom the child would like to become, and the helpless feeble old man, whom the child disparages because of the contempt in which he is held by the child's parents. If the grandfather is an imposing old man who commands even the otherwise all-powerful father, the child tries to play him off against the father and in fantasy appropriates the power of the grandfather. But a grandfather who is completely dependent cannot become an ideal; he can become only a competitor to the child.

Flügel *(3)*, summarizing these ideas, concluded that the identification of child with grandparent is re-enforced by three factors: 1, 'the wish to become the parent of its own parent (i.e., the corresponding notion to that in the mind of the child's parent)'; 2, 'the wish to dispense with the parent and the projection onto the grandparent of the grandiose ideas formerly entertained with regard to the parent'; 3, 'the fact that the grandparents, as a rule, are less responsible for the child's upbringing and education and less stern and vigorous in the assertion of their authority'. Flügel emphasized that 'the tendency of the child to imitate the grandparent may constitute an important

factor in molding the child's beliefs, attitudes, desires, and occupations'.

N. Lionel Blitzsten, in a personal communication, emphasized the confusion created when grandparents live in the same household with their children and grandchildren. Then the fantasy of reversal of generations leads to rivalry between the parents and their children, with the result that the grandparent invariably is invested with the prerogatives of the parent, while the real parent is relegated to the position of the child's older sibling. Furthermore, the parent is at a disadvantage because his feelings toward the child are still ambivalent, while the grandparent has already exhausted his hostility on his children so that little of it is left for the grandchild; this is why the grandchild becomes the recipient only of the grandparents' indulgence. The grandchild is thus made to feel superior and triumphant over the parents, and the parents respond with jealousy which further contributes to the child's megalomanic fantasies. The child identifies itself with a grandparent (usually with the grandmother) because children identify themselves with the more powerful parent. The continuous presence of the grandmother creates a predominance of femininity in the household. The father is pushed aside and sneered at; if the grandchild is a girl, she is blocked in her efforts to respect the father and later in life has difficulty in establishing a good relationship with a man. If the grandchild is a boy, he identifies himself with the grandmother, resists identification with a man, and therefore is unable to function adequately with a woman.

One or both grandparents of the following cases (as also of Case I) lived with their children and grandchildren.

CASE II

A young woman, only a few years younger than her mother's youngest brother, was never called by her first name by her mother and the other members of the family, but by the name 'Sis'. She was proud to have been reared by her maternal grand-

mother, and her mother treated her like a younger sister. She regarded her mother as an older sister.

CASE III

A girl in her early twenties used to call her mother degrading names. When her grandmother rebuked her for this, the patient shrugged her shoulders and reminded her that she too addressed the mother in this way. The grandmother had slapped her daughters in the face and pulled them home by the hair when they had shown independence. She had exhausted her hostility on her children and was only indulgent with her granddaughter. The granddaughter, who had been taught that her mother was incompetent, ran the whole household, and her mother apologized to her as if she expected to be reprimanded when she did something of her own accord without first consulting her daughter. Thus the mother confirmed the patient's identification with her grandmother.

This patient's father was divorced from her mother. The patient was ashamed of him and when she occasionally visited him it was only from pity. She did not think of him as her real father; instead she regarded her mother's youngest brother as her father. But even this uncle could assert no authority over her. When he rebuked her for being sloppy and running about the house in pajamas all day, and told her that she was not beautiful enough to show off so, she did not care. She was convinced that she was as beautiful as her grandmother was said to have been. When the uncle found evidence that the girl was promiscuous, he did not reveal it to her mother but to her grandmother. The patient, her widowed aunt, and her divorced mother competed like sisters to be first married. In one of her dreams she took a lover away from her mother because she was convinced that her mother could not even kiss and therefore offered no competition. Her dates were with ineffectual men whom she tried to turn into women so that she could control and manipulate them as she did her submissive mother.

CASE IV

A girl of nineteen tried to entertain the analyst with fables and fantasies. This is how she had been entertained by her grandmother, with whom the family lived until the patient was eighteen. She admired her grandmother. The grandmother had told her with twinkling eyes that she once had been so beautiful that a man had traveled fifty miles by horse and wagon expressly to see her. The patient fluttered her eyelashes when she talked about any topic even remotely related to sex, even when she mentioned her study of French. She remembered that she used to sit in grandmother's armchair playing Cleopatra and she claimed to have been a model for her uncle, her grandmother's favorite, who painted her in the nude (a fiction). She asserted that numerous men were courting her and pretended to feel guilty about this promiscuity. With one steady lover she played pregnant, complaining of nausea and vomiting. Her grandmother had seven children but maintained that sex is dirty; she had chronic eczema of her hands from compulsive washing. She persistently admonished the grandfather, a farmer, to wash his hands, and kept the patient's mother continuously cleaning the house, as if she wanted to keep it sterile.

The grandfather originally had been a butcher, but the grandmother supposing that the animals he killed had souls, became a vegetarian. The patient was convinced that even small animals, such as butterflies and beetles, have souls. Automobiles made her very anxious because they can kill small animals, and she was often angry at her father who drove an automobile and stepped on beetles. She arranged special funerals for her little animals, and she called her feces little animals, puppy dogs. The grandmother had buried three of her children (her own little animals) and by persistent mourning for them had made the rest of the family feel worthless. The patient rescued and collected small animals of all kinds and also collected potato bugs on the farm in a bottle for the grandfather; these bugs were then burned. She became infested with chicken lice in

her eyebrows and pubic hair; her mother used a special comb on her. In her dreams bugs were equivalent to babies. While the rest of the family (the women and the artist uncle) were engaged in make-believe and teasing, the grandfather was working hard on the farm and the father spent two hours a day commuting and brought all the groceries home too. The patient treated the father with contempt as the grandmother treated the grandfather. She never kissed her father because he had bad breath and diabetes. She was in intense rivalry with her older sister, with whom she wanted to have nothing in common, but instead adopted her mother as a younger sister and daily combed her mother's hair,—reversing the role that her mother had assumed previously. When she came home late from a date, her mother was anxiously waiting for her at the window, but she immediately ran to bed when the patient entered the house and, like a child with a bad conscience, pretended to be asleep. When she invited her suitor home, mother and grandmother retreated to the bedroom and giggled.

CASE V

A man in his thirties, whose maternal grandmother had died when he was thirteen, had been so closely attached to her that when his parents went out he preferred to stay at home with his grandmother, listening to the radio and playing cards with her. The grandmother had suffered from stenocardiac attacks of chest pain and died of angina pectoris. Correspondingly the patient suffered from recurrent chest pain caused by psychogenic cardiospasm.

CASE VI

A forty-year-old woman suffered from urinary frequency without organic cause. Immediately before each analytic hour she had to make sure that her bladder was empty so that she would not soil the couch, and when during the hour she became anxious, she excused herself and went to the washroom. She used to take care of her incontinent grandmother, especially

when her mother was out, and felt content to do so. Her grandmother was much more gentle with her than her strict and inflexible mother, but the patient knew that the grandmother had been just as strict and unbending with the mother. The patient remembered that the grandmother always came in by the back door and brought cheesecake. She slept in the back room like a humble servant. When the patient married she did not share her husband's bed but slept in the back room like her grandmother did. With her urinary frequency, she acted out two roles,—the grandmother who soiled herself, and the grandchild who cleaned the grandmother.

When the patient, acting out her separation anxiety, broke her leg soon after her wedding and was helpless, her mother did not invite her to come to her, and she had to accept the hospitality of her sister-in-law. When, however, her grandmother became sick, the mother immediately urged the patient to move in and even invited her son-in-law. The night the grandmother died, the patient had intercourse with her husband in the adjoining bedroom, with the fantasy of presenting her mother with a resurrected grandmother. She did not get pregnant but adopted a girl whom she named after the grandmother. Though eight years old, her adopted daughter never went to the washroom alone but waited for the patient to take care of her, sitting on the toilet until her mother took her off and cleaned her. In other ways she showed an unusual independence of her mother, but in this one respect seemed to sense her mother's need to clean the grandmother (the child's great-grandmother). By fulfilling this desire of her mother, the girl also denied that she was an adopted child.

A particularly interesting situation develops if the child becomes the nurse and 'baby-sitter' of the grandparent. Then the grandchild has become the grandparent, and vice versa. Contributing to this reversal is the physical shrinking in old age and the fantasies related to it. Jones explained that the transformation of the grandparent into an infant is suggested by the

idea of shrinkage. 'Old people are wont to stoop and so to look shorter, and then the children hear in their stories of little old people.' The wrinkled old face of the newborn, its thin hair and toothlessness, and its attempts by a sort of crouching to re-establish the fœtal position, all give the infant the appearance of a little old man, the ancestor. Shakespeare described the shrinking of old age in the second act of As You Like It as a return to infancy:

> ..... The sixth age [senescence] shifts
> Into the lean and slipper'd pantaloon,
> .....
> His youthful hose, well saved, a world too wide
> For his shrunk shank; and his big manly voice,
> Turning again toward childish treble, pipes
> And whistles in his sound.....

Therapists often are amazed by how much the infant, this 'wise little old man', can sense of the real attitudes of his parents, until under the influence of the parents his innate sensitivity undergoes repression, so that it appears as if children grow more insensitive as they grow older.

The significance of the fantasy of transformation of grandparent into a new grandchild is enhanced further by the universal need for denial of death. Jones quoted James Sally *(14)*, who pointed out that 'the information often given to children is that people, when they die, are carried to heaven by angels, just as the babies are said to be brought down to earth by angels'. He also quoted Tisdall *(15)*, who associated this fantasy with the belief in reincarnation, but Jones considered it more accurate to attribute it to the more fundamental belief in personal immortality. 'Neither the child's mind nor the adult unconscious can apprehend the idea of personal annihilation and therefore imagines that, when an old person dies, he will shortly reappear as a newborn child' *(8)*. In Europe the people of the Neolithic period buried their dead in the crouching position (*Hockerstellung*) after they had bound the knees together and

pulled them up to the body. The custom was the same among the Incas in South America. The mummies in the Archeological Museum in Cusco, Peru, are tied with ropes into a fœtal position and are enclosed in an ovoid sac of llama skin which is wrapped in fabric embroidered with magic designs. The purpose of these archaic funeral rites was not to prevent the dead person from returning to life, but rather to facilitate his return as an infant.

Evidence for the close similarity, or identity, of grandparent and grandchild appears in etymology. In English both grandparent and grandchild are 'grand'. In German, the word for grandchild, *Enkel,* is a diminutive of *Ahn,* ancestor *(9),* and related to the Greek word *ananke,* fate. The mighty ruler of the Huns was Attila, a diminutive of Gothic *atta,* father; thus the name meant little father or grandfather. Grandmother in Italian is *nonna,* in French *nonne,* while *niño* is the Spanish word for infant. The Greek word for grandfather is *pappos,* but it also means the down on the seeds of certain plants, such as the dandelion, which serves as wings for the seeds, and the first down on the cheek, Latin *lanugo (10).* The Russian word for grandmother is *baba,* the Yiddish word is *bobe,* and the English word for infant is 'baby'. An exception occurs in Latin: *avus* and *avia* are the words for grandfather and grandmother respectively, but the diminutive *avunculus* means uncle, mother's brother *(5),* and not grandson, as we should expect and as we may suppose the original meaning of the word to have been according to custom in language. This may confirm the observation that when the mother lives with the grandparent she is relegated to the role of the child's older sister, while the grandson is put into the position of his mother's brother, or his own uncle.

Further evidence for the mutual identification of grandparent with grandchild occurs in mythology and folklore. According to Hose and McDougall *(7),* the Kayans of Borneo think that 'the soul of a grandfather may pass into one of his grandchildren, and an old man will try to secure the passage of his soul to a

favorite grandchild by holding it above his head from time to time. The grandfather usually gives up his name to his eldest grandson, and reassumes the original name of his childhood.' Lisiansky *(11)* reported that in Nukahiva, on the Marquesas Islands, it is believed 'that the soul of the grandfather is transmitted by nature into the body of his grandchildren; and that, if an unfruitful wife were to place herself under the corpse of her deceased grandfather, she would be sure to become pregnant'.

The ambivalence of parents to their children is often obvious, especially if the parent had hostile feelings toward the grandparent. Theodor Reik *(13)* interpreted the savage custom of infanticide, later replaced by circumcision and other initiation rites, as based on fear of retaliation for malevolent impulses against the child's grandfather. From the newly arrived baby the father fears the revenge of his own father, who appears to be reborn in his child. If primitive man assumes that the child will kill him, then his fear is justified in so far as it relates to this resurrected father. Sir James Frazer *(4)* reported that 'at Whyda, on the Slave Coast of West Africa, where the doctrine of reincarnation is firmly held, it has happened that a child has been put to death because the fetish doctors declared it to be the king's father come to life again. The king naturally could not submit to be pushed from the throne by his predecessor in this fashion; so he compelled his supposed parent to return to the world of the dead from which he had very inopportunely effected his escape.' The attitude of the grandparent here seems not to be ambivalent; but a contrary aspect is depicted in fairy tales.

In Hänsel und Gretel (as told by the brothers Grimm [*6*]) the indulgent grandmother is symbolized by the *Knusperhäuschen,* the little house to *knusper* (nibble on). The crunchy little house was built of bread, had a roof of cake, and windows made of clear sugar. While the children were nibbling on the house, a thin voice called from within: *'Knusper, knusper, Knäuschen, wer knuspert an mein Häuschen?'* It was the luring voice of the

grandmother. However, she was not only enticing the children with delicacies of food, she also was a witch who wanted to kill the children and eat them. Even more obvious is the ambivalence in the tale of Little Red Riding Hood, in which the wolf is lying in grandmother's bed disguised with grandmother's nightgown and bonnet.

In the story of Thorny Rose (the English translation substitutes for this significant name the neutral name of Sleeping Beauty), a king and queen had been childless for many years until a frog finally announced the arrival of a child. The queen gave birth to a beautiful girl and all relatives and friends were invited to a great banquet, including the Wise Women. Since there were only twelve golden plates, the thirteenth of the Wise Women could not be invited. She came nevertheless but was so offended that while the other Wise Women presented the child with wonderful gifts, she cast a spell on the child, whom she doomed to prick herself with a spindle and drop dead on her fifteenth birthday. But the twelfth of the Wise Women, who had not yet spoken her wish, ameliorated the curse and declared that the girl should not die but fall asleep for one hundred years. To protect his daughter from this evil fate, the king ordered all spindles in his kingdom burnt. Nevertheless, on her fifteenth birthday, when the king and queen had gone out, the princess felt lonesome and climbed up to an old tower where she found a little old woman working on a loom. Since the princess never had seen a spindle, she asked, 'What kind of thing is this that jumps around so gaily?'. Then she tried spinning herself, but pricked her finger and the magic spell was fulfilled: she and everybody else in the castle fell asleep. A hedge of thorns began growing around the castle and every year it grew higher and higher until it not only covered the whole castle but grew beyond it so that nothing could be seen of the structure, not even the flag on the roof. From time to time princes came and tried to penetrate the hedge of thorns, but became so entangled in it that they could not free themselves and died a miserable death.

This fairy tale shows an overwhelming predominance of

femininity in the household and its crippling effects on an adolescent girl. The ambivalence of the grandmother is indicated by the Wise Women's bringing gifts to the child yet casting a spell on her. The plurality of the Wise Women suggests, as in a dream, that they are but one, with excessive power, —the grandmother sitting in the tower and controlling the entire household. The thorns around the castle of Thorny Rose in which princes became so entangled, and her sleep of a hundred years, symbolize her frigidity and hostility toward men. The king, by having all the spindles burnt, actually contributed to the infantilism of his daughter since the spindle symbolizes marriage. The making of garments stands for making children.

Leon Altman, who discussed this paper when it was read, believes that the child, by investing its grandparents with more libido than it does its parents, avoids or attenuates the œdipal involvement with its imminent dangers. Though the relationship between grandparents and grandchild is not free from ambivalence, it has the advantage of being one step removed from the fateful œdipus conflict, and therefore safer. Otto Rank *(12)* has pointed out that the fairy tale of Little Red Riding Hood is a disguised birth fantasy. The hunter performs a caesarean section on the wolf and the grandmother emerges from the wolf's belly hardly able to breathe, which is suggestive of the asphyxia of a newborn baby. Thus the fairy tale proves that grandparent and grandchild are one, but Altman believes that the infantile oral-sadistic sexual theories are primary and that the treatment of the grandparent serves as a screen fantasy to express the idea of whence babies come and how to get them.

When one or both grandparents live in the home, the mother must have certain characteristics. A mother who desires, or at least acquiesces in, sharing the household with her own or her husband's mother is a woman who accepts marriage not as a sexual, but only as a social, union. Her husband is to her a proxy for a sibling. Wives who manage to live in the same households with their mothers have themselves such overwhelming desires

to be infants that they can accept neither their husbands nor their children, for they are in competition with both. As a result, the children remain fixated at very early ego states and try frantically to take fullest advantage of any means of establishing contact with a mother who is otherwise distant and uninterested. The child from the start is in a precœdipal situation in which the fantasy of reversal of generations is dormant.

The child senses the mother's insecurity. To the child the mother at first seems like an older sister, then a younger sister; finally she becomes the child's daughter, and the child becomes its own grandmother. The mother's infantilism must result from the grandmother's failure to function adequately as a parent; thus the grandparent syndrome, as we should expect, originates with the grandparent.

The grandchild is liable to exploitation by the disturbed parent as well as by the disturbed grandparent. It serves as a gift to the grandmother intended to reawaken her interest in the mother and to placate her hostility against the mother. The grandparent accepts the gift, but makes the child an ally against the parent, thus exploiting the gift. The child is expected to please the grandparent by fulfilling such of the grandparent's ambitions as the parent was unwilling or unable to fulfil; and therefore the child becomes an extension of the grandparent as well as of the parent. In the fairy tale, the witch or wolf-grandmother bribes the child by permissiveness and indulgence while at the same time feeding on the child's vitality and incorporating the child in order to rejuvenate herself.

Frequently the child is molded by the parent into the image of the grandparent upon whom the parent wanted to retaliate. The child is molded to represent the grandparent (not necessarily of the same sex as the child) whom the parent, as a child, was unable to control. This tendency of the parent continues, and may even become more compelling, after the death of the grandparent. The custom of naming the child after a dead grandparent makes the shadow of the dead grandparent fall upon the child. Since the child had never known the grand-

parent, this kind of identification is extremely difficult to dislodge. It often serves the child's desperate efforts to establish an identity, especially if it is an adopted child whose origin is shrouded in mystery.

In contrast to the position of the grandmother, which seems to be dominant regardless of whether she is active or inactive, the position of the grandfather as a rule is subordinate. When both grandparents are alive, it is usually the grandmother who assumes the leading role because she seems to have had greater experience and usefulness in rearing children. The grandfather loses prestige in proportion to his diminishing power to earn money, and when he has retired and stays at home he appears to be useless and also to be a competitor of the grandchild. If the grandmother has survived the grandfather, her prestige has increased, but if the grandfather has survived the grandmother, his influence often has further diminished. The aged man, perturbed by loss of the respect of his family, tries in vain to enforce it by increased rigidity and rage (as does King Lear), or he resigns in apathy. The child feels that the grandfather is merely tolerated in the household, *im Ausgedinge,* as the Germans say, and considers him an object of disparagement.

This topic is dealt with in a moralistic story in a collection by the brothers Grimm *(6),* The Old Grandfather and His Grandson:

> Once upon a time there was a very old man, whose eyes had become dim, whose ears were deaf, and whose knees were trembling. When he was sitting at the table and could hardly hold his spoon, he spilled the soup on the tablecloth and some of it also dribbled from his mouth. His son and daughter-in-law were disgusted and, therefore, the old grandfather finally had to sit behind the stove in the corner and they gave him his food in a small earthen bowl,—and not even enough food. Sadly he looked at the table and his eyes were wet. One day, his trembling hands could not hold the bowl and it fell on the floor and broke. The young woman scolded him but he said nothing and only sighed. She bought him a little wooden bowl for a few

> pennies, from which he then had to eat. While they were sitting, the four-year-old grandson collected little wooden boards on the floor. 'What are you doing there?' asked the father. 'I am making a little trough', the child replied, 'from which father and mother are going to eat, when I shall be big'.

It seems that the grandson by planning to take revenge for his ill-treated grandfather identifies himself with him; but considering that the mother is treating the grandfather like an infant, the grandchild is only preparing for a reversal of the roles: he is actually identifying himself with his hostile mother.

Karl Abraham *(1)* has pointed out that 'in the associations of a neurotic the figure of the father is accompanied constantly by the figure of the grandfather (on the maternal side) like a shadow'. Abraham discussed a patient whose father was poor and gave him a puritanical education. Once the patient and his mother visited the maternal grandfather who lived in a distant town. The wealthy old man, happy over the visit of his grandson, overwhelmed him with gifts and spent an enormous amount of money on the boy. Thereafter the father appeared to him more than ever as a tyrant while the generous grandfather was raised to a father ideal.

However, the bountiful indulgent grandfather actually is not a father- but a mother-figure. The maternal grandfather resembles the mother even in his physical features, and surpasses her in generosity. The paternal grandfather, on the other hand, is primarily the representative of the family tradition. In countries where family traditions are valued, and in the ancestor worship of Asiatic countries, the grandfather is an object of veneration; but in an immigrant society, where not even family names are valued and maintained, he is an unwelcome reminder of a depreciated past. He is sneered at for being old-fashioned and unskilful in use of the new language.

One of my patients with strong feminine identification talked contemptuously about his paternal grandfather who had lost a leg as a result of diabetes, but dreamed that, at a wedding, he

danced with the paternal grandmother and everybody applauded the couple.

CASE VII

A woman in her late thirties, who was sadistic to her children, seemed to identify herself with her maternal grandfather who lived in the same household with her parents until she was thirteen years old. She remembered that her father used to sneak into the house by the back door wearing dirty working clothes, but she was always awed by her grandfather and his impressive appearance. She trembled whenever in her analysis she recalled how her grandfather encouraged her mother to beat the children on the buttocks. However, the grandfather only verbalized the grandmother's more violently sadistic attitude which was hidden beneath her detachment, but symbolized by her bulimia. All the patient could remember of the grandmother, who had died earlier, was that she was peeling apples, eating, and urinating on the street. Thus it was not the father who was unclean but the grandmother. The patient's and her daughter's voracious appetites proved clearly that the real identification was with the grandmother or great-grandmother. However, by claiming that she learned her sadism from the grandfather, she tried to separate the good mother image from the bad one, not only to purify her sadistic mother but even to adorn her with a halo.

CASE VIII

I have seen only one patient who showed identification with the grandfather and this was a grandfather on the mother's side.

The patient was a male homosexual with strong exhibitionistic, voyeuristic, and delinquent impulses. His grandfather was a chiropractor, a preacher, and a lifelong boy scout who was in the habit of leaving his wife and family whenever he wished, to spend months in the mountains gambling and shooting elk, at times accompanied by his daughter. When the patient's parents

went on their honeymoon, the grandfather accompanied them and they camped together in the mountains as if they were three men. By the time the patient went on his own honeymoon, the grandfather was dead. The patient took his younger brother along, making a party of three like his parents and grandfather. The patient never has been able to make a clear differentiation between the two sexes.

If the influence of the grandparent is predominant because the parent still feels a need for guidance and protection, the grandchild has not only to cope with its own insecurity but also with the deeper insecurity of the parent. Consequently, the position of the parents is reduced to that of siblings without authority. The grandchild, being the pampered favorite of the powerful grandparent, assumes that there will always be a pampering grandparent, and finally by identification becomes this grandparent itself, prone to self-indulgence and lulled into a false sense of power. If the identification is with an inactive grandparent constantly afraid of dying, the result is unfavorable and grotesque. The child is anxious to curb its activities in order to survive by preservation of energy. It finds satisfaction in vicarious gratifications. If, besides, the child has been 'baby-sitting', so to speak, for the once powerful grandparent, its delusions of omnipotence will be boundless. If it has nursed the grandparent, this nursing will have the meaning of deriving from the sex of the grandparent a magical source of longevity. If the grandparent is of the opposite sex from the child, homosexual perversion may result.

The fading of the sexual differences in old age is a further contribution to the fantasy of reversal of generations and reenforces the fixation to the vague and confused concepts of infantile sexuality. This may be one more reason for the sustained infantilism of people who have grown up in the same household with a grandparent, and by identification with the grandparent have cut themselves off from further sexual development. Patients of this kind need very prolonged treatment

because fantasies concerning the grandparents are connected with a great deal of magic and, since the demise of the grandparents usually preceded the analysis, the therapist also has to cope with the considerable power of the dead.

SUMMARY

The tendency to identify with one's grandparents is based on the fantasy of the reversal of generations. Such identifications may lead to detrimental and even grotesque character traits in the child, and appear more often with a grandmother than with a grandfather. The syndrome develops to its full intensity if the grandparent lives in the same household with the children and grandchildren. Then the grandparent is invested with the prerogatives of the parent, while the parent is relegated to the position of an older sibling. Clinical examples are adduced.

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The Psychoanalytic Quarterly

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

A Hypnagogic Phenomenon

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To cite this article: Renato J. Almansi (1958) A Hypnagogic Phenomenon, The Psychoanalytic Quarterly, 27:4, 539-546, DOI: 10.1080/21674086.1958.11926113

To link to this article: https://doi.org/10.1080/21674086.1958.11926113

Published online: 07 Dec 2017.

A HYPNAGOGIC PHENOMENON

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The clinical material reported bears upon some concepts recently advanced on the visual components of hypnagogic phenomena.

A married man, thirty-two years old, sought treatment for ejaculatio praecox. He had spells of acute anxiety in which he felt as if he were diving in an airplane. At such times his legs felt weak, his fingertips numb; he was lightheaded, had a feeling of oppression in his chest, pressure in his ears, and at times had a sensation of smelling an odor like ether.

He worked for his uncle as a retail liquor salesman. His household included his wife, who also had a job, his daughter aged eleven, and his widowed mother. He had a sister five years older and a brother two years younger. His father (who had been openly promiscuous) died when the patient was ten.

