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THE FUNCTION OF DETAILS IN THE INTERPRETATION OF WORKS OF LITERATURE

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The principle of causality, whatever shape it may have taken in the development of modern science, requires that for every observable fact a corresponding law be established. This principle also applies to psychology. The progress that Freud's work brought into psychology can be measured by the range of facts for which, until then, no regularity had been found, and for which Freud discovered laws. The extension of data subjected to scientific investigation led to intensive scrutiny of minutest details that earlier no one would have thought either worthy of attention or decisive in hypotheses or theories about the mind.

One has but to peruse one of Freud's case histories, such as the 1909 report of an obsessional neurosis,¹ to sense this new importance the psychological detail acquired by psychoanalysis. To some, the psychoanalyst's preoccupation with psychological detail appeared downright scurrilous. But this reaction can occur only if one believes that psychology is not a branch of science and therefore does not have to live up to a standard of rigor similar to that which is accepted in other sciences, particularly the experimental. Indeed, in all sciences there is no limit to the subtlety of details that may be the occasion for inquiry and from which far-reaching conclusions are drawn.

The text in which the new standing of psychological detail can best be studied remains Freud's *The Interpretation of Dreams*. There, the single dream is broken down into its elements, each of which finds its special explanation. The sequence of these elements, their structure and the structure of the whole dream, every facet of the single element and of the complex

This paper, with some slight changes, was originally written as an Appendix to an unpublished manuscript.

¹ Freud: *Notes Upon a Case of Obsessional Neurosis* (1909). Standard Edition, X, pp. 151-318.

whole, is taken into proper consideration and finds comprehensive as well as detailed explanation. As Freud demonstrated, with the change of any of these details the meaning of the whole correspondingly changes. Dream analysis, however, is only one area in which psychoanalysis exhibits its preoccupation with minutiae; another is found in psychoanalytic therapy in which the goal is to find the laws of psychological determinism governing each statement that the patient makes in the course of each psychoanalytic session.

However, with the gradual discovery of what these laws are, a change has occurred in the attitude of many analysts toward the psychological detail. Many now think that the study of the detail is superfluous and are willing to draw far-reaching conclusions even from a superficial or preliminary contact with the patient.² Parallel to the relative neglect of details, new theories were evolved and thus Freud's theories, which are based on stringent scrutiny of the detail, were changed in adaptation to broad impressions gained from over-all observations.

There is no doubt that anyone who comprehends the basic theoretical edifice of psychoanalysis, and who commands a sufficient combinative facility, can present a plausible theory about a person's psychopathology, even on the basis of scanty information. But such theories do not possess the slightest scientific value. I am reminded of a crude example August Aichhorn liked to present in his lectures. A pubescent boy was in the habit of getting into his mother's bed at nighttime, a habit that might easily be regarded as an expression of oedipal strivings. In this particular instance, however, it turned out that the boy's bed was infested with bedbugs and this was why he took refuge in his mother's bed.³

This example demonstrates the effect of a reality factor in a situation that is usually correlated with a relevant subjective

² See French, Thomas Morton: *Planning Psychotherapy*. In: *Psychoanalytic Therapy*. Edited by Franz Alexander and Thomas Morton French. New York: The Ronald Press, 1946, p. 109.

³ The extent to which the reality factor was used by the boy as pretext and rationalization is unimportant in this context.

factor. Within the realm of subjective factors too, the psychoanalyst is prone to commit gross errors when he relies on general laws and does not study the minutiae of a patient's free associations. To the grave detriment of psychological determinism, I would say that the majority of contemporary research relies only on life histories, isolated episodes, first interviews, or the manifest contents of dreams without considering the patient's free associations.

The problem that I cursorily present is of decisive importance in most fields of the application of psychoanalysis; particularly in the psychoanalytic inquiry into literary works where the writer's free associations are no longer available. I attempted to show in an unpublished manuscript on Goethe what the poet's free associations might have been by referring to letters, diaries, and events that chanced to occur in his own life or in the lives of others close to him. The absence of a response to events of whose provocative and exciting effect one can be sure (such as the death of a sister or a father) has likewise been treated as relevant psychological fact. Yet if we compare the relevance of details in the investigation of the live clinical situation, usually occurring with a therapeutic need, with that in the analysis of literary works, we discover that their function (or at least the function of some of them) is quite different. In the clinical situation the detail—in most instances—leads us toward the evolution of explanations or theories which tend to explain the particular clinical problem. If a patient speaks of his obsessive-compulsive symptoms and himself condemns them as irrational, illogical, or inappropriate, the analyst too feels puzzled. With each analytic session new details are gathered that finally permit a satisfactory explanation of what formerly appeared senseless.

In approaching a literary work psychoanalytically, the psychological meaning usually can be deciphered easily. To cite one conspicuous example, anyone who has studied the oedipal conflict in the clinical setting is bound to acknowledge it in Hamlet and to study the particular manifestations that are found in that tragedy.

Conspicuous as the unconscious or latent psychological content of a literary work may be, it does not necessarily inform us about the corresponding psychological processes in the author which, after all, are the psychoanalyst's main interest. A tragedy may be written on an imitative level; it may be the effect of a subjective peripheral factor, the outgrowth of a whim; or it may have grown out of the author's deepest conflicts and be a signpost of his central, archaic matrix. We may speculate about which personality layer a particular work of art has to be correlated with, but as long as we do not know, for example, that the name of Shakespeare's own son was Hamnet, we have no concrete evidence of the play's personal closeness to the author. This little detail hooks the whole tragedy to the very nub of the poet's existence.

I wish to discuss the following example because I do not know any better one to demonstrate the function of details in the psychological interpretation of a literary work.⁴

In 1823, the romantic-comic fairy tale, *The King of the Alps and the Misanthropist* (*Der Alpenkönig und der Menschenfeind*—*Romantisch-komisches Märchen*) by Ferdinand Raimund (1790-1836), a Viennese actor, stage director, and author of eight comedies, was performed for the first time. Raimund's work never entered world literature and his fame has remained essentially a local Austrian one. Some measure of his merit may be derived from the fact that when this play was presented in London (in a translation made in 1831 by Lord Stanhope), it played at the Adelphi Theater for three months, and elicited praise from an English critic as the work of perhaps the most original contemporary actor-poet to be brought before the British public.⁵ Raimund's last comedy, *The Spendthrift* (*Der Verschwender*), from time to time still makes its appearance on the German stage.

⁴I owe thanks to Dr. Ruth S. Eissler for having called my attention to this instance.

⁵See Fürst, Rudolf: *Raimunds Werke*. Berlin, Leipzig: Deutsches Verlagshaus Bong, undated, p. lxxiv.

The aforementioned fairy tale deserves interest for its amazingly modern actuality. The argument is as follows. Malchen waits for the return of her lover, an artist who has spent three years in Italy. She goes to meet him in the woods because her father, Rappelkopf ('Crazyhead'), must not know of her infatuation. He is a bookdealer who had been relieved of part of his money by embezzlement. Since then he has become suspicious, unloving, aloof, and brutally torments those about him. He will never consent to his daughter's marriage to an artist. Astralagus, a fairy king of the Alps, takes pity on Malchen and promises to help her and her unhappy lover. In the meantime, Rappelkopf rages against his wife and their servants. When he encounters Habakuk, his servant, who is carrying a kitchen knife to cut some chicory in the garden, Rappelkopf immediately suspects a plot to kill him. He inquires of Habakuk who sent him on this errand. When he learns that it was the mistress of the house he feels certain that his wife wishes to do away with him. He destroys the furniture and leaves his house. He buys a ramshackle hut from an impoverished family and decides to spend the rest of his life in a wilderness far from human habitation. But now Astralagus starts his work. When Rappelkopf does not heed his admonitions, Astralagus causes the ghosts of Rappelkopf's three previous wives to appear, burns down the hut, and finally forces him, after torrential rains, to accept his proposals: Rappelkopf is to re-enter his home in the shape and form of his wife's brother (whom she had summoned to help with her deranged husband) and Astralagus will assume the form and shape of Rappelkopf. Whatever happens to Astralagus while acting as Rappelkopf, and also the consequences of his actions, will have to be borne by Rappelkopf.

Rappelkopf, accepted by his family as brother and uncle respectively, discovers that his family loves him affectionately and realizes that he was totally mistaken in his interpretation of Habakuk's carrying a knife. Now Astralagus storms in and starts threatening and raging against everybody, even worse than Rappelkopf had been in the habit of doing. Thus, Rappel-

kopf is gradually brought to insight, first, by finding out the real emotions of the people around him, and second, by being forced to watch his own irrational and destructive behavior from a distance and thus acquiring objectivity.

I have given here only a superficial outline, but bare as it is the reader will have been reminded of the scope of modern problems in the psychotherapy of schizophrenia. Details of the play reveal a mind that had made astounding observations about psychopathology. Rappelkopf's characterization is superbly drawn; the gradual weakening of his delusions, the temporary relapses into earlier beliefs after improvement has set in, his responses to the behavior of his mirror image, all these are psychologically sound. If, in addition, it is considered that these serious if not tragic events are presented in a farcical fashion, it is suggested that Raimund created a real masterpiece, even though it is scarcely known outside a small community. One gets, furthermore, the impression that this little-known author harbored a great discernment of human motivation, almost to the degree of genius. Interesting as all this may be, it is beside the point for the question is: what are the connections between the play and the structure of the author's personality?

Raimund had attempted suicide as a young man and had repeatedly suffered from depressions, and in the course of his life he became an exacting, quarrelsome, irritable person. It is evident that he suffered from psychopathology not very different from Rappelkopf and that he very probably pictured himself in that character. It is of particular interest that toward the end of the play *Astralagus*, in the person of Rappelkopf, wants to drown himself but is prevented from doing so, and that Raimund himself committed suicide eight years after he wrote the play. Thus we are presented with the life history of a person who projected insight about himself into a dramatic character that he created.⁶ Raimund claimed that writing the play had brought

⁶ At another place in the unpublished manuscript I present details of a schizophrenic patient who, at the time she became delusional, worked on a novel

him almost to (mental) ruination, and when he thanked the audience on opening night for its applause, he said that by playing the role of the misanthropist he cast off any trace of misanthropy in himself.

Despite all these good reasons in favor of identifying a main character with the author,⁷ we prefer to have more concrete evidence. After all, Rappelkopf has many literary ancestors more famous than he: Timon of Athens and Alceste, to mention only two.⁸ Coincidences, traditional factors, and the historical situation⁹ could also be cited to devalue the psychological factor. Yet there is in the play one detail that barely comes to the attention of the audience—and then only because of its slightly inartistic quality—which is of the highest psychological importance. When Rappelkopf, in the role of his brother-in-law, returns home and finds that Malchen, his daughter, does not hate him but loves him affectionately, he says in a monologue (Act III, Scene viii), 'That was the only cheerful moment that I have experienced in five years'. [*Das war der einzige vergnügte Augenblick, den ich seit fünf Jahren erlebt habe.*] Why did the author specify the time of Rappelkopf's derangement so exactly? One would rather expect some such phrase as 'in a long time' or 'in several years'. The seemingly unwarranted specificity strikes one as inartistic; yet this specific period of five years appears in another part of the tale. Rappelkopf's wife says (Act III, Scene vi) that her brother had been absent for five years. Thus Rappelkopf's 'disease of the soul', *Seelenkrankheit* as it is called (Act I, Scene vii), started with the

about a woman who developed delusions, totally unaware of her own projections.

⁷ Cf. Beutler, Ernst: *Raimunds Alpenkönig*. In: *Essays um Goethe, Vol. I*, pp. 425-437. Wiesbaden: Dieterich, 1948.

⁸ See Castle, Eduard, Editor: *Ferdinand Raimunds Sämtliche Werke*, with an Introduction by Eduard Castle. Leipzig: Hesse and Becker, pp. xci-xcvi; and also the excellent essay by Politzer, Heinz: *Ferdinand Raimunds Menschenfeind*. Die Neue Rundschau, LXVI, 1955, pp. 110-124.

⁹ At the time the play was written a general suspiciousness had spread in Vienna. See Castle, Eduard: *Loc. cit.*, p. xci, f.

separation from his brother-in-law, who must have been close to him since Rappelkopf had entrusted him with his fortune for investment. The family expects that the brother-in-law will cure him. Clinically, this little detail would mean that the psychosis of the principal character was precipitated by the frustration of unconscious homosexual tendencies, which is in keeping with psychoanalytic theories.¹⁰ As a matter of fact, when Rappelkopf is cured, he asks Astralagus whether he can restore his fortune, for his brother-in-law whom he blames for having invested it badly is the only person whom he must still hate. The brother-in-law thereupon arrives, and Rappelkopf greets him with the sardonic words: 'You are really a darling brother-in-law! Only now you come along when everything is over', adding, 'You are to blame for my misfortune; I am a beggar'. [*Sie sind mir schon der liebste Schwager! Jetzt kommen Sie erst daher wo schon alles vorbei ist. Sie sind an meinem Unglücke schuld, ich bin ein Bettler.*] After the brother-in-law explains that he had withdrawn Rappelkopf's money before the bank went into bankruptcy, Rappelkopf exclaims: 'Ah, that is a brother-in-law, that's what I like'. [*Ah, das ist ein Schwager, den lass' ich mir g'fallen.*]

The homosexual, etiological factor does not otherwise appear directly in the play and were it not for the mention of the two five-year periods one could only demonstrate it by interpretations, whereas the evidence I offer is, I believe, direct. Yet it is not only the coincidence of the brother-in-law's departure with the onset of the disease that is noteworthy. When Raimund wrote the monologue in which he has Rappelkopf say how long he had been unhappy he might have invented any reasonable number of years. At least from the æsthetic point of view I see no difference whether he wrote three, four, or six, or seven. Why did he write five? The choice of five may be looked upon as if it were a free association and it behooves us to try to explain why the number five came to his mind at that moment.

¹⁰ Cf. Freud: *Psychoanalytic Notes Upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)* (1911). Coll. Papers, III, pp. 387-470.

In order to answer this question it is necessary to go back five years in Raimund's own life.

There is indisputable evidence that Raimund wrote the play in 1828, the year in which it was also staged for the first time. Going back five years we find that the only remarkable event, if the rough data of his life history are considered, of the year 1823 is that on February 7 of that year he appeared on the stage for the last time with his divorced wife, never to see her again. This final separation could perhaps be compared to the motif of separation in the play; but, as will be seen, his wife probably was never anything for him but a temporary and peripheral love object and, further, we are searching for an incident of separation from a homosexual object. It may help if we now turn to a strange parapraxis of Raimund's when he wrote the play. At two places he set down the time and place of writing. Here we are only interested in the time relation. In the manuscript, at the end of the nineteenth scene of the first act, he annotated '28th of May'; and at the end of the first act, 'on the 1st of June 828, my 37th birthday' [*am 1 ten Junius 828 meinem 37ten Geburtstag*].¹¹ This annotation is really strange because Raimund was born on June 1, 1790, and therefore in 1828 he celebrated his thirty-eighth birthday.¹² This error and also the probability that the preconscious or even conscious evolvment of the general plan for the play started at least in 1827, suggest that it may be in the year 1822 that we should look for the key to the problem of the quinquennium; indeed, in studying the events of that year we can find evidence which may answer our question. In that year occurred the death of a person who had played an enormous role in Raimund's earlier life. This was Ferdinand Ochsenheimer (1767-1822), an actor at Vienna's re-

¹¹ Bruckner, Fritz and Castle, Eduard, Editors: *Ferdinand Raimund Sämtliche Werke*. (Six volumes.) Vienna: Anton Schroll. Vol. II, p. 470. (Cited hereafter as *Raimund*.)

¹² I owe thanks to Dr. Albert Mitringer, director of the Municipal Library of Vienna, who confirmed the correctness of the quotation and informed me that aside from an apraxia there is the possibility that Raimund may not have known the exact year of his birth.

nowned Burgtheater, famous for his representations of such villains as Iago and for such character roles as Harpagon. He was also an entomologist.¹³

In his younger years when he was only an actor and not a playwright, Raimund had taken Ochsenheimer as his ideal. It may be noteworthy that Raimund's juvenile ambition was absorbed by an almost obsessional ambition to be an actor and there seems to have been no particular desire for a literary career. The fact that he adopted the famous actor as his ideal—to be imitated to the smallest detail—is historically proven. Numerous contemporary newspaper reviews of his acting are preserved in which this fact is repeatedly stated by the critics.

It may be worthwhile to quote what was apparently the first review he received as an actor when he played a tragic role in Vienna. He appeared as Franz Moor, the villain in Schiller's *Die Räuber*.

Mr. Raimund today copied Mr. Ochsenheimer in this role, and if we leave aside that we are no friend of copies, then we must confess that he afforded a very pleasant evening. Never before have we seen imitation so diligent, so effective, and that so exactly and deceptively in each little nuance as today. All artistic demands aside, we have to confess that this imitation of a famous artist is of rare sort. Everything Mr. Raimund does, every movement with the finger, every feature in the face, the complete play of gestures, is taken over from Mr. Ochsenheimer. Mr. Raimund is physically and psychologically so entirely an echo of his model that one thinks one is seeing and hearing the latter. His gait, the throwing of his cloak, the extension of his arms, the measured stepping back and forth, everything he has borrowed from Mr. Ochsenheimer, in everything he imitates him from scene to scene. We could be tempted to praise this young actor for it, did we not fear we would hurt him, for the copyist is always a lesser person in the

¹³ Ochsenheimer, Ferdinand: *Die Schmetterlinge von Europa*. Vols. I-IV. Vols. V-X by Friedrich Treitschke. Leipzig: G. Fleischer, 1807-1835.

realm of art and will never achieve mastership if he has not learned to create the great out of himself.¹⁴

After the curtain call, the reviewer continued, Raimund thanked the audience (as was customary in those days) with the same words that Ochsenheimer used after he had played the same role.

This is just one of many instances. Two historical remarks may be added. Ochsenheimer was not Raimund's only model, but he was definitely the preferred one. Raimund, furthermore, as far as I have been able to find out, was almost always imitative when acting serious, tragic roles, but quite rarely when acting comedy. As a matter of fact, after a while he dropped the fulfilment of his ardent wish to be a tragedian and played only comedy, in which he soon celebrated triumphal successes which later made him famous not only in Vienna but throughout Europe.

The early quasi addiction to the exact imitation of a renowned actor-model may be unusual, but it would not be a matter of profound surprise were it not for a further detail. I refer to it with hesitation, despite the frequency with which it has been reported, because some scholars relegate it to the realm of legend and invention.¹⁵ The report says that Raimund

¹⁴ *Raimund*, Vol. V, Part 1, p. 13: . . . *Hr. Raimund kopierte heute Hrn. Ochsenheimer in dieser Rolle, und wenn wir nicht daran denken wollen, dass wir von Kopien keine Freunde sind, so müssen wir gestehen, dass er uns einen sehr angenehmen Abend verschaffte. Noch nie haben wir so brav, so genügend, und in jeder kleinen Nuance bis zur Täuschung genau kopieren sehen, wie heute. Von allen Kunstforderungen abgesehen, müssen wir bekennen, dass diese Nachahmung eines berühmten Künstlers seltener Art sei. Alles was Hr. Raimund tut, jede Bewegung mit dem Finger, jeder Zug im Gesichte, das sämtliche Händenspiel ist Hrn. Ochsenheimer abgelauscht. Hr. Raimund ist psychisch und moralisch so ganz Echo seines Vorbildes, dass man dieses zu sehen, und zu hören glaubt. Der Gang, der Mantelwurf, das Ausbreiten seiner Arme, das gemessene Vor- und Rückwärtstreten, alles hat er Hrn. Ochsenheimer ausgeborgt, alles ahmt er ihm von Szene zu Szene nach. Wir könnten versucht werden, diesen jungen Schauspieler darüber zu loben, wenn wir nicht befürchteten, ihm zu schaden, denn der Kopist ist immer ein untergeordneter Mensch im Gebiete der Kunst, und wird es nie zur Meisterschaft bringen, wenn er das Grosse nicht aus sich selbst zu schöpfen gelernt hat.*

¹⁵ See *Raimund*, Vol. V, Part 2, p. 981, f., footnote 5.

as a boy was so much devoted to his ideal model that he could not reconcile himself to the difference between the shape of his mouth and that of Ochsenheimer, the latter's being very large with drooping corners whereas Raimund's was small and well-formed; therefore, he assertedly tried to stretch it by pulling it with his fingers, and when his father in his hour of death saw him again performing this oral exercise, he invoked a curse upon him should he ever become an actor.¹⁶

Notwithstanding the possibly apocryphal nature of this report, Raimund's desire to accomplish physical identity with his models has to this extent been documented. Once when he imitated an actor who was by nature hunchbacked, he padded his own back to acquire the model's exact appearance although the role did not require such an appearance at all. A critic, commenting on this, added that Raimund would, if his model had exceptionally large ears, let his own grow longer too! [. . . *würde sich die seinigen aus Imitationswut sichtbar verlängern lassen*].¹⁷

Whether the originator of the report in question had been stimulated by such a review and invented Raimund's youthful oral exercises or whether what he reported was biographical truth cannot be ascertained, but if it was an invention, we cannot deny to the inventor our admiration because it fits exactly into Raimund's life history. His mouth literally became his undoing. He developed a fear of rabies in his early years. When it happened that a dog bit him, he became terrified that he was certainly infected. Once when on vacation, he ate a piece of bread that had been licked by his own dog, developed a state of melancholy, and had to return to Vienna. It appeared strange to a contemporary that a man with such an excessive fear of rabies should keep dogs in his home as Raimund did. When finally he sustained a negligible injury from a dog while in the

¹⁶ Smekal, Richard, compiler: *Charakterzüge und Episoden aus Raimunds Leben*. In: *Ferdinand Raimunds Lebensdokumente*. Introduction by Hugo von Hofmannsthal. Vienna, Berlin: Wiener Literarische Anstalt, 1920, pp. 4-30.

¹⁷ *Raimund*, Vol. V, Part 1, p. 26.

country, his fears became intolerable and he decided to return to Vienna. On the way home he committed suicide by shooting himself in the mouth.

If we give credence to the report of his oral exercises we might reconstruct the following sequence. First, the adolescent boy was in rivalry with a father substitute regarding size and shape of the genital, the whole conflict being displaced to the mouth. Later, the father was replaced by a totem animal eternally threatening the son by biting and deadly poisoning. The ambivalence is particularly impressive as Raimund evidently was also a lover of dogs. Finally death was inflicted by destruction through the conflict-arousing organ (shooting into the mouth, that is to say, self-castration).

We shall now venture an explanation of Raimund's copying his ideal models in such exact detail.¹⁸ The preponderance of imitative traits in a personality is usually taken as a *signum mali ominis*, for it indicates the absence of adequate identifications and lack of participation of the ego in its activities. Such an ego can be called a sham ego.¹⁹ If a young man builds his professional life on imitating others we may rightly doubt that he will be able to live up to the requirements of his chosen profession. Raimund's development suggests a different constellation: copying a father substitute in all details seems rather raising or setting up this father figure in himself and bowing to it. It was apparently not something less but, if anything, more than an identification. It may be regarded as the equivalent of the melancholic phase in the manic-depressive psychosis in which the patient's ego prostrates itself before its superego. When playing comedy such an ego could step forward, be original, and present itself to the world in its glory, elation, and *joie de vivre*. This then would be the equivalent of the manic phase.²⁰ These formulations must be regarded as approxima-

¹⁸ I owe thanks to Dr. Edward Kronold for having suggested the following remarks.

¹⁹ See Deutsch, Helene: *Über einen Typus der Pseudoaffektivität ('als ob')*. Int. Ztschr. f. Ps., XX, 1934, pp. 323-335.

²⁰ See Freud: *Group Psychology and the Analysis of the Ego* (1921). New York:

tions only, because in the role of the humorist and comedian the ego does not really lose its superego as it does in mania; the superego is only modified or reduced and it seems that under such conditions the feeling of disloyalty to the father is sufficiently eliminated so that the comedian can set himself up as an individual. The fact that as a tragedian nothing but strict imitation of a father substitute could appease Raimund's feelings of guilt betrays the enormity of the ambivalence that existed for which Raimund ultimately paid with his life.

In view of all these factors, it is understandable that Ochsenheimer's death on November 1, 1822, was an important event in Raimund's life, although one does not find it recorded in those of Raimund's letters which have reached posterity. But in favor of our hypothesis I wish to mention the letter Raimund wrote to his sweetheart on November 3, 1822, in which he expresses his sadness over the death of the painter Christoph Franck, who had died one day after Ochsenheimer. He wrote:

Dear Toni:

I am very sad. Fate has called from this world one of the better men whom I learned to know, the painter Franck, who painted the picture in miniature that you have of me as well as that which I have in oil. A young man of thirty-four years, married for one year, possessed of a child and a fine young wife, died suddenly yesterday afternoon at five o'clock, and for a fortnight I did not even know that he was sick, let alone foreboding danger. He was honestly well disposed toward me, and my tears flow for an upright man and a fine artist. I always had the plan to have you painted by him sometime and he would have been the only one whom I could have entrusted myself.²¹

Liveright, 1949, pp. 106-109, where Freud's remarks about imitation should also be checked. See also, Freud: *Humor* (1928). Coll. Papers, V, pp. 215-221.

²¹ Raimund, Vol. IV, p. 64, f.: *Liebe Toni: Ich bin sehr traurig. Das Schicksal hat einen der besseren Menschen die ich kennen lernte, aus dieser Welt gerufen, der Mahler Franck, der sowohl das Gemälde dass du von mir in Miniatur besitzt, wie auch das was ich in Öhl habe, gemahlt hat. Ein junger Mann von*

The last sentence has been translated literally, with as much vagueness as it has in German. One would expect the dative, 'to whom'. The German word *anvertrauen* may mean to entrust something to somebody or to confide in somebody. The preceding sentence may evoke the idea that Raimund would have entrusted the painting of his sweetheart's portrait only to Franck, but the sentence as it actually stands seems to say that Franck was the only person to whom Raimund could talk without reserve. Be this as it may, the letter may be the effect of a displacement of his reaction to Ochsenheimer's death onto that of a contemporary artist friend. As Raimund had tried to extend or prolong the existence of a father substitute by copying him on the stage, so Franck had perpetuated Raimund's image by painting portraits of him.

It is easy to demonstrate the periodicity in Raimund's life. In 1823, one year after Ochsenheimer's death, he wrote his first play. I surmise that the loss of the father substitute set free creative forces. From 1823 until 1829, he wrote seven plays in all, the last one showing terrifying features of a depression. There followed a period of unproductivity which lasted for five years and, in 1834, his best play, *The Spendthrift*, was produced and a new period of superb creation seemed to have begun. It was ended abruptly by his suicide in 1836.

In order to grasp other consequences of Ochsenheimer's death it is necessary to report on Raimund's relationship to women. His early loves are not known with certainty. The *Lebensdokumente*, the reliability of which is doubted, reports rather sad events such as an elopement leading to the marriage of Raimund's proxy with the girl, unfaithfulness in another instance leading to an attempt at suicide on Raimund's part, and

34 Jahren, ein Jahr verheyraethet, ein Kind und eine junge brave Frau besitzend starb gestern Nachmittags (!) um 5 Uhr, plötzlich, und ich wusste gar nicht dass er krank wäre, durch 14 Tage, doch ohne ahnende Gefahr. Er war mir aufrichtig gut, und meine Thränen fliessen, einem redlichen Mann, und einem braven Künstler. Ich hatte immer den Plan einmahl dich von ihm mahlen zu lassen, und er wäre der einzige gewesen, den ich mich hätte anvertrauen können.

similar events.²² One is on more reliable ground, historically, in the case of an actress with whom Raimund lived for quite a while but who deserted him because of his fitful temperament. Once, when he saw her in the theater with another man and she refused to reveal the identity of her companion, Raimund struck her with his cane, for which he found himself in jail three days.²³

It would lead us too far afield to speculate about the psychological meaning of such events. Important in this context is the relationship to Antoine Wagner (1799-1879) which dominated his life. She was the daughter of an upper middle-class, if not wealthy, owner of a coffeehouse, and Raimund fell in love with her at first sight, a love that persisted throughout his life despite his subsequent marriage to another woman. He proposed marriage to Toni but her parents refused to accept an actor in the family. In his dejection he was an easy prey to a promiscuous actress who was ambitious to improve her career through a relationship with the famous actor.²⁴ Unfortunately she became pregnant. Raimund fought bravely against marrying her but the public, knowing his unwillingness, remonstrated in accordance with the customs of the day and his further career as an actor was gravely endangered. Under these pressures he married her on April 8, 1820, approximately one year after he met Toni Wagner. Six months later a daughter was born who died in infancy.²⁵ About a year after the birth of the child they separated, and in January of 1822 they were divorced. Shortly after his wife left their home, Raimund and Toni formed a spiritual alliance, a marriage of conscience, *Gewissensehe*, as it is called in German, in front of the pillar of St. Mary in Neustift, a village in the environs of Vienna. The day of that

²² See Erdmann, Walter: *Ferdinand Raimund*. Würzburg: Triltsch, 1943, pp. 44-47, for coordination of these episodes.

²³ *Raimund*. Vol. III, pp. 342-344.

²⁴ Important material reflecting on the character of this woman has recently been published. See Gugitz, Gustav: *Die Ehe tragödie Ferdinand Raimunds*. Vienna: Wiener Bibliophilen-Gesellschaft, 1956, 30 pp.

²⁵ The exact dates are October 7, 1820-January 10, 1821. *Ibid.*, p. 22.

alliance, September 10, 1821, played an enormous role in Raimund's life, and in his subsequent correspondence with Toni he came back to it over and over again as something that had apparently changed his entire outlook on life. Evidently the vows that they exchanged referred not only to eternal faithfulness but also, explicitly or implicitly, to chastity, which meant possible lifelong abstinence for in Catholic Austria they could marry only after the death of Raimund's former wife. We know that the part of the covenant that referred to chastity was not kept. In 1830 Toni's parents at last agreed to let her live with Raimund. What happened before is not quite clear but it is very probable that in 1822 their relationship became carnal.²⁶

At least one scholar interprets a letter Raimund wrote to Toni (1822) as expressing his reaction to having broken the vow of purity.²⁷ This interpretation of the letter is not quite convincing but it would be of interest to know whether the sexual aspect of the relationship was explicitly introduced before or after Ochsenheimer's death. My reconstruction would be that with the death of the ambivalently beloved father substitute an upsurge of homosexual longing occurred that made a heterosexual relationship imperative. Aside from the defensive function intercourse would have provided, it must also be considered that the death of a father figure may have permitted a sexual relationship with what was undoubtedly an incestuous love object.

In returning to my starting point I wish to state that the psychologically relevant events, which occurred in 1822 and to which Raimund alluded in the two remarks about a five-year period in *The King of the Alps* and the *Misanthropist*, were

²⁶ Of course, since people often look upon intercourse as the consummate sin they may have compromised by resorting to perversions. In Raimund's instance this question could perhaps be answered since Toni Wagner's diary covering the years of 1825 and 1826 seems to contain some reference to their intimate life (see *Raimund*. Vol. IV, p. ix), but it was probably exaggerated prudery that prevented the editors from publishing the full text of that important document.

²⁷ Letter 36, in *Raimund*. Vol. IV, pp. 46-48, and Fürst, Rudolf: *Raimunds Werke*, p. xvii, f., cf. footnote 5.

the death of Ochsenheimer and the beginning of a sexual relationship with Toni for which he felt quite guilty, as his letters seem to prove. If we now recall that in the play *Rappelkopf* calls the moment when he finds that he is loved by his daughter, Malchen, the first cheerful moment after five years of misery, and that 'Malchen' is the endearing form of 'Amalie', the name of Raimund's infant daughter, we have then another link between the play and the life problems with which Raimund was struggling. The approximate reconstruction may be formulated as follows: 'I would have been able to overcome the loss of my father [who in reality died in 1804], or of his substitute, if I still had my little daughter and she loved me as dearly as Malchen loves her father in the play'.

We could, of course, speculate about many more connections of this sort but since Raimund's psychopathology is not the subject of this essay, we refrain from pursuing the reconstruction and its connection with one of his plays, only to note that through inquiry into a seemingly negligible detail we stumbled upon the poet's most personal and pressing problems which we discovered to be reflected in the play itself. As stated before, from the analysis of such details the analyst may derive with certitude that a work of art is deeply rooted in the innermost layers of the creative genius and also learn from which conflicts the creation stems. Whether psychoanalytic knowledge will ever be so elaborate that we can dispense with the use of such details and proceed to conclusions derived merely from the literary record, without the assistance and corroborative evidence derived from the biographical record, remains to be seen.

Another documented example of how literary details can be used for biographical analysis is to be found in Goethe's choice of the name 'Madame Sommer' in his play, *Stella*.²⁸ This name I take to be a free association, in view of the many possible alternatives available.²⁹ It is not merely a coincidence that Goethe's

²⁸ I have discussed this incident in detail in the unpublished manuscript on Goethe.

²⁹ Cf. Barrett, William G.: *On the Naming of Tom Sawyer*. This *QUARTERLY*, XXIV, 1955, pp. 424-436.

choice of this name and the exact number of years of unhappiness specified by Raimund impress us as unæsthetic. Probably those details that do not follow the prevailing æsthetic rules are the most promising for their value as clues leading to insight into the psychology of art.

I am inclined to surmise that, assuming the absence of other biographical sources, the perfect work of art (literary or visual) would not permit the reconstruction of its creator's personality. The more flaws there are in a work of art, the more promising an object of investigation it would be to the psychologist. The æsthetic error can thus be equated with a parapraxis that leads to the core of the artist's most acute conflicts.