His oral dependent fixation emerged in numerous dreams and many associations related to the large breasts of his mother, mother-in-law, and sister. These he coveted whereas his wife's small breasts were disappointing. His oral cravings caused him to make frequent unjustified complaints of being underpaid in his job. He tended to become panicky when faced with the necessity of spending money. This made him fear the possibility of having another child. He complained he did not have 'substantial knowledge' to attempt to seek more remunerative work. He often remembered that his father had frequently punished him by sending him to bed without supper and that on those occasions his mother surreptitiously brought him food. With reference to sex, he emphasized that his wish to touch and suck women's breasts was more intense than his wish for intercourse. He had numerous fantasies of infidelity invariably related to waitresses in restaurants where he ate or to large-bosomed clients of the liquor store.

About the age of seven he witnessed a primal scene, and remembered having seen his mother's legs spread apart. He was very anxious. He remembered numerous attempts to look at his sister's genitals. He succeeded in seeing those of the daughter of the superintendent of their house. He had previously tried unsuccessfully several times to peep under the skirts of the superintendent's wife. All these activities were fraught with extreme anxiety. Many times he referred to the episode in which his brother discovered him looking at and playing with the genitals of the superintendent's daughter. Despite the patient's pleas, the brother reported this to their father. In his father's presence he was overcome by an indescribable terror that the father intended to cut off his penis.

At the time of the hypnagogic experience the patient's wife was in the fifth month of her second pregnancy. From the beginning of it he had been angry at his uncle for persistently refusing to increase his salary. He was obsessed with complaints about this, about the impending loss of his wife's income, and the imminent increase of their expenses. He discussed his intention of inquiring of the labor union to which he belonged whether his wages were fair.

In the next session he first stated he had checked and found that his wages were above average. He then related that the previous night, just as he was falling asleep, he saw a cloud which was like a puff of white smoke, but which looked solid. It was very attractive and he went into it. He started to fall and tried to grasp for support.

Asked for details, he added that the surface of the cloud was 'sort of glittering and very nice'. When he started to walk into the cloud it seemed to be thin and he was able to walk very fast with a light and lively step. As he proceeded, it became darker and darker and he found it more difficult to advance. It was at this point (when he was enveloped in darkness) that the sensation of falling occurred. Before entering the cloud he had been uncertain about walking into it, but the cloud was very attractive and 'sort of beckoned' to him. He then corrected himself

and said it was not beckoning in the proper sense, but he heard a 'low, shrill' voice coming out of the cloud. This was not an invitation like, 'Now come to me' (the voice was not distinct), but it was the 'combination' of the voice and the attractive appearance of the cloud that made him decide to enter it. The cloud was at his left and a short distance in front of him.

While describing the details of this experience the patient gestured. In depicting the cloud he indicated roundness and volume, using both hands. He opened and closed his right hand rhythmically as if squeezing. He swallowed visibly and repeatedly. At times he interrupted himself and remained with his mouth open, his chin pointed upward, a smiling expression on his face. At times he covered his mouth with his hands or rubbed his mouth and the lower part of his nose.

He compared the fear of falling in this experience to the terror he had felt when faced with his father after he had been caught in sexual play with the superintendent's daughter. The shrill voice reminded him of his mother-in-law's. He had quarreled the day before with his wife because he refused to bring the baby carriage to her mother's house where it was to be used week ends. He then said that during the past summer vacation his mother-in-law had called to him to bring her some soap. He found her naked in the hall near the bathroom door, holding a towel in front with her arms crossed over her breasts. He felt an intense wish to look under the towel, and he had the thought of having sexual intimacies with her. He remembered he had often spoken of being physically attracted to his mother-in-law, (in relation to her large breasts), and again remembered peeping under his sister's skirts.

The following session the patient returned to his hypnagogic experience. Although, he said, there was something tempting about the cloud there was a danger too, 'As if there was something I could not get out of; as if I could not see where I was going'. It was something 'outside of reality'; like something 'inside and unreal'; it made him feel as if he were looking from

between the legs of a woman lying naked on her back and saw the heaving of her stomach and breasts which gave him the feeling that she was alive.

He next said he had had frequent sexual dreams about his mother-in-law; then spoke of a television show that made him cry. It was about a crippled boy who could not talk and could make himself understood only with his eyes and by moving his hands. The boy had been left in a car to wait for his mother. While he was waiting, three thugs, who had staged a hold-up, seized the car with the boy in it, to get away. Two of the thugs were dropped along the road and the third wanted to get rid of the boy by leaving him in a distant wood; but the child moved his hands and cried, imploring not to be abandoned. The thug was moved to compassion and restored the boy to his mother. Mother and child were overjoyed at their reunion. There was a demand by others to send the thug to jail, but the mother did not press charges because she understood in her child's face his gratitude: 'The boy's feelings came through his eyes; it was like a warm feeling and showed in his expression, his face and eyes'. What moved the patient most was that although the child could not convey his feelings in words he made himself so well understood to his mother. As the patient related this he shed a few tears. He then talked of a very bad feeling at the age of seven or eight. First his parents had gone out and subsequently his sister, leaving him alone with his brother in the kitchen. He felt that the kitchen was the only warm and cheerful room in the house—but only when the parents were at home. When they were out even the kitchen was frightening.

The hypnagogic experience described above can be considered akin to the Isakower phenomena *(7)*. The hand and mouth sensations, which are not represented in this instance by sensory expression, are manifested in motor reactions which are exactly like those of the infant at the breast. This is consistent with Felix Deutsch's view *(4)* that movements are metamorphosed

sense perceptions, and certainly relates to the particular closeness of primitive perception to motor reaction *(5)*.

In a recent paper Spitz *(16)* offers 'the proposition that the Isakower phenomenon does not represent the approaching breast, at least not from the visual point of view'. In his opinion, 'it represents the visually perceived human face', consistent with his observation that while nursing the infant keeps its eyes steadily fixed on the mother's face. This observation clearly places the mother's face, with all the emotional significance which it embodies, as one of the very earliest perceptions of the child. Similarly, in discussing Lewin's dream screen, Spitz states '. . . it is not likely . . . that the dream screen is the visual image of the breast. It is much more probable that it is the result of a composite experience which, in the visual field, represents the approaching face of the mother but in the field of the other percepts involves the sensations within the oral cavity.' The dream screen which Lewin *(9)* calls a 'composite Galtonian photograph blending different images of the breast' is viewed by Spitz as 'a synesthesia of many different senses, the visual constituent of which is derived from the percept of the face'.

The hypnagogic experience described seems to confirm fully Spitz's opinion. Through the glittering surface of a cloud a voice, inviting though indistinct, emerges. It is noteworthy also that the patient's associations contain specific reference to the father's angry face which he feared, and that he was greatly moved by the face of the child who had been abducted from his mother. Certainly conforming to this interpretation are the references to the 'beckoning' invitation of the cloud, and to the poignant identification of feelings and facial expressions which is represented as taking place between the helpless, abducted child and his mother when they are reunited.

I am very grateful to Dr. Spitz for calling my attention to the Biblical reference wherein the Lord's voice comes to Moses from the interior of a thick cloud *(13)*. The condensation, cloud

= face = breast, which is also to be found in mythology *(12)*, is indicated by Hall and Wallin *(6)* in a paper about how children feel and think about clouds, and by Piaget's study of children's concepts of clouds *(14)*.

In this hypnagogic experience, in view of the breastlike characteristics of the cloud and the patient's references to breasts, one may justifiably suppose that the visual components of this phenomenon represent the *Gestalten* face and breast which become fused. In my patient's case, the increasing darkening and density of the cloud and his increasing difficulty in proceeding through it also correspond to the progressive extinction of consciousness and perception incidental to falling asleep.[1]

The visual and the auditory components are referable to the infant's early perceptual experiences. The voice perceived by the patient was 'low, shrill' and indistinct; the words were not intelligible yet it was definitely a voice, by direct association the voice of his seductive mother-in-law. This parallels observations quoted by Isakower *(7, 8)* of unintelligible monotonous speech in the course of hypnagogic phenomena and the phenomenon whereby in falling asleep the hallucinated voice becomes lower and less intelligible as sleep approaches, acquiring a low monotonous quality *(3)*.[2]

The low indistinct character of the voice, the vague emotional quality attached to it, and my patient's association to the representation of a child who could make himself understood only by gestures and by the expression of his face, might

[1] Maury *(11)* described himself during falling asleep as '. . . having then neither the feeling of time nor the perception of things. I walk through a fog which becomes thicker the more my senses become numb.'

[2] This phenomenon compares closely to what happens when falling asleep while reading. At first there is a feeling of monotony and annoyance, words lose their importance and sentences produce only a vague impression. Subsequently, the meaning of sentences is forgotten, while the rhythmic feeling of verbal construction comes to the fore. Finally, not only does the comprehension of sentences disappear but the meaning of words is lost so that they represent less a thought than a sensory impression *(10)*.

place this auditory phenomenon in the preverbal state where the human voice has become an auditory percept endowed with emotion before words have acquired meaning.

Carmichael *(1)* relates that infants respond to the human voice from the second to the fourth month, and cooing appears, more or less, at the same time. Recognition of familiar words occurs between the eighth and ninth months. Buehler reports that at six months the infant distinguishes between friendly and angry speech. Bayley observes that the child reacts to familiar words at about eight months; Gesell and Thompson that it listens with selective interest to familiar words at nine months *(2)*. Spitz *(15)* believes that up to two months auditory perception is amorphous and undifferentiated; between the end of the second and eighth months there is a growing recognition of sounds in association to need satisfaction and other life situations. After eight months there is a slowly increasing ability to attach meaning to words.

Through the details of this experience and the patient's associations, certain definite themes clearly emerge. The duality—temptation and danger, attraction and fear—becomes inextricably interwoven with the dread of separation from and the striving for reunion with the mother at the breast. Ultimately this dual theme is displaced to a counterapposition of the friend to the enemy, and the familiar to the unknown.

These feelings apply to Spitz's observation of infants' anxiety at the approach of a stranger, a development which occurs between the sixth and eighth months and is relatable to the child's feeling of security upon seeing the mother's face *(17)*. Perception has then acquired discrimination, the ego is emerging, and an object relation is being established.

SUMMARY

A hypnagogic hallucination is described which is found to represent an early infantile memory. Whether the amorphous form hallucinated—in this instance a cloud—represents only the breast or, in addition, the mother's face and voice, is discussed.

These and other observations lead to consideration of their reflection of early stages of ego development.

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The Psychoanalytic Quarterly

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

Manifest Dream Content and Acting Out

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To cite this article: Nathan Roth (1958) Manifest Dream Content and Acting Out, The Psychoanalytic Quarterly, 27:4, 547-554, DOI: 10.1080/21674086.1958.11926114

To link to this article: https://doi.org/10.1080/21674086.1958.11926114

MANIFEST DREAM CONTENT AND ACTING OUT

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Recent studies of dream psychology lay considerable emphasis on the manifest dream content. Erikson *(1)*, listing a series of features of manifest dream configurations, '. . . would postulate a *style of representation* which is by no means a mere shell to the kernel, the latent dream; in fact, it is a reflection of the individual ego's peculiar time-space, the frame of reference for all its defenses, compromises, and achievements'. He says further, in regard to the variety of dream styles, '. . . we would relate them to the respective cultural, interpersonal, and personality patterns'. Saul *(10)* says '. . . the manifest dream alone is . . . of great significance and of great practical value in understanding the patient', and advises, 'Look for what the dreamer's ego accepts and acts upon in the dream, for this is a prognostic sign as to what he is capable of acting upon in real life'. The writer *(7)* has discussed the manifest dream as a record of the successes or failures of the dreamer's sublimations.

The purpose of this communication is to describe from clinical observations the acting out of the manifest content of dreams, the conditions under which it occurs, and its dynamic and therapeutic significances. Briefly stated, such acting out of the manifest dream occurs with consistent regularity whenever the resistance of the analysand is too great to permit of the interpretation of a dream. If during any analytic session a dream is presented which cannot be analyzed because of resistance, it may confidently be expected that at the next session the dreamer will report how he has acted out quite literally—and not only in symbolic or other distortions—portions of the manifest content of the unanalyzed dream. In instances where some insight is gained from partial interpretation the unanalyzed part of the dream will be acted out in greater or less detail.

The acting out, which is always disagreeable or painful to the patient, is motivated by unconscious repetitive impulses in the patient's neurosis. It is behavior identical with what is familiarly described as the acting out of the transferences *(8)*. This acting out, within or outside the analytic situation, is first stated in the analytic dream. The striving is then to realize the dream wish in some equivalent, but disguised, behavior in external reality. We are reminded of Lewin's *(3)* statement that, 'Dream formation is to be compared with "analytic-situation formation" '; also his equation of free association with manifest dream content. Elsewhere Lewin *(4)* says, 'The young ego does not separate dreams from waking', (in every neurosis the ego is, in some respects at least, 'young'), and he *(5)* analyzes the conscious behavior of patients in states of ecstasy, mania, and depression as waking dreams. The thesis proposed is that all neurotic and psychotic behavior consists of the acting out of manifest dream content, without any implication that one or the other is primary from the pathogenetic point of view.

Clinically and technically, to enable the patient to understand the meaning of his dreams as they relate to the pathogenesis of symptoms, it is highly significant that the manifest dream content may be re-enacted without distortion or disguise (although, of course, this also occurs). It affords the patient an irrefutable demonstration that dreams and neurotic symptomatology as displayed during waking hours stand in a reciprocally explanatory relationship to each other. The patient's coöperation is then the more readily enlisted for the task of establishing clear and detailed connections between dream thoughts and waking life, which provides the most trustworthy information as to the nature of the neurotic process, and places the therapeutic endeavor upon the firmest and most objective scientific basis.

If one views neurosis as a disorder of adaptation—and from the social point of view as a process resulting in imperfectly developed or impaired sublimations—it may be observed that the handicaps to efficient functioning from which a patient

suffers are not demonstrated at random nor in haphazard fashion, but always in strict connection in time with the same disorders represented in the concurrent manifest content of his dreams. Sterba *(11)* described acting out which occurred just prior to reporting dreams that he interpreted as an acting out equivalent to associations to the dreams. This diurnal-nocturnal concordance is a reliable factor when search is being made in dreams for an explanation of waking behavior otherwise incomprehensible.

Neurotic behavior, when studied in relation to a dream which it either follows or precedes, thus consists of acting out parts of the manifest content of the dream. While the manifest dream content may show a symbolic (or otherwise disguised) representation of a certain activity, what is most important is that portions of the manifest content are acted out in waking hours literally as they appear in the dream. There are circumstances, while listening to a patient's report of a dream, when the analyst can be quite confident that he will find the patient acting out the manifest dream content precisely as portrayed in the dream; conversely, there are times, while listening to the associations of a patient, when the analyst can cull from the mass of material little pieces of behavior which he may reasonably expect to be reproduced in the manifest content of an ensuing dream.

The acting out of the manifest content of dreams has an interesting limitation which is reminiscent of a phenomenon observable in hypnosis. It is well known that, generally speaking, individuals given posthypnotic commands will not carry them out if they run counter to strict superego prohibitions. The same holds true with the acting out of the content of the manifest dream. An entire dream may be acted out with the exception of the parts that are too strongly opposed by the superego. The other details of a dream which may be acted out are extremely extensive and varied, e.g., the phenomena pertaining to the dream screen itself *(2)*.

The patient who is acting out the manifest content of a

dream is temporarily suffering from a loss of his adaptive capacities. It does not matter what the composition of the reality situation, nor what would be an effective reaction to it, the patient must behave in the manner outlined by his manifest dream content. He is powerless to alter his behavior, despite the occasional conscious wish to act in accordance with reality. This experience for the patient has a peculiarly painful quality. He describes it as 'feeling like an automaton', 'being out of control of one's own life', 'sleepwalking', etc. Once the patient is led to understand that this uncontrollable acting out reflects the manifest content of his dreams quite accurately, and is the result of the operation of a resistance which prevents the interpretation of his dreams, he is then provided with a powerful incentive to analyze and gain a comprehension of his dreams. The nature of acting out in general, as opposed to the analysis of an unconscious drive, is most easily explained to the patient when illustrated as the dramatization of his dreams. The analyst may thus have a useful implement for preventing the damaging consequences of acting out.

The following incident in the analysis of a patient will illustrate. The patient was a male in his late thirties who had entered psychoanalysis with complaints of not being able to win and hold friends, an inability to plan and carry out projects, failure to achieve the intellectual profundity of which he believed himself capable, and some phobic symptoms. These disorders were the result of his peculiar defenses against his œdipal strivings, which took the form of putting distance between himself and his father and wanting to know nothing about his father's activities lest he reveal an interest in the latter's sexual life. He had been consciously aware of wanting to learn nothing from or about his father, and of wanting his father to remain aloof from his affairs. His painful isolation from his father revealed itself in the transference as a lament that he could not promote the friendly relationship with the analyst that he desired. He repeated with his adolescent son the same

aloof and cold state of detachment that he had had with his own father, and he dreaded the possibility of having to discuss with his son some sexual problem the boy might bring to him. While analyzing the distance which he had placed between himself and the analyst, as well as the estrangement between himself and his son, he had the following dream.

> He is playing golf with his twin cousins and drives a ball a tremendously long distance, about four hundred yards. As he drives the ball he thinks he is going to have a good season at golf this year and, as he watches the ball in its flight, he thinks so long a drive is impossible and yet there it is. The ball makes straight for the hole but, just before reaching it, hits the frame of a door which stands upright on the green without a door in it. One of the cousins says, 'Too bad it hit the doorframe', implying that otherwise the patient would have made a hole in one.

The doorframe was first associated to the fact that the patient's son, who was very worried about his short stature, continually measured his height against the doorframe to see if he was growing taller. In the patient's mind the son's shortness represented the stunting of sexual development which the patient was inflicting on him—specifically the father's wish that the boy should not have an erection. The doorframe also referred to the door to the analyst's office, which was troublesome to the patient because every time it opened he was confronted with his feared desire to become friendly with the analyst. The well-driven golf ball represented, among other things, the hostile desire to prevent the son's sexual development, and the anger toward the analyst who aroused anxiety by his friendliness to the patient.

During the course of the session the patient showed great resistance to the analysis of the transference significances of the dream. He became fearful lest he or any member of his family become ill, since he could not feel confident that he could get the aid of a physician, a projection of his unwillingness to take help from the analyst. The chief affects in the dream—hostility,

optimism at the likelihood of being able to analyze the hostility and the good consequences thereof, and regret that he was not going to effect this piece of analysis at this time—made the striking of the doorframe the most prominent element for associations to the dream. As the patient talked he gave the analyst the convincing impression that he would strike some part of his body against the doorframe as he left the room at the end of the hour. This did not happen, perhaps because his feelings of guilt were not strong enough. While waiting for the patient at the next session, the analyst heard a loud crash at the closed door. On opening it the analyst found that, in hanging up his coat in the waiting room, the patient had overturned the coat rack and sent it falling against the door of the consulting room. Apparently the acting out of the manifest content of the dream had had to be delayed until the ensuing session when the patient could find an implement with which to strike the door, and thus make the reproduction of the dream more accurate. Some of the meanings of this behavior are obvious, but attention is concentrated on the acting out. There were other relevant details of the patient's situation immediately prior to his entry into the waiting room, but the example as given suffices to illustrate an acting out of the manifest content of a dream whose interpretation is prevented by resistance.

These observations provide some additional understanding and illustration of Freud's discovery that the formation of a dream requires a preconscious day residue coming into associative connection with an infantile wish which provides the incentive and energy for the dream formation. Since the neurotic behavior of the adult is a revised version and continuation of the infantile neurosis, a link must be found between the current neurosis and the infantile traumata and conflicts, and this link is found in the day residue. As a consequence, examination usually discloses that the day residue is intimately connected with present neurotic problems, and that it is chosen neither as

a matter of chance nor solely because of its associative connection with an infantile wish.

The fact that acting out can be demonstrated to the patient as deriving from his manifest dream may serve as a guide to the analyst in determining which parts of a mass of dream material may be chosen for the intensive effort of reaching an interpretation. It may be most efficacious to single out of each dream or portion of a dream that which most clearly reproduces waking behavior. If a particular symptom appears to contain the nuclear conflicts of a disorder, the manifest dream content which most nearly duplicates the symptom should receive the closest interpretative scrutiny.

That there is a variable and indefinite demarcation between dreams and waking reality is a psychoanalytic truism. As the chief function of the dream is to preserve sleep, the dreamer in the dream is trying to find an acceptable resolution for a condensation of realistic and forbidden wishes, present and past. The dream recapitulates for the dreamer the nature of his deprivation and its determinants. The relatively relaxed privacy of the dream makes it safer to permit self-revelation of nonadaptive, infantile determinants of the dreamer's fantasy. The dreamer can always suppress the dream fantasy if it is too disturbing to remember. He can, however, remember it whenever he is ready to profit from its interpretation in psychoanalysis. Róheim *(6)* says, 'The dream as such is an attempt [of the dreamer] to re-establish contact with [his] environment, to rebuild . . . [his] world'. Rycroft *(9)* states that 'Dreams showing the dream screen are likely to occur when patients with narcissistic fixations are attempting to re-establish emotional contact with the external world'. It appears that the dream contains another example of a force operating 'beyond the pleasure principle', for in addition to its wish-fulfilling function it serves the efforts of the psyche in its strivings for fuller living, better adaptation, and greater health.

SUMMARY

The acting out of manifest dream content occurs with consistent regularity when resistance prevents the full, or only partial, interpretation of a dream. This relationship between waking behavior of patients and the manifest content of their dreams lends itself to various technical and therapeutic applications in psychoanalysis. It clarifies the structure of both dream and psychopathology, and the function of the dream.

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The Psychoanalytic Quarterly

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

Psychoanalytic Technique and the Analyst's Unconscious Masochism

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To cite this article: Heinrich Racker (1958) Psychoanalytic Technique and the Analyst's Unconscious Masochism, The Psychoanalytic Quarterly, 27:4, 555-562, DOI: 10.1080/21674086.1958.11926115

To link to this article: https://doi.org/10.1080/21674086.1958.11926115

Published online: 07 Dec 2017.

PSYCHOANALYTIC TECHNIQUE AND THE ANALYST'S UNCONSCIOUS MASOCHISM

BY HEINRICH RACKER, PH.D. (BUENOS AIRES)

Psychoanalytic cure consists in establishing a unity within the psychic structure of the patient. Most of what is ego alien must be relinquished or reintegrated in the ego. For this unity to be achieved the analyst must, in the countertransference, achieve a kind of unity especially with what the patient rejects or splits off from himself. The analyst is able to do this to the degree to which he has mastered his own ego defenses, and in so far as he is able to recognize what there is or was of himself in the patient.

Every object-imago is psychologically a projected part of the subject. The psychoanalytic process in one sense consists, for both patient and analyst, in restoring the unity broken by this division of one into two or more. To be cured is to have the integrity and mastery of one's personality restored; and to cure is to integrate the patient's psyche by integrating one's own, re-establishing the equation nonego (you) = ego. To understand is to overcome the division into two, and to identify oneself is, in this aspect, to restore an already pre-existing identity. To understand, to unite with another, and hence also to love prove, at root, to be one and the same. Therefore, understanding is equivalent to positive countertransference, taking this term in its widest sense to mean love and union. The disturbances of positive countertransference, its 'negative' aspects, are thus disturbances of the union and equivalent to disturbances of understanding. Hence the continual analytic utilization and solution of every manifestation of negative countertransference and the re-establishment of positive countertransference are decisive factors for the favorable development of the psycho-

Read before the First Latin-American Psychoanalytic Congress, Buenos Aires, Argentina, 1956.

analytic process. To the degree to which negative countertransference is a response to a negative transference, the negative countertransference must be resolved if the negative transference is to be resolved. Only by resolving the negative countertransference can we rediscover and re-establish positive transference, which is in one sense the patient's union with himself, and his cure.

During the last few years psychoanalysts have become increasingly aware of the importance and meanings of countertransference, both as a hindrance and help for the analytic work. I may mention the publications of Lorand, Rosen, Winnicott, Heimann, Annie Reich, Little, Gitelson, Weigert, Fliess, Spitz, Zetzel, Money-Kyrle, and others. In my own paper, The Meanings and Uses of Countertransference,[1] I started from the thesis —transference, upon the analysis of which the cure so essentially depends, always exists. Normally the analyst responds to it in two ways: he identifies with the patient's ego and id; and he identifies himself with the patient's internal objects which the patient places within the analyst. These internal objects, projected by the patient into the analyst, range from the most primitive persecutors and idealized objects to the parents of the genital œdipus complex and their heir, the superego. The patient treats the analyst as he would the objects he places within the analyst, who feels treated accordingly. Thus the analyst normally identifies himself, in part, with the objects with which the patient identifies him. The identifications with the patient's ego and id I have suggested calling 'concordant identifications'; those with the patient's internal objects, following an analogous term introduced by Helene Deutsch, as 'complementary identifications'. In the ideal case the analyst carries out all these identifications, perceives them, and utilizes them for understanding and interpretation of the processes of the patient's inner and outer world. This ideal is accepted by all analysts in so far as it refers to the concordant identifications, but not, I believe, in what concerns the complementary ones. In other words, it is

[1] This QUARTERLY, XXVI, 1957, pp. 303-357.

taken for granted that the analyst must coexperience, to a corresponding degree, all the impulses, anxieties, and defenses of the patient, but it seems to be less readily assumed that he also coexperiences or should coexperience, to a corresponding degree, the impulses, anxieties, and defenses of the patient's internal objects. Nevertheless, if this occurs, the analyst acquires a further key of prime importance for the understanding of the transference. In my paper I also pointed out which transference processes usually provoke in the analyst depressive or paranoid anxieties (in Melanie Klein's terminology), which ones provoke guilt feelings, aggressiveness, submissiveness, somnolence, and other states, and how the analyst can deduce from his own specific countertransference feelings what is going on.

We can, however, use countertransference and, in particular, the complementary identifications in this way as a technical aid only if the identifications in question are true ones (and not projections of the analyst's own problems onto the analysand), and if the analyst keeps a certain distance from all these processes within himself, neither rejecting them pathologically nor 'drowning' in them by falling into violent anxieties, guilt feelings, or anger. Both repression of these internal processes and 'drowning' in these feelings hinder or prevent the analyst from opening a breach in the patient's neurotic vicious circle by means of adequate transference interpretations, either because the analyst does not himself enter far enough into this vicious circle or else because he enters too far into it. In such cases it may also happen that the analyst's attitude toward the patient is influenced by his neurotic countertransference; then the patient is faced once again (and now within the analysis itself) with a reality that coincides in part with his neurotic inner reality. But adequate countertransference experience of these situations and understanding of them afford the analyst increased possibilities of interpreting the transference at the opportune moment and of thus opening the necessary breach. Adequate countertransference experience depends on several factors, two of which are particularly decisive: the degree of the analyst's own

integration and the degree to which he is able, in his turn, to perform for himself what he so often performs for the patient, namely, to divide his ego into an irrational part that experiences and another rational part that observes the former.

In the present paper I will confine myself to one specific problem, one of the most important disturbances of countertransference, of the analyst's understanding, and of the successful evolution of psychoanalytic treatment: I refer to the analyst's own unconscious masochism. By this I mean masochism as a universal tendency which exists in every analyst. Nevertheless, the description that follows will refer more to analysts with predominant traits of a masochistic character than to those of other characterological types. Just as we differentiate, among patients, between neuroses and characteropathies and their various corresponding transferences, so also must we differentiate, among analysts, between 'countertransference neurosis' and 'countertransference characteropathy'. The latter also includes the analyst's characterological counterresistances, analogous to the patient's characterological resistances. A characterology or characteropathology of the analyst and his corresponding countertransference would be of great practical value.

In terms of object relations the analyst's masochism represents one of the forms of unconscious 'negative' countertransference, the analyst putting his sadistic internal object into the patient. The unity between analyst and patient is thus disturbed from the very outset and gives place to a duality with a certain degree of predominance of thanatos (sado-masochism) and a certain degree of rejection of eros.

It should be stressed, first of all, that the analyst's masochism aims at making him fail in his task. We should, therefore, never be too sure that we are really seeking success and must be prepared to recognize the existence of an 'inner saboteur' (as Fairbairn says) of our professional work. We must likewise reckon with an unseen collaboration between the masochism of the analyst and that of the patient. In so far as the analyst's

activity signifies to him, for instance, an attempt to destroy the father, the œdipal guilt feeling may express itself in a moral masochism conspiring against his work. We are dealing here with a pathological (for example, a manic) signification of the act of curing, or more precisely, with a 'pathological desire to cure' in the analyst. Psychological constellations of this kind may constitute, to a variable degree, a 'negative therapeutic reaction' of the analyst. In such a case the analyst is partially impeded in achieving progress with his patients or else he feels unconsciously compelled to annul whatever progress he has already achieved. I have, for instance, repeatedly observed how a candidate or an analyst, after having given a series of good interpretations and having thus provoked a very positive transference, thereupon becomes anxious and has to disturb things through an error at his next intervention.

The analyst's masochistic disposition is also an unconscious tendency to repeat or invert a certain infantile relationship with his parents in which he sacrifices either himself or them. The analyst may, for example, seek to suffer now, through his analytic 'children', what he had made his own parents suffer, either in fantasy or in reality. The transference is, in this aspect, an unconscious creation of the analyst. This tendency may manifest itself, for instance, in the unconscious provocation of a preponderance or prolongation of certain transference situations. That one's fate is, in some respects, the expression of one's unconscious tendencies and defenses holds good for the analyst and his work. Just as countertransference is a 'creation' of the patient[2] and an integral part of his inner and outer world, so also, in some measure, is transference the analyst's creation and an integral part of his inner and outer world.

As is well known, masochism goes hand in hand with the paranoid disposition, and hence our masochism not only makes us seek failure but also particularly fear it. Masochism creates, therefore, a special disposition to countertransference anxiety over the patient's masochism which conspires against the task

[2] *Cf.* Heimann, Paula: *On Countertransference.* Int. J. Psa., XXXI, 1950, p. 83.

of therapy. Furthermore, it predisposes the analyst to feel persecuted by the patient and to see mainly the patient's negative transference and his aggression. Masochism and paranoid anxiety act like smoked glasses, hindering our perception of the patient's love and what is good in him, which in turn increases the negative transference. Our understanding becomes a partial one; while we clearly perceive the present negative transference, we easily become blind to the latent and potential positive transference.

The masochistic analyst also has, analogously, an unconscious preference for perceiving the patient's resistances, which he experiences as aggressions, and thus the patient turns into a persecutor. The analyst tends to overlook the valuable communications, the 'contents', the 'good things' that the patient transmits to him together with his resistances. The classical rule according to which the analyst should direct his attention in the first place to the resistances can, in this sense, be unconsciously abused by the analyst's masochism. Moreover, the masochistic analyst is inclined toward submission to the patient, and particularly to his resistances. He tends, for instance, to 'let him run' too much with his associations, sometimes with the rationalization of showing him 'tolerance' and giving him freedom. The truth is that the neurotic is a prisoner of his resistances and needs constant and intense help from the analyst if he is to liberate himself from his chains.

In this sense, the masochistic analyst is also inclined to misapply another good psychoanalytic rule: the one recommending passivity to the analyst. This is a very elastic concept and our masochism may make ill use of it and lead us into being exaggeratedly passive and not fighting for the patient. The masochistic analyst tends to renounce parenthood, leaving the direction of the analysis overmuch to the patient. Excessive passivity implies scant interpretative activity and, this, in turn, scant working through on the patient's part with a consequent reduction of therapeutic success.

Masochism can also give rise to a certain affective detach-

ment in the analyst with respect to the patient and his communications, since approach, union, and even reparation may be too gratifying because to the analyst's unconscious they signify gratification of a concurrent aggressive tendency such as the desire for triumph over a rival. Masochism may also cause stiffness, overobedience to rules, and other similar traits in the analyst's methods.

The patient's resistances and negative transference manifest themselves also in the patient's attitude to the interpretations. The importance of this attitude is very great; upon it depends to a high degree the success or failure of the treatment. The masochistic analyst is predisposed to bear passively the patient's negative relation to the interpretations, or he may become anxious or annoyed by them when the proper thing is to analyze the patient's œdipal or preœdipal conflicts with the interpretations and his paranoid, depressive, manic, or masochistic attitudes toward them. Masochism here induces the analyst to allow the patient to manage the analytic situation, and even to collaborate with his defenses, preferring, for instance, to let himself be tortured and victimized rather than frustrate the patient.

A change in the analyst's masochistic attitude to the act of analyzing, to the patient, and to the patient's communications can considerably increase the success of the therapeutic work. Such a change can bring an awakening, a greater readiness for battle and victory, a fuller acceptance of our new parenthood, a closer approach to the patient, a struggle for his love along with greater confidence in it. It can bring willingness to see the positive transference behind the negative, to see the good things together with the bad ones, and the content offered us by the patient together with the resistances. It likewise implies a constant striving for rediscovery and recovery of the positive countertransference through continual solution of the negative countertransference. This point is fundamental, for it implies one's experiencing the patient as one's own self, the basis of understanding. On this ground the analyst is always *with* the patient, he accompanies him in each of his mental movements,

he participates in every detail of his inner and outer life without fear of him and without submitting to his resistances, he understands him better, and for everything he receives he tries to give by communicating to the patient as far as possible all that he has understood. There is then a greater activity in the empathic and interpretative work, the analyst gives more (albeit with certain exceptions), and thus really becomes a 'good object', remaining all the while attentive to how the patient is taking what he gives him and how he is digesting it. With this greater activity and freedom the analyst includes himself more in the psychoanalytic process, and likes to do so; thus the transference and countertransference experiences become more intensely mobilized and enriched. His passivity gives place to a greater interchange of roles with the patient, analyst and patient oscillating to a higher degree between listening and speaking, between passivity and activity, between femininity and masculinity; and thus the infantile psychosexual conflicts are analyzed as they are manifested in these aspects of the analyst-patient relationship as well as in the other ways with which we are familiar. The previous therapeutic pessimism changes toward a more enthusiastic and optimistic attitude which gains strength through the improvement in the therapeutic results and the satisfactions afforded by the reparatory work.

The struggle with the resistances for the sake of the patient's health thus acquires a certain similitude to the famous wrestling of the Biblical patriarch Jacob with the Angel. This continued undecided the whole night through, but Jacob would not yield and said to the Angel: 'I won't let you go unless you bless me'. And finally the Angel had no choice but to do so. Perhaps we shall also finish the struggle, as Jacob did, somewhat lame-legged, but if we fight as manfully as he, we no less shall enjoy from our own inner being a blessing of a sort;—and the patient will as well.

The Psychoanalytic Quarterly

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

A Psychotic Episode Following a Dream

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To cite this article: Peter A. Martin (1958) A Psychotic Episode Following a Dream, The Psychoanalytic Quarterly, 27:4, 563-567, DOI: 10.1080/21674086.1958.11926116

To link to this article: https://doi.org/10.1080/21674086.1958.11926116

Published online: 07 Dec 2017.

A PSYCHOTIC EPISODE FOLLOWING A DREAM

BY PETER A. MARTIN, M.D. (DETROIT)

Commonly acknowledged as a psychoneurotic symptom *(4)*, agoraphobia may also be a manifestation of schizophrenia *(11)*. Freud *(7)*, Ferenczi *(5)*, and Federn *(3)* have noted the relationship, in some instances, between neurotic symptoms and latent psychoses. Pious in a pertinent article *(10)* states: 'The dynamic interrelations of the neurotic symptoms to the latent psychoses are not [sufficiently] dealt with in the literature. . .'.

A middle-aged woman had two older sisters and two younger brothers. Her family worked in and lived above a store in an area traditionally associated with the city's red-light district. Her first attack of anxiety occurred at twelve. During her teens she was anxious and had a fixed idea that her breath was foul. All knowledge of sex was suppressed. At eighteen she married the least virile man of her acquaintance. She soon gave birth to two children. After six years of marriage she began to experience progressively increasing agoraphobia which continued for six years before entering analysis. It was her chronic complaint that her mother did not give or accept affection.

THE SYMPTOM

She sought psychoanalysis when she was no longer able to leave her house alone and could not avoid getting into violent arguments with everyone. At first her husband or her mother accompanied her to the analytic hour. As she improved she was able to come alone despite her fears. She feared falling prostrate, helpless but fully aware. Out of the house she scrutinized every person, seeking a kind face indicating one who might take care of her if she collapsed. Analysis proceeded slowly, but she improved sometimes to such a degree that she was able to do things she had never done before, but traces of her fear were always present. The analysis

Read as *Symptom, Dream, Transference, and Psychosis,* at the annual meeting of the American Psychoanalytic Association in Chicago, May 1957.

progressed through the stages of what one could anticipate, evoking all the typical dynamic elements described in the literature and summarized by Miller *(9)*: '. . . erotization of walking described by Freud and Abraham, and the exhibitionistic, voyeuristic urges and birth fantasies noted by Helene Deutsch, and the superego conflicts described by Alexander'. An element missing was the absence of promiscuity described by A. Katan *(8)*. In her marriage, sexual abstinence was the rule. Miller's conclusion that there is present in agoraphobia a central theme of fear of pregnancy because of promiscuous urges in the street, and a desire to have a baby as a restitution, was not here a theme which would tie these elements together.

With consistent analysis and improvement, she developed a strong positive transference. She was able to take her first airplane trip and a long vacation in the far west. A haunting awareness of her basic fear of collapsing in the street persisted. Having progressed to the degree that she was to sing in an amateur musical production, on the night of the performance her mother's presence in the audience induced severe anxiety. She was only able to go on stage when, just prior to the performance, she discarded her high-heeled shoes for low-heeled ones. This simple act represented to her the renunciation of maturity to preserve her infantile relationship to her mother. Abraham's *(1,* p. 42*)* classic quotation from a five-year-old incipient agoraphobic child is apt: *'Ich will kein Spazierkind sein; ich will ein Mutterkind sein'*.

THE DREAM AND THE TRANSFERENCE

During the fourth year of analysis the transference was still strongly positive. She was making plans for the forthcoming *bar mizvah* of her second son. There occurred a resurgence of her former anxiety. She feared having to make the arrangements for this celebration, having to greet each guest at the synagogue, and the following festivity. The analysis revolved about her inability to meet her responsibilities. As the date approached, she became terrified and confused. Too frightened to drive a car or to take a bus she managed to come to analysis by taxicab. She became almost incoherent. She thought of suicide and said that she was frightened of her thoughts. She said she preferred to die or go crazy so that she might not have to think about these things. She was, it transpired, terrified and

suspicious of the analyst. To prevent suicide and because she requested it, she was hospitalized. The confusion was broken for a few minutes during the last analytic hour preceding hospitalization and she reported the following important dream.

> I laid there lost and suddenly he [the analyst] laid his hands on my breasts. Everything whirled crazily. Could I trust what I was feeling or not? Would I be lost or come back and believe this bewitching new unexpected development? Something I didn't know was part of the treatment but he decided it was time to do this surprise. My senses reeled and I couldn't understand what was going on but here I was thrilled and it was true. This was everything I wanted. It had been available--sort of an unexpected reward—as though you had to work to get to this stage and then came this lightning surprise. When everything looked blackest and hopeless. This was the first test. If I responded to it and could struggle through to it—it was all right. Like he was poised, waiting for the precise moment to do this to me. He let me stroke his genitals. It was true. He was available any time I wanted him. The test was: could I stand to believe my senses or not. He laid down next to me. Again, it was, would I be able to take these riches, and prove I could accept love and respond to it and not go crazy. He let me stroke him and I couldn't believe my senses. The test was would I come back to reality and believe this. Then I realized it was really there. This was the feeling I tried to reach with my mother all through the years! All my life I had sought to find this exquisite pleasure from my mother.

Analysis of this dream subsequently continued for the remaining three years of her analytic treatment. It proved to be an attempt to find a method of escaping from her impending psychosis by gratification of her wish to get and to give what she had never experienced in her earliest infancy. This to her signified being loved and being permitted to love.

Her son's 'becoming a man' had disrupted the fantasy she was reliving in the transference of having a good mother she could love and by whom she was loved. The genital elements in the dream are a common defense against the primitive infantile cravings. The patient later stated: 'I have never been able to say "I love you" to anyone because I thought that love was only for babies and mothers and I was afraid of it'.

Bartemeier *(2)*, in a study of dreams immediately preceding acute psychotic episodes during psychoanalytic therapy, concluded that these dreams presage momentous events in the transference.

THE PSYCHOSIS

Upon entering a sanitarium, she became terrified of other patients,

was combative, refused nourishment, and did not recognize her husband or the analyst. She felt she was being hypnotized by some great man, was being persecuted by Hitler, and that therefore she must be a great person. She had auditory hallucinations. After a few months she re-established rapport with the analyst and resumed analysis. Analysis of her psychosis revealed it to be an expression of her desire to be a helpless infant and thus to achieve an adequate feeling of security in love. She later stated that she would rather 'have someone like me' than 'to be sane'. The psychotic episode was an acting out of the fantasy of her narcissistic striving for a symbiotic union with her mother *(6)*.

Her further successful analysis clarified for her that throughout life she craved to be loved as she wished she had been by her unloving mother.

When she entered the hospital, a dramatic change took place in her husband. His previous coldness and faultfinding disappeared in a frenzy of devotion. He abandoned his work and sat by the bedside of his wife by the hour, determined to nurse her back to health. The sincerity of his determination cannot be underestimated as a therapeutic agency in her recovery.

SUMMARY

This brief communication deals with the relationships existing among (a) the symptom, agoraphobia, occurring in a middle-aged female; (b) a latent psychosis which erupted during the fourth year of her analysis; (c) an important dream occurring on the night preceding the outbreak of the psychosis; (d) the transference which erupted in a dream at the onset of the psychotic episode.

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The Psychoanalytic Quarterly

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

Sidney Klein 1896-1958

Sidney Tarachow

To cite this article: Sidney Tarachow (1958) Sidney Klein 1896-1958, The Psychoanalytic Quarterly, 27:4, 568-568, DOI: 10.1080/21674086.1958.11926117

To link to this article: https://doi.org/10.1080/21674086.1958.11926117

Published online: 07 Dec 2017.

SIDNEY KLEIN

1896-1958

Following a succession of major illnesses for seven years, Sidney Klein died July 29, 1958. Born in New York of Hungarian Jewish parentage, he was educated in public schools, and attained his premedical and medical training at Columbia University. He graduated an honor student. After a two-year internship at the Jewish Hospital in Brooklyn, he was a general medical practitioner five years. Influenced by Dr. Philip Lehrman, with whom he developed a lifelong friendship and in whose department at Postgraduate Hospital he worked many years, he engaged in training to become a psychoanalyst.

Dr. Klein became a member of the New York Psychoanalytic Society and Institute in 1933 and was Treasurer of the Society from 1949 to 1952. He was Associate Attending Psychiatrist at Postgraduate Hospital, where he was an enthusiastic clinician, teacher, and consultant. When the Postgraduate Hospital was merged with Bellevue Hospital, he was appointed Associate Attending Neurologist and Assistant Clinical Professor of Psychiatry. In 1945 he joined the staff of Hillside Hospital where he served as Vice-President of the Medical Board.

In recent years Dr. Klein's greatest activity was at Hillside Hospital where, after making clear and definite contributions to clinical discussions or to the work of a committee, he was nevertheless dissatisfied, always trying to be clearer and more helpful; he demanded the highest standards of performance from himself.

SIDNEY TARACHOW, M.D.

The Psychoanalytic Quarterly

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

Theory of Psychoanalytic Technique. By Karl Menninger, M.D. New York: Basic Books, Inc., 1958. 206 pp.

Edward Glover

To cite this article: Edward Glover (1958) Theory of Psychoanalytic Technique. By Karl Menninger, M.D. New York: Basic Books, Inc., 1958. 206 pp., The Psychoanalytic Quarterly, 27:4, 569-597, DOI: 10.1080/21674086.1958.11926118

To link to this article: https://doi.org/10.1080/21674086.1958.11926118

BOOK REVIEWS

THEORY OF PSYCHOANALYTIC TECHNIQUE. By Karl Menninger, M.D. New York: Basic Books, Inc., 1958. 206 pp.

The relative sparsity of psychoanalytic contributions either to the technique or to the theory of psychoanalytic treatment is not so amazing as Fenichel and many other practitioners before and after his time have found it. For it points as clearly to countertransference anxieties on the part of the analyst as the silences of the patient point to his resistances (transference or otherwise). It certainly cannot be attributed to lack of capacity on the analyst's part to describe or interpret psychic reactions or to elaborate theoretical systems. For in both these directions he has displayed a facility that verges on the compulsive.

The importance of this subjective block can be readily confirmed by contrasting articles dealing with matters of technique with those expounding the theory of the analytic situation. What the tyro and, no less, the experienced analyst continue to hope for is an adequate set of practical rules which will help them to guide the analytic process and to deal with the crises of anxiety and guilt which may arise during its course. What they usually get is a list of more or less agreed recommendations (which soon acquire the sanctity of axioms) having little specific relation to the differences between one clinical case and another. This exiguousness stands in marked contrast to the copiousness of such standardized theoretical outlines as they are offered and which tend to create the impression that the process of analysis can be pinned down and each phase set forth with cartographical exactitude.

This compensatory exposition of theory is subject to one serious drawback. It allows various unchecked idealizations of the process of psychoanalysis to masquerade in theoretical guise. Indeed it might be said with some justice that the more the analyst idealizes his technique, the more anxious and uncertain he is about it, with the result that the unfortunate student often finds himself confronted with a theoretical (therapeutic) ethic, which by arousing his guilts makes him less able to deal with the varied and frequently surprising contingencies of everyday analytic practice, than if his

mentors in theory and practice had freely confessed that they were themselves often at their wits' end to cope with crises.

Nevertheless, some sort of theory we must have; and Dr. Menninger, taking the bull by the horns, has endeavored to confine his presentation to this aspect of the subject. Needless to say it is a matter for congratulation that he has not altogether succeeded in his venture: for his book is garnished throughout by practical aphorisms, culled both from his own ripe experience and from borrowed sources, for which the student cannot but be grateful and which to some extent provide a useful check on his more systematized theoretical outlines.

Dr. Menninger's next step is a fateful one for his presentation. For not only has he warned the reader that his book is not a 'manual of practice' but he goes on to contain the essential dynamics of the analytic situation within the framework of 'a working model'. Most writers on technique, if only for reasons of space, have been compelled to adopt this device. The model most commonly chosen has of course been based on experience of treating the psychoneuroses, differences in dynamics in other cases being relegated to special and contrasting chapters. (Incidentally, it is interesting to surmise what would have been the common working model, had Freud made his original therapeutic discoveries in the field of psychopathy or of schizoid character.) Dr. Menninger's own model is essentially a composite, no doubt based to a considerable extent on experience with 'character cases' (a term he dislikes) to say nothing of social and sexual maladaptations. But it has the disadvantage of all such pedagogic devices in that it renders static what is essentially a fluid situation. He seeks to hold a flux within the banks of an essentially ego psychology.

In setting up his model, Dr. Menninger has apparently been greatly attracted, if not indeed seduced, by the phraseology of civil law. The analytic situation is in his view a 'two-party transactional and contractual situation', and to the very last sentence of the book the relations between 'the party of the first part' (the patient) and 'the party of the second part' (the analyst) are expressed in this idiom, supplemented by diagrams which, at first simple and bold, reach their apotheosis in a most elaborate, almost surrealist, form. Here again are pedagogic devices which have their disadvantages: for although they serve to highlight and to some extent to explain

the importance of transferences and countertransferences, they obscure the fact that the striving id knows no contracts, however deeply the patient's ego may have thrust and however closely the analyst may follow in its wake.

Nevertheless, Dr. Menninger evidently finds the contractual approach a convenient one, perhaps because it enables him to underline the nature of analytic frustration which, he feels, accounts for the form and tendency of transference manifestations. Pursuing this matter further and following Rado, Dr. Menninger outlines a number of stages or levels of transference reaction, emphasizing thereby the serial nature of the regression which, he maintains, is the hallmark of the analytic process almost to the point of termination. Here, it seems, he does less than justice to the Janus-like nature of regression. For although the operation of the associative process, confined as it is to the analytic situation, encourages a repeated inversion of libido from its everyday attachments and so promotes regression, and although the setting and conduct of the analysis *de haut en bas* is calculated to produce increasingly infantile reactions (in both patient and analyst) the *pull* of the id and the strength of primary processes re-enforced by the conditions of association, should not be dismissed as purely a frustration phenomenon. Nor, for that matter, can the frustrations of developmental life be *equated* with the current frustrations of analytical striving for transference gratifications. Displacement and repetition are after all the main characteristics of transference.

The same line of thought is evident in Dr. Menninger's discussion of resistance, as when he limits the concept to the thrust of forces within the patient which oppose the process of ameliorative change and when he calls transference resistance a 'frustration resistance' or 'revenge resistance'. This is obvious enough in hysterical and to a less extent in obsessional states when the 'transference neurosis' develops: even so it is a half-truth that neglects the radical nature of 'primary gain', the aim of which is surely the redressing of unbalanced forces in the total psyche. The mere fact that the most effective resistances to analysis are encountered in so-called 'normal' people (including a proportion of training candidates) warns us against putting too much stress on the factor of secondary gain. For it can be said that despite the heavy loading of transference with historical factors a good deal of the noise of transference can

be attributed to an immediate search for secondary gain within the consulting room.

On the matter of interpretation, Dr. Menninger has many wise and experienced observations to make, although he is still influenced by his contractual hypothesis or, as the case may seem, analogy. The point at which interpretation is most effective, says Dr. Menninger, is where frustration tension (and by this he evidently means frustration in the contractual situation) is mounting to a too painful degree. Analytic slogans vary of course at different times and in different places. It may indeed be just a matter of emphasis or of terminological labels. Recommendations to space interpretation in accordance with 'the anxiety' or 'the guilt' or 'the aggression' or 'the negative transference' may all have an immediate practical justification. But it can easily be argued that a measure of frustration is the degree of anxiety or hostility (ultimately guilt) it arouses. It would seem that Dr. Menninger's measures tend to limit the scope of interpretation and to that extent play into the hands of the 'here and now' esoterics who in recent times have succeeded in making analytic techniques appear rather foolish. Fortunately in most practical matters Dr. Menninger is empiric rather than esoteric. His concept of 'preparatory processes', i.e. interferences *leading* to effective dynamic interpretation, provides an excellent scale of values to guide the student and prevent his attaching equal significance to all his allocutions. This view, incidentally, was first propounded by James Strachey in 1933 when he distinguished 'mutative' from other forms of interpretation.

But perhaps the acid test of theoretical surveys of psychoanalytic treatment lies in the formulation of criteria that should govern the termination of the process. For it cannot be denied that theoretical discussions of this subject would never have arisen had psychoanalysis proved a panacea for mental disorder. Had such been the case the sole criterion would have remained the resolution of the symptoms of which the patient complains. The more complicated the conditions for termination, the more profound the unspoken apology for failure in symptom resolution, and the more likely are the criteria to be idealistic in tendency. Dr. Menninger's criteria are quite plainly in terms of personality reorganization; viz., harmony in the ego, a deepened intensity in relation with others including the sexual reactions to love objects, improvement in work,

play, thinking, increased tolerance of personal discomfort, and objectivity toward the analyst. These are surely the criteria of the 'character' analyst. They certainly are in keeping with the author's earlier statement that 'the patient-physician relationship is never specifically for the removal of symptoms', a view which exposes the essential weakness of the contractual hypothesis.

Taking the book as a whole, it may be said that although compacted of sound practical wisdom it does not distinguish clearly enough between theory and idealization of the analytic process. This, on occasion, leads to intriguing contradictions. At one point (p. 55), illustrating the absence of 'position-taking' on the part of the analyst, Dr. Menninger says *inter alia,* 'He [i.e. the model analyst] was told a good joke—but he didn't laugh'. Seventy-six pages later the more human Menninger breaks through. Speaking (p. 131) of ways and means of indicating to the patient in the early stages of analysis that despite the analyst's apparent reserve he is nevertheless in a state of communication rather than of suspended animation, he recommends, again *inter alia,* 'a chuckle at an appropriate time in connection with an amusing episode'.