In presenting a noted example of the role that detail serves in the analysis of a literary work, we may now be able to formulate the difference between the significance of details in clinical work and in psychoanalysis applied to the study of works of literature. In clinical analysis we start out with a clinical question and each relevant detail brings us closer to the solution.³⁰ In the literary inquiry the relevant detail paves the way toward finding and delineating the problem that subsequently has to be solved by the usual means at the disposal of psychoanalysis. It is the selection of the right detail that first points out a piece of literature as the creation of a mind in conflict, and demonstrates an æsthetic unit as a psychological problem. In clinical work, the detail solves the problem; in literary analysis, the detail poses the problem. It is the fitting of details into comprehensive contexts—including both literary works and focal personal life situations—that gives certainty to correct interpretations.

It must be admitted that if the slightly inartistic remark about the five-year period had not been made in Raimund's play, the reconstruction I propose in this study would have remained a theoretical proposition. It becomes by this literary

³⁰ I omit an intermediary phase here when details that characterize the symptoms, cursorily described by the patient, initially complicate the clinical situation.

accident a clinical study comparable to one derived from a living subject.

What may be one of the reasons why the application of psychoanalysis to musical and visual art is so much more difficult than to literature is that in literature the 'artistic parapraxis' can be determined far more readily than in music and the graphic arts. The detail of the five-year period cannot possibly be dissolved into factors of history, tradition, or æsthetics, and automatically it becomes the carrier of something purely individual. In the musical and visual arts an equivalent factor is missing or, at least, can be determined only with far greater difficulty. Freud writes: 'It [psychoanalysis] can conjecture with more or less certainty from an artist's work the intimate personality that lies behind it';³¹ and one may add that the degree of certainty, other conditions being equal, possibly depends on the number of parapractic details to be found in an artist's work.³²

³¹ Freud: *The Claims of Psychoanalysis to Scientific Interest* (1913). Standard Edition, XIII, p. 179.

³² In this paper I have inquired only into the theory of one method of psychoanalytic literary research. There are, of course, others such as the method I would like to call, *the variant theme*. See Gorer, Geoffrey: *The Myth in Jane Austen*. In: *Art and Psychoanalysis*. Edited by William Phillips. New York: Criterion Books, 1957, pp. 218-225.

Characteristic Superego Identifications of Obsessional Neurosis

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CHARACTERISTIC SUPEREGO IDENTIFICATIONS OF OBSESSIONAL NEUROSIS

BY PHILIP WEISSMAN, M.D. (NEW YORK)

Freud demonstrated that obsessional neurotic fixations and regressions have origin at the anal-erotic and sadistic levels of development. He warned that the total nature of obsession could not be learned from the study of the obsessional neurosis only and that it is related to other morbid phenomena (2). I have described elsewhere (6) the ego and superego factors in obsessional neurosis and in the obsessional character. The anal character is molded by anal-sadistic and erotic drives in conflict with a mature superego, whereas the obsessional neurotic symptoms are molded from the same drives in relation to a predominantly archaic superego.

The latter formulation about the archaic superego and obsessional neurosis lacks conciseness and specificity. It does not suffice to differentiate the nature of an 'archaic' superego in obsessional neurosis from that which operates in other types of psychopathology. Jacobson (4) clearly demonstrated that an archaic superego identification plays a decisive role in melancholia. I shall attempt to separate the specific identifications of the archaic superego characteristic of obsessional phenomena and pathology from such identifications in melancholia.

THEORETICAL CONSIDERATIONS

The way in which the pregenital archaic superego identifications differ in various psychopathological states is sought in the pregenital development of ego and superego. To the pregenital

A condensed version of this paper was presented in the panel discussion on Superego Development and Pathology in Childhood, at the midwinter meeting of the American Psychoanalytic Association in New York City, December 1957. The complete version was subsequently read at the meeting of The Psychoanalytic Association of New York in October 1958 and at the midwinter meeting of the American Psychoanalytic Association in December 1958.

aspects of ego and id conflicts in deciding such determinants, Abraham (1) made some important contributions. Freud had pointed out that anal-erotic and sadistic-destructive fixations were the chief influences in obsessional neurosis, whereas Abraham specified that later anal-erotic and sadistic-retentive cravings were characteristic.

In emphasizing the specificity of anal retentiveness as the defining influence in obsessional neurosis, Abraham brought into sharper focus the significantly related stage of object relationships, particularly the status of the libidinal attitude toward the love object in this neurosis. He stated that '... this differentiation of the anal-sadistic stage into a primitive and late phase seems to be of radical importance'. His sharp subdivision of the anal stage into a later retentive phase and earlier destructive phase has in recent years tended to be disregarded.¹ This does not detract from the validity of the concept that at some point in the anal phase specific alterations develop in relationship to objects, characterized by the quality of retaining and conserving them. The earlier anal and oral periods are pre-retentive, unmodified destructive impulses in relation to objects. Abraham's significant comment on the anal-retentive phase is: 'Indeed, we may say that this dividing line [destructive-retentive] is where "object love" in the narrower sense begins'.

Greenson utilized this concept in elaborating his formulations on identification.² He states: 'There is a fusion of the good and bad objects into a composite introject and a corresponding fused external object. I believe this is accomplished during the phase of libidinal development which corresponds to the anal-retentive phase' (3). This is in agreement with Abraham's conception of the pregenital instinctual fusion of good and bad objects, and

¹ Abraham's emphasis on the earlier destructive stage as specific for a phase in anal development overlooked the fact that much of the instinctual development that precedes the anal period, the oral stage, is also characterized by destructive impulses toward objects.

² Recent studies and panel discussions have attempted to clarify the links between object relationships, introjection, identifications, and instinctual development (3, 4, 5).

embraces the genetic progression from the stage of preambivalence to ambivalence, and from the destruction of the object to its retention.³

In the anal-retentive phase objects are ambivalently fused in what becomes an increasing retentive tendency in contrast to the preceding destructive phase. These are newly fused good and bad objects being introjected and becoming newer identifications of the developing archaic superego. These new identifications gradually modify the (archaic) superego so that destruction is not, as formerly, its main instinctual drive. In this way the developing ego finds a way—by gradual compromise—to retain the love object. Such identifications are superimposed upon the primitive preambivalent, nonfused object relationships which retain the capacity to threaten with fears of annihilation of object or self, or both. The fear of unmodified annihilation or destruction underlies the threat of the loss of the love object in the obsessional neurotic.

In acting out a typical compulsive symptom—‘if you do not wash your hands, you or your mother will die’—the fear of the archaic superego punishment of destruction and annihilation by a completely hostile introject can be repeatedly warded off. When the object is loved as well as hated, to wash one’s hands or not does not threaten the ego or the object. If the subject has not sufficiently fused the ambivalent introject, he is threatened by his primary (archaic) identifications. For this reason, the obsessional neurotic is unceasingly in search of more and more external objects to introject as components of his superego, to quell the threats from his underlying, unmodified destructive (preretentive) identifications.

The obsessional neurotic achieves identification with ambivalent objects. In melancholia, omnipotent introjected, preambivalent, nonfused good or bad object-attached identifications

³ The maturation of object relationships and identifications is not exclusively the end result of a progression of instinctual development. Certainly, the concomitant progression of ego development contributes prominently to the shaping of object relationships and ensuing identifications.

predominate in a less well-differentiated ego in which also self-representation and object representation tend to be fused (4). To this more primitive psychopathology, the obsessional neurotic sometimes regresses.

CLINICAL INSTANCES

A male in his thirties, with severe obsessional and compulsive symptoms, presented himself for analysis. He was unable to make a decision between two jobs that were offered him when he was discharged from the army. The desire to be analyzed eliminated one in favor of the other, and his obsessional symptoms began to diminish. This was followed by an intense depression, and this sequence of obsession followed by depression recurred with each new decision he had to face. His ambition aroused doubts because he was unconsciously competing to prove himself better than his father in achievement and financial success. Whenever this conflict tended to approach awareness, he felt threatened. The œdipal origin of his competitiveness would then appear in his dreams and fantasies as incestuous strivings involving his mother or sister.

He was compelled, therefore, to deny that he was actively seeking to succeed, but rather to make it a condition that a better opportunity was being offered. He ceaselessly sought to be authoritatively told what to do to quell his obsessional indecision. The more he searched for authoritative figures (father) to promote his ambition by being sought out (submission), the more his obsessional indecision increased with premonitions of dire consequences. Eventually, as he made a prohibited move and believed he could no longer enlist the support of or might no longer need an authority, it became apparent that he unconsciously intended the destruction of the parental objects for which an authority had been a substitute. He would then become depressed and self-accusatory, feel worthless, and have fears of annihilation. The period of recovery, of restoring the lost object, was a transition to a recurrence of obsessiveness.

The alternating phases of his object relationships and identifications were clearly expressed in the transference. In the obsessional phase, he did his utmost to get confirmation for his every thought in attempts to resolve his indecision. He wanted active participation in confirmation or disapproval of all his thoughts and actions. Despite careful avoidance of such participation, he was able to read into every comment of mine an implied approval or condemnation of everything he thought and did. I was being introjected at such times as a powerful good and bad object with whom he identified. With this identification he was attempting to resolve his ambivalent conflict. Needless to say, he was increasingly involved in doing the same with such other authoritarian figures as his wife, his superiors, and his respected friends. They were also objects which he introjected to reinforce his fused identifications.

During his depressive periods, I seemed to him to be stupid, mean, to lack understanding, and to be threatening. He was then in the process of separating the bad from the good object, destroying and losing the latter. He tended to regress in his object relations and identifications. He clung desperately to his wife and his superior as totally good objects, and fantasied that he would eventually be punished for barely questionable misdeeds. The punishment originated from the introjected bad object which he had once wished to destroy during the pre-retentive period of his development.

Having barely reached the level of early object relationship, he could at times retain his love for the fused ambivalent object. He could easily regress to hostile destructive attitudes in which attachments to the love object threatened to be lost. The period of regaining objects corresponded to repression of his anal-sadistic oedipal fantasies. His object relationships and identifications then progressed to a retentive, fused ambivalent level at which his instinctual wishes, now under control of his archaic superego, induced obsessional symptoms. His inability to remain at this level was not only due to his regression to destructive drives, but also his superego identifications which became

more threatening with preambivalent, nonfused objects—a superego stage to which he easily regressed during the depressive phase. That the depressions were not extreme is attributed to the fact that his instinctual fixation, and the regression from it, never varied far beyond the anal-erotic stage to the more primitive oral levels. The capacity to retain objects to some degree may have prevented more severe depressions.

Abraham stated the interrelationships of obsessional neurosis and depression thus: 'We shall not be surprised to find that obsessional symptoms make their appearance in a melancholia and that states of depression occur in obsessional neurosis. In cases of this sort, the destructive or the conserving tendency, as the case may be, has not been able to carry the day completely.' This describes the alteration in object relationships but does not describe the alteration of superego identifications.

In a previous paper (6), I presented the case of a young man with an obsessive-compulsive neurosis in which early identifications were introjects of his mother as the 'Dutch Cleanser' woman, and as a threatening and protective nun. These fantasies fused the ambivalent good and bad identifications of the anal-retentive phase. In the same paper, I described a female patient, at the height of an intense obsessional anxiety, who re-evoked the conscious image of the threatening muscular arm of her father in a position of readiness to strike. It is probable that this image represented a more primitive preambivalent bad object which was the activated understructure of her archaic superego. At such times she was threatened with depression.

It might be questioned why a more primitive preambivalent bad identification, such as the threatening arm of the father, should be in the structured identification of the obsessional pathology when it has been postulated that the ambivalent, fused identification of sharing the parents' power and protection is most characteristic for that pathology. The threat of the primitive bad identification is clinically and developmentally a necessary precondition for the appearance of the ambivalent,

fused object identification which attempts to ward off the more primitive identification. Greenson (3) has cited a number of cases in which facile identifications served to ward off an earlier identification with a preambivalent bad parental object. It is my opinion that the superego component of every obsessive-compulsive symptom is a defense by identification with the fused good and bad object against an intense anxiety. The anxiety threatens fears of destruction and abandonment which basically represent the early primitive, preambivalent, bad identification. Preenital compulsive behavior and compulsive symptoms partake of the same psychological apparatus and identifications as the later, postlatency, obsessive-compulsive phenomena (7).

SUMMARY

A comparative study of obsessional neurosis and melancholia leads to more specific descriptions of the identifications of the obsessional neurosis. Similar studies by Abraham aided in extending Freud's formulation that the instinctual fixation of obsessional neurosis at the anal-erotic and sadistic stages could be more closely approximated as belonging to the anal-retentive phase. This clarified not only the specific phase of instinctual level for obsessional neurosis, but also the specific phase of object relationships. Utilizing recent formulations correlating object relationships, introjections, and identifications, the specific phase of superego identifications of obsessional neurosis is evaluated. Earlier formulations by the author suggested that the obsessional neurosis operated under the influence of an archaic superego. The present study leads to the belief that the archaic superego has earlier and later forms. The later form of ambivalent, fused identifications is part of the specific content of the obsessional symptom. The earlier, preambivalent type of identification is the basic threatening identification of the obsessional neurosis but it is not in the specific content of the symptom. The earlier form has specific representation in the symptom of melancholia.

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Fear of Walking in a Two-and-a-Half-Year-Old Girl

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FEAR OF WALKING IN A TWO-AND-A-HALF-YEAR-OLD GIRL

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It is not uncommon for a small child to fracture a limb, but it is rare for a functional disability to follow such a fracture. For this reason, such an instance is thought worthy of report despite the brevity and method of treatment, and although the reasons for the inhibition remain open to conjecture.

The child, Nancy, was just two years and four months of age when she slipped from her perch on the kitchen sink and broke her leg. As it was a greenstick fracture of the left tibia, the injury healed quickly. When the cast was removed three weeks later, Nancy could not walk. Whenever an attempt was made to help her stand, she cried bitterly, clinging desperately to her mother. After three weeks of futile coaxing, urging, and scolding, the parents followed the advice of their pediatrician and sought psychoanalytic help.

Nancy's young parents were affectionately interested in her. They described her as a gay little girl before the accident. When the cast was removed, her mood remarkably changed. She appeared continuously unhappy, whined and cried.

EARLY DEVELOPMENT

Only a few facts of significance were obtainable pertaining to the period previous to the accident. Pregnancy, labor, and delivery were without incident. The baby was bottle-fed for fifteen months. Accustomed to drinking orange juice from a glass, she then 'decided' she no longer wanted her milk from a bottle. She had, however, developed the habit of sucking on a diaper. This she still continued at night, in the daytime insisting on carrying the diaper wherever she went.

She started talking early, and at the time of treatment was quite advanced for her age in marked contrast to her slow motor development. She had not crawled until one year of age

and did not walk until seventeen months. From that time, she appeared normally active but overcautious. 'Everyone', the parents said, 'was surprised that she should have had an accident. She was always hesitant about climbing and conspicuously careful when using toys with wheels.'

Toilet training was not attempted until she was nearly two, and the child responded quickly. Just as she was almost trained, a complication arose. Finding her to be anemic, her pediatrician had prescribed elixir of feosol which made her stool black. The sight of the black stool in the toilet so disturbed Nancy that she regressed to soiling her pants. Four months later, when she had made a few attempts to use the toilet again, she broke her leg. Although she would urinate in it, she refused to use the toilet for a bowel movement.

A brother was born when Nancy was two years and two and a half months of age. She had been 'prepared' for his arrival and appeared to welcome him. Her mother conscientiously tried to help her feel she was not neglected, permitting her to share in the baby's care in every way possible. For the most part, Nancy's attitude toward him was in keeping with her generally happy and compliant nature. The parents remember only two occasions when feelings of jealousy and aggression were given overt expression. The provocations are no longer recalled, but one day she hit the baby. Immediately afterward, as the baby howled, she dissolved in tears. The second occasion was a moment when her mother was holding the baby. Apparently angry that he was getting so much attention, Nancy 'accidentally' knocked a picture from the table. The sharp corner of the metal frame struck the mother on the shin, hurting her so acutely that she was unable to suppress her tears. Her tears also caused Nancy to cry.

The parents were unable to recall any other noteworthy incidents. They had not been aware of any tendency to direct feelings of anger toward anyone outside the family. The child was noticeably unaggressive with her playmates. The darling of two sets of grandparents, she had perhaps been surrounded

by too many adults and had not had sufficient opportunity for play with children.

There was no indication that she had been strictly disciplined. In this connection, one incident was recalled which might have been significant. Once, when Nancy spilled her milk, her father slapped her hand. Children have certainly been regularly punished for lesser offenses without being as timid and restrained in their behavior as Nancy appears to have been prior to the accident. There may have been important incidents the parents had forgotten, or she was complying with attitudes of which the parents and grandparents were unconscious. Whatever the reasons, contact with the family was of too short duration to be certain of the etiology of the child's reactions.

THE ACCIDENT

The accident occurred one evening after dinner, six weeks following the birth of her brother. Her mother, who had not felt entirely well following the delivery, was resting in the living room. Her father was washing the dishes, Nancy keeping him company. She was standing on a ledge next to the sink, her favorite spot when dishes were being washed. Because of her customary cautiousness, no one considered the possibility that it might be unsafe. On this evening she was proudly showing her father a newly acquired ability: counting the spice boxes in the cupboard. Still listening to her, he returned momentarily to the adjoining breakfast room to fetch the remaining dishes from the table. At that moment she lost her balance and fell.

As far as could be determined, there was nothing concerning the fracture or its treatment that was out of the ordinary or which might have contributed to the unusual emotional reaction. All Nancy could tell her parents in explanation of why she could not walk or stand was to say enigmatically, 'It's dark down there!'. Since there were no dark corners the parents could think of, and since neither the kitchen floor nor any other floor covering in the house was dark, the reason for Nancy's fear remained a riddle.

TREATMENT

Nancy was seen eleven times over a period of six weeks. For the first five sessions she was visited at home. On the first afternoon, Nancy, now twenty-nine and a half months old, was waiting for me, seated on a couch, her diaper and a doll next to her. I had brought with me a wooden Russian doll, one of those which opens in the middle and contains a succession of smaller dolls. Like all other children, she was immediately attracted to it by its gay colors and when I rattled it to show her that there was something inside, she eagerly reached for it. As she opened each part, she looked up at me, delighted, although still too shy to speak. After she had taken it all apart, I helped her put it back together. In the process of repeating this several times, she gradually began to talk, at first in a barely audible whisper, but soon quite naturally. From her ability in matching the parts of this toy, and from the extent of her vocabulary, she showed herself to be a child of superior intelligence.

A monkey hand-puppet, which I had also brought with me, served to cement our friendship. Delighted with it, she hugged my hand with the puppet on it, and rubbed her cheek lovingly against it. When I then asked if she would like to show me her dolls, she responded by holding up her arms baby-fashion to be picked up.

I carried her into her room. It was an attractive nursery containing shelves for her toys, a junior bed for her, and a crib for the baby who at the time of my visit was sleeping in his carriage on the porch. I put Nancy down on the floor and she crawled on her hands and knees to the shelves, reaching from a kneeling position for the dolls to show them to me. After they had been duly admired, I carried Nancy back to the other room and her mother, and took my leave.

On my second visit two days later I found Nancy waiting in her room, sitting on a chair at a play table. This time I had brought, besides the original toys, a small plastic girl doll and a plastic toilet. She was particularly fascinated with the toilet,

lifting the seat up and down, and pretending to flush it. When I suggested that the girl doll use the toilet, she was quite definite in her refusal.

During the visit I told her why I was coming to see her. Previous to this she had only been told that I was a friend who liked to play with little girls. I now said, 'I am going to try to help you find out why you can't walk'. At the mention of this, she became visibly anxious and called loudly, 'Mama'. I reassured her, telling her I was not going to make her try until she was ready. Although she seemed less anxious, she asked to be carried into the other room to join her mother. Feeling that at this point it was most important for her to maintain her trust in me, I did as she asked. The remainder of my visit was spent sitting with her on the couch, playing with the Russian doll and the monkey puppet.

On subsequent visits I gradually produced other plastic dolls: a mother doll, a baby doll, and also a tiny baby carriage. I told her a story about a little girl who didn't like it when the mother held the baby. She listened closely as I activated the little girl doll who was angry and tried to hit the baby. She did not enter into the play, but focused her attention on the tiny baby carriage. This seemed to intrigue her as much as did the toilet the first time she saw it.

On the fifth visit, I brought the same toys, with the addition of a second baby doll. The original one had a diaper painted on it. The second one did not. To this I had added a small piece of clay to represent a penis. When Nancy discovered this, she immediately took it off, and put the doll back into the paper sack in which I had brought all the toys. As she played with the other toys I repeated the story I had told her previously, adding that the reason the little girl did not like the baby was because the baby was a boy and had a penis, and looked different than little girls do. This she denied vigorously: 'Boys don't have penis. Girls have penis and Mommy has penis.'

I told her in simple language that this was not true, that little girls have a 'baby hole' so that some day they can have babies

like her Mommy did. As I talked, I took the baby doll out of the bag again and replaced the 'penis'. Once more she tore it off and put the doll away. I did not pursue the subject. For the remainder of my visit we played with whatever she cared to play, which for the most part consisted of dressing or undressing one of her own larger dolls.

During the early part of this visit, as occasionally on previous ones, I suggested that I would like to help her stand up. At the mention of it, her face became tense and anxious, although she no longer called for her mother as on my first reference to it. This reaction and her manner of denying—covering up facts she did not want to know—seemed to be indications of the need to defend herself against being overwhelmed by anxiety. I felt that it might still take considerable time to diminish the anxiety to a point where she would be able to cope with it.

It was therefore with agreeable surprise that I received a phone call from the mother the following day. She told me that shortly after I had left, Nancy approached her grandmother, who had been feeding the baby during my visit, asking her to help her stand up. From then, during most of the next two days, Nancy stood and walked, albeit with help, using every opportunity to display her rediscovered ability. In fact, she went at it so strenuously that she became overtired, so that her activity slowed down considerably in the days that followed; nevertheless, she continued to walk, although it was some time before she would trust herself without holding someone's hand or supporting herself with one hand.

From this point treatment took place in my office. Nancy walked in, clinging to her mother's hand, with the awkwardness of a child who had just learned to walk. Anxiety was still evident in the seriousness of her expression and in the stiffness of her gait. She looked as though she had no joints at the ankles. Caution and restraint were apparent in all her movements. Bending down to recover a toy, she clutched the side of a cupboard with one hand for security.

During the first visits to the office the greater part of the time

was taken up with her exploration of the toys. Often, as she picked up something, she would ask, 'What's this?', sometimes waiting for an explanation and sometimes giving the answer: 'What's this? A dirty bath tub!'. She was much preoccupied with dirt, and took great pleasure in washing and scrubbing things in the sink. The connection with her toilet training was obvious. The mother reported that she was still soiling her pants. It was nonetheless an indication of the beginning of an identification with her mother, as one of Nancy's favorite occupations at home now was to 'help' her mother wash the baby's bottles.

Some new aspects of her anxiety became evident. She was easily startled by unexpected sounds or movements. When a top she was watching spin on the cupboard dropped to the floor, she jumped. She startled when the cupboard door clicked as it closed. However, she enjoyed making sounds of moderate volume herself, for example, hitting the xylophone. Although she wanted me to hit it at the same time, she insisted that I keep hitting middle C. If I happened to hit another note, she immediately objected. Her need to control the sound was clear.

Activities such as knocking down a tower of blocks or climbing on the furniture, normally enjoyed by children of her age, were at first only accomplished with encouragement and help. During the four weeks I continued to see her there was gradual improvement. At the end of that time she was walking by herself, although still cautiously and with a slight limp.

DISCUSSION

Before therapy it was clear to the parents, as well as to the pediatrician, that the secondary gain in not being able to walk played an important role in delaying Nancy's recovery. As long as she continued to be lifted and carried she had no need to envy the baby; furthermore, relinquishing motility served the same purpose as the relinquishment of other recently acquired ego functions—bowel control, for example,—so frequently observed following the arrival of a new baby. 'Such demands are not made on the baby, why should they be made on me?', the

child appears to feel. Through such regressions the youngster is able indirectly to express anger toward the parents for attention bestowed on the intruder, forcing them into care similar to that given the infant. As a rule, such regressions are short-lived. Once the child feels reassured, the desire to please the parents plus the ego satisfaction gained through control of a body function are sufficient to enable return to the previous stage of development.

Although Nancy's parents understood her need to be babied, and had responded warmly to this, Nancy gave no indication of being able to give up the satisfaction gained from her regression. On the contrary, she showed great anxiety even at the suggestion that she try to stand. The persistence of this anxiety is the chief difference between Nancy's problem and other instances of 'normal' temporary regression.

What was the reason for Nancy's phobic reaction? In the other instances referred to, when the control of the sphincters is relinquished, it is done voluntarily (even if unconsciously). An accident, however, is experienced as 'something is being done to me': a castrative punishment even in those instances in which unconscious forces are clearly responsible for the mishap.

Nancy had every reason to experience the accident as such a punishment. It occurred at a moment in her life when she had just been confronted with the fact of having to share her mother's love. Feelings of jealousy toward the baby and anger toward her mother must have been at a peak. She had also reached the stage when children become aware of the differences between the sexes. Her reactions during treatment left no doubt as to how strong her feelings on this subject were. Her impulse to castrate her brother was graphically displayed in her treatment of the baby doll. He should not have anything she lacked. This child, however, had not been able to express any of these feelings as openly as most children of her age. She was obviously aware that hostile feelings were not tolerated and had been able to exercise such extraordinary control that her parents had difficulty recalling even a few instances when she had given expres-

sion to them. And even in those few instances, so much empathy was felt with the object of her aggression that she behaved as though she herself had been the recipient of a blow. We have no way of knowing what Nancy's feelings might have been just before the accident, what events might have occurred during the day which might have incited aggressive impulses. But it is difficult to imagine that at this period in Nancy's life any day could have passed without the mobilization of such hostile feelings.

With the magical thinking common to children at that age, Nancy must have believed that her 'bad' impulses were perceived by her parents and that they had let the accident happen in order to punish her. (If she did not connect them directly with the moment of her accident, her parents were inevitably linked with the pain and excitement during the initial treatment of her leg.) It is quite likely, too, that Nancy had interpreted her penisless state as punishment for some previous 'badness'. The accident had now added insult to injury in symbolism so well understood by children: retaliation for her impulse to injure her brother—a leg for a penis.

The immobilization imposed by the accident must have been experienced as a relief. It protected her from further acts of violence, without putting her in the position to exert self-control. It must have given her the same sense of security all youngsters gain when held by an adult and physically restrained from inflicting injury when angry. To resume walking meant being faced with the possibility of committing an aggressive act. It is as though she had thought: 'If I can walk, then I can hurt the baby or mother. But if I hurt them, something terrible will happen to me. Walking is dangerous.' Walking also meant not being carried like the baby, not being loved like the baby. In short, walking was a double threat: the threat of castration and the threat of loss of love, both threats against her narcissism.

It was no wonder then that Nancy's fear of walking assumed phobic proportions. To be able to overcome it to the point of resuming this important ego function meant to be able to give

up her defense against her aggressive impulses. At the beginning of therapy, the passivity in the child's attitude paralleled her immobility; she waited to be shown that aggressive impulses were acceptable before she dared express them herself. When the therapist permitted the dolls to show aggression, she felt reassured; those impulses could not be so terrible if others felt them too. Later, the cathartic effect of expressing the feelings toward the dolls, rather than directly, must have lessened their intensity and made them more readily controlled. It was striking that after acting out the castration of the baby she was able to make the first attempts to walk.

Starting to walk was clearly only the beginning. She continued to struggle with the problem of control from every aspect: control of the movement of objects; control of sounds; control of her bowel movement. In this last respect she had need to remain the one to decide when and where she would produce a stool. It was several months before the mother reported that she was completely toilet trained. One wonders whether the initial trauma of the black stool with the resulting regression to soiling might not have set the pattern for the second regression, to the baby's way of locomotion. Her explanation, 'it is dark down there', may have been her way of indicating the link between the two events.

Children frequently have reactions to toileting which they are unable to verbalize and which parents are therefore unable to understand. The noise of the flushing mechanism, fear of being flushed down the toilet, concern about where things disappear to, are some of the 'normal' causes for anxiety. The abnormal appearance of the stool was probably only the last straw which precipitated Nancy's anxiety. Could there have been any connection between the bowel 'movement' and the movement which caused the fall?

Unfortunately treatment was too brief to learn all that one would have liked concerning Nancy. It would have been more advantageous for Nancy, as well as for the understanding of the case, if a less active method of therapy could have been chosen.

The therapist permitted herself to be influenced by the parents' concern for a speedy 'cure', the removal of the symptom. She did not realize in the beginning that once the symptom was relieved, the parents would not accept the idea that further treatment was indicated. Despite the many signs of continued anxiety and inhibition, despite continued soiling, treatment was discontinued. The parents planned to send Nancy to a nursery school and hoped that the remaining difficulties would be 'out-grown'.

SUMMARY

A bright infant girl developed a phobia of standing or walking following an accident which caused a greenstick fracture of a bone in one leg. Her anxiety is related to the birth of a brother. A loving family environment gave her the reassurance she needed, but inhibited in her the sufficient expression of her hostile impulses. The total effect was a partial regression. Minimal therapy effected a symptomatic cure.

The author acknowledges her indebtedness to the following sources in the writing of this clinical study:

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SIGMUND FREUD AND LUDWIG BINSWANGER

BY FRITZ SCHMIDL (SEATTLE)

Ludwig Binswanger, a Swiss psychiatrist, was influenced by psychoanalysis early in his career. As a medical student he attended Eugen Bleuler's clinical lectures, and in 1906-1907 he worked as a medical assistant at the famous Burghölzli Clinic under the supervision of C. G. Jung. In 1908 he joined the staff of a psychiatric sanatorium, Bellevue, in Kreuzlingen, Switzerland, which had been founded by Binswanger's grandfather. Binswanger's interests include not only psychiatry and psychoanalysis but also philosophy and literature. Alexander Grinstein's Index of Psychoanalytic Writings lists Binswanger as the author of seventy-one books and articles (20).

Binswanger met Freud in February 1907, when he accompanied Jung and his wife on their first trip to Vienna. A friendship between Freud and Binswanger developed which lasted until Freud's death. Ernest Jones, in his second volume of Freud's Life and Work, refers several times to this relationship. He records that 'When the storm of opposition broke over psychoanalysis in the years before the first World War the only gentiles who survived it were Binswanger, Oberholzer, Pfister, and myself [Jones]' (23, p. 398).

In 1956 Binswanger published a small book on his friendship with Freud, *Erinnerungen an Freud*, which has been published in an English translation with the title, Sigmund Freud: Reminiscences of a Friendship (10). It contains a number of unpublished letters, and is a contribution to our knowledge of Freud, and to the understanding of the development of psychoanalysis.

The day after Jung and Binswanger arrived in Vienna, Freud asked them to tell him their dreams. Binswanger re-

Read at the meeting of the West Coast Psychoanalytic Societies, November 1957.

membered a dream about the entrance hall of the house, Berggasse 19, which was then being redecorated. The chandelier, which was rather carelessly covered up during the work in the hall, appeared as part of the dream. According to Binswanger, Freud interpreted the dream as an expression of Binswanger's wish to marry Freud's oldest daughter. He added that the dream also implied a rejection of this wish. Freud is reported to have said, 'You would not want to marry into a house with such a shabby chandelier'. It is hard to tell how serious Freud was in giving this interpretation. Binswanger feels that the incident illustrates the 'friendly and informal atmosphere of the visit'. In any case, the fantasy that Binswanger, at that time an unmarried man of twenty-six, could become Freud's son-in-law, is expressed.

Throughout the relationship between the two men, Freud's attitude toward Binswanger resembles the attitude of an older man toward a son. At the first visit Freud introduced the young doctor to his family. Binswanger participated in a Sunday outing in the Vienna woods with the family. Freud spent evenings with Binswanger answering the young man's questions. He talked about his past, and of his ten bitter years of scientific isolation. Freud invited Binswanger to attend one of the sessions with his students. He detained Binswanger after the others had left and asked him, 'Now, have you seen the "gang"? [*die Bande*]'. Binswanger considered this a question indicating that Freud was still a lonely man, not quite sure of his friends. Whether he was correct is difficult to decide. Everyone familiar with the informality of the Vienna dialect might assume that the German word, *Bande*, here translated as 'gang' could have been used as a humorous equivalent of 'group'. It seems nevertheless remarkable that Freud made comments about his followers to a young man whom he had met only recently and who certainly, at that point, had not made any contribution to psychoanalysis. In 1909, Freud published a lengthy paper by Binswanger in the *Jahrbuch* (4). Binswanger states (10) that Freud seems to have given almost too much space to the work

of a beginner. Freud corresponded with Binswanger about the paper and the analysis reported in it, and gave a great deal of advice to his young friend. In 1910, Binswanger revisited Freud in Vienna, this time with his wife whom he had married in 1908, and they remained for more than a week. During the intervals between Binswanger's visits there was a continuous though not frequent correspondence. In 1911, Freud expressed dissatisfaction with Binswanger's failure to devote himself exclusively to psychoanalysis. In a letter dated May 8, 1911, he wrote, 'Like all fathers I am weak and blinded, therefore proud of such a son; it is difficult for me to reproach him'.