But perhaps the best example of the influence of idealization is to be found in Dr. Menninger's view that 'one of the most important functions of psychoanalytic societies is a control of countertransference tendencies'. The control of subjective error in estimations (here he quotes Waelder in support) lies in the 'mutually corrective influence' of members of an analytic group. No doubt on the intellectual plane such an influence exists: but it would have been a useful 'corrective' to this view to remind the student that at a slightly deeper level, psychoanalytic societies, possibly even psychiatric groups, are notorious for the incubation of jealousies and of mutual negative transferences.

But when all is said, this is a good book based solidly on the traditions of the second generation of analysts. It may perhaps overemphasize the expectant reserve required of the therapeutist during the first half of the analysis, but this again may well act as a corrective to the 'Up, boys, and at 'em' techniques of more modern analytic interpreters. In short, Dr. Menninger's treatise satisfies the two main prerequisites of a good book on technique; namely, that it can be placed safely in the hands of the student, and that, whether

or not the author's theoretical model is foolproof or overidealistic, it is calculated to make the student think what he is doing.

EDWARD GLOVER (LONDON)

DREAMS AND THE USES OF REGRESSION. By Bertram D. Lewin, M.D. Freud Anniversary Lecture Series. The New York Psychoanalytic Institute. New York: International Universities Press, Inc., 1958. 64 pp.

This fascinating little book, well-edited and well-organized, contains the seventh of the Freud Anniversary Lectures. These lectures established in 1951 to celebrate the birthday of Sigmund Freud, will be published annually, beginning with the present volume, under the imprint of The New York Psychoanalytic Institute. With this presentation, Bertram D. Lewin joins the list of distinguished authors who have previously delivered Freud Anniversary Lectures (Rudolph M. Loewenstein, Ernst Kris, Phyllis Greenacre, Anna Freud, Lionel Trilling, Ernest Jones) in New York.

After a few opening remarks on the position of dream interpretation in the history of science from Heraclitus to Schroedinger, Lewin develops his succinct and extraordinarily stimulating thoughts about dreams, focusing his attention on one of the most unusual dream sequences in recorded literature: Descartes' dream or, rather, three dreams during the night of November 10, 1619. These dreams have been dealt with in psychoanalytic literature before, somewhat cursorily and in an evidently restrained fashion by Freud in his response to a letter addressed to him, and more recently in a paper by Wisdom. Dr. Lewin's concise interpretation undoubtedly is the most challenging attempt not only to penetrate into the deeper meaning of Descartes' nocturnal experience, but also to correlate it to the philosopher's entire lifework and scientific world view. This small volume summarizes, in a sense, the work of one of the great thinkers in the history of philosophy by viewing this philosophy from within, and thus opens new vistas into broad areas, as yet uncharted, of human creativity and intellectual pursuit. Particularly rewarding is Lewin's effort to establish the parallelism between Descartes' dreams and his dualistic view of the world with its clear-cut division into two separate provinces, the observing

res cogitans (mind) and the physical *res extensa* (body). In analyzing Descartes' dreams Lewin finds 'a great deal of bodily feeling in [them], and Descartes is painfully aware of part of his body's *res extensa* or matter'. The author then examines the connection between certain bodily phenomena emerging in various sections of the dream, the young philosopher's state of physical health (Descartes was twenty-three years old at the time), and certain basic tenets of the Cartesian system. Although the interpretation of dreams like these is not a matter of certainty, Lewin's approach appears well-justified since the dreamer himself spoke of his experiences during the night of November 10th as being of decisive importance for his later career, often returned to them, and expressed his conviction that they were 'a revelation from God'.

Pursuing his analytic investigation with unfailing logic and supplying reasonable constructions where full data are lacking, Lewin arrives at this hypothesis: 'When Descartes came to formulate his scientific picture of the world, he made it conform with the state of affairs in an ordinary successful dream. The picture of the dream world that succeeds best in preserving sleep . . . came to be the picture of the waking world that succeeded best in explaining it scientifically. The relation of the observer to the observed in a dream was set up as the metaphysically proper relation of the scientific observer to the scientifically observed and observable in waking life. Mental ego feeling in the dream became Cartesian mind, *res cogitans;* the dream picture became Cartesian matter, *res extensa.*'

There is much humor, humility, and wisdom in this thoughtful lecture. In his concluding remarks the author mentions that it would be interesting to know 'what Einstein dreamed, or Leibnitz, or Lao-tse'. He also comments in passing on the importance of such experiences in the lives of those men and women who are traditionally called saints. These and many other almost casually mentioned points reflecting the author's broad knowledge and interest serve only to stimulate the reader's appetite for further information and make this reviewer express the hope that Dr. Lewin will not fail to extend his searching analytic investigations along such lines.

WILLIAM G. NIEDERLAND (NEW YORK)

DREAMS IN FOLKLORE. By Sigmund Freud and D. E. Oppenheim. New York: International Universities Press, Inc., 1958. 111 pp.

By a happy coincidence, Lewin's brilliant essay on Descartes' dream series appears in print at the same time as a hitherto unpublished study by Freud, which is also devoted to the interpretation of certain dreams from literature. In view of the tendency of some contemporary analysts to avoid the use of psychoanalytic tools in elucidating problems or topics of applied analysis, the simultaneous publication of both volumes at this time is especially welcome.

The story of the rescue and discovery of the manuscript is in itself worth recording. Written jointly by Freud and Oppenheim, one of the early if transitory followers of psychoanalysis, sometime between 1909 and 1911, the manuscript traveled from Vienna to the Theresienstadt concentration camp during the Second World War, sojourned in Australia for some years after the war, and finally reached New York late in 1956. It was rescued from oblivion by the efforts of Drs. Bernard L. Pacella and K. R. Eissler and thus came into the possession of the Sigmund Freud Archives.

Published against the background of these events, briefly outlined in Dr. Pacella's preface and James Strachey's editorial notes, the handsomely printed volume is indeed rich in content. We find in it Freud's original letter to Oppenheim (in facsimile), dated October 1909, the latter's collection of a series of dreams derived from various sources of European folklore and the former's introduction, commentaries, interpretative observations, annotations, and concluding remarks. The book contains the German version of the study as well as its English translation. The original is printed in the unedited fashion as written by Freud with all its characteristics as to orthography, language, obsolete spelling, etc.; the translation, though not reproducing the various dialects, adopts a conventional idiom usually associated with the wording of folk tales and on the whole succeeds in conveying to the English-speaking reader the peculiar flavor and 'spicy' quality of the original. With reference to the tenor and contents of the narratives Freud tersely remarks: '. . . one should not be deterred by the often repulsively dirty and indecent nature of this popular material . . .'. In this connection Dr. Pacella makes an acute comment in his preface when he suggests that Freud's observation on the particular nature of the material

also sheds light on his own thinking, especially on his deeply sympathetic approach to the problems of the 'common man'. In fact, speaking of the many profanities and coarse details occurring in these folkloristic dreams, Freud emphatically states: '. . . it is doing the common people an injustice to assume that they employ this form of entertainment to satisfy the coarsest desires . . . behind these ugly façades are concealed mental reactions which are to be taken seriously . . . to which common people are ready to surrender, but only if they are accompanied by a yield of coarse pleasure'. This sympathetic understanding, which can be found on almost every page, enlightens and enobles the often crude contents, and attests to the humanity and scholarship of the two authors.

But there is more embedded between the covers of this book. Three features, in this reviewer's opinion, make it a worthy addition to psychoanalytic literature. First, there is the unquestionable *historical* value of the new publication. Appearing only two years after the hundredth anniversary of Freud's birthday, even a quick perusal of the text brings to mind what Robert Waelder so aptly expressed in his Freud Centenary address before the 1956 Chicago meeting: 'To study psychoanalysis means, on the whole, to study Freud. Contributions have been made by others, but they have been amplifications, applications and minor revisions . . . . This is a rare though not a unique situation in the history of science.' The publication of Dreams in Folklore is therefore *eo ipso* an event in the history of psychoanalysis as a science.

Second, there is the *intrinsic-heuristic* value which rests on such facts as the selection, nature, and interpretation of the dreams recorded in the paper, the category of the dreamers (mostly peasants, peddlers, their kinsfolk, etc.), and the types of their dreams which deal with nocturnal sensory stimuli, urinary or fecal urgency, genital sensations or events, and other actual or potential 'disturbers of sleep' participating in the formation of the respective dreams. Freud has injected important analytic truths into the fictional narratives collected by his erstwhile collaborator D. E. Oppenheim, a professor of Greek and Latin at a Vienna *Gymnasium*. There is a great deal of bodily feeling in all the dreams presented in the Freud-Oppenheim report (in this sense they come close to Descartes' dreams discussed by Lewin) and the dreamer's nocturnal sensory stimulations impinging on his bodily feelings during sleep are usually stated

'quite unashamedly', as Freud observes. And he adds: 'These stories delight in stripping off the veiling symbols'. Some of these dreams, the reviewer feels, may well be used as excellent supplementary teaching material in analytic dream seminars and may also gain a place as 'standard specimens' in the further training of present and future generations of analysts.

Third,—and this is perhaps the most important factor—the booklet gives us some glimpse into Freud's intellectual *modus operandi*, as it were. Reading those brief comments and unrevised, synoptic annotations, well-stocked with subtlety of observation, immediacy of insight, clarity of expression and thought, we can sense some of the firmness and perspective with which Freud organizes the material; we can recognize the essential seriousness with which he sees his task as analytic interpreter; and we cannot help admiring the extraordinary intuitiveness and perspicuity which he uses as his operational tools in dissecting analytically these obscure folk tales and in arriving at the core of their often mazelike structure. After all, here is an array of isolated, lively, but otherwise rude and scurrilous narratives, literally 'raw material' handed to Freud in a loosely connected collection. It is through Freud's ingenious technique, that is, through the analytic penetration into and poignant apprehension of *the* story behind the stories (achieved by throwing all situational aspects, external 'trimmings', linguistics, etc., overboard and cutting straight through them to the depth of the subject), that the material is presently transformed into a work of art and science. His treatment of these dream narratives will be of lasting interest to every worker in the field.

A few minor shortcomings in the translation of Freud's letter to Oppenheim should be noted, with an eye to an anticipated second edition. The German *'Forscher'* appears in the translation as 'enquirer'; in the context of the letter, 'scholar' or at least 'scientific enquirer' would probably be a more appropriate term. Freud's colloquial *'uns fehlt der Schulsack'* is rendered 'we are lacking in academic training'. Such academic wording not only weakens the dry humor of the original but injects a jarring note of austere solemnity to which Freud was quite obviously opposed. He simply meant: 'We are just poor illiterates' or 'we are but ignoramuses in the field'.

WILLIAM G. NIEDERLAND (NEW YORK)

NO AND YES—ON THE GENESIS OF HUMAN COMMUNICATION. By René A. Spitz, M.D. New York: International Universities Press, Inc., 1957. 170 pp.

In this monograph Spitz investigates the genesis of human communication from its earliest prototypes in the phylogenetic endowment of the newborn infant to the emergence of semantically significant speech. This occurs at the age of fifteen months when the child-animal shakes its head, says 'No', and begins to claim its heritage as a human being. This is a fundamental study. It is based on many years of direct observation of infants, supplemented by effective experimental interventions. Previous reports by the author concerning these data have contributed to our knowledge of the origin of affects, the anxiety signal, sensory discrimination, and object relations. In this present work Spitz has effected a most impressive synthesis of psychoanalysis with ethology, experimental psychology, and embryology. So far, no comparable study of the maturation and development of a specific ego function has appeared.

The intricate patterns of human communication have their beginnings in the inborn rooting behavior of mammals. This behavior consists of two phases: a scanning, or searching-out phase, and a consummatory or need-gratifying phase which brings the scanning experience to an end. Originally, this activity serves anaclitic ends almost exclusively, but as the libidinal tie between mother and child grows, dependence and frustration take on new meaning for both partners in the nursing experience. Imitation and identification are discussed both from the point of view of developing object relations and shifts in cathexes which lead to large scale restructuring of the ego.

The component elements of the rooting pattern make different contributions to the development of communication. The same apparatus activity, which at first was oriented only toward need gratification, is transformed into a series of communicable signals whose meaning is discernible to the mother while, at the same time, they remain without semantic significance to the child. Eventually, as the result of a confluence of many forces which Spitz describes in detail, the crucial connection is established in the child's mind between the head shaking gesture, the concept of refusal or negation, and the memory traces associated with the articulated sound 'No'.

It would be unfair and misleading to represent that the foregoing constitutes a summary of this monograph. A wide variety of problems basic to psychoanalytic theory and bearing on many related fields are posed and discussed in this book. The author has the refreshing ability to vitalize theory by applying it to very specific and definite forms of behavior. He considers, for example, why scanning activity which is related to frustration is especially suited as a prototype for the function of communication. He examines what inferences may be drawn from the study of a child with congenital atresia of the esophagus who had been fed from birth through a gastric fistula. What peculiarities in the development of communication may be anticipated in such a case where the early cathexis of the oral zone has been by-passed? A section on the origin of the capacity to form abstractions is a beautiful illustration of how the data of developmental psychology may be enriched if supplemented by the drive theory of psychoanalysis.

The attainment of the function of semantic communication which begins with the ability to say 'No' is regarded by Spitz as a critical phase in human development. Together with the smiling response and the eighth month anxiety, he places this function among the main 'organizers' of psychic development, a concept which he stresses and elaborates in this book. The implications of these findings for the theory of the self which presently is in the foreground of psychoanalytic literature form the closing section of this work.

No and Yes is a worthy continuation of the author's elucidation of the earliest phases of development of the ego in the human infant. A study of this book will reward the reader not only with broadened insight into the fascinating realm of the origin of human communication but will stimulate him to question and to speculate concerning many of the basic tenets of psychoanalytic theory.

JACOB A. ARLOW (NEW YORK)

THE ANNUAL SURVEY OF PSYCHOANALYSIS, VOLUME IV, 1953. Edited by John Frosch, M.D. and Nathaniel Ross, M.D. New York: International Universities Press, Inc., 1957. 770 pp.

The Annual Survey of Psychoanalysis, in the four volumes that have thus far been published, has become an important reference book for study, learning, and teaching. In the fourth volume, for

the year 1953, the editorial staff has kept its enthusiasm and careful and independent evaluation; the editors have avoided schematization, and the text remains highly readable. The volume contains two hundred fifty-eight abstracts from periodicals, twenty book reports, and an extensive bibliography and index, giving details of progress in all fields of psychoanalysis.

The opening chapter on history is written by Sigmund Gabe; Leo Rangell and Nathaniel Ross wrote the theoretical part; John Frosch concentrates on clinical studies, dreams, and training. Applied psychoanalysis is discussed lucidly by George Devereux, Renato J. Almansi, and Mark Kanzer. Child analysis (Nathaniel Ross) and analytic trends in psychiatry (Lawrence Kolb) are dealt with on an equally high level, as is Joseph Lander's sixty-page summary of psychoanalytic therapy.

The Annual more and more assumes a definite gestalt. It is not merely a collection of abstracts. The screening, organizing, careful evaluating and editing make the book a genuine guide in the vast literature of psychoanalysis. The reader of the abstracts may sometimes appreciate more the compact reports than some of the lengthier original publications. At other times, the reader's special need may lead him back to the sources. The Annual does not give a quick and easy digest, but opens the way into current psychoanalytic literature. The introductions to some of the chapters, the transition from one report to the other, and the concluding summaries underline trends in analytic research and are often masterpieces of concise writing.

MARTIN GROTJAHN (BEVERLY HILLS)

A SEARCH FOR MAN'S SANITY. THE SELECTED LETTERS OF TRIGANT BURROW, WITH BIOGRAPHICAL NOTES. Edited by William E. Galt, et al. New York: Oxford University Press, 1958. 615 pp.

The author of these letters was a founder of The American Psychoanalytic Association (1911) and became its president in 1925. Introduced by Brill to both Freud and Jung, Trigant Burrow, with the encouragement of Adolf Meyer, undertook a year of study with Jung, in Küsnacht. Although one of the first to bring psychoanalysis to America and to engage in its practice, when the Association was reorganized in 1933 his application for membership in the New

York Psychoanalytic Society was rejected. The reason for this action is given as follows: 'Since the early days of your interest in psychoanalysis, this science has been developed in certain ways that accentuate the divergence which now exists between its present status and your present views' (p. 268). Thus, under the bylaws of that day, he lost his membership in the Association. In 1949, he wrote Clarence Oberndorf as follows: 'I was greatly pleased and flattered . . . as an ex-President of the American Psychoanalytic Association . . . to be the recipient of the Abraham A. Brill Memorial Medal'.

At the time this honor was offered Dr. Burrow he had been for sixteen years an outcast of organized psychoanalysis. His old friends, Oberndorf, Adolph Stern, and others, no longer understood his scientific ideas or aims. Although he felt keenly the loss of his former 'rather lively contact with my psychoanalytic confrères . . . [at] the regular meetings twice a year of the American Psychoanalytic Association . . .', there was no bitterness. Through all the years between his early activities as a psychoanalyst and the time of his rejection by the New York Society, and on to the end of his days Trigant Burrow acknowledged Freud's work as his inspiration and regarded his own studies as having 'inherent continuity' with Freud's discoveries.

Burrow was born in Norfolk, September 7, 1875, the youngest of four children. The volume's Biographical Notes tell us that his father was 'a wholesale druggist', a Protestant, who 'was said to be the first man in Norfolk to own the works of Darwin'. His mother was 'a woman of culture and keen intelligence . . . with an indomitable will . . . known for her dry wit . . . subject to moods of silent withdrawal when her cold remoteness could chill the stoutest heart'. She was passionately devoted to the Catholic faith. By the time of Burrow's adolescence, 'a painful rift [had] developed' between the parents, although there was no separation. Young Burrow entered Fordham University in 1890 and soon found 'that the dogmas of the Catholic Church began to lose significance for him'. This did not, however, diminish his mother's devotion to him, and it was thought that he corresponded daily with her. His father died in October 1896, about the time Trigant entered the Medical School of the University of Virginia. Following graduation, he had a year of study abroad, including courses with Wagner von Jauregg and Krafft-

Ebing; then medical work at Johns Hopkins, and an increasing interest in psychology leading to a Ph.D. and election to Phi Beta Kappa in 1909.

Burrow admired and was fascinated by Jung and a warm friendship developed. Upon returning to Baltimore he joined Adolf Meyer's staff at the Henry Phipps Psychiatric Clinic and became active in psychoanalysis in America. In 1913 he planned a personal analysis with Freud, but the war interfered. He deplored 'the breach' between Freud and Jung: 'It would indeed be a calamity if Jung's genial perspectives have misled his splendid genius into an irrevocable disagreement with the clear, steadfast, disinterested observations of Freud'. Burrow's early writings show a mastery of Freud's theories, and Oberndorf considered his description 'of a "primary subjective phase" in the infant, chronologically preceding the œdipus situation' to be among the four 'most noteworthy and original American contributions before 1920'. As early as 1914, Burrow described the 'elaborate systems of defense-mechanisms' of society. In the following year he chanced to meet Clarence Shields, 'a man whom I could not bring to think either with me or in opposition to me on the accustomed basis of interchange', who was to alter the entire course of his life and lead him increasingly into the study of 'the behavioral disorders of social man'.

This study began in 1918 during Mr. Shields's analysis with Dr. Burrow. Shields 'made bold to challenge the honesty' of the analyst's position, 'insisting that . . . the test of my sincerity would be met only' by a reversal of roles (p. 44). Burrow experimentally accepted this challenge, underwent a painful emotional experience, and with his 'analyst' undertook a 'reciprocal effort of each of us to recognize within himself his attitude of authoritarianism and autocracy toward the other'. Through thick and thin, through the alienation of colleagues and friends, through financial hardships induced by interruptions of Dr. Burrow's practice, through a period of lack of understanding and sympathy on the part of his family, Trigant Burrow worked with Clarence Shields during the rest of his life to bring about 'automatic relinquishment of the personalistic or private basis and its replacement by a more inclusive attitude toward the problems of human consciousness' (p. 46). As the years passed they were joined in this task by others, and formed a small group of loyal associates. Dr. Burrow's publications were numerous,

but increasingly obscure to his colleagues and old medical friends. He willingly, even humorously, admitted his ineptness in communicating the essence of his discoveries. The implications of the following quotation from a letter written in his seventy-fourth year are touching. He tells of his daughter, who had been close to his research endeavors for many, many years: 'She said to me later, "Father, I want to read Mr. Wallace's statement again. I believe I begin to have a really clear idea of what your work is all about." To which I said, "I believe it helps me too to sense more clearly what I am driving at!" ' (p. 554). His writings, nevertheless, appealed to such men as Sherwood Anderson, D. H. Lawrence, Leo Stein, and Herbert Read (the latter wrote the foreword to the book), and led to considerable correspondence with them and others.

The extent and diversity of Burrow's correspondence is overwhelming. Whether writing to the famous, to simple people, or to members of his family, Burrow is always himself. His style, gracefully simple, has literary quality and is lighted by warmth of expression and gentle appreciation of the feelings of others. He could be forceful in defense of his convictions, but never hostile or aggressive on a personal level. These letters reveal a gifted personality of depth and understanding; a mind brilliant, troubled, searching; a man devoted to his work, wide in interests, loyal to family and friends; a man of basic humility.

A psychoanalyst could hardly fail to be interested in and at times deeply moved by this volume, so richly stimulating to the inquiring fantasies of which we are so fond. Above all, one returns over and over to the thought: What would have been the outcome of this life had the author been able to realize his plan for analysis with Freud?

There is a bibliography of Burrow's published writings: five books and sixty-seven papers. There is also an adequate index.

WILLIAM G. BARRETT (SAN FRANCISCO)

SCHIZOPHRENIE. By Ludwig Binswanger. Pfullingen, Germany: Neske, 1957. 498 pp. (Including *Le Cas Suzanne Urban. Étude sur la schizophrénie.* Bruges, Belgium: Desclée de Brouwer, 1957. 144 pp.)

This volume, written by an eminent Swiss psychiatrist, an advocate

of existential analysis, contains five studies on the major psychosis. Psychoanalysts and psychoanalytically oriented psychiatrists will find it of unusual interest. Ludwig Binswanger is an experienced clinician who has at his disposal the clinical material from one of the foremost private hospitals on the Continent; furthermore, he has a thorough acquaintance both with psychoanalysis and with existential analysis. The reader will recall that Binswanger was active at the beginning of the psychoanalytic movement, publishing his first important contribution in the *Bleuler-Freud Jahrbuch*. Although his philosophical interests later led him toward Husserl and Heidegger,—a development which led him away from psychoanalysis—, Binswanger nevertheless maintained his friendship with Freud.

The genetic approach, a cornerstone of psychoanalysis, is alien to existential analysis. Since it is not concerned with the origins of the phenomena it examines, existential analysis centers its attention on the direct description and analysis of the individual's experience as well as the structure of the individual's world. While, according to Binswanger, psychoanalysis is concerned primarily with an 'ethereal world' (a world of dreams and fantasies), existential analysis undertakes to enter into all possible worlds of human existence. In this way, the latter discipline follows Hegel's principle that 'the individual is what his world (his *total world*), as his world, is'. Binswanger pays tribute to Freud's concept of the ontogenetic and phylogenetic development of the mind. However, he goes on to state that Freud's work, like most other works of genius, is one-sided and must be recognized as such to be scientifically fruitful.

The phenomenological method of existential analysis does not consider the human being as one of many objects of nature, but studies the human phenomenon from the point of view of its being in the world. According to this theory psychoanalysis is concerned only with one form of existence, namely, 'the must'; therefore, this discipline is merely one among all the others which consider existence as potential being, and love as *'Seindürfen'*. Further differences between both methods stem from these general premises. For example, existential analysis does not recognize the primacy of sensation and instinctual drives, and its approach to the problem of symbolism is essentially different. Binswanger, describing a patient whose most outstanding symptom was the wish to be slim and the fear of

putting on weight, does not see this symptom as the wish for youth and the fear of aging and becoming ugly. He believes that both the wish and the fear are interconnected since both belong to the same wish and fear world. Thus, the decisive element is not the particular wish or fear but the world structure in which they originate.

To pursue this illustration further, existential analysis goes along with psychoanalysis in stressing the importance of anality as a libidinal phase and in claiming that its significance goes far beyond the psychosomatic dichotomy. However, existential analysis looks upon this libidinal phase or, for that matter, any other psychoanalytic construct, as secondary: the anal phase is derived from the individual's world structure. Thus, Binswanger, in discussing the patient cited above, sees her basic 'world blueprint' as that of a hole. The anthropological essence of this particular form of existence is that of being oppressed or hemmed in; a being living in such a world is empty and set on filling up her emptiness, consequently anality is here combined with orality. Pleasurable sensations originating in the respective erogenous zones are not regarded as primary or essential, nor is the fear of putting on weight a symbolic fear of pregnancy; rather, the wish to become pregnant is subservient to the tendency to be filled; and, as distinct from psychoanalysis, bulimia is *not* a symbolic expression of the wish for love and for a child. In other words, libido is not looked upon as a primary force of existence. Therefore, infantile sexual theories, even if detected by psychoanalysis, cannot be regarded as a decisive factor in the development of personality.

However, despite the author's departure from psychoanalytic theory, psychiatric clinicians will find his analysis of the schizophrenic process, autistic thinking, hallucinations, and delusions both rich and rewarding. Since existential analysis is not primarily interested in therapy, the therapeutic point of view is rarely mentioned. Yet it is hardly possible to conceive that any new insight into the psychotic's world should be without influence on our therapeutic endeavors.

No doubt any clinical study based on phenomenology and existential analysis will meet with resistance in the psychoanalytically oriented readers. However, it is this reviewer's conviction that, after overcoming this resistance and after investing the effort necessary to

acquire the framework for these new concepts, the psychoanalyst will deepen and broaden his horizons; and he could not ask for a better guide than Ludwig Binswanger.

GUSTAV BYCHOWSKI (NEW YORK)

A PSYCHIATRIST WORKS WITH BLINDNESS. Selected Papers. By Louis S. Cholden, M.D. New York: The American Foundation for the Blind, 1958. 119 pp.

In bringing together these seven selected papers, The American Foundation for the Blind has provided both a fitting memorial for Louis Cholden and a fundamental text for anyone interested in the problems of the physically handicapped. Cholden's rare gifts as clinical investigator and teacher, and his phenomenal capacity to inspire his co-workers are revealed on almost every page. Whether he is addressing ophthalmologists in Psychiatric Aspects of Informing the Patient of His Blindness, or social workers in The Effect of Monetary Giving on Human Beings, or psychiatrists in Group Therapy With the Blind, Cholden presents psychoanalytic principles in concise, lucid terms and with an unerring grasp of his auditors' professional needs and unconscious resistances.

While any psychoanalyst would find this book engaging and instructive, I would recommend it particularly to those working with members of allied professions in social agencies, hospitals, schools, and clinics. Psychoanalysts as well as others in these settings not infrequently become pessimistic because of preoccupation with the magnitude of the obvious problems and the insufficiency of therapeutic resources which tends to obscure the less obvious positive potentials. A refreshing antidote to this tendency is provided by the last paper, Where Do We as Rehabilitation Workers Feel Ourselves Lacking That We Must Look for a Scapegoat. Cholden was no Pollyanna; he was rigorously honest in delineating the large gaps in our professional knowledge and insisting on the critical evaluation of 'traditional hand-me-downs, uncritically accepted. . . . We have to know what is truth and what is excuse. This can only be learned from research.'

H. ROBERT BLANK (WHITE PLAINS, NEW YORK)

THE QUEST FOR IDENTITY. By Allen Wheelis, M.D. New York: W. W. Norton & Co., Inc., 1958. 250 pp.

This book is inspired by that honest doubt which holds more faith than fifty warring creeds. The author, a practicing psychoanalyst, noting the difference between his clinical observations and classic descriptions of analytic patients, has turned for explanation to the sociologist. This explanation he found by correlating a social phenomenon, the institutional process or myth making, with Freud's primary process, and instrumentation or tool making with Freud's secondary process. He shows that the ever-increasing acceleration of the latter, compared to the stagnation inherent in institutions, is responsible not only for the present chronic international tension but also for the diminished importance of the superego today. A superego, weak in comparison with that of an older generation, lessens the scope of the unconscious, since it exerts less repression. The ego, in so far as it is freed from its old masters, God and the devil, now has a capricious tyrant in reality that cries, 'Faster, faster', for adaptation that will match technological changes. Without the fixity of the superego, the goals that gave life meaning waiver so that individuals lose self-awareness and purpose. When seeking certainties in psychoanalysis they are often disappointed.

The material denoted by this bald oversimplification has two components, the intellectual and the emotional. Precisely and even wittily, often with striking similes, the author has depicted the intangibles and generalities of the intellect. The second, the emotional, he has conveyed by a series of episodes of commonplace events in the life of a three-generation family, told with poignant simplicity that compels the reader to identify with the characters.

Beguiled by the technical excellence of this presentation, the reader may not find himself questioning these assumptions and assertions until he has finished the book. Then he may well ponder to what extent people today have exchanged acceptance by the imago of an idealized parent for toleration by their contemporary peers, and whether, as a corollary, many characteristics of modern society can be explained as those of the latency period. Or, is a sense of personal identity due mostly to a harmony with the superego, or can it not also be due to an awareness of changing moods

and a mastery of the environment? Many other speculations are provoked and, in the end, the reader, if an analyst, can hardly fail to empathize with the writer's candid revelation of the emotions aroused by his occupation. In short, this book is well worth reading.

GERALDINE PEDERSON-KRAG (NORTHPORT, NEW YORK)

THE GROWTH OF LOGICAL THINKING FROM CHILDHOOD TO ADOLESCENCE. An Essay on the Construction of Formal Operational Structure. By Bärbel Inhelder and Jean Piaget. New York: Basic Books, Inc., 1958. 356 pp.

This book is one of a series studying intelligence at various points of growth. In former works, The Child's Conception of the World, The Child's Conception of Space, The Construction of Reality in the Child, The Child's Conception of Physical Causality, the authors elucidated various stages in the growth of mental functioning and recognized four main stages in its development: 1, the sensory-motor stage from birth to about two years; 2, the preoperational or representative stage in the period two to six years; 3, the stage of concrete operations, ages seven to eleven; and 4, the period of formal operations in the age group twelve to fifteen years and onward. The latter stage of the development of intelligence is dealt with in detail in this work.

The first fifteen chapters (Parts I and II) present a series of protocols, selected from studies of fifteen hundred boys and girls, illustrating the approach of the child in each of the four stages of development to problems of increasing complexity, with an analysis of each. These chapters document thoroughly the change in cognitive functioning which takes place in the third and fourth stages. In the third stage the child's thought processes remain essentially attached to concrete reality. The subject can organize the given data, and though there is present the ability to extend the actual in the direction of the possible or potential, there is as yet no conception of hypothesis. In the fourth stage the essential change in the cognitive process is that there is a reversal in the direction of thinking between reality and possibility in that reality is now secondary to possibility: it proceeds from what is possible to what is empirically real. It is only in this fourth stage that the ability to use the concept 'all else being

equal' is developed, and hypothetical reasoning based on a logic of all possible combinations is available to the child in performing controlled experimentation.

In Part III the growth of formal thought is studied from the standpoint of equilibrium conditions and structure formation. The thesis that the formal thought processes of stage four represent a new equilibrium is thoroughly explored and described in terms of difference from the earlier stages, comparisons between physical and psychological equilibrium states, and in terms of reality and possibility concepts. 'In a state of mental equilibrium the succession of mental acts is effected not only by the operations actually performed, but also by the entire set of possible operations, in so far as they orient the subject's searching toward deductive closure.' The discussion of the growth of thinking from the point of view of structure formation makes extensive use of symbolic logic as a tool in delineating and elucidating the structures of the equilibrium states in stages three and four. In the final chapter, the thesis laid down in the preceding, i.e. the role of the formal structures of thought, is applied to the psychology of the adolescent as a being beginning to take up adult roles and as one for whom possibilities, systems, theories, and ideals characteristically color his view of life, in contrast to the child who is concerned only with present reality.

This book presents one aspect of ego development, namely the growth of a cognitive function in, as it were, 'pure culture', the elements dealt with being the child's intellectual processes in relation to an inanimate object and in isolation from considerations of motivation, relationship, and personal interaction. In this framework the concepts appear valid and the method of presenting them is convincing. To this reviewer, who is unfamiliar with logic and higher mathematics, symbolic logic as a means of expression and delineation of the concepts considered appears as a proper tool and in harmony with the study of this particular facet of psychology.

How validly the point of view and the method put forth by the authors can be extrapolated to a more total dynamic psychology, including a greater number of conscious and unconscious variables, is not clear. The essay to interpret in this direction the psychology of the adolescent appears thin and incomplete to this reviewer.

The book is of particular interest to psychologists and intro-

duces a new and interesting dimension to any student of growth and ego psychology.

MARJORIE HARLE (ROCHESTER, NEW YORK)

DYNAMICS OF PSYCHOTHERAPY. The Psychology of Personality Change. Volume III. Procedures. By Percival M. Symonds, Ph.D. New York: Grune & Stratton, Inc., 1958. 242 pp.

The third part of a study on psychotherapy, (the previous two parts have already been reviewed in This QUARTERLY, XXVI, 1957, pp. 557-558), this volume is principally concerned with the role of the therapist in psychotherapy. More than half the book deals with interpretation, and the remainder with what the author terms 'more active therapy', such as reassurance, suggestion, commands, persuasion, and advice. As in the previous volumes, Symonds makes no effort to discuss psychoanalysis separately.

Volume III has the advantage over the preceding two of quoting some clinical examples to illustrate the author's points. However, these examples are not from his own experience but from the works of Kenneth M. Colby, Felix Deutsch, and the latter and William F. Murphy. Again, this volume suffers from too much generalization, and the author's need for neat categorization leads to inaccurate polarized formulations. For example, he states (p. 339) that 'the therapist wishes through interpretation to enable his patient to substitute intellectual, contemplative, and reflective responses for impulsive, emotional, and defensive reactions'. Certainly Professor Symonds neglects the role of the patient's emotions in insight and in the understanding of interpretations.

In another place he mentions how the therapist's use of the patient's language will help the patient to become involved in the transference and make an identification with the therapist. But would not this rather facilitate the therapist's identification with the patient instead of the reverse as Professor Symonds states? Certainly the use of the patient's language is of value in helping the patient to understand interpretations in the most immediate way. The imprecision of Professor Symonds's formulations, as in this last example, would seem to be very confusing to the neophyte therapist for whom these volumes are intended.

BERNARD BRODSKY (NEW YORK)

THE MEASUREMENT AND APPRAISAL OF ADULT INTELLIGENCE. By David Wechsler, Ph.D. Fourth Edition. Baltimore: The Williams & Wilkins Company, 1958. 297 pp.

Since its introduction in 1939, David Wechsler's Bellevue Intelligence Scale has established itself as a definitive intelligence test for adults. The first three editions of The Measurement of Adult Intelligence served both as a test manual for the Bellevue Scale and a general treatise on intelligence. The introduction of a major revision in the Wechsler-Bellevue Test, now called the Wechsler Adult Intelligence Scale (WAIS), provides the occasion for the fourth edition. The improved standardization of the WAIS together with the presentation of new population norms make it an even more useful test than its older version. The fourth edition of Wechsler's accompanying text, entitled The Measurement and Appraisal of Adult Intelligence, is considerably revised in the presentation, arrangement, and quantity of data gathered with the author's tests.

A principal change in the text is the omission of the test and scoring instructions, and IQ tables, and their inclusion in a separate manual that accompanies the test equipment. Wechsler has substantially revised or added to most of the chapters and has added five new chapters: 8, Factorial Composition of the Wechsler-Bellevue I and Wechsler Adult Intelligence Scales; 9, Changes in Intelligence and Intellectual Ability with Age; 10, Sex Differences in Intelligence; 13, Changes in Intelligence Consequent to Brain Damage; and 14, Utilization of W-B I and WAIS in Counseling and Guidance. Readers interested in research in cognition will find the chapters on Factorial Composition and Sex Differences particularly interesting.

In a major revision of a book, the reader expects the author to take notice of new relevant data and novel views of his topic even if they tend to contradict the author's own interpretations. Here lies the glaring omission in Wechsler's current text. His ideas about intelligence, tightly tied to Spearman's, remain essentially unrevised. The author is certainly entitled to his commitment. His steadfastness, however, becomes parochial when he ignores completely the recent theoretical contributions to the problem of intellectual functioning and development from sources other than studies utilizing traditional intelligence tests. Psychoanalytic ego psychology, as

represented by the contributions of Hartmann and Rapaport (including studies of conflict-free structures, processes of automatization, and the delaying function of thought), and Piaget's investigations of the development of intelligence are unmentioned. It is particularly unfortunate that the author of a test which is so useful in appraising the uniqueness of a person's intellectual functioning should shun the efforts to understand intellectual functioning within the context of a general theory of personality.

Wechsler's efforts to maintain the insularity of intelligence force him to ignore the implications of many of his own statements. When he defines intelligence as 'the aggregate or global capacity of the individual to act purposefully, to think rationally, and to deal effectively with his environment', he implicates the processes of adaptation and the defensive delaying of impulse discharge. Yet he nowhere follows his definition to its significance for reality testing, control over affects, and detours for impulse discharge.

Although Wechsler defines intelligence as a 'global capacity', intelligent behavior is discussed by him as if it were empirically separable from nonintellective behavior. Thus, he writes, 'more challenging, at least for diagnostic purposes, are the failures and successes . . . usually on individual test items which are seemingly due to the individual's personality and emotional conditioning'. The author implies that personality enters into intelligent behavior only in so far as the *content* of a person's response is concerned. The formal organization of thought and the patterning of abilities are treated as if they did not reflect the personality organization of the person. It becomes clear that to the author, personality organization consists of drives, motives, and affects that *disrupt* test performance. 'In the writer's opinion', Wechsler writes (p. 179), 'both the oversensitized clinician and the matter-of-fact statistician are likely to overestimate impact of personality variables on test performance. This does not mean that these variables are of no importance . . . emotionality, anxiety, motivation, etc. can influence test scores, but only seldom do they influence performance to such a degree as to invalidate the test findings as a whole.'

The author has expanded the chapter on Diagnostic and Clinical Features from twenty-two pages in the third edition to forty-four pages in the fourth edition, indicating his increased appreciation for the diagnostic yield of his test. Yet his view of diagnosis is un-

fortunately primitive, borrowing from the worst features of psychiatric nosology. Wechsler presents 'typical' test score patterns of such mythical groups of people as 'the schizophrenic', 'the anxiety reaction type', 'the sociopath'. It is a pity that Wechsler's skill as a test constructor is not matched by his sophistication as clinician. He gives scant consideration to the psychological problems a person must confront when solving the test items, to the cognitive functions tapped by the tests. The W-B I and the WAIS are excellent instruments for gathering information about the cognitive organization of the person tested; but one can make optimal diagnostic use of the tests by reasoning from the psychological functions tapped by the test rather than from a blind application of signs such as, 'a very high Similarities along with a very low Picture Completion is definitely indicative of schizophrenia, *because* [italics added] no other type of patient, so far as we have been able to determine, shows this combination'. A similar kind of reasoning from signs and classes rather than from psychological processes pervades the discussion of brain damage and the potentially useful chapter on Sex Differences.

By confining his discussion to the statistical evidence for a decline in 'mental ability' in the chapter on Mental Deterioration, Wechsler misses a fine opportunity to discuss the possible effects of such a decline on well-established control processes, on affect expression, and on adaptive efforts.

The publishers have done a slipshod job of typesetting. Margins in the bibliography are violated and there are numerous typographical errors.

The test, not the text's the thing.

PHILIP S. HOLZMAN (TOPEKA)

THINKING. AN EXPERIMENTAL AND SOCIAL STUDY. By Sir Frederic Bartlett. New York: Basic Books, Inc., 1958. 203 pp.

Bartlett's thinking about thinking, buttressed by laboratory experiments which antedate World War I, results in a peculiarly discursive book which seems ill-suited both for professional psychologists and the laity.

Taking a narrower view of cognitive processes than that held, for example, by Hebb, the author divides thought into two main types: formal or 'closed-system' thinking and 'adventurous' thinking. The

latter, which is treated most superficially, is further subdivided into experimental (i.e., scientific), everyday, and artistic thinking. The categories, though valid, are neither especially rigorous nor penetrating; and the entire approach is marked by an obsolescent, if rather individualistic, mixture of associationism and gestalt. However, neither of these two currents of psychological theory is acknowledged by Bartlett, whose laboratory appears to be well-insulated; and, apart from the obvious influences of late nineteenth-century *Denkpsychologie,* his major insights derive (apparently by transfer) from Haddon, Head, and Rivers, whose major work lay outside of psychology.

Since Bartlett has not attempted a systematic treatise on thinking, or even a critical appraisal of the important work done in this area by contemporary and earlier psychologists, he is not subject to criticism for these serious deficiencies. But the reader is entitled to wonder how prefatory and pedestrian an academic specialization can become after almost half a century of intensive practice. At any rate, this book will neither intensify nor obstruct the revival of interest in problems of cognition.

S. H. POSINSKY (NEW YORK)

VERBAL BEHAVIOR. By B. F. Skinner. New York: Appleton-Century-Crofts, 1957. 478 pp.

B. F. Skinner is one of the outstanding American psychologists in the behavioristic tradition. For some twenty-five years he has made theoretical, methodological, and empirical contributions that have significantly affected the growth of psychology as a general science of behavior. For just as long, Skinner worked on the formulations presented in this book. He has also written a novel. These indications of a creative, yet disciplined thinker, suggest what the reader will find in this book: an original, imaginative, and systematic treatment of verbal behavior. Closer study, however, will be of great value to anyone seriously interested in the psychology of language and communication.

The book is a theoretical statement worked out in considerable detail and amply illustrated with literary material, examples from everyday life, and, to some extent, with clinical phenomena. It is neither a report of quantitative, empirical studies, nor a survey of

the scientific literature on the subject. The author's basic orientation is toward an empirical, functional treatment of language in the framework of his more general theory of behavior.

The book can have different values for different readers. Skinner treats an extremely wide range of human phenomena from his consistently held, single theoretical position. In this regard, his book is unusual among those dealing with the psychology of language. Sharing in such an enterprise is stimulating and provocative, regardless of how one views the theory. The theory itself will interest many readers. Some of the 'facts' of verbal behavior which Skinner cites will be new to the reader, some old, but nearly all will be interesting.

Skinner's behavioral and empirical orientation serves him as 'Occam's razor'. He uses it readily, and often deftly, as he strives to cut through knotty formulations favored by tradition and to lay bare the essential behavioral processes as he sees them. The sign-symbol distinction, concepts of 'reference' and 'meaning', and treatments of language as the expression or manipulation of ideas, for example, are some of the notions critically considered. Certain psychoanalytic formulations receive similar treatment. Skinner is quite assertive upon all these occasions and will strike some readers as iconoclastic.

In a personal epilogue the author tells something about the origins of the present book. During a conversation in 1934 with Alfred North Whitehead, Skinner zealously proclaimed the virtues of the then current extreme behaviorism. In response, Whitehead presented this challenge: 'Let me see you', he said, 'account for my behavior as I sit here saying "No black scorpion is falling upon this table" ' (p. 457). The author started immediately on the inquiry resulting in this book. Skinner's system enables him to treat 'black scorpion' as an allusion to behaviorism and to regard the complete statement as a denial by Whitehead of the validity of radical behaviorism or of Skinner's complete tie to it. The psychoanalyst will be unfamiliar with the terms and concepts used in meeting Whitehead's challenge, and for many reasons will regard them as inadequate for the task. Skinner's attitude toward psychoanalysis is, in turn, ambivalent. Yet the reviewer came away from the book believing there is a closer underlying kinship between Skinner and

the psychoanalyst than either might realize or concede, and that each can gain something from the other.

GEORGE F. MAHL (NEW HAVEN)

THE MIND OF THE MURDERER. By W. Lindesay Neustatter, M.D. New York: Philosophical Library, Inc., 1957. 232 pp.

PSYCHOLOGICAL DISORDER AND CRIME. By W. Lindesay Neustatter, M.D. New York: Philosophical Library, Inc., 1957. 248 pp.

These books are written for the lay public by an English psychiatrist of wide experience. One volume runs through a common list of clinical labels—schizophrenia, the organic psychoses, and so on—and characterizes them with the aid of brief allusions to pertinent cases. The volume devoted to the murderer is organized upon a similar principle. Famous murder cases are chosen to show that the act can be committed by individuals who fall into practically all the clinical categories. The details of each murder are set forth as described in the press.

The laymen who read these books will have a concise guide to a mildly psychodynamic orientation in the field.

HAROLD D. LASSWELL (NEW HAVEN)

The Psychoanalytic Quarterly

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

International Journal of Psychoanalysis. XXXVIII, 1957.

Joseph Lander & Joseph Lander

To cite this article: Joseph Lander & Joseph Lander (1958) International Journal of Psychoanalysis. XXXVIII, 1957., The Psychoanalytic Quarterly, 27:4, 598-621, DOI: 10.1080/21674086.1958.11926119

To link to this article: https://doi.org/10.1080/21674086.1958.11926119

Published online: 07 Dec 2017.

ABSTRACTS

International Journal of Psychoanalysis. XXXVIII, 1957.

The Erotic Instincts. A Contribution to the Study of Instincts. Mortimer Ostow. Pp. 305-324.

Some of the principal concepts of Freud's theory of instinct are examined and compared with their homologues in the instincts of lower animals. A phylogenetic anticipation of dynamic system perhaps exists in the displacement activity of animals, whereby an instinctual activity set in motion and then blocked transfers its impetus to a different, inappropriate activity. The instinctual act and the wish which represents it psychically can be dissected into the following components: subject, object, contact apparatus, role, and technique. Role (active, passive, or reflexive) and technique are both included in Freud's term 'aim'. Technique is the actual performance, and according to the current ethological image it is proposed to distinguish between appetitive (object-finding) and consummatory (definitive, concluding) acts. A category of approach or preparatory acts is also proposed. Contact apparatus is the pair of body structures to be apposed in the performance of the act. Freud refers to the subject's apparatus as the 'source', while the object's apparatus is comprehended within the 'aim'. In animal instincts there is a fixed and limited set of instinctual needs, whereas in man, by virtue of plasticity, a much larger number of combinations is possible, of which some few are favored by each individual as a result of endowment or infantile experience. Hence man requires an elaborate testing system to eliminate new combinations which are inappropriate or dangerous, whereas animals do not. Because of this tremendous variability in form, and because of the consistency of activation, human instinctual behavior is not limited to rigid patterns evoked intermittently by internal needs or to responses to external demands but rather maintains a constant pressure leading to numberless varieties of constructive work and libidinal coöperation.

AUTHOR'S ABSTRACT

The Precognitive Cultural Ingredients of Schizophrenia. James Clark Moloney. Pp. 325-340.

Under optimum conditions, the mother caresses and stimulates the whole of her infant's skin, its entire body, enabling it to fuse this skin experience with the other sensory contacts with the mother such as sight and smell. Such very early complete relation to the mother fosters more effective ego development, with a surer sense of ego boundaries, an adequate sense of reality, a greater readiness for ultimate emancipation and independence. Those who have suffered deprivations in such intimacy with the mother are prone to develop distortions in their sensory perceptions of the outer world, with consequent later poor contact with reality.

The Psychoanalytic Treatment of Ulcerative Colitis. Melitta Sperling. Pp. 341-349.

There is considerable evidence of close connections between ulcerative colitis

and psychosis, especially schizophrenia. It is, however, not clear why one person reacts with the somatic, another with the psychotic, 'break'. Some analysts fear that the analysis of patients with colitis may precipitate psychosis. Sperling does not; she has successfully analyzed children (some still followed by her ten years after) and one young adult in whom a psychotic break had seemed inevitable. She cautions against palliative psychotherapy, which has the effect of rewarding the patient for illness and thus perpetuating it.

Two Types of Precœdipal Character Disorders. Isidor Silbermann. Pp. 350-358.

Kanner's autistic infantile psychosis and Mahler's symbiotic infantile psychosis are described in detail by Silbermann as a basis for his examination of certain aspects of precœdipal character disorder. The autistic child has no affective awareness, is withdrawn and alone. The symbiotic type remains fixed at a parasitic relation between child and mother, failing to achieve an object-libidinal cathexis with her. The nucleus of its ego is less damaged than is that of the autistic child, and it can therefore cope to a certain degree with its drives in spite of severe ego distortions. In comparison with such cases, Silbermann describes two patients with character disorders, both resembling obsessive-compulsives. One showed withdrawal and limited interest in his environment, the other too intensive and prolonged dependency. 'The autistic character disorder, symbiotically starved, may be likened to an immoderate anal system; the symbiotic character disorder, symbiotically overfed, to a large open-mouthed stomach, eager to receive and never filled to satisfaction.' Both infantile psychoses show a marked defect in ego development, with failure in transforming, taming, and controlling the id. The 'constitutionally damaged' psychotic child does not possess the endowment to create an adequate ego; the child with precœdipal character disorder has an immature and developmentally delayed ego nucleus which under unfavorable conditions becomes an incompetent ego. The 'conditions' are imposed by the personality of the parents, primarily of the mother: if her aggressions predominate, autism ensues, whereas if her unhealthy libidinal forces prevail, symbiosis results.

Changing Patterns of Parent-Child Relations in an Urban Culture. Margaret Mead. Pp. 369-378.

'Urban' culture (all those parts of the world, whether rural or not, that participate in industrialized society) is examined by Dr. Mead with special reference to the relation between cultural anthropology and psychoanalysis. The infant that fails to thrive evokes its mother's anxiety and her supply of milk fails. In primitive societies this frequently meant death for infants physically or psychologically inadequately endowed for nursing. Only the most suitable children survived, and consequently parents saved their energy for survival of themselves and their other children. Under those conditions death was a 'biologically adequate' result. In contemporary society, however, the defective survive because various supplemental devices are available. When today a child fails to nurse properly, and the mother becomes anxious and produces less milk, she is responding inappropriately: her apprehensions, with all their traumatic consequences for herself and the child, are unwarranted. Some of man's older biologi-

cal responses are no longer adequate and appropriate. To make this fact generally known could prevent much anxiety.

Man has various biological capacities that are seldom employed. One is 'fatherhood behavior' analogous to instinctual maternal behavior, a potential unused in our culture for many centuries. Recent data suggest that it is ready to emerge under appropriately permissive conditions.

Mead questions the thesis that very close ties between mother and child should be fostered. Since our culture brings our children into more or less constant contact with many strangers, beginning at a very early age, perhaps it would be wiser to prepare children for life by encouraging wider experiences, in the arms of many individuals.

In primitive society, which changes slowly, the design of its ingredients and the behavior of its members are congruent. The total culture is coherent. By contrast, the 'civilized' world is fragmented, broken, with 'incongruity among all its parts'.

JOSEPH LANDER

On Identification. Roy R. Grinker. Pp. 379-390.

Study of patients in psychoanalysis and observations of one infant suggest that identifications are bridging functions between social roles and internal psychological processes. How do the patterned processes of the external human environment become internalized to form identifications? The basic groundwork or template of personality is developed early by transactional identifications, before differentiation of personality into special psychological structures or subsystems. The same early transactional processes leading to identification contribute basic patterns to each of the psychological systems, to be differentiated later. Once they are isolated, further accretions of content depend upon the maturation of mechanisms of perception and motor control in relationships with significant persons. Identifications, and ultimately identity, are resultants of instinctual drives and experiences with reality, both of which must be taken into consideration. The resulting defenses and symptoms are synthesized by the integrating and organizing forces of the self.