In March of 1912, Binswanger underwent an operation for the removal of a tumor, and there was danger that he might die within a few years. Freud reacted to the news of Binswanger's dangerous illness with a promise to visit Binswanger in Kreuzlingen in May. In a letter dated April 14, 1912, Freud writes: 'As an old man who has no right to complain that his life will be over within a few years (and who has made up his mind not to complain), I experience a particular pain learning from one of the thriving young ones that his life span has become uncertain; from one of those who should continue my own life'. Freud carried out the plan to visit Binswanger in Kreuzlingen. It must have been a rather strenuous trip. To be forty-eight hours with Binswanger, Freud had to spend almost as many hours on the train. We learn from Binswanger, as well as from Jones, that the visit in Kreuzlingen was a pleasant one. Binswanger took Freud for a drive on the shore of Lake Constance and to the Binswanger family estate where Freud met Binswanger's stepmother. The following year Binswanger again visited Freud in Vienna. This time he was accompanied by his friend Paul Häberlin, at that time lecturer and later professor of philosophy at the University of Basel. Binswanger also saw Freud at the Psychoanalytic Congress in Munich (1913). From that time, there was no personal contact between Freud and Binswanger until 1920 when Binswanger presented a paper, *Psychoanalysis and Clinical Psychiatry*, at the sixth International

Congress of the International Psychoanalytic Association in The Hague (5). Binswanger visited Freud in 1927 on the Semmering near Vienna, and in 1932 and 1936 in Vienna.

The image of Freud as it emerges from the pages of Binswanger's little book is rather complex. Two aspects are striking. One is Freud's outstanding warmth in accepting Binswanger as if he were a son, his concern for the young man and his family, and his readiness and ability to talk openly about himself, even about his private life, to a man so much younger. The other aspect is of Freud as the founder and head of an 'empire', a word he himself used repeatedly for psychoanalysis.

In addition to the two sentences quoted from Freud's letters in which he writes of Binswanger as a son, 'one who should continue my own life', there are other passages in the correspondence in which Freud is equally intimate. It is to be noted that in many of these personal comments the father-child relationship is cited. In January 1911, for instance, in congratulating Binswanger on the birth of his second child, Freud writes, 'Now you are a father in every sense and you have experienced twice the most remarkable event in life'. In 1926 Binswanger lost one of his children, a boy of eight who died from tuberculous meningitis. In his letter of condolence, Freud wrote, 'Your letter has revived in me a memory—nonsense, it has never been dormant . . .', and he then speaks of the loss of his daughter Sophie in 1920 and of the loss of one of his grandchildren, Heinele, one of Sophie's sons, who had died from tuberculosis at the age of three. Freud continued: 'Since the death of Heinele I don't like the grandchildren any more, but I do not enjoy my own life either. This is the secret of my indifference toward the dangers for my own life—it has been called fortitude. There is some resemblance between my fate and yours; in my case, too, the malignant tumor has not returned. As far as the other thing is concerned, I hope you will avoid the resemblance. You are young enough to overcome the loss; I don't have to any more.' In 1929 Freud learned about the death of Binswanger's oldest son. Freud wrote: 'We know that after such a loss the

acute process of mourning will cease at some point, but there is no real consolation, no substitution. Whatever may replace the lost [one], even if it could fill the void completely, still it is something different. As a matter of fact, this is the way it should be. It is the only way of continuing the love which one does not want to abandon.' There is warmth, affection, tenderness in such words. The language is characteristic of the man who, in addition to being one of the greatest scientists of his century, received the Goethe Prize for literature. Freud is here a master of writing and a most affectionate friend.

Freud was not always the tenderly loving father. Wherever the interests of psychoanalysis were concerned, he was demanding, angry, and uncompromising. Although from 1910 he was a member of the International Psychoanalytic Association and for a number of years chairman of the Swiss group, Binswanger never wanted to assume a leading role in psychoanalysis. He never considered psychoanalysis to be an independent science but a branch of psychiatry. He also did not want to become involved in controversy. In one of his letters to Binswanger, Freud deplored the fact that 'politics spoil not only character, but taste'. Politics of the psychoanalytic movement nevertheless entered the relationship between Freud and Binswanger. In December 1909 Freud mentioned the 'diplomatic' significance of Binswanger's report on an analysis of a patient who had been referred to Binswanger by his uncle, Otto Binswanger, then professor of psychiatry at the University of Jena. Binswanger refrains from commenting on this letter. From his remark that Freud gave a great deal of space to the work of a beginner, in combination with our knowledge of Freud's strong desire to have gentiles join the psychoanalytic movement, it is assumed by the writer that Binswanger must have wondered to what extent Freud's interest in him was based on the fact that he was a gentile and a member of a large and influential family of psychiatrists. To be liked by Freud on this basis must have been a rather unpleasant experience. Binswanger makes no comment on the significance (for the relationship between Freud and

Jung) of Freud's visit to Kreuzlingen in 1912. Freud visited Binswanger at that time because Binswanger was dangerously ill. It is assumed he had the hope that this visit might offer an opportunity to see Jung whose attitude toward Freud and psychoanalysis had become problematic at that time. Jung neither appeared nor did he write.

This incident became a bone of contention between Freud and Jung. In July 1912, two months after Freud's visit to Kreuzlingen, Freud sent Binswanger the copy of a letter from Jung in which Jung had commented on the 'gesture of Kreuzlingen'.¹ One cannot help but have some negative feelings about the combination of a visit to a sick friend and politics.

It is natural that in examining the life of a great man, we look mainly for what is admirable. We wish to find him free of any flaws. Anything that is likely to detract from unlimited admiration hurts our feelings. We know that great men have weaknesses like other human beings, but we do not want to recognize them. Some facts that become known, however, frequently force us to alter the idealized image of the great man and to try to understand why he behaved as he did. How, then, can we understand the combination of fatherly love and of 'politics' in Freud's relationship to Binswanger?

We may get some clues for such an understanding from some of the facts known about Freud, and some which we learn from Binswanger. We know that Freud for a long time, certainly in the period preceding the first World War, was extremely worried about the future of psychoanalysis, his unique creation. His concern was qualified in a number of ways. First, Freud's understanding of human nature had forced him to assume that

¹ From the historical material available at this point it seems impossible to understand and evaluate completely the meaning of the Kreuzlingen incident for the relationship between Freud and Jung. Jones reports that Freud mailed letters to Binswanger and to Jung on May 23, 1912. According to Binswanger, the letter in which Freud announced his plan to arrive in Kreuzlingen on May 25th (Saturday) was dated May 16th. Jones reports that Freud had expected that Jung would come to Kreuzlingen. From Binswanger we learn that Jung reproached Freud for not coming to Zürich.

psychoanalysis would be unacceptable. In a letter to Binswanger of May 1911 we find the sentence: 'As a matter of fact there is nothing which man, according to his organization, is less able to accept than psychoanalysis'. A few months later, Freud wrote: 'It has become my fate to disturb the peace of this world'. Second, Freud was greatly concerned lest psychoanalysis be considered a 'Jewish national affair' and consequently become subjected to anti-Semitism, an extremely strong force during Freud's lifetime. Jones quotes from a letter of Freud to Abraham, written after the Congress at Salzburg (1908): 'Only his [Jung's] emergence on the scene has removed from psychoanalysis the danger of becoming a Jewish national affair' (23). Third, we learn from a discussion between Freud and Binswanger and the latter's friend, Häberlin, that Freud was afraid that undesirable persons might tend to be his first adherents. If we consider all these elements, we realize that to Freud psychoanalysis was understandably not just a matter of scientific 'politics': what was involved was nothing less than his own immortality and the survival of his creation, psychoanalysis. Ernest Jones has pointed out Freud's identification with Moses (23). If we believe that Freud felt like Moses, that is, like a man who had the mission of bringing the truth to his people, only then can we understand his involvement in all the unpleasant details and battles that the establishment of psychoanalysis imposed. About the relationship between the concept of a great man and that of a father, Freud has expressed himself in *Moses and Monotheism* (18). There he said, 'It dawns on us that all those traits which we see in the great man are traits of a father, and that in this resemblance we can find the essence of what we call a great man'. Freud wrote this more than twenty years after the period when he first expressed his identification with Moses, and there is no indication that he was talking about himself. Yet we can understand the equation great man = father in our integrated image of Freud in his relationship to his followers and friends, such as Binswanger.

Binswanger had reason to feel that Freud was a fatherly

friend, as he was an admired teacher, and also one of those rare human beings who enter history as a great man. He was particularly interested in a few sentences about greatness which Freud wrote to him in a letter of April 1912. These are Freud's words: 'I always felt that wilful independence and self-confidence as a matter of course are necessary conditions of what appears as greatness, if followed by success; I think one has to make a distinction between greatness of accomplishment and greatness of personality'. Binswanger comments: 'In writing this, Freud certainly did not think of himself nor did he want that the reader should think of him. Yet here, Freud reveals the secret of his own greatness.'

After Binswanger's second visit to Freud in Vienna, he wrote in his diary: 'Freud is and remains a conscientious scientist who does not say any more than what he knows from experience'. He adds: 'Of course, just as in physics and in chemistry, here too one cannot operate without a certain "bias", certain presuppositions, and more or less speculative hypotheses; I think of the hypothesis that in psychological life everything is determined just as in nature'.

This entry in Binswanger's diary of 1910 can be considered the leitmotif of his interest in psychoanalysis. While Freud, in Binswanger's words, 'is and remains a scientist', Binswanger had been brought up as a scientist but did not want to remain within the boundaries of Freud's science as Freud saw them. To Binswanger, the science of psychoanalysis is a basis for the understanding of man, but he feels that more is necessary to grasp the full meaning of man's life. In discussing the letter in which Freud talks about the impossibility of consoling oneself over the death of a child, Binswanger says: 'Freud as a human being is superior to Freud the scientist in the scope and depth of his humanity'.

Wherever Binswanger interprets psychoanalysis in a way different from Freud, his basic desire is to understand such phenomena as human greatness, or the inability to be consoled over the death of a child. Binswanger does not feel that science

is sufficient to understand such feelings, which to him are essential to being human. While Freud deals with man as a biological entity, Binswanger's main interest is '*la condition humaine*', the 'riddle of our existence'. In 1917 Freud wrote to Binswanger: 'Are you by any chance in the claws of the philosophical devil? Reassure me.' Binswanger did not find the copy of his answer to this letter, but he makes it clear that he does not associate philosophy with the devil; furthermore, he thinks that Freud himself had a 'genuine philosophical bent'. The contrast between Freud's and Binswanger's attitudes toward philosophy makes the encounter of these two men particularly interesting—whatever philosophy may have meant to either or both at the time.

Without venturing to summarize all the ideas expressed by Binswanger in his life's work, I shall mention some of those from his writings which deal with principles of psychoanalysis and psychotherapy.

In the paper on psychoanalysis and clinical psychiatry presented at the International Psychoanalytic Congress at The Hague in 1920 (5), Binswanger, in outlining the scientific basis of the two disciplines, stressed the significance of empathy and psychological understanding.² Binswanger expressed as one of his greatest concerns the difficulty of doing justice to the meaning of life when we try to convey it in terms of scientific concepts. He extolled Freud because he had provided a psychological science of man as an individual. Binswanger's paper contains a detailed logical analysis of the method of psychoanalysis as compared with the method of psychiatry. At the conclusion of the paper, Binswanger then predicted that in time psychoanalysis and clinical psychiatry would become integrated on the basis of further methodological studies and theoretical research. In his

² The expression 'psychological understanding' does not completely convey the meaning of the German word *verstehen*. In the English and American scientific literature the German word *verstehen* has been at times retained without translation (1). I prefer to use the English expression 'psychological understanding'.

recent book, Binswanger mentions that Freud reacted to the paper with only the comment, 'Very clear'. Binswanger adds that Freud obviously had expected more.

In 1926 Binswanger published *Experiencing, Understanding, and Interpreting in Psychoanalysis* (6), in which he wrote about the problem of 'empathic psychological understanding' in greater detail than he had in his 1920 paper. He raised the question as to whether empirical science can be based upon such understanding when in the last analysis it remains something completely subjective and personal. He states that psychoanalysis for the first time found a systematic empirical basis for the study of man. Binswanger makes a distinction between empathic psychological understanding based on conceiving the totality of a person's behavior and conduct, and the mere understanding of a person's verbal expressions. The latter helps us to *know* something, the former leads to an 'immediate understanding of a fellow man'. This immediate empathic experience is of a 'higher order' than 'mere verbal understanding'. In case of a discrepancy between the two ways of experience, the immediate experience is the decisive one. Interpretation then is oriented toward the act of immediate experience; therefore only interpretation of a living person is based upon empathic understanding, in contrast to interpretation through the social sciences such as history or biography, which may be based upon a great deal of knowledge yet lacks the chance of confirmation in an empirical way. We have to note the difference in the use of the word 'empirical'.³ To Binswanger, empirical understanding means understanding on the basis of an empathic experience with a living person. He remarks that the understanding of ideal types has an entirely different basis. Freud, says Binswanger, deepened the empirical basis of understanding through systematic instead of sporadic observation in a way never before at-

³ Webster's New International Unabridged Dictionary defines 'empirical' as:
 1. a, Med. Following, or used in, the practice of empirics. b, Like, or characteristic of, a quack or charlatan. 2. Depending on experience or observation alone, without due regard to science and theory; as *empirical* remedies. 3. Pertaining to, or founded upon, experiment or experience; as *empirical* knowledge. [Ed.]

tempted. He provided the basis of understanding of a human being to a depth which no experience, at least no scientific experience, has thus far reached. It is apparent that to Binswanger the process of psychoanalysis is a whole that cannot be divided into parts without losing something essential. It is an experience shared by psychoanalyst and patient which constitutes a *gestalt* different from the sum total of all single observations which have been made during its course. Binswanger uses the word 'explain' for the results of the systematic theory of man as an object of science and the word 'understand' (*verstehen*) for the process based upon 'immediate experience'. By no means does he deny or even minimize the value of psychoanalytic theory as an instrument to explain human behavior, but he does not feel that looking at the patient as an object is sufficient for psychological understanding. Interpretation, according to Binswanger, uses acts of rational inference, but acts of empathic psychological understanding are more significant than rational inference. Binswanger sees in Freud not only the creator of a scientific theory which explains man in dynamic, genetic, physiological, and evolutionary ways, but also the creator of an entirely new 'systematic method' of psychological understanding based upon the live experience of psychoanalyst and patient working together in the process of psychoanalysis.

In 1936 the Academic Association for Medical Psychology of Vienna invited Binswanger to give an address in celebration of Freud's eightieth birthday. Binswanger presented the address, 'Freud's Concept of Man in the Light of Anthropology' (8). As in defining Binswanger's use of the word 'empirical', a clarification of Binswanger's use of anthropology is essential. He uses the word 'anthropology' not in the sense of ethnology as it is used generally in the academic world, but as the term for a general theory of man. This usage Binswanger shared with a group of contemporary German scholars who, in turn, adopted the word '*Anthropologie*' from Kant. Binswanger attempted in his address to establish the particular philosophy upon which Freud's ideas are based. He stated that Freud had created an

entirely new idea of man as a natural creature (*homo natura*). Binswanger spoke of 'the faith underlying any productive idea'. Freud's faith was in reason. He quoted Freud as saying, 'In the long run, nothing can resist reason and experience'. Binswanger considered Freud's conception of *homo natura* as a genuinely scientific one. Only man as a somatic entity is considered real; everything outside of the soma in this way becomes superstructure, a sublimation or illusion. Binswanger underlined the significance of sexuality for the understanding of the neuroses as well as for the understanding of what Binswanger calls a person's 'inner life history'. Binswanger felt, however, that the idea of *homo natura* failed to account for man's involvement in morals, myths, religion, art, and science. He referred to existential philosophy as a way to understand those aspects of human existence which, according to his thinking, are inaccessible to science. In later years, after Freud's death, Binswanger developed the idea of existentialism in a number of papers and in his chief work, *Basic Forms and Understanding of Human Existence* (9). In these writings he accepted a great part of Martin Heidegger's existential philosophy. In a recent paper (11) Binswanger tried to explain Heidegger's analysis of existence as 'the new conception that man is no longer understood in terms of some theory—be it a mechanistic, a biologic, or a psychological one—but in terms of a purely phenomenologic elucidation of the total structure or total articulation of existence as "being-in-the-world"'. These words seem to be as obscure as the writings of Heidegger himself. Many ideas expressed by Binswanger in his writings are attractive and appealing, but they seem to be entirely unverifiable.

The concept of love plays an important role in Binswanger's ideas about psychotherapy. Binswanger rejects any situation in which the patient is an object. Therapist and patient are partners in an 'encounter'. In 1935 Binswanger published a paper on the idea of man in the work of the Greek philosopher Heraclitus (7), becoming interested in the significance of Heraclitus'

concept of *Koinonia*,⁴ a word which can be translated as the 'common world'. Binswanger said, 'The existential analytically oriented therapist will lead the twisted schizophrenic out of the autistic world of distortion and askewness in which he lives and acts into the shared world, the *koinos* cosmos of Heraclitus' (7). In Binswanger's therapeutic philosophy, the idea of an 'encounter' of patient and therapist overshadows the concept of transference. Encounter is defined as 'being with others in genuine presence'.

Freud understandably did not have much liking for Binswanger's ideas. In 1927, when Binswanger visited Freud, there was some discussion of the significance of spirituality. Binswanger talked to Freud about a patient who was known to him and to Freud. This patient, a case of severe compulsion neurosis, had remained unimproved in spite of all psychoanalytic efforts to help her. Binswanger felt that the failure of treatment was due to a 'spiritual deficit', an inability to communicate with the therapist. Freud commented, to Binswanger's surprise, 'Yes, the spirit is everything'; he continued, 'Men have been aware of spiritual things; I had to show them that there are also instincts'. Binswanger, encouraged by the remark that spirit is everything, tried to discuss with Freud religion as a basic category in man. At this point Freud opened his desk drawer and showed Binswanger the manuscript of *The Future of an Illusion*. When Binswanger departed, Freud dismissed him with the rather ironical comment, 'I am sorry I cannot satisfy your religious needs'.

After Freud had received a copy of Binswanger's speech in celebration of his eightieth birthday, he wrote in a letter to Binswanger: 'I enjoyed your beautiful diction, your erudition, the scope of your horizon, your tact in disagreeing. As you know, one can consume unlimited amounts of praise. Of course I do not believe you. I have only dwelled on the ground floor and the basement of the building. You claim if one changes the viewpoint one also sees an upper floor where such distinguished

⁴ *Koinos* = common (speech or element). [Ed.]

guests as religion, art, etc. live. You are not the only one. Most cultural specimens of *homo natura* think the same. You are conservative in this respect. I am revolutionary. Had I another life to live I suppose I might assign a home in my humble little abode to those noble ones also. I have already found one for religion since I hit on a category of "neurosis of mankind". But probably, once again, we do not see eye to eye; and only after centuries will our differences be settled.⁶

In using this metaphor of upstairs and downstairs, Freud stated that he and Binswanger were in the same edifice but on different levels of perception. Freud knew that the issue was not a simple matter of misconception, but a problem of supreme significance that has engaged man for centuries.

In our opinion, we are inclined to think of the relationship between Freud and Binswanger less in terms of the future than in terms of understanding it as a part of psychoanalytic history. Freud's conception of psychoanalysis as an 'empire' to be passed on after his death to a 'scientific heir' and the separation of psychoanalysis from clinical psychiatry were based on a historical situation, and have proved not to be necessary. History has proved that there is no danger that psychoanalysis will be forgotten. Today we can hope that the integration of psychoanalysis and clinical psychiatry, which had been advocated by Binswanger in 1920, will become a reality.

It is the author's opinion that Freud rejected philosophical speculation about problems which required empirical study and scientific understanding. His reference, for instance, to Plato in *Beyond the Pleasure Principle* (17) is evidence of the fact that he did know and appreciate the ideas of the great philosophers. Many authors not only share Binswanger's opinion that Freud 'had a philosophical bent', but they admire Freud as one of the great philosophers of his time. Trilling speaks of

⁶ By the ground floor, the basement, Freud was referring—as every psychoanalyst will recognize—to the language of dreams in which the lower level is the unconscious, the id, and the upper floors are consciousness, the ego, the superego. Man has never resolved his conflict between his base instincts and his higher aspirations. [Ed.]

'Freud's emphasis on biology being a liberating idea' (27). Hyman states that Freud '... was holding the mirror up to our own faces, saying what the great philosophers and the great tragic writers have always said' (22). Those who are biased in favor of science as against philosophy, admit that Freud's claim to philosophical honors cannot be disputed.

In this context, a historical detail seems worth mentioning. From Siegfried and Suzanne Bernfeld's research, we have learned that in 1874 and 1875 Freud attended classes and seminars of the philosopher Franz Brentano. There has been some controversy in the literature regarding the question as to whether or not Freud has been influenced by this important man. Siegfried Bernfeld comments correctly '... one is inclined to think of Brentano and Freud as almost diametrical opposites' (3). There are some elements in Freud's psychological thinking which suggest some influence from his studies with Brentano. On April 2, 1896, Freud wrote to Fliess: 'When I was young the only thing I longed for was philosophical knowledge, and now that I am going over from medicine to psychology I am in the process of attaining it' (19). On December 14, 1899 he complained to Fliess about 'too little strict proof' in his works (19). In the same letter he referred to discussions with the philosopher Dr. Heinrich Gomperz. This is the man who later noted that Brentano had some influence on Freud. Brentano's *Psychology on an Empirical Basis* was published at the time Freud attended his seminar. It argues the basis of 'inner evidence'. This is close to Freud's 'too little strict proof'. Some further possible influence of Brentano's thinking on Freud has been pointed out by David Rapaport (25). It is interesting to note that Brentano has become known in the history of philosophy as the forerunner of the philosophical school of phenomenology, particularly of Edmund Husserl. This is the school which had a decisive influence on Ludwig Binswanger.

Concerning religion, our time has given up the idea of such nineteenth century scientists as Ernst Haeckel, who thought that science soon would push religion out of the world. Freud's

thinking about religion received its strong impulse from these evolutionists. Binswanger stated that Freud, though he had no religion, had a tremendous amount of faith in science as the deepest source of truth. Will Herberg, who recently evaluated Freud from the point of view of religion, concluded: 'Freud was hostile to religion, but much of what he took for religion was sham and deserved his hostility. We see in Sigmund Freud, despite himself, a witness to the God of Truth we serve' (21).

The problem of the logical and methodological essence of psychoanalytic interpretation engaged Binswanger's critical interest in 1920, 1926, and 1934. These problems are still matters of discussion in psychoanalysis. Recently, for instance, David Beres has expressed some ideas on communication and the creative process (2). There is some kinship between this viewpoint and that of Binswanger in his work prior to the development of existential analysis.

As to the controversy of encounter versus transference and the significance of the relation between psychoanalyst and patient as a real human relationship, we may have to differentiate between 'basic model' psychoanalysis and the modified techniques as they have been distinguished in K. R. Eissler's paper, *The Effect of the Structure of the Ego on Psychoanalytic Technique* (14). The large literature on countertransference shows that even in the field of basic model psychoanalysis we have come to a point where some doubts are expressed about the psychoanalyst being only a blank screen. This does not imply that one has to accept Binswanger's extreme position. Our present ideas regarding modified techniques, particularly in cases of psychosis or severe narcissistic disturbances, seem to come rather close to the ideas on treatment relationship propounded by Binswanger many years ago. In treating a well-known poet, Freud availed himself of a very personal technique, as reported by Hilda Doolittle in her book, *Tribute to Freud* (13).

While Binswanger's ideas about philosophy, religion, the essence of understanding and interpretation, and the forces ac-

tive in the cure of the patient do not seem to be alien to our present understanding of psychoanalysis, the idea of existential analysis is incompatible with the scientific thinking of psychoanalysis. We learn from European literature and a number of papers and books published in this country (11, 12, 15, 15a, 24, 26, 28, 29) that at this point Binswanger's existentialism has achieved great influence upon European psychiatry and psychotherapy. In 1949 Edith Weigert reported on existentialism and its relation to psychotherapy, and drew some interesting parallels between existential psychology and the teachings of Harry Stack Sullivan and also some ideas on *Erlebnis* expressed by Fritz Wittels (29). Recently an author has commented that existential analysis was 'ready for export to this country' (28). As it is presented to us, existentialism is couched in a rather esoteric terminology full of neologisms. Many of its practitioners, notably Ludwig Binswanger himself, are still members of the International Psychoanalytic Association and consider existential analysis not as a substitute for psychoanalysis but as something in addition to it. One cannot help being concerned that the existential analyst may become so involved in the patient's ideological superstructure that his search for the basic facts which are essential to psychoanalysis may be pushed into the background.⁶ Nevertheless, the idea underlying existential analysis demands our interest. According to Binswanger, existential analysis is psychiatric-phenomenologic research. His psychotherapy is an art based upon existential analysis in addition to psychoanalysis. Existential analysis does not deal with an area neglected by psychoanalysis. In his report on Dora's analysis (16) Freud stressed the need to understand the 'purely human' in

⁶ Medard Boss, one of Ludwig Binswanger's prominent followers, states at some point that the acceptance of existential analysis need not prevent the psychotherapist from adhering strictly to Freud's technical recommendations. Yet Boss's examples of dream interpretation show that his procedure is entirely different from psychoanalysis. What would seem to be symbolic transference interpretations to the psychoanalyst—therefore only a small portion of the knowledge to be gained from a patient's dream—is presented as the essential truth about the dream (see Medard Boss: *Der Traum und seine Auslegung*. Bern and Stuttgart: Hans Huber, 1953).

the patient. Present-day ego analysis concerns itself with everything that is part of a patient's inner life history.

What distinguishes Binswanger from Freud is the method of dealing with the infinity of factors which constitute human life. Freud the scientist proceeds in a way which may be paraphrased from words written by Goethe: 'If you desire to forge ahead into infinity, go into all directions within finite limits'. Binswanger the existentialist seems to venture a philosophical leap into infinity.⁷ We must realize that any approach to a problem as manifold as human psychology is bound to be one-sided. We owe respect to those who try to reach the goal of understanding and helping human beings, even though we may doubt the effectiveness of the road they use.

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⁷ Dr. Binswanger, who has read the manuscript of this article, has taken exception to this statement. He writes: 'One cannot see the contrast between Freud and myself as a contrast between finite and infinite; I, too, keep my hands off the infinite [. . . auch ich schlage mich nicht mit dem Unendlichen herum]'.

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The Mother of a Defective Child

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THE MOTHER OF A DEFECTIVE CHILD

BY GORDON R. FORRER, M.D. (NORTHVILLE, MICHIGAN)

We present the following clinical fragments because they represent an instance of the psychological impact of a defective child upon its mother, a circumstance to which little attention has been given in the literature. Of concern is the obsessional and fanatic devotion of a mother to her mentally and physically defective child as a consequence of which the welfare of her other, healthy children and of the family unit are neglected or disregarded. The neurotic devotion bestowed is more often the expression of the mother's need than a response to her recognition of the defective child's requirements.

A forty-three-year-old woman came for treatment because of acute anxiety accompanied by a multiplicity of immobilizing obsessive-compulsive symptoms. She had introduced the topic of her family by announcing, 'My child is retarded'. She then described this child, Mary, minimizing her limitations and exaggerating her capabilities. She mentioned almost incidentally that she had two other children, both of whom were normal. Throughout therapy only her retarded child was spoken of with concern or interest. This child, she said, had been a 'menopause baby'. Shortly after Mary's birth, the patient had prevailed upon a surgeon to remove her own pelvic organs. The child's severe incapacity, though apparently obvious to others, was ignored by her mother until she was three years old. At this age she still could not walk nor speak, and medical advice was sought. A physician, to whom she took the child, made the diagnosis, 'mental retardation'. This so infuriated the mother that she stormed out of his office. She then sought another doctor who she hoped would confirm her conviction that Mary was 'normal'. The second physician, being forewarned by the mother's story of the first doctor's 'incompetency', obtained appropriate psychological tests before he would commit himself

From the Northville State Hospital, Northville, Michigan.

to a diagnosis. Mary, he told her, was the victim of 'congenital mental retardation' and he recommended that she be sent to an institution for mentally retarded children. The mother stormed out of his office, never to return. She had accepted the accuracy of his diagnosis, but protested his 'brutality' in suggesting that she 'put Mary away'. Still dissatisfied, she consulted a university hospital. After much laboratory work and further psychological testing, the diagnosis of mental retardation was confirmed. Having herself been referred for psychiatric consultation during the course of these events, the mother confided her determination to keep Mary at home and her belief that, through her own efforts, the child could at least approach normal development. The psychiatrist cautioned that this might prove difficult and, sensing the patient's implacable insistence, consoled her with the possibility that a mother's love might accomplish what doctors could not do.

From that day the patient redoubled her already excessive devotion to Mary. The other children were left to get along as best they could. She persuaded her husband to join her in this singleness of aim to 'make Mary normal'.

Unlike some parents of retarded children, this couple gave up their quest for a cure or for a more favorable medical prognosis. The fact of Mary's limitations was acknowledged. Lurking beneath the philosophic acceptance of reality by the mother was a fantasy—unexpressed, but active. The magic of intensive attention would make Mary grow to be of normal size and sense. Parental love should infuse her with an intelligence which God had neglected to provide and her diminutive size would, in time, be ameliorated. By dint of unwavering patience and persistence, the patient had been able to toilet train Mary and teach her to make her wishes known in simple sentences. Never did the mother raise her voice in anger to Mary, nor did she indicate to anyone anything less than absolute assurance and trust that some day her little girl would grow up. She loved this child with a fervor bordering on religious devotion.

In her dreams Mary appeared as 'a whole child'. Her associa-

tions clearly indicated the wish for a miracle which would provide the child with a 'good head' and a full-sized body.

When the patient achieved some understanding of her obsessive attachment to this child, it was suggested that her love would be more effectively bestowed were she to place Mary in a training school for mentally retarded children, where personnel, especially selected and trained for the work, could contribute to her ultimate well-being. One particular training school was recommended with the caution that perhaps Mary might not be accepted.

Some time later the patient reported that she had made a tour of the recommended school. She had done this without revealing to the school authorities her purpose of investigating the facilities in anticipation of making application for the admission of her daughter. She had been shocked, during her visit, to observe some of the children polishing a floor on their hands and knees. She recalled that in her childhood she had been taken to visit her grandfather, then a patient in an 'asylum'. She had found her grandfather polishing the floor. 'It's an awfully silly thing', she said, 'but I had the thought—who will hold Mary on their lap when she is here? I wonder if anyone will?' It was her custom to spend many hours holding Mary on her lap. She would read to her, bounce her up and down, fondle her, caress her, and 'tickle' her. 'When I say "tickle" her, I know why you ask about my holding her. *You* want me to say that it is like playing with a penis.'

Some of the determinants of the patient's penis envy subsequently came into clear and detailed focus. Being the oldest child, she had felt herself loved by her mother until, when she was three, a brother was born. She recalled catching a glimpse of his penis when he was being diapered. Her parents, vocally desirous of a male child before his birth, did not subsequently conceal their preference for her brother. Her childhood competition with him was intense and her envy of his masculinity became a significant determinant in her life. Her excessive ambitions for Mary were derived from her infantile wish to be big-

ger, to have a 'bigger head', to have, like her brother, a penis.

When Mary wrote for the first time from the institution to which she had been sent, her letter began 'Dear Daddy'. The patient was greatly upset by this and was unable to comprehend how, after all of her years of effort, tender care, and overabundance of affection, Mary could forget so easily and turn instead, in this first communication, to her father. She represented her husband as a dull, uncommunicative, and unreasonable man. It was her idea that her fanatic devotion to Mary, her fondling, holding her, and the rest, was a substitute for her disappointment in her husband.

The patient constantly lamented her 'stupidity' despite the fact that she had been elected chairman of a number of social groups and had recently won first prize in a speechmaking contest. Although belittling herself, she clearly exercised a considerable amount of power and influence on those with whom she came in contact. She influenced her husband's decisions in small matters without compunction, but in matters of major significance she suddenly changed her attitude—'It's his decision to make. He's the man of the family and I can't influence it.'

The unconscious motivation behind this reaction proved to be a wish that her husband fail in his endeavors so that she, knowing all along what would have proven successful, could gloat over his inadequacy and feel herself 'the better man'.

The frequency of analogous neurotic behavior among the mothers of defective children makes it a subject worthy of study in order to assess what variety of motivations and dynamics may be operative. While the father may become involved in a *folie à deux* from needs of his own, in our experience he more often 'goes along' to please his wife rather than from an intense personal need to find a cure for his defective offspring. Of major importance is the relative neglect of the siblings of the defective child by the mother. In the case reported here there were a few hints that the mother's rejection of the normal children was an attempt to deny femininity, but this must remain a speculation.

The patient's insistence upon surgical castration appeared to be based on the theory, 'If I am not a woman then I must be a man'. Her penis envy was apparent in her attitude toward the surgeon. The very fact that she had convinced him of the necessity for surgery proved, in her mind, that she had a 'better head' than he.

SUMMARY

The overattachment of a mother to her defective child, to the detriment of others in her family, is described. This child had to the mother the unconscious symbolic representation of a penis, for which reason she was so intent that a 'good [big] head' be developed.

Joseph Weiss

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INTENSITY AS A CHARACTER TRAIT

BY JOSEPH WEISS, M.D. (SAN FRANCISCO)

Intensity, like boredom, depression, and elation, is an affective state that one may experience subjectively and also recognize in others. Intensity suggests a tendency to become eagerly absorbed in what stimuli the environment provides, (in this respect, it is the opposite of boredom), and indicates an active, energetic quality in this absorption. Though the intense individual actively seeks gratification in the environment he does not appear to find it. Much of his activity is a preparation for some future satisfaction, and what pleasure he experiences is mainly in the nature of eager anticipation.

The heightened muscle tone and rapid speech of the intense individual indicate a tendency to motor discharge, yet this motor discharge does not result in an appreciably lowered tension level. It would seem that the intense individual unconsciously avoids experiences of gratification, but by his intensity denies this avoidance. His dammed-up drive energy is partially discharged in activities of preparation, but his constant frustration due to unconscious avoidance of satisfaction results, in spite of this motor discharge, in a high level of tension.