AUTHOR'S ABSTRACT

Notes On Symbol Formation. Hanna Segal. Pp. 391-397.

The process of symbol formation brings together and integrates the internal with the external, the subject with the object, earlier experiences with later ones. It is essentially a reflection of the relation of the ego to its objects. In the first stages of symbol formation, projections of parts of the self into the object lead to identifications with that object. This symbolic equation between the original object and its symbol in the internal and external world is the basis for much schizophrenic thinking: the disturbance in the ego is manifested by the failure to distinguish between the symbol and the thing symbolized, between the self and the object. Where such symbolic equations are with bad objects, one tries to annihilate them by total withdrawal of interest—'paranoid schizoid position' (Klein). In the 'depressive position' (Klein), however, there is a capacity for ambivalence, and introjection is more prominent than projection as one strives

toward rebuilding, retaining the object inside. Objects which were earlier seen as totally good or totally bad are now seen as one, and the ego attempts to spare the object from its aggression. Inhibition of aggression becomes necessary, and the process of symbol formation takes on new aspects for the purpose of displacing the aggressive or introjective drives onto new objects. Unlike the earlier stage, where symbol and object symbolized were equivalent, the symbol is now felt as something created by the ego, therefore something with the qualities of the external and representational, and having a potential for sublimation. A basic function of the ego, therefore, is to enable one to cope with earlier anxieties through symbolization.

The Awarding of a Penis as Compensation for Rape. George Devereux. Pp. 398-401.

Careful psychoanalytic examination of myths yields new types of unconscious fantasies and other information useful for therapy. These fantasies and other psychic processes can then be identified in clinical work. True analytic exploration of cultural data thus broadens clinical horizons. The author illustrates his thesis with examination of a Greek myth.

The Tibetan Lamaist Ritual: Chöd. Jacques Schnier. Pp. 402-407.

Striking parallels exist between some Buddhist concepts and those of analysis. Both emphasize that mental analysis is a way of taming the passions and that it is hard to conquer powerful inner forces. Both are pre-eminently devoted to reality, and both reject moral judgments as the mode of solving life's problems. Neither system of thought supports a concept of God, and both aim to eliminate anxiety and fear. For both, basic goals are the search for knowledge and the attainment of tranquility. The features of the ritual described in this paper are the classical manifestations of the oral-sadistic impulses, which are recognized as such by leading lamas, the great meditators.

Justice, Aggression, and Eros. F. R. Bienenfeld. Pp. 419-427.

The author suggests that psychological trends observable in infancy constitute the basis for the whole framework of every legal system. Two main streams occur in legal systems: aggression, the application of force, as in criminal and military law; and that very considerable component of law which provides people with the resources necessary for their existence. 'Social security' measures have occurred in every period of history, intended to support members of even quite primitive cultures. The early experience of the individual is analogous to these two bases of the law, for the mother, who is the prototype for the superego, has two relationships to the child; she exists for it as a good and a bad mother, one who gives and one who punishes or deprives. But the good and giving aspect of the earliest months antedates the prohibiting and depriving aspect: Eros, not aggression, creates the first effective rules of relationship.

JOSEPH LANDER

Psychoanalytic Review. XLIV, 1957.

Representative and Typical Dreams With Emphasis on the Masculinity-Femininity Problem. Max Friedemann. Pp. 363-388.

Employing a special method for study of manifest content, Friedemann draws a number of inferences regarding 'representative dreams'. These he defines as 'dreams of different dreamers, grouped together according to their relationship with similar psychoanalytic situations'. The situations discussed in this study concern problems of masculinity and femininity. Many similarities exist between the dream images of different dreamers. The origin and significance of dream symbolism is discussed; 'the choice of the symbol is culture bound'.

Thoughts on the Latency Period. Fred S. Friedenberg. Pp. 390-400.

The author believes the latency period has been neglected in analysis and in investigative studies. This phase creates 'social virtues by sublimation. . . . The latency period is the reaction-formation that ends each developmental stage of mankind.' It is analogous to hibernation, and serves as a barrier against the psychotic threats of the archaic past.

Hypocrisy, Detachment, and Adaptation. Melitta Schmideberg. Pp. 401-409.

'Hypocrisy' includes a variety of phenomena; it is a form of ego adaptation, a partial defiance of the adult, a preservation of one's own ego. Fear of real feeling may lead one to simulate emotions; one can rationalize such 'hypocritical' feelings, and can cope with them more easily. Detachment serves similar purposes in adaptation: less intense feelings can be handled better, frustration is lessened, conflicts over instincts are milder. But such adaptation extorts a heavy price in repression of ideas and feelings, loss of spontaneity, capacity for adjustment. Some degree of depersonalization is closely linked with this process. In some situations self-control can be achieved only through such depersonalization; but again, the price paid can be most damaging to the personality. 'The idealization of self-control, objectivity, and detachment springs from fear of emotions' and, in the author's opinion, may do 'at least as much harm as unbridled emotion'.

Revolution and Drive. M. Woolf. Pp. 410-432.

The author examines various aspects of the drives behind man's revolutionary movements, the struggles between 'conservative' and 'progressive' forces. He rejects the Marxist denial of a connection between revolutionary movements and sexual drives. He believes that the early Soviet authorities consciously fostered sexual anarchy in order to destroy the concepts of marriage and family, those being the structural bases of bourgeois society. It soon became evident, however, that sexual anarchy threatens the existence of *any* organized society. Marriage regained its legal form and sexual promiscuity became limited, after the phase of sexual anarchy had served its purpose of freeing strong revolutionary and destructive forces which shook bourgeois society to its foundations. Woolf examines the source of the preservative and stabilizing forces in society. These are operative when the group accepts and loves an object: a hero, an idea, a principle. In a capitalist society this principle is the accumulation of material wealth, with concomitant anal-sadistic coloration. Regression in such a society is anal-sadistic. In a decaying society there are no rewards for 'good behavior', and regression ensues: 'The superego loses its social support and protection'. If the superego bars anal-sadistic regression, another refuge is the world of mysticism and miracle.

The principles underlying man's first 'revolution', the murder of the father by the primeval horde, are still valid. In a strongly patriarchal culture, Soviet or other, one nevertheless must also acknowledge the validity of economic forces. But Woolf suggests that in the increasing influence of the woman, in the decreasing strength of the patriarchate, and the increasing effectiveness of education, there is ultimately an unavoidable 'lessening of the father complex' with consequent hope for an end to man's psychological need for revolution.

The Symptom, Fear of Death. Francis H. Hoffman and Morris W. Brody. Pp. 433-438.

Fear of death derives from intolerance of tension, and from the mechanisms employed to free one's self of all anxiety. Patients with this fear achieve a psychic state that parallels death: in the goal of attempting to destroy the (psychic) illness, they destroy themselves in order to emerge newborn from the ashes of the old self. The concept of death derives from various life experiences, among them a sense of incompleteness, separation anxiety, the affective component of the sinking, falling feeling (Lewin), and the experience of the death of someone toward whom one has been ambivalent. In various ways man has tried to deny death's inexorableness: he stresses its accidental nature, he attributes it to evil spirits, and he constructs such denials as the myth of the phoenix.

The Demosthenes Complex. Dominick A. Barbara. Pp. 439-446.

The title denotes those neurotics who because of difficulty in speaking strive for self-glorification, directing most of their energies toward absolute perfection in most areas. They aim at remodeling themselves in order to achieve an idealized self-image. Serious disregard for reality is frequently found.

Fear of Heights. Edmund Bergler. Pp. 447-451.

This symptom is 'encountered exclusively among orally regressed neurotics' with voyeuristic and exhibitionistic disturbances, often associated with agoraphobia. Acrophobia dramatizes two inner problems: 'bad mother will drop me', and denial of climbing to a high point in order to exhibit one's genitals. The fear 'proves' the wish to avoid both situations.

Further Contributions to the Problem of Blushing. Edmund Bergler. Pp. 452-456.

Analytic failures with cases of blushing rest on poor understanding of the dynamics. Bergler describes what he sees as the errors in therapeutic interpretation. Neurotic blushing occurs in masochists who cannot wait until punishment strikes: the symptom represents an anticipatory acting out of that punishment. Beating fantasies occur with great regularity in persons who blush; the red cheeks symbolize the buttocks reddened by beating.

Some Clinical Aspects of the Body Ego, With Especial Reference to Phantom Limb Phenomena. William F. Murphy. Pp. 462-477.

In contrast to comprehensive study of the individual's personal relationships, insufficient emphasis has been laid on his patterns of relationship to his own

body image, and the ego's manipulation (use) of perceptions. Body sensations may be used, within or outside the analytic situation, to express instinctual drives, or as defensive maneuvers of the ego. The body ego is the gateway to the affects; analytic scrutiny of body sensations affords rich clues to the meaning of defensive and expressive aspects of personal relationships. Glover long ago stressed a closely related point: patients who pay attention to their personal relationships to the exclusion of sensory symptoms and other problems of body image are most difficult to treat. The analytic task is to integrate *all* spheres of action and relationship, within and without the patient. How experiences of phantom limb are utilized to reactivate early traumata is illustrated with several cases. The sensory perceptions of phantom limbs (not necessarily of amputated limbs; impaired function may produce the identical syndrome) may represent unrecognized and repressed memories from a remote past. For example, in a girl with a leg crippled by poliomyelitis, the loss of the mother became equated with the loss of the function in that leg, pain and other sensations having corollary meanings with respect to the mother. Murphy discusses other aspects of phantom limb phenomena in relation to the body ego.

JOSEPH LANDER

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

A Problem of Technique in the Analysis of a Transference. John M. Flumerfelt. Pp. 117-135.

Flumerfelt describes patients who use interpretations for oral gratification. The gratification also serves as a defense to ward off oral aggression. These patients 'eat interpretations'; for them interpretations are not likely to promote growth of the ego. The analyst is most likely to be made aware of this use of interpretations by his own affective responses to the patient. This pattern manifests itself more clearly in form than in content. The technical problem posed by such a pattern may be approached first by withholding interpretation of content, a deprivation that will arouse mounting tension. The analyst is then able to point out the patient's reaction to deprivation and connect it with other familiar feelings of discomfort in the patient's life. Such interpretations of form will often make it possible for the patient to develop a greater tolerance for tension and to postpone gratification. The patient's ego has been fed just enough to keep it at work. It may now begin to produce dreams, affects, and old defenses, and all these may be used for the analysis. An illustrative case is presented.

A Clinical Note on the Unconscious Equation, Machine=Penis. Harold Kolansky. Pp. 136-139.

Analysis of an eleven-year-old boy confirms the unconscious relation between machine and penis, to which Freud called attention. Under severe castration threats, this young patient had unconsciously diverted his masturbatory impulses to a latent interest in machinery. This interest was obviously symbolic and compulsive. Appropriate interpretation of the displacement and castration fears was followed by a more conscious, less compulsive, and more creative interest in machinery.

EDWIN F. ALSTON

American Journal of Orthopsychiatry. XXVI, 1956.

Anorexia Nervosa in the Male Child. E. I. Falstein, S. C. Feinstein, and Ilse Judas. Pp. 751-769.

There is no neurosis specific to anorexia nervosa and no specific anorexia nervosa. Rather it represents a late phase in the clinical course of a large body of emotional disorders, all in some way connected with orality, and including bulimia and obesity. All cases show severe disturbance in the early relation of mother to child. The mother appears to identify the child with a dead sibling or parent toward whom death wishes were entertained. During latency these children tend to be obese. In all cases, the self-starvation begins in the prepubescent period with the initiation of voluntary dieting for reducing, encouraged at first by the mother. This encouragement precipitates panic and regression. The starvation seems to be an attempt to kill the incorporated mother as well as to kill and remove the fat, which is associated with the female form. The mothers respond to the threat of fulfilment of their own unconscious hostile wishes by regression and attempts by any means to force the patient to eat. These patients cannot be treated in their homes. Treatment must be intensive and prolonged long beyond the stage of symptomatic improvement.

MERL M. JACKEL

American Journal of Orthopsychiatry. XXVII, 1957.

Capacity and Motivation. David M. Levy. Pp. 1-8.

Levy writes of the tendency to forget about the patient's capacity and its limitations because of our bias in favor of the psychodynamic approach. By capacity is meant the individual's ability, fitness, endowment in a general sense, and the nonmotivational aspects of his behavior. Organic defects and physical immaturity provide obvious examples. Levy also includes psychological mechanisms that are rigid structures. Such a mechanism is best regarded as an incapacity beyond the influence of motivational psychotherapy. Capacity is also limited by the results of severe emotional deprivation, by variations in capacity for mothering, and by severe negativism.

The Influence of Unsolved Maternal Oral Conflicts Upon Impulsive Acting Out in Young Children. E. N. Rexford and S. T. Van Amerongen. Pp. 75-87.

This paper is based on a study of one hundred twenty children, aged five to twelve years, referred for such persistent impulsive acting out as fire setting and stealing. Four mothers are described in detail. Although of different degrees of maturity they all are in conflict over unsatisfied oral needs. When the hoped for gratification from their husbands does not materialize, their conflicts with their own mothers is reactivated in their dealings with their children. Since they feel chronically deprived they are unable to provide a consistently satisfying milieu for the child. They are unable to set limits on behavior for their children because they fear setting up an intolerable tension in the child and causing it to desire destructive retaliation. They look for satisfaction of their own infantile oral needs through the child; in their identification with the child, they encourage aggressive and dependent behavior. The result is a child who cannot build a

strong ego. Reality testing is poor, sublimation limited, and the slightest frustration is felt as intolerable. Tension and anxiety must be met by action.

Internalized Objects in Children. Manuel Furer, Milton H. Horowitz, Leon Tec, and James M. Toolan. Pp. 88-95.

All admissions during one year to the children's and adolescents' service of a large psychiatric hospital were directly questioned about belief in internalized phenomena. All who described such internal hallucinations were schizophrenic. Positive responses were obtained in twenty-six percent of schizophrenic children as opposed to thirteen percent of schizophrenic adolescents. The types of phenomena reported were internal voices urging deeds of good or evil; figures such as God, the devil, an angel, or a person, living or dead; animals; or such inanimate objects as clocks.

Clinical Management of Masochism. Helen E. Durkin. Pp. 185-199.

The therapist must see the whole patient, both the clinical behavior and its genetic origin, the patient's need for love and his inability to accept it. Neglect of either aspect leads to failure. The transference and its use in masochists is discussed.

MERL M. JACKEL

Psychosomatic Medicine. XIX, 1957.

Depth Electrographic Recording of a Seizure During a Structured Interview. Ulrich C. Groethuysen, David B. Robinson, Clarice H. Haglett, Hubert R. Estes, Adelaide M. Johnson. Pp. 353-363.

A forty-six-year-old catatonic schizophrenic woman, with a thirty-year history of psychosis and a history of convulsions in childhood, was studied in preparation for lobotomy. While a recording was made from implanted depth electrodes, the patient was confronted with information (obtained from her mother) about sexual advances made to the patient by her father. Shortly after the presentation of this material an epileptic seizure occurred which the authors suggest may represent a complex psychological defense in the face of a highly traumatic revived experience.

Patterns of Emotional Recovery From Hysterectomy. Doris Menzer, Thomas Morris, Phillip Gates, Joseph Sabbath, Harriet Robey, Thomas Plant, Somers H. Sturgis. Pp. 379-388.

In a series of twenty-six women who had undergone hysterectomy for benign uterine disease the authors observed that the intensity, duration, and tolerance of physical symptoms paralleled the emotional suffering resulting from the loss of the uterus. The immediate postoperative reaction in the period of recovery from anesthesia provided a rather accurate prediction of their subsequent reactions in the hospital. The speed and nature of recovery from anesthesia bore little relation to the extent and duration of the surgical procedures. The women who suffered least emerged into consciousness with well-integrated egos. Their defenses of rationalization, intellectualization, isolation of feeling, and denial of loss were sufficiently strong to speed the recovery. The women overwhelmed by

the operative experience reacted with regression manifested by surrender to their impulses or passive withdrawal; they became unresponsive and uncommunicative. Any demands made on them caused intensification of the regressive behavior.

These observations lead to the formulation that the inner consistency observed in the immediate postoperative course as well as later convalescence depends on the patient's character structure, the nature and intensity of her anxieties, strength of the ego, and the feelings and fantasies aroused by the hysterectomy.

Observations on Psychological Aspects of Anorexia Nervosa. Bernard C. Meyer and Leonard A. Weinroth. Pp. 389-398.

A rather typical case of anorexia nervosa is described in some detail, with brief observations on several others. The authors have restated the basically precœdipal genesis of this condition pointing out that, although the dramatic symptom of anorexia appears at puberty or in adolescence, the ominous diagnosis of anorexia nervosa is not warranted without an infantile history replete with such gastrointestinal difficulties as very early feeding and bowel disturbances. They mention the more common hysterical anorexia developing as a response to dawning sexuality. This must not be confused with the graver disease. The underlying process in anorexia nervosa, despite the obsessional façade, is believed to be a psychotic process.

Although sudden and dramatic changes in the clinical picture take place during a specific regimen of 'insight' psychotherapy or drugs, moving the patient from the home to the hospital is the crucial factor in stemming the downhill course of the disease. It not only removes the patient from the tension-ridden environment peopled by those individuals playing a major role in the genesis of the disease, but also introduces him to a regressive environment where the personnel supply some measure of an 'anaclitic' milieu.

The weight of the demands made on the therapist by the patient and relatives may be of sufficient magnitude to mobilize unconscious or conscious hostile reactions in him. An adequate psychotherapeutic approach requires a physician who is prepared to dedicate large quantities of time and effort and who can accept frustration and failure. The most effective means of therapy is the attainment of some gratification, through a human relationship, of the vast anaclitic needs of these patients.

Countertransference Reactions to Cancer. Richard E. Renneker. Pp. 409-418.

Psychoanalysis or psychoanalytically oriented psychotherapy of women with cancer of the breast was carried out by seven analysts, including the author, in research into the psychosomatic correlations in this disease. Even though all the researchers knew that there is no known connection between the emotions and the inception or progression of cancer, none truly accepted the fact. Despite their attempts at balance and analytic perception, their therapeutic goal was clearly prevention of recurrence of cancer or abolition of the active cancer through successful analysis of the total personality. This need to believe in psychosomatic connections in cancer and in its vulnerability to psychoanalytic treatment was an early reaction in all therapists designed to avoid facing the

idea that the therapeutic efforts might be in vain. The therapists denied the lack of control of cancer by belief in their therapeutic powers. This was also the most common reaction of cancer patients when confronted with the disease.

Renneker discusses the undermining of omnipotence of both patient and analyst. He shows how the therapeutic process of identification was markedly interfered with by the analyst's resistance to putting himself into the position of a dying person. The therapists' misidentification of the dying patient is a countertransference reaction. The major countertransference manifestations appeared to stem from the peculiar interaction of the unconscious motivation of the analyst in combination with characteristic unconscious meanings attributed to cancer.

Personality Variations in Bronchial Asthma. Peter Hobart Knapp and S. Joseph Nemetz. Pp. 443-465.

Sources of Tension in Bronchial Asthma. Peter Hobart Knapp and S. Joseph Nemetz. Pp. 466-485.

Careful systematic psychiatric study of forty patients with active chronic nonseasonal bronchial asthma showed that all had obvious emotional problems. The authors agreed with other workers in this field that asthmatics show a wide variety of disturbances with no single personality type. There were seven psychotic reactions in six of the forty subjects. All but one of these coincided with an asthmatic attack, and extensive treatment with ACTH and cortisone did not precipitate the psychotic episodes. From these observations it appears that asthma does not stand in any simple reciprocal relationship to psychosis. All possible relations and lack of relations between asthma and psychosis exist. The authors point out that the most frequent personality disturbance in subjects of all ages was a depressive mood. This was common between attacks, and during them it was almost universal. Among the group hysterical traits and symptoms were often found, and these not only appeared to be alternative or parallel manifestations of tension, but actually seemed to fuse with the asthmatic process in the form of coughing, nasal symptoms, and vocal manifestations. Moreover, the more severe the pulmonary disturbance, the more severe the personality disturbance. Asthma is one among many ways in which emotional difficulties manifest themselves.

These forty patients showed some, but by no means all, of the conflicts found in asthmatics by other investigators. The patients showed various preoccupations: with bodily sensations, with fantasies, with affects, and with problems of communication. The authors' findings are consistent with the hypothesis that the respiratory apparatus in asthmatics has acquired special importance in different ways for different individuals. The data suggest that only a more comprehensive formulation will cover the observed facts. It must account for the predominantly depressive state of asthmatics, marked by intense dependence, masochistic resolution of the rage provoked by frustration, and chronic need both to take in and to expel, expressed through the lungs.

MC CLAIN JOHNSTON

Journal of the Hillside Hospital. V, Nos. 3-4, 1956.

This is the Israel Strauss Commemorative volume. The breadth of Dr. Strauss's interests, as well as those of his many students, is indicated by the numerous topics within this volume. The following articles are of particular interest to psychoanalysts.

The Image of the Heart and the Principle of Psychosynergy. Daniel E. Schneider. Pp. 203-211.

There is a sonic image of the heart in consciousness. It is based on the actual acoustic force of the heart. Anxiety is a disturbance of this sonic image and is the setting up of a sonic alarm throughout the mental apparatus. The author evaluates the role of this image in heart disorders and in processes of symbolization. Along with ego, id, superego, he adds as parts of the mental apparatus the image of the heart and its sonic alarm system, and a 'steersman' which performs perceptual and executive functions.

Delusions About Children Following Brain Injury. Edwin A. Weinstein, Robert L. Kahn, and Gary O. Morris. Pp. 290-300.

Delusions, confabulations, and specific amnesias relating to children occurred in thirty adult patients following brain injury. These imaginary children were endowed with the same illness or physical or social disabilities as the adults; delusions also had this content. Amnesia for a particular child revealed the marked identification between the patient and the child. Regression to child-like behavior was seen. The patients' premorbid behavior demonstrated their need to place themselves or others in the role of a child.

Work and Its Satisfactions. Sol Wiener Ginsburg. Pp. 301-311.

By offering ego satisfactions and oral gratifications, work secures for the worker his sense of belonging, his feelings of usefulness, his part in the human community, and his status in the family. Work shows the ego's turning of passivity to activity. The unemployed man, in contrast, experiences feelings of loss, deprivation, and sexual inadequacy. While modern conditions of work possibly decrease id and narcissistic gratifications, they increase opportunity for family living and leisure time.

The Death of Elpenor. Hans J. Kleinschmidt. Pp. 320-327.

The death of Elpenor in the Odyssey provides a psychodynamic model for self-destructive behavior in certain male adolescents. Odysseus, the primal father, has among his company Elpenor, a youth a little older than his own son, Telemachus, whom he had left at home. Elpenor's silent love for Odysseus fails in its defensive function against his own repressed incest drives when he feels rejected by him. The revival of these incest wishes follows Odysseus' seduction by Circe, the temptress. Elpenor's aggression toward Odysseus, the negative component of his attachment, is turned against himself. His suicide symbolically contains the punishment for his wishes and a wish fulfilment: he is reunited with the mother. Moreover, his death is an accusation of Odysseus.

Unconscious Factors in Anti-Semitism. Burton B. Steel. Pp. 328-332.

Judaism is to Christianity as the parent is to the child. Repression of this relationship accounts for the 'symptom' of anti-Semitism. An example of the neurotic mechanisms at play is seen in the statement, 'The Jews killed Christ'. This is a return of the actual (repressed) relationship of the Jews and Jesus and its reversal. Jesus' rebellion against his elders is equivalent to a child's attempts to displace the parent. Fantasies of parental omnipotence are present in the anti-Semite's statement of Jewish power and evil. Childhood sexual conflicts are revealed in the images of the sinful potent parent (Jew) or the (castrated) circumcised Jew. Jewish recognition of this unconscious œdipal revolt is seen in two prohibitions; that of mentioning Christ's name in a house of worship, and intermarriage.

The Double Manner By Which an Appendage Organ Like the Penis Presents Itself Sensorially to the Ego and Its Importance in the Production of Castration Anxiety. Morris M. Kessler. Pp. 368-374.

The penis is perceived as a pleasurable part of the self and as a highly cathected external object. The penis meets the test of an external object: it can be perceived by special senses, for it can be seen and it can be touched by the hand. As an external object, it is subject to loss.

The penis acquires part of this importance in each phase of development. The differentiation of the self and the object world within the anaclitic mother-child relationship is accompanied by recurrent experiences of separation, loss, and anxiety. The establishment of the special sense modalities as a system of discrimination between object and self takes place during this time. During the anal phase, the child experiences loss of stool, a part of the self yet external to the self. Castration anxiety follows these models.

The Problem of Bisexuality as Reflected in Circumcision. Samuel Z. Orgel. Pp. 375-383.

Sadistic polymorphously perverse fantasies involving circumcision were uncovered during the analysis of a salesman in his mid-twenties. He had reached the phallic stage. These fantasies are more a result of observation of the female genitalia at an early susceptible age than of circumcision. Birth was a separation during which his mother was made into a woman because her penis (himself) had been ripped away. His circumcision was a castration so that his foreskin could be used to repair the hole. His desire for reunion with his mother was an undoing of this mutual castration during which he would return to the womb, regain his foreskin, and give back to the mother her penis. Reunion meaning repair of her wound eliminated the need for parental retaliation, namely, circumcision-castration. At the same time he was already married to his mother by the use of his foreskin to repair her wound.

His father was equated with the castrating doctor. He had to offer himself to his father, for he had damaged his mother thereby making her less desirable. Childhood enemas represented forcing him to give up a child conceived by father or by self-impregnation. He also equated his penis with his mother's breasts,

hence she still had her penis and would not want his. Also, this made him both male and female.

A Case of Obsessive-Compulsive Neurosis Showing Forced Visual Imagery. Lisbeth J. Sachs. Pp. 384-391.

The symptom of forced visual imagery in this case of obsessional neurosis illustrates the typical dynamics of compulsive symptom-formation.

Teeth, Trauma, and the Dentist-Patient Relationship. Robert A. Savitt. Pp. 392-401.

This is a discussion of the psychological importance of the mouth, the anticipation of pain, and the transference-countertransference aspects of the relation of dentist and patient.

On Depersonalization and Derealization. Herman Selinsky. Pp. 402-415.

The uncanny states,—depersonalization, derealization, estrangement, and *déjà vu* phenomena,—are of a generic group. In depersonalization there is a feeling, accompanied by anxiety or fear, of being changed in regard to awareness of the self or the outside world. This sense of alienation most frequently occurs in adults with depressive reactions, though they may be present in other psychoses or neuroses. Genetically, these stem from a basic disturbance in body ego perceptions and feelings. There are a high degree of narcissism, increased dependency feelings, and vulnerability to separation anxiety and object loss. There is a weakened ego identity. Denial is the most prominent defense mechanism. Depersonalization is a denial of a portion of the ego; derealization, denial of a portion of the outside world. Anxiety in these states is evidence of the failure of denial, usually of denial of hostility. After this failure, it is reinvolved and manifests itself as the uncanny feeling.

Concerning Homicidal Impulses Toward the Psychoanalyst. Sidney Tarachow. Pp. 416-418.

During the analysis of two dreams of a patient long in treatment, real homicidal impulses were voiced toward the analyst following the thought that the analyst might be losing interest. These occurred in the context of analyzing the various aspects of the patient's œdipal problems. The first dream showed one defense concerning this impulse,—an urge to leave the analyst. Concern whether the analyst was frightened and thus would rid himself of the patient enabled the analyst to acknowledge his own concern as well as his ability to set it aside. This proved reassuring and helped the patient to control his impulses. At the same time, his evocation of the analyst's fear was a gratification of hostile wishes. The point is made that with some patients to 'merely analyze' their aggressions is to reinstitute the relationship of helpless angry child and all-powerful parent.

Interaction Between a Husband and Wife in a Marital Problem. William A. Tillmann and Lebert Harris. Pp. 419-432.

The treatment of an impulse disorder in one partner of a marriage necessitates the treatment of both.

On Book Learning. Gabriel de la Vega. Pp. 433-440.

Certain learning inhibitions, including the acquisition of facts without the ability for constructive utilization of this learning, are associated with strongly repressed sadism and increased masochistic needs. The author describes the case of an adolescent boy, a fact collector, who is querulous, hypercritical, demanding, hypochondriacal, guilt-ridden, and given to flare-ups of temper. Against a background of deep pregenital fixations, learning and forgetting meant the eating and prompt elimination of dangerous poisonous substances.

JOSEPH AFTERMAN

American Journal of Psychiatry. CXII, 1956.

Psychic Driving. D. Ewen Cameron. Pp. 502-509.

Playing back to the patient, by means of tape recordings, important parts of therapy sessions has proved valuable in treatment. The procedure consists of insuring extended and repeated reaction by the patient to his own verbal cues ('autopsychic driving') or cues verbalized by the therapist, but based on the patient's psychodynamics ('heteropsychic driving'). Since this compels a continued response within a field largely limited by the cue material, it has been termed 'psychic driving'. Selection of a satisfactory key statement for psychic driving requires awareness of the patient's major problems. Autopsychic driving has as its primary value the penetration of defenses, elicitation of hitherto inaccessible material, and the setting up of a dynamic implant. Its purpose is usually achieved within thirty minutes of driving. Heteropsychic driving is best carried on over extended periods (ten to twelve hours daily in hospitalized patients or during sleep). Its primary uses are changing of attitudes and setting up a dynamic implant.

Psychic driving has been used in many ways: with pillow and ceiling microphones, presentation of the same theme in different ways, isolation of patient, etc. Purely mechanical variations seem of little importance. The responses to psychic driving include immediately constructive reactions, partial blocking, rejection and later acceptance, and rejection and escape, among others. By this method, the patient is shielded from the full implication of his own verbal communications. The voice sounds different. One's own voice is heard ordinarily as a synthesis of air and tissue conduction. Defense against hearing what one does not wish to hear is organized against the synthesis of tissue and air conduction. In psychic driving, tissue conduction is eliminated and thus there is a new situation against which defenses have not been organized. This breakdown in the shielding occasioned by elimination of tissue conduction is one of the basic reasons why driving is effective in penetrating defenses and in enlarging the area of the patient's communication, both to himself and to others. The patient is able to understand more of his communication when it is driven than when he hears it for the first time because of the differences in talking and listening. As the driving circuit is played back repeatedly, both patient and therapist hear more and react more extensively.

Driving (driven material) is verbalization of a part of a community of action tendencies, with reference, for example, to the relationship to the mother, to

self-assertion, or to sexual experiences. The reheard verbalizations constitute a cue which will set the particular community of action tendencies into operation, and not any others. In ordinary therapy the patient tends to move away from a painful area; in psychic driving he is unable to do so. The endless repetition confines him to a continuous reactivation of the particular community of concepts.

There are continuing effects of psychic driving. Striking continuously at a given community of action tendencies produces intensification of the individual's behavior. He becomes tense or anxious and this provides the persistent driving force of the implant. Efforts at freeing himself from this intensification cause continuous reactivation of the area concerned and thus further reorganization of the area is brought about. Psychic driving invariably produces responses which tend ultimately to be therapeutic.

Psychoanalysis in Western Culture. Franz Alexander. Pp. 692-699.

The growth of man's interest in himself is a critical development in the history of culture. In our present era, while our free societies are in crisis, Western man has arrived at self-scrutiny. When man's reliance on automatic, traditional behavior fails him, self-knowledge becomes imperative. A contrasting response to social stress is the universal state which relieves the citizen of increasingly difficult free choice. A free society, giving maximum opportunity for self-expression and guarding its members from infringing upon one another's interests, can be highly productive but, because it accelerates social change and complicates the problems of individual adjustments, it creates insecurity.

Social behavior in man is governed by two trends—one toward stability, the other toward adventure. Growth and propagation result from the surplus energy that remains over what is needed to survive and maintain homeostatic equilibrium.

Certain historical periods are dominated by search for security, others by an experimental spirit. The pioneer era of American democracy is a dramatic example of a rapidly changing free society driven by the spirit of mastery of challenges. Sociologists, anthropologists, and studies of public opinion now show a reversal of this trend. To difficulties of social adaptation, psychoanalysts attribute neuroses, and psychoanalysis has appeared as a self-curative reaction of Western society to the immense complexities of adjustment. A product of the deep respect of Western civilization for individual differences, psychoanalysis aids the individual to reconcile his own personality with his environment without sacrificing that which makes him different from others. Psychoanalysis may be Western man's last effort to save his individuality from the growing insecurity that drives him toward the universal state in which the central government takes over the problems of human society. Must the individual yield to the mass man? Surely technology can increase security without necessitating loss of spiritual freedom and individual differences. Unfortunately man is shaping his own personality to become machinelike. The materialistic theory of history is a dangerous fallacy. The necessity for survival does not explain man's whole behavior. Man shows his human qualities more in his leisure. Man alone uses his creative forces alloplastically for building forms of culture not solely determined by the need to

survive. Certain practical inventions developed originally from playful rather than utilitarian activities.

Culture is the product of man's leisure, not the sweat of his brow, and his productive abilities are liberated when he is relieved from the struggle for survival. It is sad that now, when technology could relieve man from the chores of preserving life, he loses his *raison d'être.*

Many believe that our crisis consists basically in losing faith in science. Sociology and psychology are the emerging sciences of our times. The specific cultural function and significance of psychoanalysis lie in helping Western man to find his identity, not only through psychoanalytic therapy, but also through its influence on child rearing, educational practices, etc. By understanding himself and the society in which he lives, Western man may find new aspirations for the future.

Psychoanalyst, U.S.A., 1955. Maxwell Gitelson. Pp. 700-705.

All modern techniques for studying the mind are in some way based on the basic principles of psychoanalysis, which must therefore be recognized to be a constant datum of thought and research. The social and moral character of this country causes the American psychoanalyst to be torn between utilitarianism and benevolence; for both the immediate need and the ultimate dilemma of man must be kept in mind. 'Watering down' has become a practical problem in the application of psychoanalytic discoveries. Many activities now separate the analyst from his study and his couch and join his special technique to those of other sciences. What is the consequence of this for psychoanalysis, the most refined instrument for research on the structure and operation of the individual human mind?

Twenty-five years ago psychoanalysis could be defined as a procedure that recognizes the unconscious and attempts to deal with transference and resistance. Today these concepts have shown themselves to be usefully applicable in psychotherapy as well. The crucial factor in psychoanalysis is its technique. It maintains optimum conditions for the evolution and resolution of an artificial neurosis, the transference neurosis, for which the original neurosis of childhood has been exchanged. The chief qualitative distinction of psychoanalysis from all other mental therapies is its effort to destroy the suggestive influence of the authority of the therapist. It aims to set the patient free. As an instrument of research, the analytic situation is a carefully controlled experiment in human relationships.

Analysts are under pressure from internal and external forces. There is a wish to make the patient get well by whatever means. 'Adjustment' tends to become the measure of psychic health and the goal of therapy, while we forget the cost to the potentialities of the free ego. Is this trend in psychoanalysis a retreat from freedom and a regression toward intellectual conformity? More recent advances in ego psychology may bring us fundamental insights into the individual nature of man, particularly into the problem of adaptation as it is related to determinism and free will. Thus we shall come closer to a real solution of the problems of life whose present insistence evokes hectic improvisations. Today the skills of the analyst must be extended by way of derivative and applied forms of treatment which may bring significant amelioration if not final cure.

Our knowledge of the human mind is far from complete. Psychoanalysis as therapy and psychoanalysis as research cannot be separated. The American psychoanalyst of 1955 must ponder the proposition that, unless psychoanalysis as a clinical method is practiced by him in its most developed form, we shall lose it as a tool for research.

Psychoanalytic Borderlines. Gregory Zilboorg. Pp. 706-710.

We need to formulate 'some kind of philosophy' that takes into consideration this century's upheavals and can be integrated with new psychological knowledge. We are reviewing the 'true nature of man'. Psychoanalysis has become involved in all the intellectual and moral crises of our day.

Freud stood alone because he proposed to the scientific world examination of the psyche. He cared little about the alleged untouchability of the soul but proceeded into the unknown to learn and understand. It is too early to say whether Freud was completely free of religious trends or whether he intended to produce a philosophy of his own. He raised a number of questions which he did not intend to answer, but which people suppose that he did answer.

Freud worked empirically in an area bordering upon metaphysical, ontological, and moral problems. If we make one move beyond the purely empirical, we touch upon morality, religion, or theology and ontology. Psychoanalysts seem not to have given full cognizance to this fact; thus psychoanalysis has developed fragmentary philosophies and has tended to become not a scientific discipline but a movement, duly organized, and with accoutrements of power. But the whole of social and moral philosophy is outside the psychoanalyst's scope. The psychoanalyst, like any other human being, must have a philosophy of life but more than any other professional man he must cultivate a philosophy of values because his work is always on the borderline of ontological and moral issues.

It is puzzling and regrettable that psychoanalysis has paid so little attention to the only frankly moral foundation in Freud's teaching: his own statement that he understood by Eros that which St. Paul designated in his Epistle to the Corinthians as *caritas*. When Freud sought a truly moral-philosophic basis for the integration of his scientific findings, he looked outside of scientific empiricism to one of the richest sources of moral philosophy.

Psychoanalysis: Reflections on Varying Concepts. Kenneth E. Appel. Pp. 711-715.

The author summarizes the papers of Drs. Gitelson, Alexander, and Zilboorg: Gitelson, the theoretician, has placed his faith in the theory and method of classical analysis; Alexander, the humanist, has expressed the social mission of psychoanalysis in opposing crisis and chaos; Zilboorg, the philosopher, is convinced that psychoanalysis must meet the challenge of philosophical and religious questions that are on the borderline of psychoanalysis.

Psychoanalysis has been hindered from wholesome and effective development by its isolation from medical schools and clinics. Also, some aspects of psychoanalysis constrict its effectiveness and isolate it from scholars and scientists. The limitations of analysis and the results of analytic therapy call for careful, elaborate research by psychotherapists, classical analysts, those practicing modified

analysis, and experts in physical and pharmacological therapies. Analysts should be brought into full-time work with the faculties of universities and medical schools. The method of psychoanalysis for investigating the mind and motivations will prove to be the enduring core and contribution of psychoanalysis, long outlasting it as a therapeutic tool.

Most psychiatrists are isolated from much current religious thinking and from philosophical and scientific frames of reference; distinguished thinkers in other disciplines are developing concepts that may be very helpful. Knowledge is not enough. Participation in the whole of life will strengthen our endeavors.

Stress and Emotional Health. John C. Whitehorn. Pp. 773-781.

Concepts of stress and emotional health are changing. Many believe that the rate of insanity is increasing because of the stress of modern living but the general trend of the more careful studies contradicts such statements. Where there has been a fairly consistent policy of meeting the needs for mental hospitals it is possible to obtain fairly reliable figures. One study encompassing two periods of major stress (war and depression) showed slight increase in first admissions during times of stress and this increase was in older people. Schizophrenia and manic depressive illness were less in 1933 than in 1917. The stresses of the war years produced no demonstrable increase in the psychosis rate. The depression did not appear to produce an increase in the psychoses of late life. The mental illness of these old people was not so much attributable to stress as to lack of stress.

However, military experience in World War II showed the importance of stress in the neuroses. Neuropsychiatric casualties are determined by the intensity of combat. Experience seems to have proved that nearly every man has a breaking point under extreme, prolonged stress. The major emphasis in military psychiatry is now on reduction of stress and preparing men to handle it.

Pathological mental disturbances among civilians exposed to air raids has been rare and psychiatric out-patient departments of London hospitals found a diminution in the incidence of neurotic illness.

In the first World War, despite overwhelming medical evidence to the contrary, a sudden blow was thought to be the cause of mental or emotional aberration (for example, 'shell shock'). In World War II emphasis was on cumulative stress as well as trauma.

Modern understanding of stress is based on the conceptions of earlier physiologists (Bernard, Cannon), who noted the ability of organisms to maintain relative constancy and to correct the effects of noxious forces. More recently, Selye has formulated three stages of what he terms 'the general adaptive syndrome': 1, the alarm reaction; 2, the stage of resistance; 3, the stage of exhaustion. The discovery of cortisone has roused great interest in the activities of the adrenal gland. Observations of the effect of stress on the gastric mucosa and a study of peptic ulcer patients before, during, and after life in a concentration camp show that the characteristics of a person's reaction to stress under particular circumstances are determined by the meaning of that situation to that person.

Physiological studies of organisms under stress suggest that the reactions of organs and tissues under stress are concerned with the control of energy trans-

formations for strenuous effort, most strikingly in the musculoskeletal system. Yet emergency reactions, such as accelerated metabolic rate, may be more a hindrance than a help.

We must remember that in most animal experiments the stress is produced by overloading one specific homeostatic mechanism; in the human organism, many stresses are potential rather than actual dangers: the stress arises from what is expected. There is some indication that the fear of death is less important than fear of mutilation or fear of disgraceful behavior. Under such circumstances it is very steadying to have in mind a goal that gives immediate, direct, positive meaning to effort or sacrifice, providing stronger identifications and wider ego involvements.

Whitehorn discusses definitions of the term 'stress'. Mental health is not to be sought exclusively by reduction of stress. Stress is a feature of all living. Emotional health is developed and maintained not by avoiding stress but by cultivating well-integrated effort in the advancement of one's purpose.

The Psychotherapy of the Suicidal Patient. Leonard M. Moss and Donald M. Hamilton. Pp. 814-820.

Fifty dangerously suicidal hospital patients of various diagnostic types, treated at the Westchester Division of New York Hospital between 1934 and 1953, were analyzed to determine the factors responsible for successful therapy. All diagnostic categories of mental illness were included and two control groups were studied.

No specific conflicts consistently precipitated suicidal tendencies. The patients seemed to be struggling with conflicts common to others of similar age and circumstances. Psychodynamics and symbolic significance were peculiar to each case. However, three coexisting unconscious or partially conscious factors appeared to determine each suicidal act: 1, hope of future greater satisfaction (reunion in death with a lost loved one, a wish to force attention or satisfaction from the present environment, or the pleasure of spite or revenge); 2, hostility or rage directed toward another, now directed at the self; 3, expression of hopelessness and frustration, relinquishing any prospect of gaining satisfactions from the present environment.

In ninety-five percent of the cases there had occurred death or loss, often under tragic circumstances, of someone closely related to the patient. In seventy-five percent of these cases the deaths had occurred before the patient had completed adolescence. In over sixty percent the death of someone close to the patient was an important precipitating factor in the present illness.

The course of therapy was divisible into three phases. In the *acute phase* therapy was directed toward adequate protection, relief of anxiety and hopelessness, and restoration of satisfactory relationships with others. The nursing staff must function as companions, not just as guards. Since a suicidal attempt is a miscarried aggressive act, the physician must explain to the patient that it was an effort to solve an overwhelming problem. This helps bind patient to physician, to reduce guilt and fear of retaliation and rejection, and to direct attention to the possibilities of future psychotherapy. Face-saving maneuvers are important during this phase. The *convalescent* phase begins when the patient is relatively comfortable and continues until he comes into contact with the environment in

which the illness originated. This is the phase of active psychotherapy; the physician does best to discuss frankly the suicidal drive. The patient tends to avoid painful problems by attempting to leave the hospital prematurely. This 'flight into reality' is a serious problem in twenty-five percent of all cases. In the *recovery phase* the patient, now in contact with his original environment, attempts to cope with the previously frustrating situation. Some degree of relapse now occurs in ninety percent of all cases. New solutions and techniques must be tentatively approached, and both patient and his relatives should be forewarned of the relapse. Recovery was most often attributable to the therapist's active intervention in the patient's home environment. Only three of the recovered cases returned to the same environment in which the illness arose.

When these fifty patients were last observed, fifty percent were considered recovered and twenty percent much improved. Six of the thirty-seven originally considered to be successfully treated had subsequent psychiatric disorders but none made suicide attempts.

Diagnosis and Treatment of the Phobic Reaction. Walter I. Tucker. Pp. 825-830.

Tucker studied one hundred patients with the syndrome of chronic and acute anxiety, somatic symptoms, and phobias. It occurs most frequently in young wives and mothers, is more frequent in married women than in single women, and in women than in men. One must be sure organic disease is not the cause, and phobic reaction must be distinguished from more chronic phobic obsessive states. Hyperventilation occurs frequently in association with anxiety attacks; this fact should be made clear to the patient. The syndrome occurs in a dependent personality subjected to stress in adjustment. Treatment should be strongly supportive and directive. Results of treatment are tabulated.

DAVID L. RUBINFINE

Revue Française de Psychanalyse. XXI, 1957.

Psychoanalysis and the Feeling of Sin. Ch. H. Nodet. Pp. 791-805.

The idea of a 'morality without sin' has acquired new strength from psychoanalytic discoveries. It is useful to restate in philosophical terms what analytic experience has contributed to the thinker in his effort at synthesizing his concept of man.

1. The idea of sin, in terms of moral and religious values, is not well known, nor does it seem to belong in the realm of psychology. There is much confusion between the spiritual regression implied in sin and the regressed psychology of character neurosis. 2. It is difficult to distinguish between what is guilt and what is based indirectly on emotional and sexual regression which inevitably accompany unconscious guilt. 3. The notion of sin, as well as the achievement of virtue, supposes a certain spiritual anxiety. Neurosis confuses the issue by contaminating the healthy part of the anxiety. Dr. Nodet concludes that neurosis may possibly help us along the road to salvation because, without it, we might lack the strength to maintain anxiety at a sufficient level.

RUTH EMMA ROMAN

British Journal of Medical Psychology. XXX, 1957.

An Experimental Approach to the Psychopathology of Childhood: Encopresis. E. J. Anthony. Pp. 146-175.

The author describes a series of experiments designed to investigate causal relationships between bowel training, bowel functioning, and the presence of certain attitudes and character traits. He attempts to study the 'potting couple' (the child and the mother or surrogate) and the role each plays in the vicissitudes of bowel training. He compares the potting situation to nursing, except that in the former the roles are reversed with the child being the chief giver. Nevertheless, 'each sacrifices something for the other and when the final body product reaches its proper receptacle there should normally be a feeling of gain rather than loss. . . . [The child] can bear to part with its product because under normal circumstances it has not invested [it] with exaggerated, positive, or negative feelings that may make it either want to keep [it] or get rid of [it] in a hurry.'

Anthony divides encopresis into three main types: the 'continuous child' is one in whom the lack of sphincter control is 'an integral part of the general messiness' of the environment, and whose mother's attitude is, 'I couldn't care less'. In these children there is little inhibition, shame, guilt, or disgust. These children do not require psychotherapy but need real habit training under good conditions. The 'discontinuous child' is the compulsive child of a compulsive family. It is overcontrolled and inhibited in its emotional life and scrupulous with regard to its habits. The mothers of these children tend to be rigid and authoritarian, to establish sado-masochistic relationships with the children, and to dichotomize the world in terms of good and bad, clean and dirty. The discontinuous child is deeply disturbed and requires prolonged therapy as well as some measure of protection from its mother. The 'retentive child' really belongs to subgroupings of the above mentioned categories. This type of child usually undergoes severe bowel training to which it reacts with stubborn constipation. These are the children who are engaged in intense struggles with their mothers and 'the two obstinacies are evenly matched until the mother brings up reenforcements in the shape of enemata, suppositories, purgatives, and roughage'.

Anthony implies agreement with Freud's assessment of the predisposition to anal fixation by both the nature of the toilet training experienced by the child and the constitutional factors inherent in the child, and warns against neglect of the role of the child in the evolution of these bowel difficulties.

The Relevance of Genetic Psychology for the Psychopathology of Schizophrenia. Thomas Freeman and Andrew McGhie. Pp. 176-187.

This paper examines schizophrenia primarily from the point of view of Piaget's genetic psychology. The authors believe that defects in the development of thinking and perception in the first two years of life are of utmost relevance to the psychopathology of this psychosis. They review a number of aspects of schizophrenic symptomatology and explain these defects in terms of Piaget's formulations and reinstatement of more elementary modes of mental functioning. They emphasize that schizophrenia is not the result of psychological processes, 'the purpose of which is to abolish anxiety and guilt . . . no matter

how far back into infancy such a conflict may be traced'. Rather, the disease involves defects in the conflict-free sphere of the ego.

The Future of 'Dynamic' Psychology. Edward Glover. Pp. 219-229.

Glover is not satisfied with the term 'dynamic' psychology and suggests that metapsychology is more comprehensive and less tendentious. He points out that 'dynamic' psychology is a term associated with psychoanalysis but warns that psychoanalysis should not try to preempt the concept as all its own. He lists ten features which characterize dynamic psychology; but above all what distinguishes this from other psychology ('normal' or descriptive) is the acceptance of the concept of psychic regression and the primary mental processes. Glover recognizes the need to establish dependable criteria of description, classification, and interpretation in psychoanalysis, but since 'the action of the mind is neither so measurable nor visible nor controllable as the expansion of metals', the psychoanalyst need not unduly concern himself with the frequently made charge of being unscientific. The real danger in the future is the temptation 'to bowdlerize or water down psychoanalytic findings', with an overemphasis on environmental factors to the neglect of endopsychic ones.

Symposium on the Contribution of Current Theories to an Understanding of Child Development. Pp. 230-269.

I. An Ethological Approach to Research in Child Development. John Bowlby.

II. Contributions of Associative Learning Theories to an Understanding of Child Development. C. B. Hindley.

III. The Contributions of Psychoanalysis to the Understanding of Child Development. Cecily de Monchaux.

IV. The System Makers: Piaget and Freud. James Anthony.

Bowlby concerns himself with some of the contributions of current ethological research which can be applied to the understanding of child development. He believes that many phases of work with lower species are 'analogous and perhaps even homologous with much of what concerns us clinically'. He reviews the findings of a number of prominent ethologists and tries to correlate their views with those of psychoanalysts working with the problems of child development. He particularly emphasizes the significance of 'species-specific' patterns of behavior, and the concept of critical phases in the development of such patterns. An understanding of the critical phases in the development of modes of regulating conflicts would 'provide us with an understanding of the origin of the neurosis'.

Hindley briefly summarizes some of the ideas and interests of learning theorists that pertain to the problems of child development. He points out that this is a relatively new field of study for the learning theorists and no 'complete system for dealing with the many different facets' has been put forward. He reviews some aspects of learning theory in regard to sensory motor levels, perception, motivation, and aggression. Hebb's neurophysiological theory is discussed in some detail. Hindley feels that the concept and approaches of learning theory are not inconsistent with either the ideas of Piaget or of psychoanalysis, and that 'many of

Freud's theories are capable of reformation in terms of learning principles which may permit of more clearly defined deductions and more rigorous attempts at validation'.

De Monchaux points out that psychoanalysis has contributed to understanding of child development both theoretically (by the reconstructions in adult analyses) and empirically (by direct systematic observation of normal children by analytically trained observers). Freud's reconstructions not only revealed neglected areas of childhood but also provided explanations of continuity between child and adult behavior. 'The central idea still stands—that the transfer of infantile sexuality to other aspects of behavior is both cross-sectional and longitudinal', in spite of new emphasis on the importance of aggression and ego defense mechanisms. De Monchaux succinctly reviews the effects of childhood sexuality on subsequent behavior with regard to 1, the relation between various phases of sexuality, 2, the effect of these phases on object relationships, and 3, the effect of these phases on ego functions.

Anthony discusses the relative advantages and disadvantages of an organized comprehensive system of psychological knowledge. His chief concern is with the contribution of Piaget, but he tries to relate Piaget's ideas to those of Freud. In his earliest book (1926), Piaget acknowledges his debt to Freud, and apparently Freud was impressed with some of Piaget's early work on syncretic prelogical reasoning of the child which could be regarded as an intermediate between the primary and secondary processes. Later Piaget evolved the concept of 'infantile realism' which became the signpost of a theory of 'psychology without emotion' in distinction to what Anthony calls Freud's 'psychology without intelligence'. The author believes that this difference defied any real reconciliation and attempts at synthesizing the two systems have not been successful in spite of the efforts of Odier and others. Some of Piaget's criticism of the psychoanalytic concepts of conscious transference and of affect are summarized and Anthony attempts to illustrate certain divergences in the approach of Freud and Piaget by detailing the way in which each has (or might have) interpreted specific clinical data; he cites, for example, the 'behavior pattern of the string' which Freud described in Beyond the Pleasure Principle.