It is not correct to consider intensity a simple character defense. Rather, it is the end result of certain complex defense mechanisms. This is in line with the formulation of Jacobson and Bibring, quoted by Greenson (3), about boredom—an affective state in some ways similar to intensity—in that both intensity and boredom describe a relationship to experience which has an affect quality.

Fenichel (1) investigated a kind of boredom characterized by repression of the aim and object of the drive while the drive tension is experienced. The subject tries to deal with his boredom by a kind of externalization; he turns to the outside world 'not in order to act upon it with his instinctual impulses, but rather to be helped by it to find an instinctual aim which he lacks'. He has difficulty in finding an object and aim because

they are apt to be either too close to, or too far removed from, the repressed ones. The intense individual also suffers—because of repression—from an impairment of his ability to find gratification. He, too, turns to the outside world, but unlike the bored individual he eagerly embraces some aim and object suggested by the environment. Though his pursual of this object does not lead to gratification, the seeming intensity of his interest in it helps him to deny his underlying boredom.

The above formulations concerning intensity suggest that in certain ways the character structure of the intense individual resembles that of the hyperemotional character described by Fenichel (2). According to Fenichel, the hyperemotional character has repressed his true emotions, and replaced these by 'pseudo emotions' that nonetheless draw some of their energies from the repressed emotions. Siegman (4) has similarly conceived hysterical emotionality.

Miss K came to analysis because at thirty-four she was unmarried. Though she showed an intense, eager approach to her analysis, a factor in making her a good patient, there were times when her eagerness seemed unrelated to what she was saying. She would abruptly drop a topic in which she seemed excitedly absorbed to turn to a new topic with the same show of absorption. When she could find nothing of interest to say, she became not desultory but frustrated or discouraged. Though she did not consider her intensity a major symptom, she did at times consider it undesirable, saying, for instance, 'I am too intense; I run things into the ground; it alienates people; men don't like it'.

The patient, the youngest of five children, was born and reared in a small Canadian town. Her parents were frugal, hardworking, religious, and pillars of the community. Behavior in the home was constrained; open expression of anger was not permitted and demonstrativeness was not encouraged. Intellectual discussions were the accepted means of contact within the family. The earnest, opinionated mother dominated the

family. Miss K resented what she considered her mother's lack of respect for her gentle, withdrawn father, and tried to bolster his self-esteem. She felt also that her father must be disgusted by her mother's 'lack of fastidiousness in personal hygiene'.

Although she had been an active, energetic tomboy, Miss K was lonely as a child. She could not easily relate to her parents and with her brothers she felt like a pest. She felt unable to 'reach' her withdrawn father and resentful of her dominating mother, to whose domination she reacted by covert stubbornness or by withdrawal to the bathroom, where she could 're-establish' herself. When her mother was tense or irritable, the whole family would feel tense until the mother's mood had passed. Miss K's main companions during childhood were her brothers. To ingratiate herself with them, she made fun of feminine girls 'who spent all day looking in the mirror'.

In high school, she feared rejection by the 'right crowd'. Scorning her mother as a model, she studiously imitated the behavior of the popular girls, especially their behavior with boys. In college, she continued to struggle to be successful with men. She did well in school work, becoming 'frantic' if she fell behind in it. At twenty, she became engaged, but broke the engagement because of her mother's disapproval of the boy and, in compliance with her mother's wishes, moved to another part of the country in order to forget him. In her middle twenties, she settled in a west coast city, where she found work as a television script writer. She had a number of love affairs which were unsuccessful because the men were either fascinating but unattainable, or attainable but boring. She sought analysis after the failure of an affair with a 'highly proper and elegant' lawyer.

In analysis, Miss K's interest quickly centered on the relationship to the analyst, wherein she repeated her childhood frustration of being unable to 'reach' her idealized father. She feared the therapist could never understand or condone her dirty sexual ideas; like her father, he would be disappointed if she were not a 'sweet, old-fashioned girl'. Her first dream, motivated by the paper napkin over the pillow on the analytic couch, was

of grease flowing off her hair onto the couch. For the first six months of therapy, she felt nauseated and tense every morning before her session. Her nausea, related to the idea that the therapist would be disgusted with her, disappeared during the session as she found her fears unrealized. This fear of disgusting him diminished after she made a series of confessions concerning her feelings of dirtiness and sexual inadequacy.

Miss K struggled to make 'her world' understandable to the therapist: she showed exaggerated optimism about the analysis if she felt understood; exaggerated pessimism if she failed to 'get herself across'. She compared her effort to 'reach' the therapist with the way she would, in her childhood, rush up to her father and greet him enthusiastically so as to force him to embrace her. Thus during the first phase of her analysis, Miss K's intensity was part of her attempt to compel the therapist to be interested in her and to break through the barriers to 'make contact' with him. These barriers, which were of course internal, she tended to perceive as external—as part of the therapist's personality. The patient's dreams suggested that guilt over her oedipal wishes was the main barrier to her 'making contact' with the male therapist. In one dream, the therapist, represented as a priest, witnessed the patient yelling in anger at a woman acquaintance. In another dream the patient visited him and was surprised to find his wife friendly. In several dreams the patient and the therapist were wrestling playfully. Miss K spoke of her interest in married men, which she explained was due to the fact that all the attractive men her age were married.

During this first period of the analysis, Miss K was quite inhibited in the expression of her feelings. After the therapist pointed out her discomfort when complaining about a male rival at work, she recalled that she had never been allowed to complain at home, or to feel sorry for herself. As she came to understand her fear of self-pity and of anger, she was able to express these affects more boldly, and to fear them less. (In accordance with the suggestion that intensity may serve to deny a fear of strong affects, it seems likely that Miss K's gradually

diminishing fear of affect expression during the therapy was a factor in the gradual diminution of her intensity.)

After Miss K became more comfortable in the analysis, she continued to be preoccupied with the theme of contact. She complained of feeling 'nowhere' and 'out of touch'. Her association to one of the dreams of wrestling with the therapist led to the understanding that her need for contact had an underlying physical meaning; to touch the therapist would assure her that there was a relationship, that she was no longer 'out of touch'. In this connection, she recalled occasions from her childhood when she talked at the dinner table and was ignored. She would talk louder and louder, and more and more extravagantly, in an attempt to arouse interest. Failing this, she continued to talk so as to deny her feelings of humiliation and boredom. Her intensity during the analytic hours served the same function of compelling a show of interest in order to diminish her feelings of insignificance and boredom.

The patient's intensity in the therapy was related to her weak sense of identity. This was not the result of an oral fixation, but rather a regression from the oedipal conflict to a phallic-urethral level with resulting confusion of sexual identity and partial oral regression. She was in danger of feeling out of touch with herself as well as with the therapist. Suddenly, as she was talking, she would hear her words as she imagined he would hear them from 'the outside'. The playful wrestling in her dreams was one solution to the problem of being separate (fighting) and close (playing) at the same time: the stimulation of the body surface in the wrestling would increase the sense of self as well as the feeling of contact with the therapist. Being intense was also an attempt to feel herself as a separate individual and at the same time in touch with the therapist.

About eight months after entering treatment, Miss K began an affair with a married man, C. She had been a casual friend of C's wife, whom she admired for her sophistication. The patient saw readily that, with C, she was attempting to satisfy the wish for contact which was frustrated in the therapy. She broke

off the relationship several times because of her feeling of guilt toward the wife. Dreams of rivalry with her mother linked the present conflict (clearly an œdipal one) with her childhood experiences. She remembered her frequent unsuccessful attempts to gain her father as an ally against her mother, and her pity for her mother whom she had regarded as less attractive than herself. She became comfortable in the affair only after C's wife announced her intention of obtaining a divorce and remarrying. Even then she remained uncertain as to whether or not she wished to marry C. At times she felt trapped in the relationship and wanted to be alone so as to 're-establish' herself. She had a sense of guilt about feeling superior to him intellectually, and feared that she might humiliate him—that she was showing him the same lack of respect that her mother had shown her father.

Their sexual relationship was at first satisfactory. C was admiring, patient, and tender. Through his eyes she saw herself as glamorous and desirable. It pleased her to think that she had taught him various sexual techniques; that she was the 'power behind the throne'. As the relationship went on, she began to feel dirty and unattractive, and to need more and more reassurance that C was not disgusted by her. She felt disgust for her vagina, and envy of the clean male organ and of the man's control of the intercourse. At this time Miss K remembered her childhood envy of her brothers for their 'superior' sexual organs and for their greater control in urination. Her rivalry with the therapist became overt and intense. She envied him his 'calm, controlled demeanor'. She longed to sit up so that she could be equal to the therapist and bring her 'personality to bear' on him. This suggests that Miss K's character trait of intensity was supported by her phallic (urethral), competitive drives.

During the first phase of this affair, there had been frequent, prolonged intercourse, sometimes for an hour in the evening and again in the morning. She was proud of this behavior, considering it a mark of strong sexuality, and angry when the therapist suggested that she discuss its meaning. Reluctantly, she recognized that she feared sexual excitement and that the intercourse

was prolonged in order to delay orgasm. Her sexual behavior can be taken as a paradigm of one aspect of her intensity: by her 'intense interest' in intercourse she denied her fear of sexual excitement. She displaced the emphasis from final gratification (orgasm) to preparation for gratification.

After they decided to marry, C became less persistently admiring of her, and at times actually critical. This change aggravated her fear of being trapped and humiliated by him. She now remembered humiliation at the hands of her mother, whose attempts to 'organize' her seemed disrespectful and intrusive.

Further light was cast upon the meaning of Miss K's intensity when her parents came to the wedding, and she was confronted with her mother's tense, impatient personality. Her mother nagged her with such questions as, 'Who will get the flowers?', 'Who will be the ushers?'. After an evening with her mother, the patient came to the hour with the original 'intense' demeanor: she was breathing hard and talking fast, and her body was tense. When, halfway through the hour, she realized she was acting like her mother, she abruptly changed and during the remainder of the hour analyzed her behavior in a relaxed way. To remain calm while her mother was wrought up was to expose her mother as foolish. By being intense and hence, like her mother, unattractive, she was renouncing her feeling of superiority to her mother in the rivalry for her father; being intense was also an attempt to reach her father as her mother had.

In this paper a complete analysis of the patient's intensity has not been attempted. Varied motivations from all levels of psychic development must find expression in such a character trait and to enumerate all of them is to lose sight of the principal motivations.

As a child, this patient was unable to relate easily to her parents and brothers. In this situation her hyperactivity constituted a motor discharge of energy that could not be discharged as affect. As an adult, the intensity was, in part, a continuation of the hyperactivity of her childhood. An aspect of the intensity

was the fear of strong affects, as well as fear of gratification, which resulted in a damming up of drive energy, again only partially discharged in motor activity. By this intensity she was able to deny her fear of gratification. For example, by seemingly intense and energetic interest in the forepleasure, she denied her fear of the orgasm. Her intensity was supported by her phallic-urethral drives, which found expression in her rivalry with her brothers. As a child she had been jealous of her brothers' urinary exploits; in the transference, she was jealous of the analyst's control. She was reluctant to lie down on the analyst's couch, fearing she could not bring her 'personality to bear' on the therapist.

As has been seen, the patient's intensity was part of an attempt to overcome barriers to 'feeling contact', derived from all levels of psychic development. On the oral level the intensity was an attempt to feel a sense of self and yet to 'feel contact' with the object—to be close to the object without incorporating it. A kind of projection is implied here: 'It is not I who am reluctant to be close, but the object, so I must rouse it by my enthusiasm'. However, guilt over œdipal strivings was the major barrier to her 'feeling contact' with her father, and, in adult life, with men.

The similarities between intensity and boredom, commented upon at the beginning of this paper, may be illustrated by this patient's intensity in her relationship with her father: her libidinal interest in him was repressed mainly by œdipal guilt, so that she was in danger of feeling out of contact (bored) with him. Her intensity with him denied and overcame this loss of contact, and also expressed the forbidden œdipal impulses. Further, her repudiation of her identification with her mother left her with a feeling of emptiness (3), which she covered up by her intensity. But in so doing, she was also expressing the warded off identification with her mother, who was herself intense.

It would seem pertinent, since the patient's intensity has been discussed from so many points of view, to consider her personality in terms of her psychosexual development. Her major

conflict, as it developed in the transference neurosis, was over libidinal impulses to the analyst which were repressed due to oedipal guilt. Frustration in the transference led to regression to the phallic-urethral level and revived in the transference her rivalry with her brothers. Conflict over these phallic impulses led to confusion about sexual identity, and partial regression to orality.

SUMMARY

The intense individual avoids ultimate gratification to avoid dangers originating in various phases of development: on the oral level, incorporation and destruction of the object; on the oedipal level, guilt over sexual impulses. The avoidance of gratification results in a constant damming up of energy which the intense individual tends to discharge in motor activity. By eagerly anticipating deferred gratification, unconsciously forbidden, the intense individual avoids anxiety connected with gratification and by his intensity denies this avoidance.

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One Type of Earliest Memory

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ONE TYPE OF EARLIEST MEMORY

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

The importance of what the patient in psychoanalysis describes as his earliest memories has long been recognized—and too much neglected—by psychoanalysts. Few studies of ‘first memories’ are reported, and most of them stem from Freud’s elucidation of the concept of screen memories. (See, for example, *The Value of Early Memories in Psychotherapy* by Kahana and others [3].) An excellent recent publication by Leon J. Saul and others (5) states that ‘Earliest memories are absolutely specific, distinctive, and characteristic for each individual; moreover, they reveal, probably more clearly than any other single psychological datum, the central core of each person’s psychodynamics, his chief motivations, form of neurosis, and emotional problem’. Saul’s statement suggests that each one’s earliest memory is unique; that no two such memories are identical. And indeed, if we except Freud’s paper on a memory reported by Goethe (2), it appears that no writer has attempted to establish categories of earliest memories. In the present paper, however, I shall describe the strikingly similar ‘earliest memories’ of three analysands. They can be considered as illustrative of one category of earliest memory because all three have the same basic form.

The first example was reported by a woman as having occurred when she was two and a half years old. She remembered herself and her parents aboard a ship leaving a German port to return to America. She was sitting on the railing, held there by her father. Her relatives were waving from the dock. The patient looked down at the water and was terrified that her father would drop her over the railing. She started to scream. Her mother attempted to reassure her, but she was still afraid of being dropped. Her father disapproved of her behavior. Her parents confirmed this memory to the extent that they left Germany by boat when she was two and a half years old, but neither remembered the scene as she described it.

From age twelve this patient suffered from severe attacks of anxiety, accompanied by either depression or elation. She was hos-

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pitalized at eighteen while in analysis, and again during later episodes of anxiety. She changed analysts several times. Her cyclic depressions and elations finally were replaced by symptoms of paranoid schizophrenia during her early thirties. Her basic fear was of losing control of herself, of being out of touch with everyone, of becoming psychotic. This emphasis in the preconscious on the weakness of her ego is in apparent contrast to the manifest content of her paranoid defense, the projection of her hostility onto her father.

The second example of an earliest memory was given by a doctor who developed anxiety during medical school while performing surgical procedures. The anxiety became incapacitating upon completion of medical training despite treatment. Hospitalization became necessary and a diagnosis of schizophrenia was made. He then entered analysis, and it became clear that his marked anxiety dated from childhood, its first clinical manifestation at age fourteen having been a fear of developing syphilis as a consequence of masturbation.

During analysis, he reported that when he was two years old his parents took him to Niagara Falls. He remembered that his father held him over the railing at the edge of the cliff overlooking the Falls. He saw the churning water below and the long drop. He was terrified. He remembered that his mother sharply rebuked his father. His parents did not remember this episode but confirmed the trip to Niagara Falls when he was two. His analysis revealed that the core of his anxiety was a terror that he would lose control or lose contact with people. This was the latent content of his alleged earliest memory.

The third patient lost fantastic amounts of his parents' money by writing worthless checks to pay debts incurred in gambling. His gambling was accompanied by severe anxiety during which he 'lost his senses'. He recalled that at age two his father was holding him over the edge of a tall building. His mother spoke sharply to his father. He was terrified of being dropped by his father. There is no confirmation of this memory. He abandoned treatment, but returned to it after another orgy of gambling and writing bad checks. He was shaken, and was terrified of becoming psychotic. At this time he presented an earlier memory of an event confirmed by

his parents. He was in a boat with his parents going across the river from Detroit to Windsor. He showed fear that his father was going to drop him into the water. His mother scolded his father. This patient's greatest fear was lest he lose control of himself.

Saul (5) writes: 'Whether or not first memories can be analyzed in the same way as a dream, by breaking them up into conceptual elements and obtaining free associations to them, is an important topic for careful research'. The earliest memories presented were treated as dreams and subjected to free association frequently throughout the analyses of these patients. Like dreams, they proved to have a manifest and a latent content. The manifest content, expressing fear of the fathers' destructiveness, proved to be a paranoid projection of the patients' own infantile hostility toward the fathers. Fear of this hostility begets fear of falling through space or fear of psychosis, both basically having the meaning of regression to the womb. From these fears came the patients' terror of loss of self-control.

This fear of psychosis was far from groundless. Each required hospitalization during analysis. The first patient had three psychotic episodes during analysis with three different analysts. Each of these patients changed psychiatrists several times, a fact explained by the nature of their transferences to the analyst who came to represent the cruel, murderous father threatening the patient's life. The weakness of object cathexis prevented these patients from forming enduring positive transferences to the analyst. My experience suggests that a patient who describes this type of earliest memory must be regarded as possibly liable to a schizophrenic psychotic episode even if other signs warning of such a psychosis are not at first present.

The earliest memory of all three patients includes the fear of falling into water. (The third patient at first told merely of being held over the edge of a building, but he later recalled what he described as an earlier memory of being held over water.) Hence these 'memories' are presumably fantasies of rebirth as well as of loss of control. Freud (1) states that dreams of jumping into water are to be understood by reversing the action of the manifest dream so that it becomes emerging from the water, being born. Rank (4) points out that in the myths of the birth of the hero a cruel king-father decrees the death of the child, who is not, however, killed but

is floated upon the water, and is thus born anew from the water. Rank states: 'Thus the fantasy of the family romance is simply realized in the myth. . . . The fictitious romance is the excuse, as it were, for the hostile feelings which the child harbors against its father, and which in this fiction are projected against the father.' It is possible that the rebirth in the fantasies of these three patients is part of a further fantasy of killing the sick (psychotic) person within and being born anew as a healthy person.

Freud (2), in *A Childhood Recollection from Dichtung und Wahrheit*, starts with Goethe's pleasurable earliest memory of breaking plates by throwing them through a window to the street below, and adds to this similar memories collected from his patients' analyses. These memories and his own observation of children led Freud to conclude that the bitterness felt by children at the time of the expected or actual birth of a sibling finds expression in the throwing of objects out of the window and in other acts of naughtiness and destructiveness, which constitute an undoing of the birth. The memories I have described differ from Goethe's and the others recounted by Freud in that they refer to birth or rebirth of the self (my three patients were youngest or only children); moreover, two of them contain a clearly œdipal reference (the mother's rebuke to the father) in contrast to those of Goethe and the others.

SUMMARY

Three patients, all of whom feared psychotic loss of self-control, presented what they described as 'earliest memories' of similar nature: the child is frightened by being held by his or her father over water, while the mother rebukes the father. Such an 'earliest memory' appears to warn us that the patient may be potentially psychotic. It is a fantasy of rebirth, in some ways comparable to certain 'earliest memories' collected by Freud.

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Edward Bibring 1894-1959

Felix Deutsch

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EDWARD BIBRING

1894-1959

On January 11, 1959, Edward Bibring died after a long illness. His friends witnessed with wonderment and profound feeling his courageous battle with his illness, and never saw him dispirited even when he became physically helpless and was no longer capable of expressing the thoughts of his alert mind audibly.

He was stricken in the fullness of his unusual abilities as a clinician and a teacher of psychoanalysis. His scientific aspiration was always to impart psychoanalysis pure and undiluted to his pupils. He had already as a student of philosophy developed those qualities of thinking which enabled him later as a physician to understand psychoanalytic psychology thoroughly, to absorb it, and to pass it on to others. This knowledge he could richly express when he became a member of the teaching committee of the Vienna Psychoanalytic Society, as well as when he was elected the head of the Psychoanalytic Clinic in Vienna. He gave up this position only when he and other members of the Society, who had remained with Freud, were forced by the impact of events to leave their country.

Because of his profound knowledge of psychoanalysis and of his ability to think clearly, critically, and constructively, Edward Bibring was called upon to serve as a co-editor of the *Internationale Zeitschrift für Psychoanalyse*. He was invited to continue his teaching during the three years he spent in London. He became, in addition, co-editor of the revised German edition of Freud's Collected Papers. About 1940 he made Boston his permanent residence. He was made Chairman of the Educational Committee and, later, President of the Boston Psychoanalytic Society and Institute.

Among the many losses of distinguished members of the group in Vienna which centered around Freud, the gap which Edward Bibring leaves in their ranks is particularly great. His outstanding characteristic was the tenacity with which he kept intact the principles of psychoanalysis. His teaching bore out his conviction. In this respect he never wavered or compromised. He effectively opposed all those who tried to reform the fundamentals of analysis; thus he was one of the most dependable and faithful guardians of the analytic edifice which Freud had created. For this reason, the gap which he has left as an exponent and as a teacher of psychoanalysis as a science can scarcely be filled.

FELIX DEUTSCH, M.D.

Studies on Hysteria. By Joseph Breuer and Sigmund Freud. Translated from the German and Edited by James and Alix Strachey. New York: Basic Books, Inc., 1957. 335 pp.

Edward Clover

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BOOK REVIEWS

STUDIES ON HYSTERIA. By Joseph Breuer and Sigmund Freud. Translated from the German and edited by James and Alix Strachey. New York: Basic Books, Inc., 1957. 335 pp.

Of not many books can it be said with assurance that they bear the stamp of immortality. This new translation by James and Alix Strachey of Freud's *Studien über Hysterie* (originally published in Vienna in 1895) belongs to this imperishable category. Read in conjunction with the volume of his letters to Fliess (The Origins of Psychoanalysis, English translation, 1954), it gives the reader an account of the invention of what the editors justly describe as 'the first instrument for the scientific examination of the human mind'. Here indeed is psychological history in the making. Before our eyes, concepts that are nowadays almost household properties are given birth or adumbrated in prodigal sequence: repression, the unconscious, the beginnings of free association and of the interpretation of dreams, conversion, cathexis, overdetermination, censorship, the transference, defense, resistance, and the principle of constancy which underlies every dynamic psychology worth the name. To which list Breuer adds trauma, catharsis, abreaction, and many other concepts, including that of the determining force in conversion of the original hypnoid state—a theory which Freud later discarded completely. Equally intriguing is the fact that Breuer, who was later to abjure this conviction, lays more emphasis in his contributions on the sexual factor in hysterical pathogenesis than does Freud, who very soon after the publication of these studies was to raise it to the status of a cardinal agent. Even more fascinating is the insight these papers give into Freud's unique combination of therapeutic and theoretical intuition, which, re-enforced by the patent courage of his convictions in the face of unforeseeable obstacles, gave rise to the monumental structure and endless range of his psychoanalytic theories. Modern students of theory who are prone to think that the basic principles of psychoanalysis have been greatly extended in recent years should make a point of reading this and other of Freud's early publications, for although modern terminology has become more complex, it covers little that was not recognized or anticipated by Freud during his psychoanalytic nonage.

A memorable book, of which the translation, editing, and annotation are alike faultless.

EDWARD GLOVER (LONDON)

THE DYNAMICS OF ANXIETY AND HYSTERIA. An Experimental Application of Modern Learning Theory to Psychiatry. By H. J. Eysenck. New York: Frederick A. Praeger, Inc., 1957. 311 pp.

In Eysenck's latest monograph, his well-known contributions to conditioned reflex and learning theory are reformulated and extended with the aim of providing a scientific, experimentally determined basis of a general theory of behavior. Scientific excursions of this kind in the direction of an ultimate formula for human behavior are rarely without points of interest to specialists in similar or related fields, especially so in this instance because the working concepts known to everyone dealing with varieties of normal and abnormal behavior here presumably become the subject of experimental test and scrutiny. One may judge, on the basis of this precisely formulated and detailed account, the success with which the author and his associates control the familiar variables, as defined by them, of inhibition, drive, and anxiety in human subjects. Utilizing his own modification of Hull's universal formula for behavior¹,

¹ Hull's fundamental law of behavior $sEr = sHr \times D$ states in effect that habits only issue in observable behavior when they are acted upon by drives. Habit (sHr) is defined as a stimulus response connection developed through a number of re-enforced repetitions. The variable factor (D) is manipulated experimentally by states of deprivation (food, sex, oxygen, etc.) or by other means. Performance, or the evocation of habit in a measurable form, is symbolized by sEr .

The formula is further refined by the introduction of two inhibitory variables, reactive inhibition (Ir) and conditioned inhibition (sIr). Ir is similar to Pavlov's general state of internal inhibition that, in the experimental situation, dissipates with time, whereas sIr is a special form of inhibition that does not. The potential effect of sIr (conditioned inhibition) is that it influences performance in a more or less permanent way and thus represents an underlying modification of the central nervous system which under appropriate circumstances (re-enforcement) is responsible for a habitual act to occur. The concept of two kinds of inhibition, one relatively changeable and one relatively fixed, is reminiscent of one of Freud's definitions of the ego in the Project for a Scientific Psychology in which he states, 'The ego may thus be defined as the totality of ψ -cathexis at any given time; and in these a permanent portion may be distinguished from a changing one'.

the author presents a hypothesis, makes a series of predictions, and then proceeds to subject these predictions to experimental, clinical, and other means of verification.

The book, as a model of applied scientific methodology may warrant a high place among those of its kind. But despite the purity of line, or because of it, the conclusions are not only dubious, but oddly regressive and homeopathic in concept and orientation. They leave much to be desired as an answer to either the problem of neurosis or the problem of eradicating it. The contention, scientifically arrived at, that in neurosis there is no disease but only conditioned symptoms, revives timeworn but still vital questions as to the apparent conflict between the 'human factor' and the pursuit and application of a theoretical ideal of scientific principle. At one time this argument was familiar to Freud, against whom it was directed, all the more strange perhaps because it was he who first encountered the human 'ego factor' as resistance in his work, and was thereby forced to account for its properties. In any event, here is a book that, under the guise of scientific expediency, deliberately disavows the human ego factor and proceeds along traditional lines to delineate a theory of neurotic behavior and a method of treating it. The deficiencies of both can be traced to the fact that the sensibilities of the ego and its individual functionings cannot be experimentally extinguished, reciprocally inhibited, or totally ignored in any known experimental or therapeutic situation. And this is especially so of the unique properties of the human perceptual and learning function.

Modern learning theory attempts to integrate the Pavlovian experimental school, which deals with the concept of learning by continuity in accordance with classical theories of association, with the experimental school representing trial-and-error learning in which the factor of motivation and the search for pleasure and avoidance of pain occupy the central position in the learning process. Freud's early attempt to reconcile the principle of learning according to instinct or wish with learning by association or contiguity is nowhere more apparent than in the *Project for a Scientific Psychology*. Here he describes the conflicting role of the 'wishful state' and that of 'primary defense' in the learning process, and notes in passing that 'unpleasure remains the sole means of education'. In

1895, when the Project was written, interest in the inhibitory and excitatory properties of the central nervous system was running high. The first successful measurement of central inhibitory potential was to be announced by Sherrington only three years later. To Fliess, Freud wrote: 'Apart from adapting the theory [his theory] to the general laws of motion . . . I have to test it against the individual facts of new experimental psychology'. The effort was not successful, the fourth chapter of the Project dealing with the psychology of repression which he considered 'the heart of the riddle' was never completed, and Freud thereafter abandoned classical associationism and neurophysiological considerations and turned to dynamic ones to explain the relation between experience and adaptational learning.

In this book, the process is reversed. Dynamic principles are sacrificed in favor of concepts derived directly from Pavlovian experimental techniques; concern is with learning function and not the content of what is learned; the existence of putative complexes is denied, and symptoms are described as learned stimulus-response connections which, once they are extinguished or deconditioned, disappear. Having thus effectively disposed of the primary assumptions of psychoanalytic theory, the author proceeds to bury the corpse a little deeper with the proposition that learning theorists of today have provided psychotherapeutic procedures of the freudian kind with an *ex post facto* fig leaf of scientific respectability! Though there is some acknowledgment of the limitations imposed by the experimental method, the Hullian formula is nonetheless rigorously applied. In so doing, the author excludes as irrelevant variables factors that are central in the formulations of other schools of learning and instinct theory. There is no mention of the ego manifestations of resistance, overdetermination, or defense (Freud), of the effect on the learning process of the variable character of the associative processes relative to age (Piaget), nor any reference to the adaptive or functional value, causation, or evolution of those behavior patterns that, from the ethological point of view, form the basis of psychological development. A most important, relevant variable in the author's theory of behavior, however, is the factor of anxiety.

Experts in modern learning theory are probably in the best posi-

tion to judge the validity of the author's modifications of the Hullian formula and to appraise the experimental evidence that distinguishes an introverted (dysthymic) from an extroverted (hysterical) personality type—evidence which indicates that the factors of increased anxiety, increased rate of conditioning, and autonomic lability characterize the learning functions of the former in contrast to the latter. As to the particular place of anxiety in the introversion-extroversion scale, its significance is attributed to the affirmed proposition that conditioned fears are strongest in those people having the strongest innate fear reactions. Accordingly, to paraphrase the author's example, the fear that a child learns after being bitten by a dog is likely to be proportional to the fear and general autonomic disturbances expressed at the time of the original traumatic event. This is in keeping with the view that persons suffering from anxiety condition much more quickly than normals. Thus, neurotic morbidity is linked directly to the concurrent anxiety that coincides with the traumatic or conditioning situation and bears no relation to the nature or content, acts or ideas which are learned. The emphasis on learning function, rather than on content, distinguishes the author's monistic from the generally accepted dualistic concept of learning. The notion of anxiety as drive is essentially a constitutional theory of drive endowment. As such, it coincides with the concept Freud derived by way of a different route and described by him in the paper on modifications of the ego. From the Freudian standpoint, anxiety is not a fixed but a variable factor that is adaptive and may be measured in terms of its evolutionary and survival value. It derives from an emergent concept of the human ego which, it has been suggested, may stem from a common evolutionary source of both the ego and the id. In this developmental process, anxiety loses its archetypic function, and its drive properties are transformed into signal properties and the return of its more primitive qualities marks the beginning of the morbid process.

Having so narrowed the scope of his experimental model, and having eliminated the ego and its functions as irrelevant variables, it is not surprising that Eysenck should arrive at conclusions which are rigidly biological and quantitative in scope and orientation. Freud struggled with this problem at the time the Project was written,

bound as he was to the limitations of the inadequate learning theories of his day. When finally he turned away from neurophysiology to explain the difference between 'normal' and 'traumatic' learning experience, he never renounced adherence to the dual theory of learning that he describes in the Project. Instead of completing the Project, Freud went on to complete *The Interpretation of Dreams* where he succeeded in integrating the concept of 'learning by association and contiguity' with 'learning by wish-fulfillment'. The solution of this problem was effected by way of a compromise, in which the dream itself became the vehicle in which both varieties of learning are reconciled. The same principle obtains in symptom-formation. The distinction between the two is maintained in the concept of primary and secondary process, and again in the structural hypothesis that separates the function of the id, ego, and superego. It is especially apparent in later studies on the perceptual processes of the ego, those dealing with fetishism and the splitting of the ego in the defensive process. In all of these contributions, as predicted, the key to the riddle of learning is discovered in the selective inhibitory and facilitative functions of the ego. In all of them, drive properties, or potentials capable of modifying behavior, are conferred upon either the defense (ego), or the content of what is repressed, or upon both. Their drive properties are not exclusively quantitative ones, but either quantitative or qualitative, i.e., related either to the amount of cathexis invested in them, or in their aggressive or sexual content.

The difference in approach between a monistic, and presumably noninstinctual and nonsexual theory of learning, and a dualistic one that recognizes the ego's propensity to sexualize the learning situation is brought into sharp relief in one rather startling description of a treatment situation. A young woman with frequency of micturition is 'cured' of her symptom by a conditioning program that increases the volumetric tolerance of her bladder; this is accomplished by means of an apparatus that permits the introduction of varying quantities of sterile saline solution, while at the same time presenting her with false manometric readings of the intracystic pressure. It is presumed that she unlearned the old conditioned reflex by the method of experimental extinction and that she replaced it by a new one, and that the renunciation was absolute and unequivocal. On the

contrary, the dual theory of learning, as interpreted by Freud, because of the splitting of the ego in the learning process, precludes the possibility of the absolute substitution of object that is assumed in this rather revealing example of Eysenck's applied learning theory. Freud holds that the relevant variable added to the learning process by the presence of a human ego is the unique quality of its object relationship, and that the renunciation of old objects is relative, not absolute, and that the acceptance of the new object is virtual rather than real. The remnant of that mode of learning described by Freud as the 'wishful state' is not extinguished, but prevails in the new object and provides it with transitional qualities. It is the transitional qualities of the new object that endow it in the human with transference properties, and these are not represented in the Hullian formula, either in its theoretical or applied form. As to the patient subjected to this sample of applied learning theory, and about the man she accommodated by giving up her symptom, there is little said in the text other than the mention of his name and the derivation of his technique. It is noted, however, that he did not embarrass her with sexual questions like the unsuccessful analytic therapists who preceded him.

ALBERT A. ROSNER (NEW YORK)

NEUROTIC DISTORTION OF THE CREATIVE PROCESS. By Lawrence S. Kubie, M.D. Lawrence, Kansas: University of Kansas Press, 1958. 151 pp.

This book comprises the Porter Lectures delivered by Dr. Kubie at the University of Kansas and presents a popularized version of his theories of thought processes which have appeared in articles published in *This QUARTERLY* and other journals.