EDWARD M. WEINSHEL

Revista Uruguaya de Psicoanalisis. I, 1956.

Transference and Its Various Aspects. Daniel Lagache. Pp. 521-569.

This most complete and thorough review of the literature exhaustively discusses one hundred three aspects of transference. These include its constituent elements, terms and their meanings, concepts of transference and its limits, the depth and meaning of various kinds of transference, its therapeutic uses, and its causes. Two sections, one on economic aspects of transference and the other on its evolution during analysis, are very rewarding. The article is too long and full to summarize and do justice to the author.

GABRIEL DE LA VEGA

The Psychoanalytic Quarterly

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

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, 27:4, 622-631, DOI: 10.1080/21674086.1958.11926120

To link to this article: https://doi.org/10.1080/21674086.1958.11926120

Published online: 07 Dec 2017.

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 12, 1957. REMARKS ON SOME VARIATIONS IN PSYCHOANALYTIC TECHNIQUE. Rudolph M. Loewenstein, M.D.

The author makes a distinction between modifications of psychoanalytic technique which are distinct deviations from the classic technique and those which are minor variations within the framework of the standard technique. An example of the latter (the subject of this paper) concerns the rule of abstinence which in some cases of homosexuality should not be imposed because it may provoke intolerable castration anxiety (Anna Freud). Such variations are usually employed intuitively. The goal is to make any variation in technique theoretically comprehensible by fitting it into a definitive conceptual framework. The rule of abstinence in the transference should rarely be transgressed. To a 'borderline' patient, the analyst's acceptance of a gift meant that she was a worthwhile person and his deviation from this rule of abstinence facilitated the analysis of her very seriously disturbed object relationships. A 'parameter' (Kurt Eissler) is any action of the analyst which is not an interpretation. Dr. Loewenstein prefers the term 'intervention' because it is more neutral and thus points more clearly to the need for succinct differentiations with respect to such variations in technique. Some authors have defined certain interventions that are not interpretations as 'confrontation' (Devereux), 'suggestion', 'manipulation', and 'clarification' (Bibring). Other interventions aim at the creation of initial rapport by listening, understanding, and giving hope of relief from suffering. The recumbent position is an intervention designed, among other things, to help the patient follow the fundamental rule and to facilitate reality testing. It may at times be necessary temporarily to abandon this position and let the patient face the analyst. The purpose is to give the patient a chance to distinguish transference fantasies from fact, and to appraise the analyst as a real person (deviation from the basic rule of the analyst's anonymity). One of the objectives of the rule of abstinence is to keep the intensity of psychic conflict at its optimal level. An exceptional intervention is for the analyst to visit a patient who is a suicidal risk (Kronold) or one paralyzed by locomotor phobia (M. Kris). Where sexual curiosity was severely prohibited in childhood, some patients cannot tolerate having their questions remain unanswered in the beginning of analysis. A well-known intervention consists in advising the phobic patient to brave his phobic restrictions in order to unmask the anxiety and make it analyzable. In addition this intervention may express confidence in the patient's ability to master reality, and may avert the analyst's participation in the epinosic gain (the protecting love in early infantile situations) which the patient derives from his phobia. Asking a patient questions is an intervention necessary in any analysis, the main reason being that correct interpretations can be given only when the analyst has a detailed and exact knowledge of the patient's thoughts and the events in his life. Freud had to

ask the Rat Man three times to recount the events during the military maneuvers that preceded the development of the obsession before he could understand and correctly interpret the symptom. An important set of variations concerns the ways by which the analyst communicates his understanding to the patient: the various ways in which confrontation, clarification, and interpretations are given. The following *types* of interpretations are schematically distinguished: 'proper' interpretations, for example of dreams; 'genetic' reconstructions of remote events or fantasies; 'reconstruction upwards' which aims at the elicitation of comparatively recent material from more remote events; 'tactical' and 'strategic' interpretations; 'short-range' and 'long-range' interpretations; interpretations with 'multiple appeal'. The *conditions* on which the value of interpretations depend are discussed, and it is stressed that the pathways by which interpretations effect various changes in the patient are very far from being theoretically comprehended and the analyst must therefore usually depend on 'tact' and intuition. Among the rules, and exceptions to those rules, Dr. Loewenstein discusses: analysis from the surface to the depth, the hierarchy of interpretations (resistance before content, ego before id, the supreme importance of transference interpretations), and the timing of interpretations. Variation in the mode and timing of interpretations is based upon the relation between defensive functions and Hartmann's 'autonomous ego functions' (talents, abilities, a sense of humor, capacity for objective thinking, for neutralization and for 'controlled regression', relative intactness of self-observation and of reality testing of mental phenomena, and others).

DISCUSSION. Dr. Robert Bak suggested that Dr. Loewenstein had spoken more of the variations in the individuality of the analyst than of variations of technique. Dr. Bak felt that the classic technique can be carried through with utmost rigidity in cases where the predominant defenses are of the nature of repression which implies good object relationships and relative integrity of autonomous ego functions. In cases where defenses such as isolation, undoing, and denial prevail, a markedly different technique is required. One danger in employing technical variations is that they may not be based on a rationale but on countertransference needs. Dr. Mortimer Ostow pointed out that frustration in analysis has two purposes: one is to make it possible for the analyst to show the objective reality to the patient; the other is to keep the intensity of the patient's libidinal needs at an optimal level, these needs being the energy that makes the analysis move. If the libidinal intensity is too high, partial gratification (e.g., reassurance) in the transference may become necessary. In extreme cases of this type, tranquilizing drugs may be indicated to make analysis possible. Dr. René Spitz indicated the need for a future discussion of a hierarchy of technical rules, their mutual relations, and their relations to the pathology of a particular patient. Every analytic hour has a leitmotiv communicated by the patient the moment the session begins. Analytic 'tact' makes it possible to perceive this leitmotiv and to let it govern the way in which the analyst conducts the session. The leitmotiv of the individual session is part of the leitmotiv of the week, and this is part of the leitmotiv of the particular analytic period. Dr. Victor Rosen emphasized that we have only the vaguest ideas about what constitutes 'classic

technique'. He cited as an example the student who experienced a shock when his supervisor suggested that he might ask his patient a question about his sex life. Dr. Edward Harkavy discussed the interrelation of the rules of abstinence in the transference and outside the analytic situation. Dr. Leo Spiegel commented on the problem of 'tact' in analysis, which is a problem in social perception: the analyst must be sensitive to a multiplicity of cues in the analytic situation and must be able automatically (preconsciously) to draw conclusions from them.

In answering the discussants, Dr. Loewenstein suggested that the most efficient way of applying the rule of abstinence is to interpret the patient's behavior. The analyst should not use the same defense as the patient. If, for instance, the patient makes fun of the analyst, he should not make fun of the patient. To cope successfully with the problem of variations and modifications in analysis will probably require teamwork among analysts.

POUL M. FAERGEMAN

October 15, 1957. THE CREATIVE IMPULSE: BIOLOGIC AND ARTISTIC ASPECTS. Bernard C. Meyer, M.D. and Richard S. Blacher, M.D.

A detailed clinical study of an artistically gifted Negro woman illustrates well-established analytic formulations about 'the intimate psychic interrelationships between the bringing forth of an artistic product and the act of parturition' as well as the way that the artist, by analogy to the 'supreme creator', partakes of 'divine attributes'. A thirty-nine-year-old woman was seen in the psychiatric ward of a general hospital in the eighth month of an illegitimate but planned pregnancy. Material is presented from psychotherapeutic interviews, from her diaries of twenty years, and from her other writings. Clinically observable was a state of elation followed by periods of depression and notable exhibitionism of her pregnant state with the expressed wish to remain so forever. The therapists feared that delivery would precipitate a psychotic state. Delivery at eight months was followed by a psychotic episode of twenty-four hours' duration characterized by severe panic and the wish to be held and treated like a baby. She recovered and was discharged from the hospital within a week. Further observations were made a year later. She had been an actress, singer, painter, sculptress, and writer, showing considerable talent in each. She had, however, 'stuck to nothing and completed nothing'; she never felt satisfied and felt rejected by her mother. It was learned that shortly before her pregnancy the white common-law wife of her brother (four years older than the patient) had had a baby. Still later it was learned that she had had seven other siblings who had died, six of diphtheria and one of 'maternal neglect'. She had a strict but covertly seductive father and there had been attempted seductions by the older brother. In her family the men were 'gods'. From her diaries--which she treated as confidant, love object, and God to whom she 'confessed'--one could trace a strong homosexual attachment of twelve years' duration to a girl her own age who constantly rejected her. This was followed by several years of affairs with both white and colored men which gradually became shorter in duration and more bizarre in character, finally leading to her plan to have a baby. Her alternating despair (with suicidal trends before menstrual periods) and hypomanic states were clearly evident. She sought an identification with God and the need to create 'as God has done'.

These themes also pervaded all her writings. Clearly discernible was the increasing tempo of her creative urge which had led to a previous pregnancy and an abortion. Following this there was a surge of creative effort in writing a novel which the therapists see as an attempt to deny the significance of the abortion: 'the interruption of her biological creative achievement by wild and angry thrusts issuing from her "pregnant head" '. This woman had a childhood fantasy of being a boy, a fear of her father's penis, and incestuous longings toward her older brother. As in several cases reported in the literature, this patient showed an artistic creativity that appears to be an elaboration of a latent childhood fantasy of possessing a penis. To have the penis is the means of gaining mother's love and establishing blissful union with her. Her creative efforts served as temporary denials of her castration which occurred when she was depressed. Her denial of castration is clearly seen in her writing and was most prominent after some reminder of mutilation (tooth extraction, abortion). The failure of her creative efforts was construed as recognition of her castration and was accompanied by thoughts of suicide. The fantasy in both the phases of elation (phallic) and depression (castrated) appeared to be of fusion with the mother by being devoured by her. In the phallic state the unity apparently was attained by a process of introjection of the idealized objects, resulting in identification. There was no stability in these identifications, but rather a tendency to oscillate between them, as seen in the shift in mood between fantasies of active and passive incorporation. The relevance of Lewin's triad to this case is pointed out. The patient's superego development is seen as arising from a psychological fusion between œdipal (father and brother) and sado-masochistic infanticidal (directed against a sibling eight years younger who died in her early childhood) impulses. The œdipal pattern is characterized 'by the relative unimportance of the male as an object to be cherished in undisputed possession'. In her pregnancy she was 'both mother and father'. The oedipal aim seemed to be less to have a baby than to have eternal pregnancy—something growing inside. Like her other creative efforts, the pregnancy had a predominantly phallic significance. The man, by impregnating her, was a tool through which reunion with the mother would occur. Her artistic and biologic creative impulses had the same goal: the acquisition of phallic omnipotence capable of enabling her to establish contact with an object. This had particular energy in the face of self-destructive impulses. The authors note that artistic achievement requires a relative detachment from areas of conflict and an establishment of an autonomy of the creative process. Such failure of neutralization is apparent in 'the restless and promiscuous creative thrusts of this patient'.

DISCUSSION. Dr. Beres emphasized the importance of the patient's ego disturbances to account for failure in her artistic endeavors; it is not only 'a realistic recognition of her castration' as emphasized by the authors. He differentiated two phases in the artistic production: first, inspiration; second, elaboration. In the first phase there is always some component of nonneutralized energy involved, not detached from conflict. The second phase functions with neutralized energy, and without this inspiration does not give rise to art. He points out that 'the craft must be autonomous'. The integrative function of the ego is

especially important in this, and it is in this area that this patient's ego is defective. The disturbances in her early identifications and object relations may be crucial in this connection. Dr. Charles Fisher, who had used this patient in his tachistoscopic dream experiments while she was in the hospital, noted an unusual sensitivity to subthreshold stimuli in her. He relates this to the possible existence of a 'think protective barrier against stimuli' in her, and speculates that this is a constitutional factor which may play a role in artistic development as well as in the development of psychosis. He cited the work of Bergman and Escalona in this connection.

IRWIN SOLOMON

February 11, 1958. DEPERSONALIZATION. Edith Jacobson, M.D.

The phenomenon of depersonalization is delimited to disturbances in a person's experience either of his body (or parts of it), or of his mental self. Where parts of the body are involved, the person may describe them as being estranged, not feeling as his own, or as being dead. Where depersonalization extends to the mental self, there is a feeling of being outside one's self. He may feel that he is a detached spectator who is observing another person walk, talk, and act. Often the experience is frightening. Jacobson specifically excludes such phenomena as derealization and loss of identity. They may accompany depersonalization but are not identical with it. In derealization the feeling of unreality is related to the object world rather than to the self. In loss of identity the question is 'Who am I?'. This need not be accompanied by any feeling of depersonalization. Jacobson analyzes depersonalization in a group of female political prisoners of essentially normal psychic make-up, and in four analytic cases. No cases of psychosis are presented but she states her belief that the nature of the processes leading to depersonalization is essentially the same in all. From these studies, Jacobson concludes that depersonalization tends to develop in situations where the ego is threatened by sudden regressive processes. These involve drive defusion and pregenital-drive invasion, the ego being torn between two opposing identifications. One part of the ego strives to maintain normal behavior, resting on previous stable identifications; the other part, temporarily regressed, accepts infantile, sado-masochistic, pregenital identifications. A split in the ego results. The process is facilitated by a weak, unstable, or contradictory superego since this predisposes to a failure in repression and to drive intrusions into the ego. The basic conflict is within the ego and has its origin in the struggle between conflicting identifications. States of depersonalization always represent pathological attempts at solution of a narcissistic conflict. Where the sudden loss of love or of a love object is the precipitating factor (Nunberg), the object relationship has been narcissistic. Jacobson disagrees with Oberndorf's thesis that the superego shows discrepancies because of unacceptable superego identifications with the parental figure of the opposite sex. Her findings suggest rather that the contradictory qualities of the superego seen in such patients are caused by discrepancies not between paternal and maternal but between advanced-normal and regressed-precedipal identifications. In depersonalization the ego attempts to 'disidentify' itself from these unacceptable identifications by disowning and denying the un-

desirable part of the ego. Jacobson contrasts depersonalization with depression. Both develop from narcissistic conflicts and both seem to presuppose object relations of a narcissistic nature. In both, identification brings about an inner schism. However, in depression the schism occurs between the punitive, sadistic superego, and the ego or self-image, respectively,—that is, the conflict is intersystemic. In depersonalization the schism is in the ego or self, and the superego need not take part in the conflict. Instead of a punishing superego accusing the worthless self as in depression, we find in depersonalization a detached part of the ego observing another emotionally or physically dead part.

In her discussion of the female political prisoners in Nazi Germany, Dr. Jacobson describes graphically and in great detail how previous ethical, normal identifications were threatened in the sado-masochistic, criminal atmosphere which prevailed. The great temptation to regress and to identify with the criminal was occasionally succumbed to. At other times it led to a split in the ego with depersonalization.

DISCUSSION. Dr. Annie Reich elaborated upon the dynamics involved in a specific type of narcissistic object choice in which depersonalization is frequently seen. A pathological superego is not necessarily involved. The example given was of a child repeatedly exposed to primal scenes. Here one frequently sees the development of a strict superego to prevent an identification with parental behavior. Concomitantly, there develops a rich fantasy life, the intent of which is to idealize the devaluated parent. Later, idealized love objects are chosen to help counteract feelings of self-deficiency. Loss of or devaluation of the object results in a disturbance of the self-image and a loss of defense against aggressive and pregenitally tinged strivings. Dr. Robert Blank did not regard depersonalization as a defense against depression, but as an emergency mechanism resorted to by the patient when the usual defense mechanisms fail to control and discharge aggression and anxiety. This may be due either to the suddenness of the trauma, loss of the love object, or to a progressive increase of instinctual tension. Dr. Robert Bak questioned whether depersonalization was a unified phenomenon in normals, neurotics, and psychotics. Phenomenologically we are dealing with a perceptual disturbance in the experience of the self-image, with a loss of the feeling of familiarity. Bak sees the identification with the object, where it occurs, as the attempt to preserve the object against destructive drives. Thus identification is the solution of a conflict rather than the beginning of one—a kind of restitution process. Dr. Rosen raised the question as to whether in the prisoners the conflict did not have to do with certain group identifications which had become disinstinctualized. Under the pressure of their tormentors, there was a danger of reinstinctualization and ego fragmentation. Dr. Paul Goolker traced the development of Oberndorf's thinking on the subject. The cases observed by Oberndorf differed from Jacobson's in that they were cases of persistent depersonalization; also they were not carried as far in analysis as Jacobson carried her cases. Oberndorf's last views were that depersonalization was a defense against massive anxiety, a form of partial suicide, of letting part of the personality die. Dr. Mortimer Ostow questioned whether the phenomenon was always an intrasystemic one. He attributes the function of self-observation to the superego, and

therefore sees the conflict as intersystemic. Dr. Judith Kestenberg stressed the instinctual component that was being warded off in depersonalization. She presented a case in which the vagina was felt as estranged and the genitals felt as belonging to the mother rather than to the patient herself. One function of this estrangement was to avoid the anxiety of having genital sensations. Dr. B. E. Moore raised a question as to whether it was not possible to develop depersonalization on the basis of the introjection of an unacceptable object. Dr. Andrew Peto described frequent episodes of depersonalization in late latency. He felt that depersonalization was neither a defense nor symptom but a more basic process which manifests itself whenever thought processes have to be transformed on a large scale. This occurs normally in the latency period; under abnormal conditions in schizophrenia; and in the analytic situation in response to certain interpretations.

Dr. Jacobson, in closing, addressed herself to the question of the essential nature of depersonalization. She agreed that depersonalization could serve as a restitution process in psychotic cases where there is a definite withdrawal from the object world. However, this is not true for all cases, nor does she see it purely as a defense. She gave the example of feelings of depersonalization in the presence of an intensely pleasurable experience, which may be felt as strange. Here there is not even a tangible conflict.

MERL JACKEL

April 15, 1958. STRUCTURAL DETERMINANTS OF PHOBIA. Martin Wangh, M.D.

This study utilizes the structural and genetic concepts of psychic functioning as a means of opening the way to more refined research into the problem of choice of neurosis. It makes use of clinical material from a female patient suffering from nightmares with somnambulism and a wide range of phobic reactions. The clinical neurosis was triggered by a major operation which evoked sado-masochistic impulses. Dr. Wangh postulates for this particular patient a specific type of ego defect, a superego defect, and certain experiences in the development of the patient which led both to the structural disturbance and to the phobic symptoms. Frequent cathartics and enemas in childhood resulted in instinctualization of sphincter control and further impairment of drive control. The ego defect was the disturbance of control of instinctual drives which carried with it a tendency to impulsivity and acting out. The defect in the superego was caused partly by seductive behavior on the part of the patient's father and of her nurse which made her identifications transitory and lacking in internalized controls. Her mother withdrew from her at the least provocation and turned her over to her nurse. This is a kind of primary object relationship which creates a situation favorable to the displaceability of objects found in the psychology of phobias. The patient had a sufficient sense of reality and sufficiently good defense against her sado-masochistic strivings to protect her from extreme acting out, but developed phobic avoidance of situations of temptation which otherwise might have endangered her marriage.

DISCUSSION: Dr. Paul Friedman questioned the diagnosis and suggested that this patient's symptoms might also be found in anxiety neurosis, or in character

neurosis with anxiety states, or possibly in a schizoid personality with hypochondriacal symptoms and anal-sadistic characteristics. He wondered whether the concept of the defective superego is generally applicable to the prephobic structure and stated that in phobia a particularly harsh superego is usual. Dr. David Rubinfine expressed the opinion that the patient might have suffered a phobia of the persecutory type. He stressed the anal elements in the clinical picture and doubted that the case under discussion could be a true anxiety hysteria in which the forbidden unconscious impulses belong to the phallic phase, the œdipal situation in which the fear is of castration. Dr. David Beres discussed the superego defect and suggested that this might be called a 'preceptual' type of superego. In this type of superego disturbance there is fear of loss of love and fear of punishment without guilt; the superego looks for outside guidance as to what is right and wrong. Depression when it occurs in this type of patient is related to narcissistic injury rather than to guilt. In a surprising number of phobias there has been a history either of an actual seduction or a seductive atmosphere. Dr. Annie Reich stressed the fact that clinical findings in recent years show that phobias are frequently more severe disturbances than Freud thought. In the phobias, pregenital fixations and very intense destructive forces are often involved. She believes that patients with severe phobias, particularly women, do not fully progress from the homosexual to the heterosexual level. She doubts that ease in object displacement is characteristic of phobias. She feels that there are different types of phobias, some which result from conflicts at the œdipal level and which are characterized by better defenses, others resulting from pregenital conflicts with inadequate defenses. Dr. Robert Bak was of the opinion that a clinical picture is structurally interdependent. In phobia there is a defect of the ego as well as of the superego and this makes the instinctual breakthrough possible. He emphasized the differentiation between the strength of a drive and the strength of the conflict. In acting out (promiscuity) which is the clinical opposite of phobia (avoidance), there is not simply a breakthrough of the drive, but an instinctual sexualized solution of an intense conflict. He suggested that perhaps neurosis might not develop in the absence of several points of fixation in the drive development. The superego is not simply dependent on the resolution of the œdipal conflict, but is related also to the more primitive superego.

POUL M. FAERGEMAN

THE VIENNA PSYCHOANALYTIC INSTITUTE has need of psychoanalytic journals published in English. A letter to Dr. Robert C. Bak, President of the New York Psychoanalytic Society, from Dr. Herma C. Hoff reads in part: 'There are difficulties in obtaining English literature of the post-war period (actually from 1938) as well as current publications. This is a purely financial problem, as the Vienna Psychoanalytic Institute is not subsidized by the government and has no private funds or resources at its disposal. Anything that could be done to alleviate this situation will be greatly appreciated.'

THE LATIN-AMERICAN CONGRESS, the first psychoanalytic congress to be held in

Brazil, met in São Paulo (August 25-31, 1958) under the auspices of the Brazilian Psychoanalytic Society. The meeting was attended by fifty-nine members of the International Psychoanalytic Association in Latin America, ninety-two candidates in training, and one hundred sixty-four guests. Guest speakers were Dr. William Gillespie (London), Dr. Paula Heimann (London), Dr. Melitta Sperling (New York). There were conferences on the subjects: I. Validation in Psychoanalytic Investigation; II. Early Childhood Development; III. Development of Psychoanalytic Technique; IV. Psychoanalytic Training.

CORRESPONDENCE:

In This QUARTERLY, XXVII, 1958, No. 3, Dr. Moses Naftalin made an interpretation of an assumed parapraxis of Freud by erroneously translating the Hebrew word *ruach* as 'smoke'. Dr. Naftalin's speculations are based on an error in the English translation. Freud rightly translated into German *ruach* (spirit—breath) as *Hauch* (*Der Mann Moses,* 1939). The English translator obviously mixed up the German word *Hauch* (breath) with *Rauch* (smoke), thus depriving the sentence referred to of all meaning. It should be rendered: '. . . for the spirit borrows its name from the breath of the wind (animus, spiritus, Hebrew *ruach,* breath)'.

Besides the various meanings of *ruach* (wind, spirit, soul, mood), there is in Hebrew a close relationship between the words spirit (*ruach*) and fume, odor (*reach*), which invites further digression into the problem touched off by Dr. Naftalin's remarks (cf. Dr. Greenacre's remarks about the relationship between odor and spirit).

MAX M. STERN, M.D.
October 29, 1958

Dr. Max Stern is right and I wish to thank him for his letter. I may add that his further remarks on Freud's meaning do not apply, since my communication is neither about the genesis of Moses nor about progress in spirituality, but is concerned with the psychopathology of everyday life.

I would like to state that I considered originally that the error was the printer's or translator's, but came to the conclusion that it was Freud's for a number of reasons, one of which is that the translator, Mrs. Katherine Jones, writes in the translator's notes: 'I am indebted to Mr. James Strachey and Mr. Wilfrid Trotter for kindly reading through this translation and for making a number of valuable suggestions. I have also had the advantage of consulting the author on some doubtful points.'

Another reason for my conclusion that it was Freud's error was that it was evident the translator had correctly read and translated the German word or words, 'for breath of wind', almost at the same place that the mistake occurred. I concluded, therefore, that it was unlikely that that very word (in this case *Hauch*) would have appeared again and not have been translated appropriately. In addition, in the translator's note, Mrs. Jones states, '. . . Part III has not previously appeared in print'. The error to which I made reference was found in

Part III, and I am unaware at the present time in what form she received the original.

There are many points of an interesting nature which could be raised in connection with this lapse by Mrs. Jones, but I feel it bears the significance that Freud would have ascribed to it and that I, in error, ascribed to him.

MOSES NAFTALIN, M.D.
October 31, 1958

Since replying to Dr. Stern, I have received word from Mr. James Strachey to the effect that he can throw very little light on the matter in question. He indicates that owing to the rush and pressure connected with the publication of Moses and Monotheism, he was able only to read the first half of it in proof. He speculates that the original mistake was made by a Dutch printer (the German edition was published in Holland). Mrs. Jones made or began her translation from the galley proofs of the German edition and the error was corrected in the final printing. It seems to me, therefore, that whether the mistake was the printer's or Freud's can only be determined by examination of the original manuscript.

MOSES NAFTALIN, M.D.
November 18, 1958

In reply to my letter to her, Anna Freud has confirmed that Freud wrote *Hauch* and not *Rauch* in the handwritten manuscript of Moses and Monotheism, and [she] is unable to account for the error to which I drew attention in my article.

MOSES NAFTALIN, M.D.
November 28, 1958

The Psychoanalytic Quarterly

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

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To cite this article: (1958) Index, The Psychoanalytic Quarterly, 27:4, 633-654, DOI: 10.1080/21674086.1958.11950911

To link to this article: https://doi.org/10.1080/21674086.1958.11950911

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