Dr. Kubie states that his purpose in these lectures is to demonstrate that both creative and neurotic processes are universal, that creativity may be distorted by neurosis, but that creativity is not dependent on neurosis. He approaches his problem, as he says, by disregarding economic and structural aspects of psychoanalytic theory, and by returning to earlier theories—specifically the topographic theory—which treats conscious, preconscious, and unconscious not as mental qualities but as systems.

The author postulates that the 'preconscious system is the essential implement of all creative activity; and that unless preconscious processes can flow freely there can be no true creativity'. These preconscious processes are, he believes, influenced and distorted by the conscious and unconscious systems of symbolic functions which are 'relatively anchored and rigid'. These three processes operate together but the aim in creativity and education is to free the 'flexible and automatic' preconscious system from the rigidity and distortions of the other two.

Dr. Kubie's theoretical formulations are original and striking. They have stimulated much thought among psychoanalysts, especially in reawakening an interest in preconscious mental processes, but they have also been sharply controverted. This book serves as an introduction to Dr. Kubie's more complicated technical papers.

DAVID BERES (NEW YORK)

CHRONIC SCHIZOPHRENIA. By Thomas Freeman, M.D., John L. Cameron, M.B., and Andrew McGhie, M.A. New York: International Universities Press, Inc., 1958. 158 pp.

Anna Freud's laudatory preface to this excellent book is well deserved. In eleven compact, informative, and highly readable chapters the authors deal with the mental functioning, essential dynamics, pathological manifestations, methods and results of treatment in a group of chronically ill schizophrenic patients they observed and studied 'during a two-year project devoted to an inquiry into the possibilities of the psychological treatment and rehabilitation of chronic hospitalized schizophrenic patients'. The work was carried out at Glasgow Royal Mental Hospital by a research team consisting of a psychoanalyst interested in clinical psychiatry, a clinical psychiatrist interested in research, and a clinical psychologist experienced in evaluating the relation between normal and psychotic processes. The authors present their views on schizophrenia and its treatment with a clarity and circumspection not frequently found in psychiatric writings, centering their discussion on their painstaking efforts with these chronic institutionalized patients and furnishing impressive examples of their clinical findings and their therapeutic results. It is noteworthy that all their patients came not only

from chronic refractory hospital wards which usually harbored sick and deteriorated patients, but had also undergone—without result—numerous electroshock treatments, insulin induced comas, cardiazol injections, and drug therapy with sedatives over prolonged periods of time. However, they had not been leucotomized. The patients were between twenty and forty years of age; they had suffered from overt schizophrenia for at least two years, with the average duration of their illnesses eight or more years.

While the authors acknowledge the existence of various avenues to the problem of schizophrenia, they based their work on the principles and concepts of psychoanalysis, especially on Paul Federn's approach to the subject with its emphasis on the 'dissolution of the ego boundary' and his 'ego-building' techniques, employment of a *Helferin*, etc. The authors firmly believe that these techniques, properly and patiently used within the general framework of psychoanalytic understanding of the patient's illness, are the really effective therapeutic measures in the treatment of the disease. Graphic clinical descriptions, vivid if sketchy case histories, and sober psychological evaluation of the observational material lend considerable support to the views held and the methods employed by the authors.

This is a comprehensive book on schizophrenia that should be in the library of every practicing analyst, psychiatrist, psychologist, social worker, and psychiatric nurse.

WILLIAM G. NIEDERLAND (NEW YORK)

SCHIZOPHRENIA. By Manfred Sakel, M.D. New York: Philosophical Library, Inc., 1958. 335 pp.

Here is the self-portrait of a man who struggled to merit his fame. Sakel never forgot that his adventures with insulin started in the service of an unprovable, vague theory. Having suddenly become a kind of hero of a section of the psychiatric world, he witnessed two decades of psychiatry degraded in his name under the title 'the new physiologic science of insanity'. Thirty years later, loaded with obsolete honors, he admits (p. 299) that his theory is not worthy of its fame. He pleads for the retention of his technique on the ground of

its usefulness, but his council of expediency has already outrun its sponsor.

Sakel undoubtedly waited too long before writing this book. His conflicting emotions are apparent in its repetitiousness, contradictions, and lack of organization. His one consistency lies in neurologizing. This need is most explicit: 'The disease process of schizophrenia [is] the result of a disruption of the basic intercellular pathways and constellations of the primary particles in the nerve cells' (p. 35); in contrast, 'Psychological illnesses cannot exist since psychology is abstract and cannot be well or sick' (p. 64). In the last few pages Sakel cites a case in which he is on the verge of acknowledging what he could not bring himself to admit: that there is an unconscious; that Freud's metapsychology has bridged the conceptual gap between mind and body.

EDWARD E. HARKAVY (NEW YORK)

THE INTERPRETATION OF DREAMS IN THE ANCIENT NEAR EAST. With a Translation of an Assyrian Dream Book. By A. Leo Oppenheim. Transactions of the American Philosophical Society, Vol. 46. Philadelphia: American Philosophical Society, 1956. 371 pp.

The present book is divided into two parts: the first, *Dreams and Their Interpretation in the Ancient Near East*, includes as a final section a translation of all extant dream reports from the Ancient Near East. The first part is represented by an excellent, scholarly essay written by Oppenheim. The second part is a presentation of all fragments of the Assyrian Dream Book as well as of other texts of this genre coming from Mesopotamia. Its concluding section contains the complete transliteration of the text of the dream book with photographs of the fragments of the tablets which have been utilized to establish the text.

Oppenheim points out that in the Ancient Near East dream experiences were recorded on three clearly differentiated planes: dreams as revelations of the deity which may or may not require interpretation; dreams which reflect symptomatically the state of mind, 'spiritual and bodily health' of the dreamer which are only mentioned but never recorded; and, dreams in which forthcoming events are prognosticated. The way in which the dreams are reported does not reflect in any way the extent and variety of moods which

characterize actual dream experiences. The latter were subjected to a severe censorship and irrational dream contents were only reported either if they were accompanied by a rational and divinely authorized interpretation, or for prophetic purposes in systematic collections of such dreams. All other dreams of this kind are only referred to vaguely as 'evil dreams'.

Oppenheim stresses a variety of reasons which hamper the psychoanalytic approach to an investigation of the few extant dream reports of ancient civilizations. These reports are couched in a language which still offers considerable linguistic difficulties. In addition, they are styled in very condensed and terse sentences under the influence of rigid restrictions as to form, content, and mood. Censorship exercised by these conventions has reduced the dream contents to an extremely small number of types which have to be studied as such and not as the expression of individual experiences. The dreams cannot be expected to reflect the psychological states of the dreamer, his expression or individual conflicts. The personality of the dreaming person remains wholly beyond the reach of investigation and this in itself precludes psychoanalytic interpretation. The very purpose for which all the irrational dream contents have been recorded obviates their utilization by a psychoanalyst for anything beyond the recognition of the most primitive and universal symbols in the situation. These dreams occur exclusively in literary texts where the interest of the poet and his audience is always directed toward the future. The prediction of things to come is paramount in all these dream reports. Although the book is concerned primarily with dreams from Mesopotamia, i.e., Sumerian and Akkadian sources, pertinent Egyptian, Hittite, Biblical, and Greek literature are also included.

With these reservations, there is still much of interest to the psychoanalyst in this fascinating volume. For example, in the Assyrian dream book, which is mostly a compilation of predictions about the future based on formalized dream experiences, there can be found evidences of unconscious understanding of symbols.

CHARLES FISHER (NEW YORK)

BODY IMAGE AND PERSONALITY. By Seymour Fisher and Sidney E. Cleveland. Princeton, N. J.: D. Van Nostrand Co., Inc. 1958. 420 pp.

This is a serious book on an important subject. Written by two psychologists who are obviously skilled in their specialty, using standard techniques in testing and in statistical methodology, it as- says an ingenious idea of promising plausibility, and by its own lights comes up with a full confirmation. Unfortunately its medical and psychoanalytic naïveté turn it into an object lesson in the practice of pseudo science.

The authors felt that sufferers from stiffness of rheumatoid arthritis would, under psychological testing, show a body image with strong outlines. The second part of their hypothesis was that normal people with strong body-image outlines would be apt to get 'surface diseases' like arthritis and neurodermatitis, rather than internal and visceral diseases; while normal people with fuzzy body-image outlines would get internal diseases, even to the location of cancers.

As to the first part of their hypothesis, the choice of rheumatoid arthritis burdened the authors unnecessarily with vagueness; it is not a disease, but a syndrome of obscure mesodermal disposition and affecting many organ systems, both interior and surface. Stiffness in rheumatoid arthritis is already evidence of the third order, preceded by periarticular, then by intermittently spastic signs. Would early, prestiffness victims show a strong body-image outline? Would the test subjects continue to show strong body-image outlines during remission? Would the authors test the fact of stiffness itself? Or would they test victims of related pathology, such as rheumatic fever, osteoarthritis, gout, etc.?

None of these courses was followed. Instead, a comparison is made with some accident victims who complain of back pain. The relevance of this comparison and the significance of its importance are rationalized. Thus, like many other psychologists, parapsychologists, and educators who learned to use statistical techniques, the authors seem not to have the mathematics and the logic to choose a commensurable standard. As to *what* is being compared, the authors finally admit (page 347) that: 'The only really specific definition (of body-image boundary) that has been offered is operationally based on certain characteristics of ink-blot responses . . .'. When

Rorschach dreamed that he saw his brain being sliced, he did not say that a slice was a slice. This is no definition at all, but circular logic which begs the question. What Freud said about the narcissistic cathexis of painful areas is, as Jones pointed out, an undeveloped idea; the authors here have fumbled a chance to make a contribution.

They next had the opportunity, though again they were unaware of it, to validate their testing by the psychoanalytic observation that the libidinal hypercathexis of an organ or system interferes with its functioning. But when they came to a key question,—Will strong body-image normals get surface diseases, and fuzzy body-image normals get visceral ills?—their conclusions are first factitious and then misleading (p. 90). 'The results indicate that normal subjects who dramatize the definiteness or barrier value of their body-image boundaries report experiencing significantly more physical difficulties involving exterior body layers than do those not emphasizing exterior boundaries in the body image. Thus the relationship holds true even within a normal group where the physical difficulties reported are very minor and have, by and large, not yet reached the status of formal illness.' The words 'not yet reached' clearly imply that these normals sooner or later did reach the type of illness predicted by the authors. But this is not documented. By page 301 it is treated as fact: 'It was established in these earlier chapters that high Barrier persons are likely to develop psychosomatic symptoms involving the exterior body layers . . .'. Suddenly, on page 312, 'exterior' and 'interior' are newly defined as meaning voluntary and involuntary; this annuls the sense of the first three hundred pages, and sheds no light of its own.

Although the authors were badly advised medically and psychoanalytically, the serious fault with this book lies in two unacknowledged suppositions. The first is a perverted concept of the unconscious. The psychological testing here is psychological only in that the authors are trying to assess the uniqueness, the individuality, of a person without entering into a measurable personal relationship with him. Instead there is collusion to pry into the patient's unconscious without the ego's participation; both parties to the transaction are lulled by the promise that in the one case the result is impersonal, in the other it is significant.

The second supposition is the unquestioned and superior value assigned to statistical methodology. Lancelot Hogben¹ reminds us that a degree of error which would be negligible in mechanics or astronomy, might cause real trouble in deciding whether a medical procedure will kill or cure. The degree of possible error in this book can be measured by the indoctrination (p. 81) undergone by test readers, before they could come up with the right scores (p. 378): 'Some weird animal, a goat—rough shaggy coat—Score for Barrier as an animal with special covering . . . A map with a rugged coastline, bays and coves—any coastline—Score "cove" or "bay" for Barrier because they refer to enclosed spaces.'

Psychological testing will continue to borrow from psychoanalytic dynamics. These dynamics will of necessity be torn from their connection with structural and genetic propositions, since psychological testing at best can only try to describe what is, but not how it got that way, how it is being maintained, nor why.

EDWARD E. HARKAVY (NEW YORK)

OTTO RANK. *A Biographical Study Based on Notebooks, Letters, Collected Writings, Therapeutic Achievements, and Personal Associations*. By Jessie Taft. New York: The Julian Press, 1958. 299 pp.

As might have been expected, the publication by Ernest Jones of *The Life and Work of Sigmund Freud* has served as a stimulus for additional historical writing concerning the leading figures of the 'heroic age' in psychoanalysis. To date, a number of articles in the nature of rebuttal or supplementation of some of Jones's statements have appeared. Now, for the first time, we are offered a full-length biographical study of one of the most original, creative, and controversial figures of the era, Otto Rank.

The career of Otto Rank was perhaps the most poignant of those who formed the inner circle of psychoanalytic pioneers. For although his star flared most brightly at the beginning, its brilliance had all but faded at the time of his premature death. In this book, Jessie Taft tries valiantly but in vain to transmit the promise and the pathos in the life of this tormented man.

¹ *Statistical Theory*. New York: W. W. Norton & Co., Inc., 1958.

Essentially, the book is a document of appreciation rather than a biography. The author quite accurately subtitled her work, *A Biographical Study* because the sources of information available to her were meager and by no means definitive. A clearly discernible image of Otto Rank the man, the scientist, and the artist hardly comes into focus. Except for a few letters written to the author during periods of intense mental suffering the only really revealing material is to be found in a set of notebooks dating from the years of adolescent turmoil and immaturity. The last section of the book entitled, *The Years of Fulfilment*, covering more than one hundred pages, is filled almost exclusively with letters to the author. For the most part, these letters are businesslike in character, and have to do with meetings, arrangements for conferences, various problems of publication, etc. The spirit of the entire volume is that of an addendum to Jones's biography of Freud. Because the author seems to take for granted a rather thoroughgoing acquaintance on the part of the reader with the various *dramatis personae*, readers who approach this study of Otto Rank without a thorough knowledge of Jones's book will find themselves bewildered and disoriented.

Since the definitive data are not available to her, Miss Taft fills in the fragments with a running, interpretative commentary. A peculiarity of her style—shifting repeatedly from the past to the present tense—makes this commentary sound unreal and theatrical. Perhaps the subject is still too close to her, or considerations of discretion and restraint are too powerful. But for whatever reason, the image of the man whom she so sincerely admires fails to take on the historic proportions to which his rich and erudite mind entitles him. An important niche in the annals of psychoanalytic history remains to be filled by the record of Otto Rank's life and labors.

JACOB ARLOW (NEW YORK)

ON THE SIGNIFICANCE OF PSYCHIC FACTORS IN THE DEVELOPMENT OF PEPTIC ULCER. By Willy Højer-Pedersen. Copenhagen: Ejnar Munksgaard, 1958. 232 pp.

This is not only a well-written book but it is also extremely well-documented. The author demonstrates a thorough knowledge of the literature on peptic ulcer and quotes freely and accurately, giv-

ing due credit to those investigators who have contributed to the study of emotional factors in the development of this syndrome. Unfortunately, the subjects of his investigation were all male, which may influence some of his conclusions particularly as they relate to 'specificity'.

In the introduction the author states, 'The psychoanalytic technique and theory and their adaptation to clinical psychiatry and psychology are an especially important conquest. Through the prolonged psychoanalytic courses of treatment it has proved possible by critical means to arrive at a hitherto unknown greater insight in the development and developmental conditions of the human personality, in its conscious and unconscious emotional processes.' He follows this observation by pointing out that medicine, and also psychiatry, now think of peptic ulcer almost entirely from a somatic basis.

He refers to a paper by Cushing, published in 1932: 'Cushing postulated a parasympathetic center in the diencephalon, which could receive stimuli through secretion of the posterior lobe of the pituitary gland or by cortical, psychic route. In this way it might be thought, according to Cushing, that vagotonic individuals through emotion or repressed emotions would have a special predisposition to chronic dyspepsia with hyperacidity, possibly resulting in peptic ulcer.' He goes on to Camerer's studies relative to the incidence of peptic ulcer in twins, published in 1935: 'The only important twin study has been made by Camerer. In a great number of twins he found seven pairs of monozygotic and seven of dizygotic twins of whom one or both or each pair had peptic ulcer. Concordance was observed in only two pairs, namely one of monozygotic and one of dizygotic twins, whereas discordance was thus found in the other twelve pairs.' This observation would seem to eliminate hereditary factors relative to causation.

Alsted's studies, published in 1938-1939, are cited as follows: 'Alsted's conclusions in these studies were that the number of males who developed ulcer in 1935 did not exceed the number at the beginning of the present century, though a greater number of males were suffering from the disease, as it had become more chronic. Furthermore, the ulcer was localized with increasing frequency to the duodenum. The number of females who developed ulcer was

decreasing, and the incidence was falling on the whole, even though the disease during the last few years before the end of the period of investigation tended to become more chronic in women too.' From the studies of Doll and Jones, published in 1951, relating to occupation, the author quotes: 'Peptic ulcer, here almost exclusively duodenal ulcer, occurs with an especially high frequency among men working in responsible positions in the industries. Agricultural laborers and people in sedentary occupations had an especially low morbidity.'

Of particular interest are the studies of Wolf and Wolff, published in 1943: 'The influence of both induced and spontaneous life conflicts on the gastric secretion, motility, and vascularity was examined. In conscious emotions, such as acute fear and depressive states, a lowered function was found with regard to secretion of hydrochloric acid, motility, and vascularity. Anxiety and aggressive feelings, on the other hand, were associated with a hyperfunction of these gastric phenomena; a picture resembling that which the stomach presented immediately after a substantial meal. There seemed to be a connection between the anxious and aggressive emotional states and the intensity and duration of the stomach functions mentioned.' The author then points out that in psychoanalytic studies it is possible to attempt an important differentiation between fear and various anxiety states.

He also refers to the studies of Margolin, Mahl and Karpe, Heller, and Kubie, and to the investigations by Alexander and his co-workers at the Chicago Institute for Psychoanalysis. He makes a very interesting and important reference to a statement by Anna Freud (1946): 'Eating, more than any other vital function, possibly also plays a decisive and fundamental role in the emotional development. "Eating, more than any other bodily function, is drawn into the circle of the child's emotional life and used as an outlet for libidinal and aggressive tendencies." Whether and how the child's hunger is satisfied from without is considered to be of the utmost importance to the growing child's psychosoma. Getting food is associated with intense feelings of satisfaction, calm, well-being, and safety, whereas starving is connected with feelings of insecurity and an experience of not being liked, loved. Food, to the child, becomes equivalent to love; being fed is also to be loved.'

'At an early stage, however, hunger and eating are also associated with another emotional attitude of fundamental importance, namely, greed (voracity, envy, jealousy). To the child, greed becomes equal to active incorporation. If the thing the child wants is not given to it, it takes it from others and by force. Biting becomes the first manifestation of hostility (oral aggressiveness) and thus also the point of origin of early stages of ambivalence, sense of guilt, and intrapsychic conflict.'

The findings of Alexander and his co-workers, as published in the Symposium on Gastro-Intestinal Disturbances in This *QUARTERLY* in 1934, are thoroughly discussed. The author arrives at a conclusion which is in agreement with their findings; however, he does disagree with Alexander's theory of specificity. Be that as it may, this is a book which is well worth reading, is particularly recommended to internists and general practitioners, and would be a valuable addition to any physician's library.

GEORGE W. WILSON (BEVERLY HILLS)

PAIN AND PLEASURE; A STUDY OF BODILY FEELINGS. By Thomas S. Szasz, M.D. New York: Basic Books, Inc., 1957. 301 pp.

The center of Dr. Szasz's struggle with the problem of pain and pleasure appears to be his wish to apply the principles of the philosophy of science to psychoanalysis. The precise meaning of words, concepts, the referents in external reality to which our words should point, the use of one frame of reference, and the avoidance of mixing the psychological and the physiological are indeed valuable and necessary equipment for the analyst threading his way through an area so closely entangled with philosophical and linguistic problems. And yet analysis deals with the everyday language of everyday life and intuitively ascribes a value and dignity to it. It senses that in its present state it may infringe on reality were it to push conceptualization vigorously. At times it seems that Dr. Szasz becomes entangled in just such difficulties because of his wish to harmonize and integrate analysis into a smooth framework and his unwillingness to permit nooks, crannies, juttings out, and all the irregularities that must necessarily exist in an empirical science. For example, he feels obligated to redefine the ordinary usage of the word 'love' so as

to be able to maintain that love is always pleasurable and that hate is always painful (p. 210).

In analogy to the analytic concept of anxiety, Dr. Szasz defines pain first, as a 'warning of the danger of the loss of a part (or the whole) of the body', and second, as 'a reaction to and a warning against the danger of excessive stimulation'. He then goes on to develop a hierarchical model of different levels of pain. The first is the one already mentioned, the second and third levels have a communicative aspect which is that of asking for help. The second level 'points ambiguously to both body and other people, and in the third category its referent is some particular person'. Dr. Szasz draws our attention to the fact that not much analytic literature has been devoted to pain or to defenses against pain and furthermore stresses the fact that 'the nature of the ego's relationship to that system called "body" is an elusive matter'.

The author does well to draw our attention to these lacunae. In considering possible reasons for their existence, one becomes immediately evident. In daily practice, patients repeatedly talk about anxiety but rarely about pain. The next point that presents itself is that we need to distinguish between pain as affect (as a clinical phenomenon, whether as a result of a bodily disturbance or of object loss) and pain as a concept as in the pleasure-pain principle. Under the latter heading, anxiety or *any* 'negative' affect is held to be painful but need have no connection with pain in the first sense of the word.

There are stimulating chapters on phantomization, on the psychological and medical approaches to pain and pleasure and their sociological implications. Dr. Szasz's book is a contribution to a difficult, complex, and central aspect of psychoanalysis.

LEO A. SPIEGEL (NEW YORK)

PSYCHIATRIC INPATIENT TREATMENT FOR CHILDREN. Board of Editors:
J. Franklin Robinson, George E. Gardner, Edward D. Greenwood, Helen R. Hagan, Julius B. Richmond. Washington, D. C.: American Psychiatric Association, 1957. 194 pp.

This volume represents a skilfully condensed, comprehensive report of the conference on inpatient psychiatric treatment of children,

held in Washington October 17-21, 1956. The conference was divided into committees and several papers were contributed by outstanding authors in the field of child psychiatry. These contributions as well as discussions were used by the editors in the compilation of chapters on the history of the development of psychiatric inpatient services for children in the United States, on community settings, the plant and its cost, administration and personnel, treatment programs, research, and ways to estimate the needs of the community. The editors succeeded in couching the material in such terms that it can be used effectively by organizations and agencies contemplating the establishment of inpatient treatment centers for emotionally disturbed children.

For the psychoanalyst the most interesting chapters are those on personnel and research. Emphasis is placed on the need for selection and training of 'child-care workers'. Here one wonders why personal analysis and training in psychoanalytic centers, such as existed in Austria and Switzerland, were not considered. Various suggestions for research do not include problems entailed in the psychoanalysis of children in an inpatient setting. Apparently child analysis was not one of the therapeutic methods under discussion.

Several well-known child analysts participated in the conference (Gardner, Josselyn, Mahler, Mohr, Ross, and others). This reviewer looks forward to further publications, geared to the interest of the child analyst, and delving into such problems as, for example, motivations for becoming a child-care worker, or how does the absence of parents affect the transference reactions during child analysis?

JUDITH S. KESTENBERG (NEW YORK)

JUVENILE DELINQUENCY. Edited by Joseph S. Roucek. New York: Philosophical Library, Inc., 1958. 370 pp.

This is a collection of fourteen articles on juvenile delinquency. Roughly one half of the book deals with 'the search for causes'. In two papers, general and legal aspects of juvenile delinquency are discussed; two authors evaluate attempted solutions of the problem of juvenile delinquency; and in conclusion, there is a brief survey of international trends.

The book is well organized. An enormous amount of information can be found in its three hundred seventy pages. Each author pre-

sents an annotated, brief bibliography of his special field, which should prove very helpful to the reader stimulated to a more intensive study. By and large, all the authors are impressed with the magnitude of the problem and the difficulties it presents to those who try to find explanations, as well as to those who try to find ways of prevention. One of the authors comments: 'The field of criminology and delinquency is strewn with the wrecks of discredited explanations of antisocial behavior'. The relative merits of the different methods used to fight and prevent juvenile delinquency are realistically evaluated.

The value of the book, however, is marred by the biased way in which the psychiatric approach to the problem of juvenile delinquency is handled. Michael Hakeem, Ph.D., associate professor of sociology and social work at the University of Wisconsin, under the title, *A Critique of the Psychiatric Approach*, presents thirty-one pages of a real crusade against the psychiatric approach with statements such as, 'Central to the theory [referring to psychoanalysis] are such concepts as "the unconscious" and "superego" which, as used in it, are metaphysical and not scientific'. Dr. Hakeem feels that psychiatrists in general and psychoanalysts in particular make excessive claims regarding their ability to be of help in understanding, treating, and preventing juvenile delinquency. He also criticizes methods of research employed by psychiatrists and psychoanalysts. In a number of instances, his criticism may be justified. However, he displays such an extreme lack of understanding of clinical methods and so much hostility against the psychiatric approach that the reader who does not share this bias will be likely to disregard the criticism, even where it could be taken seriously.

FRITZ SCHMIDL (SEATTLE)

FREUD AND THE 20TH CENTURY. Edited by Benjamin Nelson. New York: Meridian Books Inc., 1957. 314 pp.

This paperbound book is a collection of papers by sixteen authors of widely varied interests, all of whom had been asked to contribute. It is unclear for what type of reader the book was intended. The practicing analyst would find that a number of the papers reveal nothing new. To those who have the interest and time, the last part, entitled *Philosophy and Religion*, is the most rewarding. This sec-

tion comprises contributions from such philosophers as Abraham Kaplan, Jacques Maritain, Reinhold Niebuhr, and Jerome S. Bruner. Of special interest is an article, *Psychoanalysis and the History of Art*, by E. H. Gombrich, and a short article by Gregory Zilboorg, *The Changing Concept of Man In Present-Day Psychiatry*.

WALTER A. STEWART (NEW YORK)

ON NOT BEING ABLE TO PAINT. By Marion Milner. Foreword by Anna Freud. New York: International Universities Press, Inc., 1957. 184 pp.

This volume is a personal account of the psychic experiences of the creative process. Based on the author's experience as a 'Sunday painter', drawings and paintings are used as source material for the study of the conflicts aroused in overcoming the inhibition to make free drawings. Self-observations of this struggle to achieve freedom of expression emerge as a notable 'piece of analytic work'. The self-analysis is impressive for its similarity to the dynamic interplay observed in the psychoanalyst's daily work with patients. The author's preconceived ideas, æsthetic values, and purpose undergo interesting transformations as the emerging impulses and their defenses are experienced.

In the working through of these experiences the author is led to conclusions that suggest this work to be a demonstration of some of Kris's formulations of the creative process. The discovery is made that 'passive receptiveness' with all its attendant dangers is a necessary precondition for the achievement of freedom of expression. In the author's words, 'First amongst the things to be noticed here was the fact that the mood or state of concentration in which the most expressive drawings appeared had a special quality. It was a mood which could be described as one of reciprocity; for although it was a dreamy state of mind it was not a state of dreaminess that shut itself off from the outside world or shuts out action. It was more a dreaminess that was the result of restraining conscious intention, or rather, a quick willingness to have it and then forego it.' Here, too, this striking description illuminates the oscillating process of 'regression in the service of the ego'.

From this use of 'regression', significant conflicts emerge to point up some of the strongest areas of resistance to freedom of expression.

Outstanding are negativistic attitudes and fears that passivity will bring chaos. Both of these reactions are of special interest to Anna Freud, who elucidates them in the foreword and finds them in harmony with her own clinical experience with 'negativism' and 'fear of too much emotional surrender'.

This work commends itself as a fruitful contribution to an understanding of the complexity of the creative process.

DAVID LEACH (DETROIT)

THE FABRIC OF SOCIETY. An Introduction to the Social Sciences. By Ralph Ross and Ernest van den Haag. New York: Harcourt, Brace and Co., Inc., 1957. 777 pp.

Intended as a textbook for introductory courses in the social sciences, this excellent volume can be read with pleasure and profit by the 'intelligent layman' and also by that far rarer breed, the intelligent specialist.

Leaning heavily on the data and methods of sociology, the authors have managed to enrich their work with valuable insights from anthropology, economics, history, literature, politics, and psychology. The book represents not only an unusually happy collaboration between two scholars who wear their erudition lightly but also a synthesis of various disciplines which are ordinarily monopolized by narrow specialists.

It is especially refreshing to point out that this book does not dispense the usual sociological bromides on sociometrics and industrial sociology. Thus, the labor-management studies at the Hawthorne works of the Western Electric Company in the nineteen twenties are mentioned only summarily and can be consulted at greater length in the original publications and in the numerous textbooks which have devoted much space to them. Such labor-management studies are empirical and 'scientific' (i.e., statistical yet moot), but they are also cozy, compulsive, and conservative, being sponsored by management and concerned with its special problems.

Ross and van den Haag, on the other hand, are motivated by a deep-seated humanism and radicalism which are in the best tradition of the American past. (Radicalism is meant as going to the roots of a problem and not as a doctrinaire or conformist nonconformity.) This humanistic radicalism, fused with a rigorous dedication to

scientific method, results in a most stimulating book which can be used in a variety of academic courses and even more profitably by the nonacademic members of our 'homogenized culture'.

Finally, it is heartening to note that Ross and van den Haag reveal more than a superficial knowledge of psychoanalysis and that they are prepared to introduce freudian concepts into the social sciences.

S. H. POSINSKY (NEW YORK)

ASSESSMENT OF HUMAN MOTIVES. Edited by Gardner Lindzey. New York: Rinehart and Co., Inc., 1958. 273 pp.

Marking a happy mixture of theory and data, this book addresses itself to the measurement and understanding of human motivation. Psychoanalysts are at times indifferent to academic discussions of motivation, and understandably, but they will appreciate the degree to which the contributors to this volume are indebted to Freud.

In an excellent introductory essay, Gardner Lindzey raises the questions to be discussed, summarizes the succeeding papers, delineates the areas of agreement and disagreement, and brings the book to some degree of coherence. He is constantly aware of the differences which characterize the work of the academic psychologist and the clinician, and he notes that the psychometrician and the psychoanalyst deal with rather different kinds of observational data.

Although Lindzey attempts to focus the discussions by posing nine basic issues, few of the contributors concern themselves with these issues and few are in agreement when they are discussing the same topic. Several of the writers approach the study of motivation in terms of cognitive variables, even when questioning the traditional distinction between cognitive, conative, and affective processes.

In a discussion of the therapeutic process, George A. Kelly dismisses psychoanalysis as 'a crumbling stockade of proprietary dogmatism' which is impeding progress in psychology during the second half of the twentieth century. Kelly suggests that the personal constructs employed by the individual to bring order or meaning to his phenomenal world provide the key to the study of his behavior. Among the other papers which the psychoanalytic reader will find of special interest are *Regression in the Service of the Ego*, by Roy Schafer, *The Psychoanalytic Interview as an Observational Method*,

by Irving L. Janis, and *Drive, Time, Strategy, Measurement, and Our Way of Life*, by Henry A. Murray.

The valuable concluding paper by Gordon W. Allport, *What Units Shall We Employ?*, provides the needed perspective and reassesses the assessment of human motivation. Allport points out that the thousands of nomothetic units which comprise motivation and constitute personality may be grouped into ten classes, and that fresher possibilities for research lie in improved idiographic analysis. And in regard to our preconceived ideas about what science can and cannot with propriety do, Allport writes: 'The conquerors of Mt. Everest did not allow themselves to be blocked by the sacred cows they encountered in the streets of Darjeeling'.

This book can be read with profit by clinical psychologists; and, if nothing else, it provides a cross section of contemporary theories and techniques in one area of psychological research.

S. H. POSINSKY (NEW YORK)

PERSON PERCEPTION AND INTERPERSONAL BEHAVIOR. Edited by Renato Tagiuri and Luigi Petrullo. Stanford, California: Stanford University Press, 1958. 390 pp.

Resulting from a symposium at Harvard University in March 1957, this volume makes available much of the past decade's work and thought in that area of psychology which is described alternately as interpersonal, social, or person perception. The contributors represent several areas of psychology and the social sciences, but they address themselves primarily to an audience of social psychologists.

The phenomenological and operational approach to the processes of interpersonal perception and communication is apparently being pursued with great zeal. However, as one contributor points out, 'the recent epidemic enthusiasm for empirical explorations of these processes' has resulted in 'a rash of results which are interesting, statistically significant, and exasperatingly inconsistent'. Another writes that, when an operational definition 'can be combined with an "objective" procedure yielding a numerical score, the temptation

Of the twenty-three papers in this book, only two—a pioneering essay by Fritz Heider and another by R. B. MacLeod—have pre-to gather data is virtually irresistible'.

viously appeared in print. They range from the brilliant to the banal, and they defy integration. This reviewer particularly enjoyed the contributions of Heider, MacLeod, Hallowell, Asch, Bronfenbrenner, and Newcomb. As may be expected, Freud is mentioned summarily and by only two writers. The abundant data on identification, motivation, and perception would be of interest to the psychoanalyst, except that the extrication of these data requires a considerable amount of field work between the covers of this book.

S. H. POSINSKY (NEW YORK)

CRIME AND INSANITY. Edited by Richard W. Nice. New York: Philosophical Library, Inc., 1958. 280 pp.

This volume contains thirteen articles written by lawyers, psychiatrists, psychologists, professors of philosophy and of sociology. From some of the articles the reader can gather interesting and valuable information on the subject matter of crime and insanity. The contributions by Davidson, Sobeloff, Weihofen, and Eaton deserve particular mention. In other articles the emphasis is more on the author's favorite sociological, philosophical, or moral theories than on a discussion of crime and insanity. Some of the authors use psychoanalytic theory, yet there is no explicit presentation of psychoanalytic thinking on crime. Although in a number of articles the emphasis is on the philosophy of criminal law, there is not even a reference to the extensive European literature on this subject. One wonders what purpose collections of articles such as this one can serve. For the serious student of the problem the book is too superficial; the lay reader is likely to be confused by so many different points of view.

FRITZ SCHMIDL (SEATTLE)

EGO PSYCHOLOGY AND DYNAMIC CASEWORK. Papers from the Smith College School for Social Work. Edited by Howard J. Parad. New York: Family Service Association of America, 1958. 282 pp.

Edited by the Director of Smith College School of Social Work, this book contains nineteen papers by seventeen social workers and psychiatrists, many of them very prominent in the field of social

work. Psychotherapists in all fields will find much of interest and help.

Gordon Hamilton, in a masterly opening paper, sketches the spread of Freud's vitalizing ideas through the area of casework theory. With economy and clarity she tells of and evaluates the contributions, since 1917, of most of the leaders in social work and those psychiatrists who contributed to the change, including the neo-freudians.

Where Miss Hamilton paints Mary Richmond (one of early social work's most revered names) as frustrated and disturbed by Freud's 'immoral' concepts, Annette Garrett shows how many of Miss Richmond's ideas of casework remain basically sound although their methods of implementation have been revolutionized under the impact of ego psychology. In *Worker-Client Relations*, Miss Garrett presents a superb discussion of transference that could well be read by all who practice or teach psychotherapy.

Other contributors deal with subjects such as unconscious feelings, conscious and unconscious demands and needs—how to recognize and what to do about them; supportive therapy, and that which develops awareness; should or does the caseworker do psychotherapy, work with the unconscious?


Part II contains nine papers showing the application of dynamic casework with different types of client: 'borderline', 'anxiety hysterias', problems facing a school social worker. All are skilfully developed, valuable contributions. Lucille N. Austin's is reminiscent of Dr. van Ophuijsen's seminars at the Jewish Board of Guardians.

Part III contains five papers dealing with social work education and research. The first, by Yonata Feldman, shows the application of ego psychology to student training. The other four deal with aspects not specifically connected with ego psychology but applicable and important: the need for closer ties and freer exchange between social work and the social sciences; the importance of clinical research; the best ways to do scientific research in the field of human interactions; pitfalls and promising directions, with examples from research projects.

This book has substance, quality, variation, and pace throughout. The format is attractive and there is a good index. No brief review can do justice to its richness.

PAUL J. WOOLF (NEW YORK)

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ABSTRACTS

International Journal of Psychoanalysis. XXXIX, 1958.

The Birth and Death of Moses. Ernest Jones. Pp. 1-4.

In this brief note Jones suggests that Hitler's rise to power stimulated the train of thought leading to Freud's Moses and Monotheism. Jones comments on Freud's identification with Moses, and offers evidence in support of the belief that Moses was a highborn Egyptian and that he was murdered by the Jews.

The Death Instincts—A Contribution to the Study of Instincts. Mortimer Ostow. Pp. 5-16.

The predatory instincts of subhuman species, as displayed in primitive inter-species tendencies, are the death instinct in man. Simple destruction has no biological function, but man's destructive behavior toward his fellow man or toward himself is a derivative of the biological function of predation. Masochism and sadism are the result of the appropriation of those predatory drives by Eros. Regression facilitates the break-through of death instincts. Under normal conditions, in man and in subhuman species, intraspecies predation is inhibited; but the techniques of predation, such as pursuit and fighting, may occur in intraspecies erotic behavior.

Epilegomena to the Study of Freudian Instinct Theory. John Sheals Pratt. Pp. 17-24.

This posthumous paper, edited by John Klauber, suggests that if Freud had 'anticipated himself by even a year or two, and . . . introduced the structural hypothesis, the [pragmatically successful] libido-aggression dual drive theory . . . could well have been established without the obscure and devious bypath' of the theory of the death instinct. Pratt believed also that the two instinct theories, libido-aggressive and Eros-Thanatos, are fundamentally antithetical. The paper examines the nature of the several components in these theories: life, death, instinct, phylogenetic and teleological concepts. Pratt, according to Klauber, favored the view that the id is not merely an 'unorganized reservoir of drives', but rather that it is a highly complex adaptive structure. If so, 'sexualization and aggressivization' of eating and sleeping, for example, are not the only sources of disorder in these instinctual functions: biological forces also explain such disturbances.

On Denial and the Essential Nature of Defense. Samuel J. Sperling. Pp. 25-38.

The author finds 'semantic chaos' in the usage and literature on defense, and urges sharper definition of the relevant terms and concepts. The term 'defense mechanism' should denote only the pathological counter-cathetic activity of the unconscious ego, reflecting various degrees of failure of the integrative function of the ego. Defense mechanisms are categorized as 'basic rejective' and 'countering'. An instance of the former category is the rejection by the ego of the existence of a frustrating situation (as in psychosis), or the rejection of its meaningfulness by withholding affective cathexis (as in neurosis or perversion). The term 'denial',

which rests on prior repression, should be limited to such mechanisms. The prime defense mechanism of the unconscious ego against internal (intrapsychic) perceptions is repression. Instinctual strivings are dealt with by repression, external pressures by denial (Waelder); we should maintain this differentiation of defense mechanisms according to the source of the stimuli. The second category, countering mechanisms, includes isolation, rationalization, and projection, where substitution of word and thought predominate; and undoing, reaction-formation, and displacement, where acting out would result. In the countering defenses, repressed cathexis finds derivative discharge by substitution of a new impulse or aim.

Physiological states, such as fainting, should not be included among the defenses because they do not denote operational psychodynamic ego activity.

House Construction Play—Its Interpretation and Diagnostic Value. Arminda A. Pichon Riviere. Pp. 39-49.

Employing a basic building kit which includes boards, sticks, and windows, the author finds that children express through their mode of construction various problems of their relation to space, their image of the self, the oedipal phase, etc. Fundamental conflicts, and the degree of their gravity, can be inferred from the observation of one or two hours of play.

Silence in the Analytic Session. Kata Levy. Pp. 50-58.

This problem, with its multiple causes, occurs in patients with 'strong anxiety preparedness', with fixation on anal retention, and sexual inhibition, homosexual inclination, and infantile character. Concomitant silence of the analyst will probably merely increase anxiety; such patients need reassurance in the areas of their anxiety. The silence needs to be deprived of its roots and motives.

Therapeutic Results in Psychoanalytic Treatment Without Fee. Sandor Lorand and William A. Console. Pp. 59-65.

The authors examine experience with fifty-nine free patients at the Psychoanalytic Clinic of the University of the State of New York. The average duration of treatment was three hundred and twenty hours. Freud, in 1918, foresaw that free treatment might ultimately need to be provided for many, and wrote of the special complications of analysis under such conditions. The authors find that the objections are only partially valid and have to do principally with problems of transference and countertransference.

In the discussion of this paper, Dr. W. C. M. Scott suggests that the principal problem of free analysis is the patient's inability to demonstrate his worth and potency through work, earning, and 'gifts' of money to the analyst. 'The problem of the underprivileged in analysis is soon transformed into the problem of the impotent.'

JOSEPH LANDER

Bulletin of the Philadelphia Association for Psychoanalysis. VIII, 1958.

Analysis of an Anal Character. Daniel W. Badal. Pp. 1-8.

Badal reviews his analysis of an anal character to discover not only the genesis

and dynamics of the anal traits but also the circumstances leading to their passive expression. Anal dilatation without anesthesia at the age of eighteen months was remembered and apparently constituted severe trauma for the patient. Fear of loss of love during the oedipal period determined passive expression of anal traits. The technical problem was similar to that occurring with phobics. The patient eventually had to be forced into meeting situations that he customarily avoided, such as work and study.

Concern About a Bee-Sting in the Analysis of an Eleven-Year-Old Boy. William T. Moore. Pp. 9-15.

An eleven-year-old boy was stung by a bee during a phase of analysis when he was preoccupied with conflicts between passive and active sexuality. He fantasied damage and destruction with either passivity or aggression. The patient's reaction to the bee-sting was in terms of precisely the same conflict. As the passive victim, he experienced anxiety, verbalized as fear of cancer, poison, and other dangers resulting from the bee-sting. At the same time he was convinced that the bee had lost its stinger and had died, a fantasy similar to ones he had about the dangers with which he would be threatened if he had intercourse.

An Unusual Technical Problem in the Analysis of an Agoraphobia. Maurie D. Pressman. Discussion by Maurits M. Katan. Pp. 29-48.

An agoraphobic patient's husband developed leukemia during the course of her analysis. She was compelled to deny this very threatening situation, doing so partly by turning to more active analysis in other areas. Pressman permitted this expression of denial and notes that it permitted the development of ego strength so that she was eventually better able to cope with recognition of her husband's illness. The series of reactions to her husband's illness thus converted the analysis from a stalemate into one showing considerable progress. Katan discusses the nature of the denial and considers various other ways in which the denial might have been analyzed.

Some Observations on Art (Music) and Its Relationship to Ego Mastery. Martin A. Berezin. Pp. 49-65.

Berezin reviews evidence for the assertion that besides attempting to master tension-producing situations, the ego also produces tension for itself, and that the repeated resolution of such tension is important for the growth and maintenance of ego strength. He develops the thesis that this production and resolution of tension for ego mastery is an important aspect of the work of art. He thus views artistic efforts from the point of view of ego functions. He concludes that art is concerned with tension and resolution, and in this way it serves for civilization the same function that development and maintenance of ego mastery serve for the individual.

EDWIN F. ALSTON

Bulletin of the Menninger Clinic. XXI, 1957.

Parental Anxieties Accompanying Sleep Disorders in Young Children. J. Cotter Hirschberg. Pp. 129-139.

According to Hirschberg many parents today have undue anxiety about their

child's sleep, just as parents in the recent past had concerning feeding. Such parents are unable to use rational criteria about the adequacy of their child's sleep, such as whether or not it appears rested during the next day. They attempt to deal with sleep problems by anxiously trying different methods with their child while not giving themselves time to evaluate any of these methods.

Hirschberg's findings are based on generalizations from weekly casework interviews with mothers of children who have sleep disturbances. Almost all mothers reacted to these disturbances with anxiety, anger, and guilt. Many of the mothers seemed to understand unconsciously the factors in the mother-child relationship that led to the child's difficulty. A mother of a young infant, aware of the child's need for symbiosis, described her inability to permit the child to feel like part of herself, while the mother of an older child described her inability to permit the child to be a separate entity. Another mother misjudged her child's sleep problem in terms of her own needs. The mother who was threatened by her child's development away from her wished to believe that its sleep problem expressed its need to be always with her. She unconsciously encouraged elaborate bedtime rituals to assure herself that the child could not fall asleep without her. Hirschberg presents his findings systematically, describing the typical attitudes of mothers toward their children's sleep disturbances at three different ages: the young infant, one to three years, and three to five years.

Psychoanalysis and Child Development. Parts I and II. Lois Barclay Murphy. Pp. 177-188 and 248-258.

In Part I of this paper the author reviews the history and relation between two parallel studies with a common interest, psychoanalysis and child development. She believes that the work of both child psychologists and psychoanalysts has been limited by the fact that each group has largely ignored the work of the other. Both groups, too, have suffered from slowness to consider constitutional differences and the implications of these for personality development.

Part II consists of a series of loosely organized theoretical comments based on the author's observations of infants and children. A few examples will illustrate the kind of theoretical implications made. There is a recurrent emphasis on the complexity of the child's personality and on the complexity of the factors and forces that are relevant to personality development. The author decries descriptions of a mother-child relationship in terms of too much love or too little love as grossly oversimplified. Rather, the mother-child relationship must be viewed as a complex one between two complex organisms, each with its own specific needs, sublimations, rhythm, and other qualities. Observations on the infant's need for stimulation suggest to the author that more theoretical emphasis should be placed on processes that maintain and increase tension, which evidently have not been given as much consideration as those that reduce tension. From her observations, Murphy believes that the concept of the secondary process has been too rigidly connected with verbalization and that of primary process with visual imagery, since relatively conflict-free autonomous thinking with neutralized energy may be carried out by the young child, apparently without verbalized thought.

Choice of Interpretation in the Treatment of Borderline Psychotic Children. Rudolf Ekstein and Judith Wallerstein. Pp. 199-207.

Work with 'borderline' psychotic children has led to exploration of a wider range of interpretative (in a broad sense) and communicative modes than those employed by the psychoanalyst in his practice with neurotic patients. Ego regression has many forms: 'there is a direct connection between the aspect of the regression which the therapist regards as of primary importance and the theoretical rationale underlying the technique'. Though choice of mode is limited with some patients who wish to control their relationships by a rigid limitation on types of interaction, often a consideration of the various ego functions involved in the regression will suggest various interpretative possibilities. The authors illustrate some of the factors that influence interpretative choice along an 'action-symbolization continuum'. They give examples of the use of the symbolic act as an interpretation (such as catching a child whose falling was a kind of plea for help) and the maintenance of a particular 'symbolic action-stance' illustrated by the therapist's behavior in encouraging a symbiotic relation in a severely disturbed child.

JOSEPH WEISS

American Journal of Orthopsychiatry. XXVI, 1956.

A Study of Family Diagnosis. Nathan W. Ackerman and Marjorie L. Behrens. Pp. 66-78.

This study of an emotionally disturbed child and the psychosocial structure of its family examines the disturbed behavior of a child not as an isolated organism but as a biosocial one. Its social and psychic reactions are viewed as expressions of the social processes characteristic of its family. Hereditary factors may predetermine such components of personality as physical type, affectivity, motor reactivity, and intellectual potential, but the processes of socialization determine the form of all behavior. The stages of personality organization of the child are presented as advancing levels of biosocial integration with, and differentiation from, the environment, each stage merging into and overlapping the next. Loosely ordered on a temporal scale (from immediate postnatal to pubescent), six developmental stages are identified.

Thirty-six of the forty families studied were a fairly homogeneous urban Jewish lower middle-class group with children between the ages of two and seven years. Selected categories of family relations and behavior, such as marital relationship and parental behavior, were used to evaluate the comprehensive data obtained and an analysis of some typical patterns of marital relationship, types of family group, and the dominant psychosocial patterns characteristic of these families is presented.

Child rearing practices in these families reflect the parents' own unfulfilled needs and their failure to accept their parental roles. The child is conceived accidentally or for varying ulterior motives. In essence, there is no emotional room for the child as a child in these families and the child becomes a pawn in the conflict between the parents, a threat, and an external symbol of the parents' guilt. The inappropriate needs of the parents impart a regressive cast to the

whole quality of family life and the majority of the children in these families show acute, diffuse anxiety and retardation of socialization. The child reacts primarily to immature, neurotic parents who cannot fulfil family roles; to undue competitiveness; and to the absence of compensatory support and satisfaction. Evaluation of family life and the child's responses to it are of substantial value in planning treatment for child and family, especially in determining goals for treatment.

The Influence of Degree of Flexibility in Maternal Child Care Practices on Early Child Behavior. E. H. Klatskin, E. B. Jackson, and L. C. Wilkin. Pp. 79-93.

This study began at the time of the shift from rigid to permissive practices in child training. In neither the period of rigidity nor the current period of permissiveness has any body of statistical evidence been presented to substantiate the claims of the proponents of either type of child training.

The subjects of the study were fifty mothers and infants chosen from families followed for three years. Independent scales were constructed for rating both parent's and child's behavior regarding feeding, sleeping, toilet training, and socialization. Other scales measured the mother's adjustment to the maternal role and the degree of emotional disturbance in the child. The child's first, second, and third years were scaled separately.

It was found that whether a child was reared with rigidity or permissiveness was unimportant, provided extremes of either method were avoided. Within the first year, the mother's mishandling of the child's sleeping was found to cause disturbed behavior in the child, whereas mishandling of feeding, toilet training, and socialization did not. In the second and third years, mishandling of all four aspects of the child's life were found to cause disturbed behavior. Poor adjustment to the maternal role was found to be related to poor sleeping and socialization during all three years. Children showing other evidences of emotional maladjustment were found to have a significantly higher proportion of disturbances of sleep and socialization. Birth of a sibling in the second year seems likely to cause emotional maladjustment in the child. The mother's social class was found to affect her practices in caring for the child.

It is surprising that mothers' mishandling in the first year causes fewer disturbances than it does in the second and third years of life, but this fact is supported by these data amassed at the time of the behavior in question. Most of the evidence that the early relation of mother and child is important and causes much disturbed behavior has been collected from older patients in psychiatric treatment. Such data emphasize pathological processes and may include unconscious distortion and falsification of temporal relations. The present study is one of the first attempts to observe and correlate interaction of mother and child in a 'normal' population with emphasis on the central tendency of the group.

The Role of Deviant Maturation in the Pathogenesis of Anxiety. Hyman Caplan. Discussion by René A. Spitz. Pp. 94-107.

'Maturation' (the processes of growth to some extent independent of the environment) refers to the intrinsic and prospective aspects of ontogenetic pattern-

ing. 'Development' indicates those aspects of growth in which the effects of environment and maturation are intimately fused. Clinically they can hardly be differentiated and are used interchangeably. Personality has a reciprocal relation to growth and development. When maturation occurs at the proper rate and sequence, personality grows in a way partly understood. Factors that impair the drive for normality or frustrate the maturational sequence may create a basic primary stress which is biologically determined. This primary stress alone or with secondary environmental stresses may seriously weaken the ego. These primary disturbances may so strain the child's environment that they further aggravate the basic defect because of the anxiety induced in the organism. Thus a vicious cycle of reverberating anxieties is set up, often very early in childhood. Primary tensions are constantly fed by secondary ones and the latter may be perpetuated long after the primary maturational defect has been overcome.

Deviant growth in body image or ego boundaries, language, motility, and gestalt perception are important. The body schema (biological and psychic ego) penetrates to the depths of identification and introjection within the ego and expands to the outer limits of all projective boundaries of the organism and is in relation to space and time. Defects in integration of body image can become manifest very early in life. Organization in space, language, motility, and gestalt perception are related. As lying, sitting, and crawling give way to walking and running, there occurs a change in forces of the ego, and conflict over the child's dependence and independence begins. Delayed or precipitous motility results in anxiety in the child and parents. Deviation in development of speech causes in the organism a stress that both parents and child must adjust to. Reading and writing are closely related to the maturation of gestalt perception, which follows a developmental sequence.

Early diagnosis, recognition and acceptance by parents, insight, guidance and specialized training by the family and school offer, at present, the greatest opportunities for management of deviant development. We must develop more accurate methods of diagnosis and more effective methods of management, whether biological, pharmacological, educational, or psychoanalytic.

Dr. René Spitz, in discussing this paper, differs from Dr. Caplan regarding the concepts of anxiety, development, and maturation. Spitz terms maturation the inherited processes of unfolding of organs and functions; development in the psychological sense is the acquiring of patterns of behavior through the interchanges taking place between the maturing infant and its environment. Thus there is no ego maturation, only ego development. Gestalt perception has both maturational and developmental aspects. Disorientation in gestalt perception or in space perception is of bad prognosis for the acquisition of motility and language perception.

It is misleading to call the earliest physiological tension states and stresses of infancy 'anxiety'. Anxiety is not innate, it does not undergo a maturational process but is acquired in relations with other persons. We should limit the term anxiety to perception of intrapsychic danger, which arises only after the ego has been sufficiently developed. The manifestations which can be observed at birth and in the first few weeks of life are excitations. The next step in the

development of this behavior should be called fear. It is only in the eighth month of life that we can demonstrate the infant reacting to intrapsychic danger with phenomena which appear to be anxiety.

Some of the phenomena described by Dr. Caplan cannot be described as provoking anxiety in the infant. Frustration may develop, and with that possibly anger or rage, but even that is rare. Delays in development of the ego and of motility or speech cause parents to worry and makes them likely to rouse the infant's resentment and anxiety. Deviant development of language need not create anxiety in the child of one to two years. We frequently observe children who develop their own *private* language. No trace of anxiety can be seen in such infants, unless this anxiety is provoked by the parents.

Anxiety ('Actual') Neuroses as a Cause of Behavior Disorders in Children. Abram Blau and Wilfred C. Hulse. Discussion by Maurice R. Friend. Pp. 108-118.

The authors believe that the common childhood syndrome of primary behavior disorder is a form of anxiety ('actual') neurosis and must be differentiated from habit disorders, neurotic traits, and psychoneuroses (symptomatic and character neuroses). Differentiation is important because each requires different treatment. Such differentiation also permits the inclusion of primary behavior disorder of childhood in the general psychodynamic nosology of anxiety neuroses, psychoneuroses, psychoses, and character disturbances.

In his discussion, Dr. Friend suggests that the authors have not satisfactorily demonstrated that 'actual' neuroses account for the syndrome of primary behavior disorders with conduct disturbances. Their dissociation of these disturbances from habit type and neurotic traits is arbitrary.

Some Observations on Superstition in Contemporary Life. Judd Marmor. Pp. 119-130.

The practice of knocking on wood, common to both the educated and the uneducated, has been traced to the worship of beneficent spirits believed to inhabit certain trees, a veneration later transferred to the cult of the Holy Cross and the practice of sanctuary. Knocking on wood when good health, success, or good fortune is announced represents an unconscious effort to achieve protection against envy and hostility from two potential sources: parental authority and siblings. The assumption that pride, success, or self-confidence will arouse the antagonism or envy of the authority is derived from projection of the child's envy of and hostility to the parents and siblings and from perpetuation of the archaic childhood conception that it is necessary to be humble, submissive, and compliant if one is to be loved by the authority. An additional cause of this superstition is a socioeconomic system which results in strong intrasocial competitiveness, hostility, and envy.

We cannot expect that such superstitious practices will disappear or even diminish with further advances in man's scientific knowledge since their existence depends more on unconscious emotional factors than on conscious intellectual ones. Only as the personal and cultural sources of man's unconscious feelings of helplessness and insecurity are resolved will his dependence on magic diminish.

Ego Re-enforcement in the Schizophrenic Child. Hyman Spotnitz, Leo Nagelberg, and Yonata Feldman. Discussion by Phillip Polatin. Pp. 146-164.

The schizophrenic child has libidinal and destructive impulses directed against itself. Moreover, it is unable to cope with its excessive libidinal and destructive impulsivity toward others. To prevent itself from being stimulated to injure itself or any other person, the child sacrifices its ego. It maintains its ego in a 'perfect' state, objectionable and 'crazy' impulses must be shut out, and it resorts to pathological narcissism so as not to feel, think, and act on its destructive impulses.

The use of ego re-enforcement in treatment requires thorough understanding of the contact functioning of the child's ego. ('Contact function' is the child's method of establishing contact with the therapist and evoking his response.) 'Ego re-enforcement' is the process whereby the therapist reflects these attempts at contact to mirror or re-enforce them. The psychotherapist can help the narcissistic child to use its wishes, fears, and projections for re-enforcing the narcissistic ego. After the therapist reveals himself to the child as a person both rational and irrational, perfect and imperfect, the child comes to accept the wide range of its own emotions as part of human existence. The therapist may at times find it necessary to act out or talk about the repudiated, imperfect, or 'crazy' ego structure of the child. The child is helped to externalize the 'imperfect' element of its personality by finding in the therapist a person whom it can battle with and also love.

Pathological narcissism appears to be a defense against the acting out of pre- \mathfrak{a} dipal and \mathfrak{a} dipal strivings, especially destructive ones. It is vital that the schizophrenic child have enough control of those destructive impulses to be able to express some of them, first in fantasy and later verbally, with appropriate affect. Such control is effected by pathological narcissism, but this inadequate barrier can be discarded when the child's ego is re-enforced by the presence of an understanding therapist. By mirroring the child's contact functioning, the therapist enables the child eventually to verbalize its destructive impulses. This has the effect of increasing its tolerance to frustration. Pathological narcissism serves to guard the schizophrenic child against undesirable stimulation from others. Because of its inadequate protective barrier, it is faced with the dangers of a continual state of instinctual tension and loss of control over its impulses which will be destructive to others and itself. Narcissistic activity serves to produce carefully controlled stimulation and discharge of activity toward the self.

A therapist who responds to the child only in the manner indicated by the child's own contact functioning presents stimuli which are controlled by the child who therefore can resort to less narcissistic activity. As the need for pathological narcissism decreases, the ego's narcissistic energy may be used for the appropriate expression of the child's own healthy impulsive attitudes toward people.

In his discussion, Dr. Phillip Polatin scrutinized the authors' concept of insulation which they attempt to strengthen. They use negative suggestion; for example, if the child says it is worried about masturbation, the therapist replies, 'You should be more worried about masturbation'. It is true that occasionally the use of negative suggestion stimulates certain children to turn their masochism into a sadistic, aggressive response to the therapist. Such a technique can, however, be

dangerous. It may re-enforce feelings of rejection, frustration, and isolation and result in greater pathological narcissism, massive withdrawal, and even suicide. The technique should be utilized only by a therapist who has been well analyzed. Dosage of negative suggestion must be carefully controlled so that consistently positive responses occur.

Asthma in Mother and Child as a Special Type of Intercommunication. John C. Coolidge. Discussion by Melitta Sperling. Pp. 165-178.

Three asthmatic mothers whose children were asthmatic had never felt 'complete'; as adult life, requiring separation and responsibility, was reached, the deeper longing to cling to their mothers became increasingly strong. Only with pregnancy did the asthma lessen or disappear and each mother became aware of a sense of vitality and completeness. Each felt possessive toward the unborn baby for whom she could breathe, whom she could protect and care for without her own mother's interference. She identified herself passively with the foetus, her regressive longing was fulfilled. After the child's birth the wish to be 'unseparate' caused strain. The mother expected the child to have asthma because then identification would again be complete.

Early in life the child fell into resonance with the mother's needs, developed clinging possessiveness, and learned that feelings of sameness could be realized by disturbances in respiration. For the mother, relief from her own fears of incapacity and death from asthma and from her unconscious fear of abandonment was obtained by identification with the aggressor (protector) and by protecting her child from the same anticipated fate. At times of stress the child responded with asthmatic attacks and the mother promptly attempted to rescue the child from its distress. By unconsciously provoking such an attack in her child, the mother herself was spared an attack.

The child partly desired to maintain infantile symbiotic union with mother, but as it grew older craved to grow up independently. It feared abandonment, retribution, and death because of its resentment toward the mother for being kept dependent yet not having its impossible wishes fulfilled. This conflict could be most safely expressed by asthma. During treatment the child became aware that emancipation could be obtained, that the asthma was not necessary for comfort and libidinal gratification.

Other children whose mothers did not have asthma also showed inability to deal with feelings of sibling rivalry, clinging to and controlling of the mother, inability to express hostility, and the use of asthma at night to interfere with the parents' married life. Asthma and tension became less when the child was separated from mother. But these children 'treasured' their asthma less, and identified themselves less with mother. They showed more controlling hostile behavior and secondary gain, but there was less primary libidinal investment of the asthma by mother and child.

Dr. Melitta Sperling, discussing Dr. Coolidge's paper, emphasized the importance of his demonstration that this kind of conflict between mother and child may run through two or three generations. The child's conflict (wanting to cling and wanting to separate) is not specific for asthma. The quality of object relation-

ship is, Sperling finds, a factor in the production of the child's psychosomatic illness. The mother rewards the child's dependency and the child's psychosomatic illness provides the mother with an opportunity to act out more deeply repressed unconscious impulses. The mother's repressed pregenital drives find gratification. It is important to help the mother find more appropriate outlets for her unconscious needs, or she will shift this relationship to another person.

Ego Strengthening Aspects of Hostility. Edrita Fried. Pp. 179-187.

Many of the most deeply disturbed patients in psychotherapy are puzzled by their compulsion to generate hostility. They maintain that hostility is indispensable to them even while affirming their desire for the peace and happiness with which it interferes. The ego appears divided in these cases. One part needs hostility. Within their pathological psychic structure hostility occupies the place of an ego-syntonic structure. Another part of the ego experiences hostility as an ego-alien phenomenon. When this aspect gains the upper hand, the patients complain of their hostility as a personal defect, whether recognized as repressed or expressed overtly. It prevents them from establishing close relations with others, and maintaining their hostility exhausts their energy. At other times, hostility seems to them ego-syntonic. The conflict is experienced as a sense of defeat, an emotional deadlock, a paralyzing depression.

Analysis of one hundred fourteen such cases showed that these patients became more hostile before, during, or after several situations: after substantial external accomplishment or emotional success, or if someone displayed warmth to them or made sexual overtures. Hostility is developed before or after sexual intercourse; after some artistic experiences; in groups where there is a great deal of stimulation; or in the presence of persons who overwhelm the patient. Patients feel hostility over someone's death, illness, or ill fate, or when confronted with an unexpected attack. Hostility was observed toward the end of vacation periods. All these situations have in common that they lead to a rather sudden increase of various kinds of stimulation or increase closeness to other persons. These patients relate to their environment primarily through processes of incorporation and identification.

It is against ego-weakening processes and the deep anxiety associated with loss of ego strength that hostility is mobilized. Self-differentiation is realized through hostility. When unstimulated, these patients feel detached; they are even more disturbed if stimulation is increased and external circumstances bring them closer to human beings. Excessive use of identification and incorporation processes then cause an experience of fusion. The anxiety that accompanies the feeling of self-loss causes resort to hostility. This leads in turn to detachment from the world which threatens to engulf them.

Dr. Fried fully discusses therapy with such patients, which includes strengthening the ego and 'rehearsal' of expression of hostility as the ego becomes able to tolerate it.

DAVID L. RUBINFINE

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The Narcissistic Mortification. Ludwig Eidelberg. Pp. 657-668.

The author defines narcissistic mortification as the experience by the total per-

sonality of a sudden loss of control over external or internal reality by virtue of which the emotion of terror is produced and a damming-up of narcissistic libido or destrudo is created. This unpleasure can be differentiated from the unpleasure that arises from the damming-up of object libido or destrudo. The emotion of terror is distinguished from that of fear. In fear, defeat is not experienced but is anticipated as imminent (signal anxiety). A narcissistic mortification is overcome by regaining the lost control and unblocking the dammed-up narcissistic libido. A narcissistic mortification which is not mastered may be denied or repressed to protect oneself against being overwhelmed by its appearance in memory (repetition compulsion). A mild mortification may result in a healthy creative impulse or an increase in the mastery of reality. A milder self-created mortification may act as a defense against the more severe repressed one, the appearance of which would lead to terror.

The ideas expressed in this paper are similar to Freud's concept of the traumatic experience giving rise to instinctual or traumatic anxiety. The narcissistic mortification may be considered as a traumatic anxiety or neurosis arising from a narcissistic mortification.

The Neurotic Style. Paul Federn. Pp. 681-689.

In this very interesting article, reproduced from the German by the author's son, Walter Federn, certain neurotic conflicts as expressed in the style of writing are described. The material for the investigation was obtained from the many manuscripts the author had to read in his capacity as editor. Many authors, prone to disturbances of style, defend themselves by adopting a prolix, impersonal manner which serves as a defense against any personal relation with subject matter or public. A number of other disturbances of style are discussed. An invariable feature of these disturbances is their unconscious nature. If one points out these disturbances of style to authors, there is often so exaggerated a negative reaction as to leave little doubt of the conflictual nature of the cause. They finally become willing to discover the indications of neurosis in themselves, to the benefit of their writing style.

Fetishism: A Review and a Case Study. Simon H. Nagler. Pp. 713-741.

After a fairly thorough review of the psychoanalytic literature on the subject of fetishism, the author, a 'neo-freudian', comes to the conclusion that psychoanalysts have been incorrectly oriented to an approach that is mechanistic-biological rather than dynamic-cultural, in the matter of personality development. From his reading and his study of the case of a homosexual foot-fetishist, Nagler concludes that fetishism should not be considered merely as an aspect of psychosexual development, nor as a sexual practice, but as a segment of living, 'motivated by a special kind of consciousness'. It appears that what is common to homosexuality, fetishism, and transvestitism is not the fear of castration (Fenichel), nor escape from the woman (Romm), but rather the fear of the male social role in its entirety in the face of an overwhelming sense of male inadequacy. The fetish symbolizes the resignation of the fetishist. In the author's case, the interest in male feet chiefly signifies obeisance and submission to the almighty

father, although other psychological elements are also condensed in the fetish ritual. He disagrees with Freud's opinion that the fetish represents the imaginary penis of the postulated phallic mother. Instead it symbolizes the father's phallus as an emblem of adequacy in all areas of the male social role. In denying the symbolic role of the fetish as phallus, the author offers no satisfactory alternative explanation for the specific choice of the fetish, a part object, as symbol.

JOSEPH BIERNOFF

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Psychodynamic Patterns in the Homosexual Sex Offender. Bernard C. Glueck. Pp. 584-590.

This paper is based on clinical material gathered by psychiatrists, psychologists, and psychiatric social workers with previous prison experience during their work with the Sex Delinquency Research Project of the New York State Department of Mental Hygiene at Sing Sing Prison. Tables present the findings in thirty homosexual pedophiles. Thirty rapists and fifty nonsexual offenders were used for comparison.

Glueck describes some psychodynamic factors in the homosexual pedophile and offers four general formulations regarding the sexual offender. 1. The men studied show grave psychiatric disturbance; seventy-six percent of the homosexual pedophiles use some type of schizophrenic adaptation. 2. They show marked fears of approaching a woman sexually, and show fears of genital diminution. 3. They show serious impairment of capacity for abstract thinking and of ability to utilize fantasy or other mechanisms involving abstractive capacity as outlet for sexual conflicts and tensions. 4. Conscience, and its restraining effects on overt behavior, is impaired.

In the past, individual and group psychotherapy with sexual offenders has been relatively unsuccessful. Therapeutic approaches based on the formulation that these are psychoneurotic disturbances are ineffective. Glueck describes use of organic therapies, particularly electroshock, which showed most initial promise.

In his discussion of this paper, Dr. Paul H. Hoch agreed that sexually aberrant behavior is very common in schizophrenics, but he pointed out that the schizophrenic's adaptive impairment goes far beyond the homosexual conflict and that his fear of women is usually secondary to fears concerning personal relationships and is more profound than a genital fear. Impairment of abstractive ability in a group of schizophrenics does not necessarily explain the acting out of the sexual anomaly present in these offenders. Dr. Glueck's belief that impairment of the superego is a factor here cannot be denied, but too little is known of the organization of the schizophrenic's superego. Dr. Hoch also expressed doubt that the actual sexual aberration is changed much by electroshock treatment, which can, however, reduce some of the chronic depression.

The Autistic Child in Adolescence. Leon Eisenberg. Pp. 607-612.

Since Kanner first described the unique features of early infantile autism (1943), it has received widespread recognition as a clinical syndrome. It remains a challenging problem because it is the earliest psychosis known to occur in childhood

and because it has similarities to and differences from childhood schizophrenia.

The original diagnosis of the sixty-three cases successfully traced in this study was based on the conjunction of extreme self-isolation in the first years of life and obsessive insistence on the preservation of sameness. All the children exhibited distortions of language; few had organic abnormalities of the central nervous system and where these did exist they were inadequate to explain the clinical phenomena. These children have been restudied at a mean age of fifteen years, after a mean period of nine years since previous study. Outcome was classified in three categories: 'Good' adjustment—three; 'fair'—fourteen; 'poor'—forty-six. A little less than a third can be said to be functioning at a 'fair-to-good' social level. Those children who were so isolated from human contact that they failed to develop or, having developed, lost the ability to communicate by speech did much more poorly than the others. Half of those with useful speech at age five improved, whereas only one of the thirty-one who could not communicate verbally by that age showed significant improvement.

The study fails to reveal any correlation between formal psychiatric treatment and the clinical outcome. Impressed by the prodigious efforts expended by both schools and parents for those children who have improved, the author believes that the extraordinary consideration extended to these patients was an important factor in the amelioration of their condition. There is, however, no justification for the assumption that psychiatric supervision is superfluous or that recovery will occur if verbal communication is present. The clinical course of these children justifies the segregation of early infantile autism as a clinical entity, probably to be included within the group of schizophrenias.

Severely autistic children exhibit a preoccupation with the sensory impressions stemming from the world about them, but seem unable to organize perceptions into functional patterns. The primary psychopathologic mechanism might be described as a disturbance in social perception.

How Brain Lesions Affect Normal and Neurotic Behavior. An Experimental Approach. Jules H. Masserman and Curtis Pechtel. Pp. 865-872.

This is a detailed report on neuropsychiatric findings in six years of study of fifty cats and forty monkeys. During control periods the animals were studied and rated for individual and social characteristics and their ability to learn various skills. Neuroses were induced in twenty-three cats and eighteen monkeys by exposure to adaptational conflicts. The animals were then subjected to cerebral operations. Data are incomplete, but suggest that the effects vary not only with the site and extent of the lesions but also with the preoperative experiences of each animal and its postoperative care and retraining.

Psychosis and Allergy: Experimental Approach. Daniel X. Freedman, F. C. Redlich, and Walter W. Igersheimer. Pp. 873-877.

Detailed review of the literature shows a relation between the major psychoses and asthma, hay fever, and eczema. There is considerable disagreement but most studies show that the psychotic individual is less likely than the normal to exhibit allergic symptoms and there are several reports of alternation between psychotic and allergic symptoms.

In order to note the incidence of allergic response, observe an aspect of the allergic status of a schizophrenic group, and test the hypothesis that psychosis involves diminished ability to react allergically, the authors studied twenty-two schizophrenic patients and twenty-two controls, using skin tests with administration of allergens, histamines, and cantharides. The schizophrenic group showed no less intensity of allergic response than the controls, but did have consistently smaller wheal response to histamine. It is suggested that the schizophrenic may differ from the normal with respect to links in the allergic process, without necessarily manifesting this clinically. A difference in functioning of the central nervous system in schizophrenics may account for their smaller histamine response and the reported differences in autonomic response, and for their diminished ability contemporaneously to develop sensitization and antibodies. Neither hyporeactivity nor hypoeergy in the skin is demonstrable in the schizophrenic group.

Psychiatric Disorders Among Negroes: A Sociological Note. R. A. Schermerhorn. Pp. 878-882.

Early studies of the differential incidence of mental disorders among Negroes and whites used limited samples and frequently were vitiated by racist interpretations. Since federal statistics on patients in mental institutions do not, at present, specify race, a full-scale comparison is not possible today. Malzberg's study (1929-1932) remains the most accurate comparison. The standardized annual rate of Negro admissions was in the ratio of 2.3 to 1; for schizophrenia, 2.0 to 1; manic-depressive psychosis, 1.5 to 1. Wartime research has shown results similar to Malzberg's but these studies have been unsystematic.

With few exceptions, comparisons of Negro with white psychiatric populations are based on variables such as age, sex, marital status, rural-urban residence, and occupation. Such comparisons cannot be accepted at face value. The special impact of color discrimination on the individual Negro, the differences in cultural meanings for each racial group, the dual worlds in which the Negro lives make the two racial groups not comparable in the usual way.

Inadequate appreciation of the unique sociological factors that shape the personality of the Negro may lead to difficulties in assessing etiological factors, accurate diagnoses, and therapy.

Simultaneous Occurrence of Schizophrenia in Identical Twins. Rebecca Solomon and Eugene L. Bliss. Pp. 912-915.

Noting the psychological similarity of identical twins, it has been suggested that study of their life histories might delineate the relative importance of environmental and hereditary factors in human development. Psychiatric studies of identical twins have emphasized their psychological alikeness, but they also have important emotional differences, including dissimilar symptoms in response to similar intrapsychic conflicts. That twins differ psychologically is also shown by the fact that one twin is likely to assume the dominant role early in life, and that mothers tend to treat them differently.

Studies of schizophrenic twins suggest that the probability of becoming schizophrenic increases in direct proportion to closeness of blood relationship to a schizophrenic patient. The authors present a detailed case history of identical

twins whose acute schizophrenic psychoses erupted almost simultaneously. Their identical twinship was established by physical examination and serological tests. The degrees of similarity and dissimilarity in these twins are emphasized, and the authors conclude that the vulnerability of the twins to schizophrenia is not explained by the data. It is suggested that the symbiotic relationship existing between the two was responsible for the coincidence of the two psychotic processes.

Experimental Psychotic States. John M. MacDonald and James A. V. Galvin. Pp. 970-976.

Psychiatrists, psychologists, writers, and philosophers have long been interested in the production of temporary psychotic states by drugs (cannabis indica, mescaline, and cocaine). Discovery of psychic effects of D-lysergic acid diethylamide (a semisynthetic derivative of rye ergot) has reawakened interest in effects of drugs on personality. Hallucinogen research has largely been directed toward a possible biochemical cause of schizophrenia. The authors questioned whether hallucinogens induce a schizophreniclike state and administered lysergic acid to a mixed group of fifty psychotic and neurotic patients, and experimented also on themselves. They report on dosage, duration of effect, and physical symptoms, and they give descriptions, detailed findings, and figures on the mental state in lysergic acid psychosis.

Some symptoms of lysergic acid psychosis and acute schizophrenia are similar, others differ. The variations in the clinical state in lysergic acid psychosis resemble those seen in delirious states. Under influence of the drug, behavior is related to the underlying emotional state; psychotic patients become more psychotic, nonpsychotic patients respond with an exaggeration of their personality trends. The use of lysergic acid in conjunction with psychotherapy has been insufficiently studied and it is useless as an aid in differential diagnosis. The authors' personal experience of induced lysergic acid psychosis is described in detail.

Use of drugs such as mescaline and lysergic acid diethylamide for inducing temporary psychotic states offers unique opportunities for research. The discovery that a metabolite of adrenalin induces an experimental psychosis suggests that an error in adrenalin metabolism may be a causative factor in some naturally occurring psychoses. Experimental psychoses are not identical in form with any naturally occurring ones, though there is a resemblance to delirium and, to a less extent, to schizophrenia.

The Death Experience in Insulin Coma Treatment. Eileen Walkenstein. Pp. 985-990.

Seventeen World War II veterans were studied to determine the relation between depth of coma in insulin coma treatment and the occurrence of vividly experienced sensations of death. It was not always possible to correlate occurrence of death phenomenon with the level of coma, since opinions as to level of coma can vary and patients having similar experiences may use different terms to describe them. The author concludes that there is no positive correlation between the occurrence of the death experience in patients undergoing insulin coma treatment and the depth of the coma.

Aggressive Behavior Disorders of Childhood: A Follow-Up Study. H. H. Morris, Jr., P. J. Escoll, and R. Wexler. Pp. 991-997.

Several of the very few lengthy follow-up studies on the problems of behavior disorders in childhood are cited, as are various theories advanced to explain the type of behavior disorder under discussion.

Ninety children were studied twenty years after their discharge from The Pennsylvania Hospital. The children had been from four to fifteen years old when originally admitted for observation for from one to thirty-nine months. None showed signs of organic brain damage or was diagnosed psychotic while at the hospital. They did show symptoms labeled 'aggressive behavior disorders of childhood', with truancy, stealing, teasing, disobedience, restlessness, or destructiveness.

Of the sixty-six followed to age eighteen or over, twelve had become psychotic by age eighteen. Fourteen of the children eventually made adequate social adjustments; thirty-nine never made adequate adjustments. Of these, twelve committed at least one crime (including only one crime of violence). In the original group the ratio of males to females was two and a half to one; in the psychotic group, six males to seven females; in the group adjusting well, six males to one female. The backgrounds of these children were significantly different from those of sixty postencephalitic children. Prognosis for girls showing aggressive behavior is worse than for boys. Sexual acting out by the age of twelve and inability to get along well with peers while in the hospital proved indicative of poor prognosis.

In almost every case the adjustment achieved by age eighteen showed little further change. There is often considerable fluctuation before eighteen and it is difficult to predict the final outcome. Twenty-one per cent of these children made a normal adjustment by age eighteen and there was no significant change in this percentage in the longer follow-up. Immediately after their hospital experience sixty-six per cent of the children showed considerable improvement. This figure, contrasted with the later finding of twenty-one per cent, shows that immediate results may be misleading in predicting the permanent value of treatment. Several of the children listed as unimproved at the time of discharge later did make good adjustments.

A Prisoner of War Syndrome: Apathy as a Reaction to Severe Stress. Harvey D. Strassman, Margaret B. Thaler, and Edgar H. Schein. Pp. 998-1003.

Repatriated prisoners of war were studied to determine the types of stress faced during internment, their major reactions to that stress, and their reactions after repatriation. Withdrawal was the major psychological reaction to stress and appeared in almost every man at some time or another, varying only in intensity or duration. If stresses were not too severe the person withdrew physically if possible and avoided involvement with the environment. Environment producing severe stress, coupled with physical deprivation, evoked more complete withdrawal, a maladaptive state of dependency in which the individual ceased to take care of himself, even to the point of death. After repatriation the apathetic adjustment appropriate to prison camp life was quickly abandoned. Beneath the overt lack of emotional spontaneity are pent-up feelings which continue to be a

problem to the individual when he is out of the environment that produced the 'apathy syndrome'. The apathy syndrome serves to maintain personality integration in the face of severe physical and psychological stresses.

Defenses: Their Nature and Function. John R. Reid and Jacob E. Finesinger. Pp. 1015-1020.

The authors offer examples of behavioral, physiological, and psychological protective reflexes whose adaptive function is to avoid pain and injury, thus defending the organism against danger and ensuring survival; the examples range from the molecular to sign-mediated levels of behavior. The word 'defense' is potentially ambiguous.

Several kinds of defenses are distinguished. *Intraorganic defenses* are homeostatic mechanisms operating unconsciously and in a sense nonpurposively; the product of evolution, heredity, maturation with learning playing a minor role, though some may be conditioned. These mechanisms are mostly innate, and are necessary for survival. *Defenses involving overt behavior* are adaptive and are often consciously directed. *Intrapsychic defenses* are mostly ego defense mechanisms which are involuntary and work quickly, automatically, and unconsciously. They often appear to be unlearned. Different personality types use different mechanisms. Culture patterns influence choice of ego defenses and their expression. Ego defense mechanisms are purposive in that they operate preconsciously to block emerging guilt and conscious anxiety; they mitigate, blot out, and create barriers against impulses, sensations, ideas, and ensure that associatively linked clusters of meaning are not cognitively grasped. Basically the defense mechanism operates by the ego's unconsciously altering its own process of perceiving, sign-functioning, and interpreting.

Intraorganic defenses require mere causal relations for their operation; overt behavioral defenses require means-end relations which presuppose causal relations plus certain additions; intrapsychic defenses require the further addition of self-reflexive, sign-mediated, and sign-altering processes. Intraorganic and overt behavioral defenses are directly concerned with altering existing conditions of experience; ego defense mechanisms, operating in the intrapsychic sphere, are concerned with the implications of experience, mediating and controlling their values. When set off, ego defense mechanisms are 'self-reflexive'. The three kinds of defenses are not separate or mutually exclusive; they are organically inter-related.

DAVID RUBINFINE

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Psychoanalysis: Some Critical Comments. Hiram Johnson. Pp. 36-40.

Commenting that the study, *Beethoven and His Nephew*, by Richard and Editha Sterba, is a good example of pathography, the author detects a flavor of misanthropy in the psychoanalytic efforts expended to reveal that many who are revered in Western civilization were really voyeurs or sadists. This effort throws light on the philosophy, mechanics, and ultimate implications of psychoanalysis. In psychoanalysis, the *causes* of symptoms, which may be religious, sociological,

vocational, or existential have little value. The psychoanalytic method takes for granted a concept of man that reflects the philosophical climate of nineteenth century Germany: Freud's concept of the unconscious is roughly equivalent to Schopenhauer's *Unbewusster Wille*. These various German concepts of an unconscious are integral parts of a pessimistic philosophical system. The psychoanalytic method is imbedded in a religio-philosophical system compounded of determinism, atheism, hedonism, mechanism, and fatalism.

The central problems of modern Western man are not psychosexual, but are rather religio-philosophical problems dealing with values. It is impossible to use the psychoanalytic method without introducing a system of values and a philosophy of life. It makes no difference whether a value system and world outlook are tied in with and corroborated by a psychological method of negative conditioning or whether they emanate from a supernatural, revealed religion. The problems of unhappiness are no longer brought to the religionist; today they are brought to the scientist the psychoanalyst purports to be.

The greater diagnostic precision of European psychiatry has shown that the problems of contemporary man are no longer the sex and hunger that relate him to the animal but are the varied existential anxieties which arise from the core of man as man. In European psychoanalysis these problems are recognized as existential anxiety and are treated with special techniques. We must look to Europe where the clinician supplements his ontogenetic studies with Jungian and existentialist techniques. Funds should be made available for translations of the works of Binswanger, Trueb, and others. In the meantime, in the training and accrediting of the young clinicians we should insist upon a broad, enlightened eclecticism.

Most of Dr. Johnson's criticisms are rather familiar; I believe we are well advised, in the face of such 'affect-laden reproaches', to resist the temptation to answer, and to go on with our work.

The Role of the Father in the Family Environment of the Schizophrenic Patient. Theodore Lidz, Beulah Parker, and Alice Cornelison. Pp. 126-132.

This study is part of a still incomplete long-term study of all members of the families of sixteen schizophrenic patients. All the patients were in a private psychiatric hospital for an extended period; all members of each family were interviewed repeatedly.

Few, perhaps none, of the fathers of these patients filled the paternal role expected in middle and upper-class families; many harmed the structure of the family and the rearing of the children. These fathers were tentatively divided into three approximate groups: 1. Fathers of schizophrenic daughters, constantly in battle with wives who did not fulfil their rigid, distorted expectations, who struggled to get their daughters to adopt their behavior, while preventing their wives from being effective mothers. 2. Fathers who could not endure the rivalry of sons for their wives' attention and impeded the wives' efforts at mothering while derogating the sons. 3. Passive fathers, nonentities in the home, who did not fulfil their wives' ideal of a male and furnished little acceptable example for their sons to follow.

This evidence seems to demonstrate that most fathers of schizophrenic patients have serious personality difficulties which contribute greatly to the disharmonies and eccentricities of their families; some of them make it extremely difficult for a mother to fulfil her role. A mother can be seriously influenced in her mothering by her husband. If it is true that certain types of women marry certain types of men, we need not consider each family as unique but may classify families in types.

Paranoid Dynamics: A Case Study. Vernon W. Grant. Pp. 143-148.

The oneiric mood and unreal atmosphere of Kafka's writing lend themselves to interpretation. Many meanings and symbols have been uncovered, though a 'definitive' interpretation remains to be given. Grant indicates some features of Kafka's personality and writing that have meaning for the clinical psychologist and the psychiatrist. He calls attention to certain stories, diaries, and other writings with particular reference to the relation of conflict caused by guilt and the paranoid syndrome expressed in productions suggestive of a borderline psychosis.

Fear of Flying in Korea. Clinton E. Tempereau. Pp. 218-223.

'Fear of flying' is a convenient expression used in the armed forces to categorize flyers with emotional symptoms sufficient to threaten or impair proficiency in flying. The author presents his observations of fifteen patients with 'fear of flying', referred for psychiatric appraisal during 1953 and early 1954. He expects his findings to prove valuable to civilian and military physicians concerned with the emotional problems of flight. The sequence of reactions typifying 'fear of flight' is rather constant. These stages have their counterpart in the nonpilot. The process of attaining a calm, mature approach to flying in pilots and passengers involves passing through distinct stages during which the mechanism of repression is operative.

Cultural Anthropology and Social Psychiatry. Marvin K. Opler. Pp. 302-311.

Studies of the incidence of disturbed mental functioning in various cultures actually estimate malfunctioning or maladjustment in the specific culture and are epidemiological. Psychiatric research tends to retreat from epidemiological to etiological questions, and is concerned with one or a series of patients. For anthropology, man as a functioning, biological, social, and cultural unit is best represented in modern psychiatry. Social psychiatry is a new, multidisciplinary movement within psychiatry to study the person in the community and society, and should provide increasingly concrete data for preventive psychiatry and public mental health programs.

Neither psychiatry nor anthropology can afford to retreat to the notion of the single-individual representative of a culture. It is arduous to describe in detail how environmental experiences are stamped into physiological manifestation and emotional economy, but until this is done there can be neither social psychiatry nor a valid cross-cultural science of culture and personality. To anthropologists 'culture' is as concrete and ever-active a set of realities in the individual as the superego and ego ideal. Instead of insisting on a single theory of stages of mental

organization and functioning we must consider responses to ways of rearing children, the role of the family, and other cultural effects—responses to the realities imposed on a group by its manner of maintaining itself and its members.

The author reviews various studies pointing out that they are inconclusive, neither really statistical nor truly epidemiological. An ambitious series of projects has been launched in which cultural anthropology figures prominently. There is no substitute for clinical data, and no one clinical method of assessing personality will suffice. The cross-cultural use of diagnostic instruments is open to question. As new dynamics occur on the social and cultural scene, psychiatric nosology shifts, not merely terminologically but also in response to the appearance and disappearance of generic disease entities. Culture and psychic structure are always related. The contribution of anthropology is often required to shed light on the emotional economy of a patient; of this fact, Opler presents several examples.

Defining cultures, especially modern urban ones in which acculturation and illness are linked, is the first task of cultural anthropology in relation to social psychiatry. Other tasks include the use of anthropologists not for therapy but for help in calling attention to cultural determinants of behavior.

Psychiatry has established that there is no single model of psychodynamics within a culture. Neither are there endless patterns within a culture or cross-culture. The need for cultural etiological studies of series of cases from a variety of contrasting cultural settings has been demonstrated. No two cultures produce identical normal behavior and it is presumptuous to assume that reaction-formations will be the same in both. The psychopathology of a society is said to reflect its general conditions and to offer data and insights into the culture. Galen's ancient phrase, 'Man is a unit with his environment', requires steady exemplification in cultural-medical-psychiatric studies.

Stress and Psychiatry. Hans Selye. Pp. 423-427.

The importance of stress has long been recognized but confusions and vagueness of formulations have probably been responsible for the delay in submitting the effects of stress to systematic investigation. The discovery that stress, no matter how produced, always manifests itself in the form of a definite, stereotyped syndrome finally has made possible an 'operational definition'. The author considers only problems that may have interesting applications in psychiatry. He discusses, on the basis of personal experiments, 1, an 'operational definition' based on measurable indicators of stress; 2, steroid anesthesia; 3, the anticonvulsive and tranquilizing effect of steroids; 4, corticoids and muscular paralysis; 5, morphologic changes in the brain produced by corticoids; 6, stress and the inflammatory diseases; and 7, stress and sexual derangements.

Experimental Aspects of Anxiety. David M. Rioch. Pp. 435-442.

Experimental studies on animals and human beings indicate that a number of different phenomena are ordinarily included in the general concept of 'anxiety', despite the variety of precipitating events and responses. It would be useful to identify the change in the form of behavior that occurs in the course of a transaction. Such change is always present in human situations and may occur

when the verbal, gestural, and autonomic manifestations are not characteristic of clinical anxiety.

Rioch discusses general characteristics of precipitating events and responses to them, which appear to include mesencephalic and diencephalic mechanisms. Careful quantitative studies of animal behavior, in experimentally limited situations which consider time, would permit differentiation of classes of behavior not readily apparent in field or clinical observation. Concurrent studies of physiological, endocrinological, and psychological phenomena promise further differentiation both of patterns of disturbances of anticipatory behavior and of the control mechanisms that may be sequentially brought into play.

Psychosomatic Approach to Anxiety. Roy R. Grinker. Pp. 443-447.

Grinker discusses opinions and experimental findings that must be considered in formulating theory for a psychosomatic approach to anxiety. We may tentatively classify categories of somatic disturbance relating to anxiety without consideration of the various types of anxiety (which may, however, be associated with variously patterned somatic responses). Some processes associated with the emergency state produce anxiety signals which seem to be concerned with preparation for and maintenance of the bodily economy at that time. Some homeostatic processes tend to counteract the emergency defenses in order to maintain the equilibrium of the organism and thus serve as defensive maneuvers which oppose the overintense responses. There are some overreactive processes, perhaps associated with traumatic or disintegrative anxiety, in which the function of organ systems becomes so disturbed that they exceed the limits of health. There are long-lasting effects resulting in exhaustion of function and slow wearing out of tissues that are habitually used in the service of activity concomitant with anxiety.

Our task is to attempt to distinguish the patterns of somatic response correlated with special types of anxiety, and to relate the somatic participation in anxiety to the level of economy of the physiological systems. These need to be related in time and quantity to the disturbance in such other systems as the psychological or behavioral. These researches are necessary for the understanding of anxiety as a total organismic response to stimuli that threaten the integrity of the organism, and for establishing general laws of psychosomatic organization.

The Problem of Ambulatory Schizophrenias. Gregory Zilboorg. Pp. 519-525.

Catchwords persist; many persons still consider the term 'schizophrenia' a mere substitute for the older 'dementia praecox', applying the Kraepelinian principle of prognosis. Few recall that Bleuler, in changing the clinical designation, emphasized that affectivity is never lost and that we can never be sure the patient is not amenable to treatment. Even the term 'pseudoneurotic schizophrenia' seems to suggest that we can distinguish by their symptoms between a neurosis of good prognosis and a psychosis (schizophrenia) of bad prognosis.

'Borderline cases' and 'pseudoneurotic schizophrenias' the author prefers to call 'ambulatory schizophrenias'. Regardless of label, these seem to be cases of some transitional or intermediary type. Ambulatory schizophrenias, regardless of the particular type of symptoms and regardless of the inability to produce free

associations, are much more amenable to psychotherapy than is generally assumed. These cases are different from the well-defined, better crystallized schizophrenias of various types. More or less undifferentiated, they show characteristics of many types of potential schizophrenia, from schizophrenia simplex to the expansive, florid type. They are early schizophrenias which are now diagnosed as such much earlier in the course of the illness than they were thirty years ago. The ambulatory schizophrenic who still 'ambles' along in the world of reality can be saved, regardless of his apparently tenacious clinging to his pathological adjustment.

Anxiety Problems Within Cultural Settings. Kenneth E. Appel. Pp. 526-529.

Human behavior can scarcely be conceived, much less understood, without considering the cultural context. The individual tries to acquire material which the environment refuses to give; the environment, or culture, tries to force material that the individual tries to reject. If the individual cannot cope with the conflict, defense mechanisms associated with anxiety develop. Appel gives examples of cultural conditions producing ego, id, and superego types of anxiety. Therapy is likely to be appropriate and effective only if it includes consideration of the culture and environment.

The origin of anxiety differs according to the thinker. The profusion, diversity, and conflict of theories is enough to cause a kind of cultural anxiety among psychiatrists and analysts themselves. Anthropology brings to attention the relativity of culture; the relativity of culture could bring to mind the relativity of concepts and formulations in psychiatry. Viewing the formulations, concepts, and theories of psychiatry and psychoanalysis in the broader perspectives of anthropology will help us to develop sharper outlines and deepen our insights. Perhaps we shall be able to join in a collaborative *agape* to the benefit of our patients.

DAVID L. RUBINFINE

Psychosomatic Medicine. XX, 1958.

The Occurrence and Meaning of Dreams of Food and Eating: Typical Food and Eating Dreams of Four Patients in Analysis. W. W. Hamburger. Pp. 1-17.

Dreams of food and eating that occurred in the analyses of four female patients, two with and two without eating disturbances, demonstrated a decreasing incidence during the course of analysis. This indicated increasing maturity. Comparison of the two without eating symptoms, the first having an oral character disorder with hysterical features and the second having hysterical, phallic, œdipal problems, showed that the former had a greater incidence of dreams of food and of actively eating; the dreams indicated oral pregenital fixations. Oral regressive dreams recurred with analysis of genital strivings. The second patient showed mainly regression from œdipal conflicts. Her dreams of preparing food for others symbolized feminine maternal wishes. Eating places in the manifest content symbolized later childhood memories. These patients, as well as the third, clearly showed how food dreams can be transference dreams.

The dreams of the third patient showed the relation between obesity, sublimations (being a waitress, dietitian, or cook), and the symbolic meaning of specific foods which precipitated allergic or conversion reactions. The fourth patient, an

adolescent schizoid girl with compulsive bulimia, had few eating dreams. These showed strong oral fixations and regressive-introjective types of object relations.

Generally, dreams of food represent substitution of eating for genital sexual pleasure or eating as gratification of dependent wishes. Dr. Hamburger is aware that his name conveniently lends itself to the manifest content of the dream work.

Pathogenesis in Human Obesity: Function and Disorder of a Mechanism of Satiety. A. S. Sturkard and H. G. Wolff. Pp. 18-29.

After establishing that a glucostatic mechanism is involved in satiety, the authors investigated overeating in obese persons. Four obese women demonstrated abnormal increased peripheral utilization of glucose when faced by a threat of loss of emotional support from an important person. This abnormal metabolic functioning causes the glucostatic satiety mechanism not to be stimulated (since peripheral glucose levels affect certain hypothalamic satiety centers); hence there is failure of inhibition of eating. The satiety mechanism is an example of active inhibition of a physiological drive.

A Case of Diabetes Mellitus. A. K. Raychaudhury. Pp. 33-41.

A fifty-four-year-old married Hindu male college teacher developed diabetes mellitus following his forced emigration from Pakistan. His strong wish to be dependent is shown by his history of early deprivation in feeding, his extreme restricting lifelong myopia, and his late marriage to a much younger mothering woman. His need to repress and deny aggression and his masochism are also demonstrated. His masochism is his cultural heritage from Hinduism and also is due to his unconscious sense of guilt, his need for punishment, and his self-directed aggression. The secondary gain of this illness stems from its use as permission for regression, as satisfaction of his masochism, and for maintenance of his self-esteem.

Critical Periods in the Development of Social Behavior in Puppies. J. P. Scott. Pp. 42-54.

The hypothesis of the critical period states that all highly social animals go through delimited periods early in life crucial for the formation of positive relationships between the individual animal and the animals of the group. These periods have anatomical, physiological, and psychological determinants. They are specific for individual and species. The social development of the individuals within a species is correlated with the social organization of the adults within the species.

In the dog the critical period of primary socialization begins at three weeks of age and ends at seven to ten weeks of age. Before this period the puppy is insulated from its environment by its immaturity and by maternal care. By the beginning of this period all senses are at least partially functional. Its central nervous system is developed, though not completely matured. During this time the feeding relationship is important, but not the sole factor. The puppy now shows its capacity for conditioning and for emotional responses. Scott discusses these data as suggesting the existence of similar critical periods in human development.

Sex Chromatin and Sexual Behavior. J. Raboch and K. Nedoma. Pp. 55-59.

Of thirty-six men with female nuclear sex chromatin pattern, thirty-two had engaged in heterosexual activity and four had not established any adult sexual relations. All thirty-six men had hypoplastic sexual glands. Of nine men with hypoplastic glands in a group of one hundred ninety-four homosexual men, six were available for study of the nuclear chromatin. This was found to be masculine, not feminine.

Role of Odors in Asthma. M. Stein and P. Ottenberg. Pp. 60-65.

The asthmatic attacks of twenty-two of a group of twenty-five patients were precipitated by odors. Most of these odors were related to the anal phase of psychosexual development. The asthmatic attack is a physiological defense against the activation by odors of unresolved childhood conflict.

Psychoanalytic Contributions to Psychosomatic Research. Louis Linn. Pp. 88-98.

Psychoanalysis has influenced the clinical understanding and research designs of those interested in psychosomatic medicine. From psychoanalysis has come the recognition of unconscious mental functioning and the importance of the early years of life; the study of variation in ego functions; and understanding of the nature of the psychological relation between experimenter and subject. Utilizable techniques derived from psychoanalysis are free association, analytical comprehension of symptom response to psychological data, and projective tests.

Effect of Psychoanalysis on the Course of Peptic Ulcer. S. Z. Orgel. Pp. 117-123.

Of fifteen peptic ulcer patients, ten had undergone thorough psychoanalytic treatment ranging from about six hundred to a thousand hours over a period of three to five years, five times per week. All fifteen patients were neurotic and the ulcer and the neurosis were parts of the same disease. Study of these patients ten to twenty-two years later disclosed that the ten who were analyzed have remained well, have maintained their character change, and have had no recurrence of symptoms.

Psychological Factors and Reticuloendothelial Disease. W. A. Greene, Jr., and G. Miller. Pp. 124-144.

Thirty-one of thirty-three children and adolescents with leukemia had a history of object loss or separation, or threat of such loss. The subsequent depression may be one of the factors determining manifest development of leukemia. The authors studied the relation of mother and child in prenatal months, infancy, and childhood. Prenatal factors include somatic and psychological events which affect the mother at crucial points of fetal hematopoietic morphogenesis. Continuing depressive reactions in the mother affect the child's and mother's capacity for object relationship. To the mother the child is a lost object of her own past. The child's capacity is affected by such happenings as recurrent infections (many children had such a history) and its mother's availability. Depression in the

mother may make the child most vulnerable to separation, hence the significance of object loss in the history of these children.

Transvestitism and Pruritis Perinei. N. H. Greenberg and A. K. Rosenwald. Pp. 145-150.

A forty-one-year-old white married man, the father of four children, had been a transvestite since the age of ten. After his mother's death when he was twelve, he slept in the same bed with his father until the father's remarriage five years later. The patient left home at this time and his pruritis began. It was markedly relieved whenever he engaged in transvestitism. After marriage in his early twenties, he noted that his itching became much worse during each of his wife's pregnancies. Finally, for the past three years he has worn only female clothes. In 1956 he had an emasculation operation.

His history illustrates castration anxiety with anal displacement, homosexuality, masochism, the wish to be a woman, and the wish to have children (possibly by hermaphroditic means); all contributed to his symptoms.

A Case of Schizophrenia in Which Manifestations of Parkinsonism Appeared During the Course of the Psychosis and Disappeared After Lobotomy. P. Guggenheim and L. B. Cohen. Pp. 151-160.

A twenty-seven-year-old man incurred a second acute schizophrenic breakdown characterized by aggressive fantasies toward pregnant women and toward men. These related to his rivalry with his younger sister and with his father. His great ambivalence toward his mother was associated with his passive dependent needs. He developed marked symptoms of parkinsonism during his hospitalization. These were apparently precipitated by his mother's visits, when she cuddled him like an infant. The parkinsonism acted as a defense against his hostility toward his mother and as a means of perpetuating the gratification of his mother's cuddling.

JOSEPH AFTERMAN

Journal of the Hillside Hospital. VII, 1958.

Studies in Ambivalence. Sidney Tarachow, Stanley Friedman, and Hyman Korin. Pp. 67-97.

The authors present a continuation and elaboration of their attempt to measure ambivalence and discover predictable factors that influence its fusion. For measurement they used four tests, a questionnaire, the dot-comparison test, a modified thematic apperception test, and the Szondi test. In the first three, the criteria for ambivalence were indecision, doubt, conflicting feelings, or simultaneous opposite attitudes. In the Szondi test, liking and disliking pictures within a category was the criterion. Fifty-three subjects (known to be psychoneurotic or 'borderline') were tested and rated as high, moderate, and low. External variables such as opportunities for object relationships and the character of these relationships were investigated as factors influencing ambivalence. The results suggest 'that a group with severely impaired fusion of ambivalence when compared to a group with less impaired [fusion] would most likely show as part of the

environmental background: 1, the absence of a parent for over one year; 2, fewer older people in the family and home; 3, an older sibling position; 4, fewer opportunities for warm object relationships during childhood; 5, parents with a similar temperament'. Subjects rated as high in ambivalence had smaller families, fewer older siblings, and fewer opportunities for warm, long, and tender object relationships.

A corollary study was made of the reactions of the subjects to tachistoscopic presentation of a scene of aggression. The imagery of the more highly ambivalent group better recaptured the preconscious percept and was richer and wider in detail. The data suggested to the authors 'that the ego which is relatively less integrated and less successful in its defensive and integrative function might be predisposed to better contact with one's inner life and perhaps also predisposed to imagination and creativity'.

HASKELL F. NORMAN

British Journal of Medical Psychology. XXXI, 1958.

Perception and Ego Function. T. F. Main. Pp. 1-8.

Main reviews briefly the contributions to understanding of perception and ego function of Freud, Schilder, Hartmann, Kris, and Loewenstein, Glover, Fairbairn, and Klein. He states, for example, that Hartmann's ideas shed light on conflict-free secondary process thought but on the origins of perception do not go beyond Freud's formulation that the system perception-conscious, which is part of the ego, has the prime function of perception. All the theories discussed rely on the thesis that perception of objects begins with instinct driven proprioceptor perceptions. Main does not discount these intrinsic developmental tendencies, but emphasizes that maturation is far from being automatic; it is always the outcome of, not the lack of, special environmental circumstances, primarily the various activities involved in mothering. The perceptive mother aids the growth not only of the ego but even of perception itself. Perhaps the genesis of perception in man is conditional to appropriate introjections of the perceptive abilities of the person doing the mothering.

Aspects of Perception in Psychoanalysis and Experimental Psychology. Thomas Freeman. Pp. 9-13.

Early psychoanalytic theory of perception stressed the dynamic point of view, but a comprehensive picture of perception must include economic as well as structural aspects. Freeman believes that Freud's metapsychological approach to perception is suitable for examination of psychoanalytic and psychological hypotheses. Hartmann has suggested that perception has an autonomous, conflict-free origin. Recognition by psychoanalysts of this autonomous development of the perceptual apparatus offers a *rapprochement* with psychological theories stressing the formal aspects of perception. Experimental work by Werner, Beams and Thompson, McGinnies, and others confirms the existence of preconscious perception, a finding consonant with psychoanalytic theory which states that perception, like any other mental process, first goes through an unconscious phase. We no longer believe that the person is first stimulated, then perceives, and finally

reacts; rather, part of the reaction following stimulation appears as a conscious perception.

Psychotherapeutic Aspects of Male Homosexuality. L. H. Rubinstein. Pp. 14-18.

The author summarizes in this short paper his ten years of psychoanalytically oriented psychotherapy and psychoanalysis of homosexuality. He cautions us, for example, in selecting cases for treatment, against placing too much importance on the type of homosexual behavior. Activity and passivity are closely intermingled and Rubinstein has not found cure more likely for the active homosexual (who needs only to change in his choice of sexual object) than for the passive homosexual (who must change both object and direction of his sexual drives). The bipolarity of mental attitudes must always be kept in mind. Rubinstein's other comments on results do not differ greatly from those of many therapists of homosexuals. Complete analysis is the best treatment, though abbreviated or modified forms of analysis can achieve satisfactory results in selected cases; a fair number of patients can be helped to a certain extent; and, in general, the prognosis must remain doubtful.

Psychosomatic Pathology. Joseph Sandler. Pp. 19-23.

Sandler discusses, not theories of specific causes of psychosomatic illness, but rather the theoretical mechanisms that bridge the gap between psychic conflict and somatic illness. He discusses the mechanisms involved in hysterical conversion, the organ neuroses, and the pathological processes resulting from fantasied stress. The physiological imbalance of the body (due to psychological causes) may possibly give rise, reactively, to certain benign or malignant tumors.

Sandler reminds us that the emergence of a symptom can create false psychopathology quite different from that which started the initial functional disturbances finally leading to the symptom. The manifest psychopathology, therefore, is not always the true one. A reorganization of the whole personality takes place once a symptom is conscious. From the economic point of view the final outcome may be considerably different from the state of affairs existing at the time of the beginning of the pathological process,—a process which later produces symptoms.

Patterns of Anxiety: The Correlates of Social Anxieties. Joseph Sandler, Cecily de Monchaux, and James J. Dixon. Pp. 24-31.

This paper, which discusses part of a more comprehensive research using the Tavistock Self-Assessment Inventory, is concerned with four kinds of general social anxiety: 1, social timidity; 2, fear of loss of control, especially bodily control; 3, fear of exhibitionism; 4, fear of revealing inferiority. The typical personality of persons with each of these anxieties is described.

The authors do not discuss the origins of these types of personality, but they believe that the situations that cause anxiety in adult life reflect certain situations in childhood. For example, the strong association of fear of loss of bodily control (one of the causes of anxiety) with fear of being on bad terms with someone in authority is perhaps an outgrowth of the infantile situation of the child who is afraid of incurring its mother's displeasure by soiling.

Depression in Girls During Latency. Molly Harrington and Janet W. M. Has-san. Pp. 43-50.

Seven girls, aged eight to eleven, suffering from depression, were found to show ego weakness and self-depreciation. The authors demonstrate a relation between multiplication of mother images and ego weakness, and between repressed hostility to the insufficiently libidinized mother image and self-depreciation. A splitting of the function of mothering in the first two years of life hindered the formation of strong feminine identifications.

Release from acceptance of hostility to the mother was the main therapeutic achievement. The chief technical problem was the too easy identification of child with therapist, which added to the multiplicity of mother figures and hindered formation of a strong initial identification upon which later relationships could be based.

Problems of T.A.T. Interpretation and the Diagnosis of Delinquent Trends. J. G. Lyle and A. A. Gilchrist. Pp. 51-59.

Six Thematic Apperception Test cards were administered to thirty-one delinquent and thirty-six nondelinquent boys, and it was found that there was little difference between the two groups in the number of aggressive and antisocial stories produced. There was, however, a statistically significant difference in the presence or absence of adequate defense mechanisms interposed between the impulses and the fantasied act. In the nondelinquent group a psychological distance between impulse and act was interposed by denial of the reality of the impulses, by inhibition due to guilt feelings, or by rationalization. The organization of the story, not its content, differentiated the two groups.

This research did not support the often quoted hypothesis that delinquency originates in guilt because of a need for punishment. On the contrary, the defenses of the nondelinquents are motivated by guilt whereas delinquents lack these defenses and show little evidence of guilty or self-punitive reactions.

MC CLAIN JOHNSTON

Revista Uruguaya de Psicoanálisis. II, 1958.

Aging as a Transitory Symptom. Hector Garbarino. Pp. 271-279.

Garbarino describes a male patient who for a time during his analysis appeared like an old lady. His physical aspect changed; he had a slow walk, wrinkles, and a sad expression, and he had all his teeth removed, not getting artificial dentures for a long time. The analysis of this symptom showed strong identification with his mother, intense homosexual fears, and a tormented ego masochistically submitting to a sadistic superego. The 'old lady' with the collapsing lips and protruding tongue also represented a baby who can still grow. By this mechanism his mother's death and his own death wishes were vigorously denied.

Interpretation of Silence. Juan Pereira Anavitarte. Pp. 298-318.

Silence is as much a part of the analytic situation as speech; Anavitarte compares it with gestures and mannerisms to which it is sometimes equivalent. The transference and countertransference fantasies and feelings of several silent

patients revealed that to them immobility was a denial of hostility; they had fears of loss of object love, words and thoughts were magical and dangerous. Words are a means of 'getting closer' and so are feared, or they are equivalent to acting out—'an acting out gesture' to do away with unconscious ideas. Silence may also be an attempt to prolong a nonverbal relationship like that of mother and child. There are also 'silences with no meaning'. The countertransference fantasies of the analyst in such moments are the clue to interpretation.

GABRIEL DE LA VEGA

Revista de Psicoanálisis. XIV, 1957.

If I Were You. Leon Grinberg. Pp. 355-367.

The French novel, *If I Were You*, by Julien Green is used as the title for this article because it shows some of the meanings of this popular saying. Its origin perhaps lay in 'imitative magic', the notion that things that look alike are one, or in 'contaminating magic', that things once in contact remain one thing. Envy is at the root of 'if I were you'; impotent rage at the other person's success provokes the wish to imitate him. Other mechanisms involved may be sibling rivalry ('if I were . . . the baby') or penis envy ('if I were . . . a man'). Woman may be envied as a creator (artists 'deliver their work'), and some persons wish to live through assuming a woman's role (for example, in *couvade*), or to receive a man's affection, expressing the thought 'if I were . . . my mother'. Jealousy may transform the wish into 'if you were I' (as in *Dorian Gray's* portrait). Denial produces 'it is not I who love you', which is transformed into 'if I were you . . . I couldn't love myself'. Identification with the aggressor repeats actively what was passively experienced. Finally, some form of this mechanism is used when we go to the movies or theater, in group therapy, and under the impetus of positive feelings of sympathy, love, solidarity, or belonging.

GABRIEL DE LA VEGA

Meetings of the New York Psychoanalytic Society

Joshua M. Perman

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NOTES

THE TWENTY-FIRST CONGRESS OF THE INTERNATIONAL PSYCHOANALYTIC ASSOCIATION will be held under the auspices of the Danish Psychoanalytic Society in Copenhagen, Denmark, from Sunday, July 26th through Thursday, July 30th, 1959.

PROVISIONAL PROGRAM

Sunday, July 26th:

Registration
Meeting of the Central Executive
Meeting of Chairmen of Sessions
Meeting of Appointed Discussants
Evening Reception

Monday, July 27th:

9:30—10:45 a.m. Plenary Session
President's address and one paper
11:15 a.m.—12:30 p.m. Plenary Session
two papers
2:30—3:45 p.m. Simultaneous Sessions
two papers in each of four rooms
4:15—5:30 p.m. Plenary Session
two papers

Tuesday, July 28th:

9:30 a.m.—12:30 p.m. Plenary Session
Panel Discussion on a prepublished paper:
Metapsychology of Pleasure
2:30—5:30 p.m. Simultaneous Sessions
Up to three symposia on subjects to be announced
Evening: Dinner

Wednesday, July 29th:

9:30 a.m. Business meeting of the
International Psychoanalytic Association.
(Associate members are invited to attend as guests.)

Thursday, July 30th:

9:30—10:45 a.m. Simultaneous Sessions
two papers in each of four rooms
11:15 a.m.—12:30 p.m. Plenary Session
Symposium on Depressive Illness (three speakers)
2:30—3:45 p.m. Plenary Session
Continuation of Discussion on Symposium
4:15—5:30 p.m. Plenary Session
Evaluation of Congress. Adjournment.

All inquiries about registration and accommodations for this Congress should be sent to Dr. Thorkil Vanggaard, President, Danish Psychoanalytic Society, H. C. Andersens Boulevard 51, Copenhagen V, Denmark.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 14, 1958. SELF-REPRESENTATION, ANALITY, AND THE FEAR OF DYING. Bernard Brodsky, M.D.

The author postulates that the fear of death is not only derived from castration anxiety and fear of desertion by the superego (separation anxiety), but is also related to memory traces of states in which the self-image was extinguished. In the anal phase these are merged with the psychic representation of the excreted and discarded stool.

Contributions to the understanding of the fear of death are presented: 1. A function of the death instinct (Eissler). 2. A symbolic fear of bad sleep interrupted by anxiety and guilt (Lewin). 3. An outcome of the sense of guilt. 4. From the structural standpoint, fear of death is derived from separation anxiety, castration anxiety, and fear of being deserted by the protecting superego (Freud). 5. What the ego fears from external or internal sources is overthrow or extinction, and stems from either fear of strength of instincts (Freud) or fear of disorganization of the ego (Waelder). 6. Experiences of self-extinction may occur where neutralized energy disappears from the ego (Kris). 7. Self-representation is disturbed in schizophrenics, leading to end-of-the-world fantasies, loss of identity, and sensations of having died (Jacobson). 8. Death is equated by children and by ancient Egyptians with the state of immobility and with the closure of the eyes (Chadwick). 9. Loss of object (death) is expressed by the depressed patient as defecation (Abraham). 10. Death, corpses, and feces are equated in the unconscious (Fenichel). 11. The child's interest in the duality of living and death is based upon the comparison of the erectile penis to the inert stool, leading to rumination upon life and death, the moving and nonmoving flatus, representing the ghost of the stool (Greenacre).

The self-image is primarily a body image, formed by the end of the first year through tactile, oral memory traces of hand-mouth experience and from the perception of self-motility and muscular proprioception in the discharge of aggressive and libidinal tensions. Conditions of frustration or overstimulation may heighten passivity with reduction of cathexis of the body ego as an active, independent entity, and blur the ego boundaries and the body ego substance. The ego is in a state of complete cathexis with unneutralized energy, and the extinction of self-representation follows. This experience may result from inner instinctual-affective sources, like rage states. Muscle contractions and paroxysmal movements may be used to remind the individual that the body is still there. Self-identity is achieved, and feelings of dissolution are dispelled. The Egyptian artist presented the image of the body with its eyes open as a way of denying its dissolution with death.

Three patients are presented, the mothers of whom were anally oriented and who continuously and exhaustively inspected their children's stools. The first, a 'borderline' with manifest homosexuality, had a fantasy that his mother and all women were filled with feces; intercourse would cause them to burst, lose all their feces, with ensuing death. This was a determinant of his homosexuality. He feared that his thoughts would float away and he would lose his mental activity and his mental self-image. A fetishistic interest in female hair and his choice of

occupation as a hairdresser served to dispel fears about the dissolving self-image. Guilt over rage at his parents contributed to his fear of death. Similarly, the second patient, also a fetishist, could not maintain a firm self-image. His every need was cared for by his mother until adolescence. Without her presence he questioned his existence. His identification with feces was striking. The third patient, a woman, showed similar qualities and faulty development of self-image. Silence and nonmovement indicated death. She struggled to prove that she existed and was not dead. She developed a body phallus equation, which represented life, to counteract a body stool equation, which represented death. Her fear of death was a partial motivation for philosophical and æsthetic interests. The role of separation and castration anxiety in these cases had a complementary and mutually intensifying relationship with extinction anxiety; they could not yield to love because of fear of slipping into primary identification with the object, and hence extinction.

DISCUSSION: Dr. Victor H. Rosen emphasized the relation of the fear of death to separation and castration anxiety and the connection between death wishes, rage equivalents, and destructive impulses that are directed toward the need satisfying object. The condensation of the idea of destruction of the object with self-extinction could be more economically explained by invoking a stage in the development of the body image, where it is conceived as existing within the already differentiated external object. Object relations in the anal phase may be most propitious for this development, but as a result rather than as a cause. Fantasies of identification with the foetus sibling *in utero* may be of special importance. As the result of vicissitudes of introjection, projection, and identification the repressed destructive impulses return to consciousness only in terms of the destruction of what is within the object. Dr. Joseph M. Krimsley described how children during cardiac illnesses, anesthesia, or visual disturbances experience body sensations which can produce a distortion of body image. The fear of dying is related to memory traces of these experiences. He disagreed with the formulation of the contributions of the anal phase as causal, considering them rather as contributive. Dr. Kenneth T. Calder questioned whether extinction of the ego must be understood as extinction of the self-image. The latter may be observed in narcissistic individuals. Dr. Martin H. Stein, in discussing the wish behind the fear of death, stressed its libidinal value in precædipal, cædipal, and re-birth fantasies. Dr. Bernard Meyer distinguished between neurotic and realistic fear of death. To surgical patients, pain, motility, and other stimuli may constitute elements in the sense of identity. Its absence may not only create ideas of depersonalization, but an extreme anxiety fear of imminent death, or confusion that it has occurred. Dr. Andrew Peto gave further clinical material regarding patients in whom fear of annihilation and complicated early object relationships were permanently tied up with those parts of the body image which were easily perishable, or could be or had to be discarded. Feces, urine, and the screaming voice were cathected in this way. Dr. Robert C. Bak questioned whether we were dealing with the genetic development of a concept, or regressive reorganization after the phallic phase. The fear of death is also a defense against passive feminine wishes. In schizophrenia strong aggressive and libidinal

cathexes of various ego functions lead to experience of heightened self-image. The danger for the self-image is the inability to hold these drive manifestations, especially the disturbance of thinking. Dr. Brodsky, in concluding, commented on the questions raised by the discussants and offered further clinical and theoretical elaborations of the fear of extinction.

JOSHUA M. PERMAN

January 28, 1958. TOWARD AN UNDERSTANDING OF THE PHYSICAL NUCLEUS OF SOME DEFENSE REACTIONS. Phyllis Greenacre, M.D.

This paper is based on clinical observations regarding the genesis of early ontogenetically determined organism defenses and their transformation into the mental mechanism of defense characteristic of the matured ego. It offers suggestions for further study of the choice and elaboration of early patterns of defense as they come to form a restraining bridge between reactions to immediate stimulations of the outer world, i.e., the direct aggressive-defensive physical responses, and the complex inner stimulation inherent with development. Autonomous defense reactions are greatly influenced by necessary dependence and independence with intricate vicissitudes, and complex developmental reactions, which can be traced clinically. Early development is divided into the following stages: 1, the period of pure physical responsiveness of the infant under complete domination and protection of the mother; 2, dominance of the primary process; 3, progressive development of the secondary process to the fourth year; 4, oedipal; 5, post-oedipal. The influence of stages two and three is the subject of this paper.

Contactual and perceptual experiences with the mother are utilized not only for sustenance, but also for solace. Withdrawal, the most primitive defense reaction, is shared with the introjective-projective and displacement mechanisms. Early withdrawal defenses at a physiological level are perhaps a prototype of avoidance and denial. Intense stimulation may be met by fatigue and sleep, later by near disorganization instead of sleep. Clinically this diffusion of stimulation appears as a feeling of haziness in regard to perception and thought. In early anal and genital overstimulation, the dispersion may lead to explosiveness, as seen in perverse character structures. With object loss, the fundamental incorporative drives in vision, orality, and touch remain actively available throughout life, more conspicuously when the loss occurs with sphincter patterning. Displacement persists with little change.

During secondary process development, strengthening of musculature and sphincters increases autonomous power. Retention or discharge of body products may serve as a defensive measure. Simultaneous maturational processes may mark each other and furnish a basic condition for displacement, e.g., speech and thinking disturbances. Separation from the mother effected by walking and sphincter control helps to establish thought-feeling defenses contained within the self. The growing independence leads to strength of propulsive rhythms of bodily functions and to the rhythm of genital orgasmic functioning which may be marked by sphincter control patterning. The pattern for postponement of immediate gratification is thus set. Mental functioning is expanded and the imprint of the earlier physically mediated defenses may be carried with it. Clini-

cally, psychic withholding may alternate with physical withholding. Patients may become stubbornly uncommunicative and free association may represent too great a threat. Thinking may become blocked.

Anger may otherwise be expressed as general muscle tension or sphincter dysfunction. The mechanism of projection is connected with bowel control and its influence on the expression of emotional attitudes, i.e., hostility, may be extended to a disclaimed part of the self and cast out into the world as something powerful and offensive. Obsessional indecision is related to the influence of physical rhythms. Basically soothing, it may operate as a restraint against unwelcome id impulses. Circular brooding, on the other hand, has a propulsive quality patterned after erotized expulsive anal activities.

DISCUSSION: Dr. Heinz Hartmann emphasized the difficulty of defining the organismic defenses except by analogizing. The identification with the protecting object plays a dominant role in the development of defense mechanisms. The development of aim-inhibited object relationship with the mother provides the neutralized energy for the use of the defense mechanism. He agreed that withdrawal, which Fenichel called 'discontinuance of ego functions', is one of the earliest mechanisms, and is possible because the ego as a separate system has not developed. He noted that displacement is primarily a part of the primary process which can be used as a defense. He felt that early introjection and projection are related to the incomplete demarcation between the self and the object, and hence different from that of the later stages. The functions of the ego are often modeled after some instinctual process. With regression autonomous ego functions may revert to those instinctual tendencies that genetically are related to their origin. Reconstructions offer us the opportunity to check these hypotheses in direct observations and longitudinal studies. He noted that postponement of discharge, the basis of every defense, is regulated by the brain and by hereditary factors influencing the choice of defenses. Psychological processes which are not primarily used as defense may, in critical situations, be put to use by later defenses. Dr. Martin Stein preferred to use the term somatic precursors of defense, and indicated the need to learn how the ego conversely contributes to somatic disease. He emphasized the genetic approach and the importance of working through to provide historical continuity. He asked whether the early biological differences between the sexes influence different development of ego defenses which, he felt, would also influence differences in character structure, choice of neurosis, and conceptualization. Dr. Anita Bell, presenting clinical material, felt that withdrawal and denial may also be viewed as withholding. She described evidence that colic in infants is related to overstimulation, leading to increased peristaltic activity and subsequent hyperkinesis. She asked whether the haziness and confused states resulting from primal scene stimulation might also be a defense against voyeuristic impulses. Dr. Gustav Bychowski discussed material from latent psychotics and chronic depressions who have preserved some forms of primitive ego function. Dr. Robert Bak observed that haziness in thinking also may be related to confusion about sexual identity. He noted that Dr. Greenacre, in describing displaceability of various functions, has introduced another aspect of regression and has given us a valuable method of studying the develop-

ment of defense. He spoke of the relationship of defense to passivity and its connection with the rhythm of activity and passivity.

In closing, Dr. Greenacre briefly discussed the questions and suggestions raised by the discussants and added that her observations were by no means conclusive and that continued research along these lines was needed. To this end, she stressed the importance of more observation of the analysand rather than exclusive attention to understanding the neurosis.

JOSHUA M. PERMAN

June 10, 1958. THE EGO AND THE ID IN ANXIETY. Max Schur, M. D.

This paper is a continuation of two previous papers on anxiety in which the author developed the thesis that the two kinds of anxiety postulated by Freud, actual and signal, could be placed at either end of a complementary series, the position in the series being determined by the degree of ego regression. The greater the regression, the more the ego treats potential danger as actual danger and replaces the signal with actual anxiety. The series also has a genetic meaning in that actual anxiety originates as a response to the traumatic situation of birth, while signal anxiety is a later reaction of the ego to the potential danger of object loss. In the present paper, Dr. Schur amended the above formulation in keeping with recent research, especially in the fields of ethology and of perception. The ethologists, particularly Lorenz, describe two basic kinds of behavior: innate, instinctual behavior, and learned, plastic behavior interlocking in varying degrees as one ascends the evolutionary scale. Dr. Schur feels the id and the ego respectively can be shown in their functioning to exhibit rather close resemblance to these two types of behavior. In support of this view—apparent where the ego was concerned but needing demonstration with respect to the id—he quoted Freud as attributing to the id both primitive perceptive and primitive adaptive capacities. In further support is Dr. Charles Fisher's research in perception, which demonstrates experimentally that the human subject unconsciously perceives and responds adaptively at a primary process level. The author was thus led to the following revised formulation.

The anxiety reaction is manifested at two levels: 1, as discharge phenomena, which are manifestations of the underlying instinctually patterned response of the id; 2, as an affect, which is an ego reaction following its perception of the id manifestation as a sign of danger. The degree to which one or the other predominates in the complementary series depends, as previously hypothesized, on the degree of ego regression present.

Dr. Schur discussed various other problems relating to the ego and its susceptibility to malfunction in connection with anxiety. He thought one explanation was that the simultaneous availability of learned and instinctually patterned responses results in a strain on the stability of the ego's functioning. As to why the sexual drive is so frequently a source of anxiety, he stated that the ethological hypothesis, based on a close relationship in animals between fighting and sexuality, provides a possible explanation on phylogenetic grounds.

DISCUSSION: Most of the discussants felt that to attribute anxiety to the id was to confuse the id, a psychological structure, with the organic substrate or body

of the individual; also, to equate the id and the instinctually patterned responses of the ethologists was to confuse the psychological drives of the id with the biological responses of animals, a distinction that both Freud and the ethologists made explicit. Dr. Charles Fisher stated that his own work in perception indicated that the ego rather than the id was capable of unconscious perception and response, in keeping with the characteristics of primary process thinking. Dr. Edith Jacobson felt Freud had resolved the confusion of postulating two kinds of anxiety by relating them genetically in the same manner as Dr. Schur. She thought dread of the sexual drives was best explained by their violent, primitive nature in the child rather than on phylogenetic grounds. Dr. Robert Bak thought anxiety did not occur in response to the sexual drive as such but in response to the aggressive drive which can become so readily intermingled and confused with it. Dr. Charles Brenner believed the occurrence of anxiety was best explained by Freud's idea that it occurred in the face of excessive instinctual tension, whether this was sexual or aggressive. Dr. David Rubinfine thought anxiety could not occur before threat of object loss, which in turn could not occur until self had become differentiated from object and ego differentiated from id. Dr. Victor Rosen, after emphasizing the differences between the id drives and the instinctual responses of the ethologists, welcomed any ideas from Dr. Schur as to the relationship between the id and its organic substructure. He asked whether learning might not first appear in the evolutionary scale, when the nervous system first becomes capable of representing itself as well as external objects. Dr. Leo Spiegel, in questioning whether inner danger ever becomes replaced by outer danger, mentioned Freud's comments in *The New Introductory Lectures*, which suggest that all danger presents the situation of unmanageable inner stimulation. Dr. Mortimer Ostow has not found the anxiety reaction to be mentioned anywhere in the literature of the ethologists and believes they were describing innate patterned responses too complex and extended to justify including the anxiety response among them. In support of the view that anxiety arises in response to increase of the libidinal drive, he described patients on Marsilid who responded with increase of libido and anxiety; administration of a phenothiazine tranquilizer then led to decrease of libido and of anxiety.

In reply Dr. Schur made the following points: 1. By referring to anxiety as an indirect id manifestation rather than a directly observable id reaction, he was keeping the distinction clear between internal id and directly observable body reactions. On the other hand, to assume the id to be completely free of instinctually patterned responses was contrary to biological principle. 2. Dr. Fisher's work demonstrates unconscious perception and response according to the primary process however one may then choose to interpret these findings. 3. His own view of anxiety extended Freud's in developing a complementary series between the two manifest forms of anxiety and in developing in more detail Freud's concept of ego regression in relation to anxiety. 4. In describing how the sexual impulse could be a source of anxiety, he was not excluding either aggression or excessive instinctual tension in general as sources. 5. Through Freud's concept of an anlage of the ego, anxiety could be considered in terms of

current function and, at the same time, linked to the ego from birth. 6. In answer to Dr. Rosen's question, he thought the appearance of learning in the evolutionary scale marked the appearance of an ego prototype. 7. He believed, with Freud, that inner danger was largely replaced by outer danger but agreed that a prototype of inner danger in the form of a homeostatic disequilibrium always accompanied reaction to other danger. 8. Vegetative and hormonal responses in animals—which the anxiety reaction closely resembles—had been extensively studied by biologists and were always considered by them as a part of instinctually patterned responses.

EUGENE V. NININGER

September 30, 1958. TRANSFERENCE DERIVATIVES OF THE FAMILY ROMANCE. John Frosch, M.D.

The author demonstrates how various derivatives of the family romance contribute not only to the content but to the process and construction of the transference in treatment. A readiness for transference stems in part from the patient's disillusionment with the parents and his need to search for them as lost objects in the form of new parents, which the analyst represents. One patient fantasied being adopted into the analyst's family. A woman patient, who fantasied father substitutes during intercourse, feared the analyst would become the object of these fantasies and that divorce from her husband would result. The analyst became the disguised, incestuous object, whereupon dreams and fantasies concerning rescue, especially from water, resulted, and were found to contain wishes to present the analyst with a baby. Rescue fantasies derived from the family romance also contribute to the transference in the wish to be saved by the analyst's treatment, or the contrary wish to rescue the analyst from obscurity, poverty, etc. Overridealization of the analyst may spring from the wish for a nobler parent.

Defenses against hostile and erotic wishes can also be found in family romance fantasies. Desexualization of the analyst frequently derives from desexualization of the parents in childhood, where it occurred as protection against sexual and hostile œdipal wishes. The wish to change analysts may cover fears of disillusionment stemming from the parents, as may also scepticism and cynicism. Fantasies derived from the family romance may also occur in the analyst in various forms, such as a wish to be a friend of the patient after treatment is over, to be rescued by success of the treatment, to inherit wealth from the patient, etc.

The central element of the family romance is the wish to be rescued by a noble, ideal parent during various stages of development: in infancy, from narcissistic threats and as a projection of feelings of omnipotence; in the œdipal period, from desexualization of the parents and search for an ideal parental substitute. In latency the fantasy is fed by fairy tales, daydreams of glory and adventure; in adolescence it may take the form of a wish to be a movie star or great sports figure. In later years remnants of it may be realized in fantasy through theater, movies, and other nonpathological life situations. Only in the neurotic does it retain sufficient strength to require treatment. Its technical

value is that it not only contributes to the creation of the transference but serves as a fulcrum for working through important conflicts.

DISCUSSION: Dr. Phyllis Greenacre asked whether Dr. Frosch found any relationship between the amount and extent of organization of the family romance material and the severity of the case. Except in the very gifted, it was her impression that an active and persistent family romance fantasy was frequently a sign of severe psychopathy. It stood out most clearly of all in some paranoid schizophrenics, where it was frankly delusional. In character disturbances—strikingly so in the impostor—it is lived repeatedly in florid fashion. She believes the oedipus complex in these severe cases never fully develops; oedipal and family romance fantasies represent an effort to reach forward and realize a relationship that has always lacked substance. In neurotics, she has found that the persistence of the fantasies indicates the invasion of the phallic phase by overly strong anality; however, disturbance in the sense of self and ability to evaluate reality is less marked in them than among psychotics and character disorders. Dr. Annie Reich felt Dr. Frosch's conception of the family romance fantasy was too wide if he included in it practically all organized fantasies. Some of the fantasies he described were more properly masturbation fantasies with thinly disguised oedipal wishes rather than family romance fantasies. Dr. Mark Kanzer emphasized the important function of the family romance in normal individuals in weaning them away from their oedipal attachments. In neurotics, the guilt over this wish for freedom may be too strong; thus a young man broke down after achieving success in a field different from his father. Dr. Bertram D. Lewin called attention to the frequency in treatment with which the wish to give a child is associated with fantasies of rescue from water, for instance, in the manner of Moses. He wondered whether this aspect of the family romance fantasy is not connected with another aspect, the underlying disillusionment of the child. The big disillusionment may be the birth of a sibling and simultaneous disillusionment in the parents' sexuality, all of which leads to the compensating idea, 'No, my family is clean'. He also called attention to the large amount of urinary and phallic material in the family romance fantasy and suggested it may give a clue to the origin in the child of the awe-inspiring nobility of the great man in the fantasy, i.e., witnessing the father's large penis during urination. That some individuals act out the fantasy constructively while others, like the impostor, employ it destructively might be explained by Dr. Greenacre's conclusion as to the disturbed relationship to the mother.

In reply Dr. Frosch made the following points: 1. He did not always find a direct correlation between degree of floridity of the family romance material and severity of psychopathy. A borderline case was exceedingly productive of this material, but his hysterical patients also showed an abundance of it. He could confirm Dr. Greenacre's comments about confusion of identity underlying the material where his borderline case was concerned; further observation was required to determine this point in his other cases. 2. He did not feel his definition of family romance was too broad if one kept in mind that it was not a dynamic but a descriptive one, based on how the fantasy was described in the literature by other authors. One can then trace at length genetic and dynamic factors from

all levels of development that may go into the composition of the fantasy. The adoption fantasy of one of Dr. Reich's cases could be, he felt, legitimately labeled a family romance fantasy, even though it referred to preedipal conflicts. 3. He agreed with Dr. Kanzer that the fantasy regularly plays an important role in healthy separation of the child from the parents. 4. Dr. Lewin raised the question as to whether family romance fantasies cannot arise in relation to members of one's own family. This Dr. Frosch confirmed from numerous observations of children who ennobled and excessively praise their parents, especially when in the homes of other children. 5. He emphasized that his paper was primarily concerned with how the family romance contributes to the creation of the transference and therefore dealt less with the origins and meanings of the fantasy itself.

EUGENE V. NININGER

DR. CLARA THOMPSON (1893-1958) died December 20, 1958. The daughter of a New England clergyman, she first intended a career as a medical missionary. She had her psychiatric training at Phipps, and was considered by Adolf Meyer to be his best student. About 1930 she went to Budapest and was perhaps Dr. Sandor Ferenczi's first American student. Late in the 1930's she withdrew with a few others from the New York Society and joined the Washington group. For many years she was the Executive Director of the William Alanson White Institute of Psychiatry, Psychoanalysis, and Psychology which she and others established in 1945. She was the author of a book and of over thirty papers.

THE CHARLES FREDERICK MENNINGER AWARD was presented December 7, 1958 to Dr. Heinz Hartmann for the publication of his outstanding monograph, *Ego Psychology and the Problem of Adaptation*. Dr. Hartmann's special interest for the past twenty years has been the various aspects of ego function in relation to the whole personality. The presentation was made at the December meeting of the American Psychoanalytic Association in New York City.

The Chicago Institute for Psychoanalysis announces that the first FRANZ ALEXANDER AWARD has been presented to Dr. Harvey A. Lewis for his paper, *The Effect of Shedding the First Deciduous Tooth Upon the Passing of the Oedipus Complex of the Male*. Dr. Lewis, a graduate of the Chicago Institute, is the first recipient of a three hundred dollar prize to be offered in alternate years to the author of a paper in the field of psychoanalysis.

Dr. Bernard Bandler of Cambridge, Massachusetts, president-elect of the American Psychoanalytic Association, has been named chairman of the Department of Psychiatry at the Boston University School of Medicine. Dr. Bandler has also

been named psychiatrist-in-chief of the Massachusetts Memorial Hospitals. He has been associated with the school and with the hospital since 1947. A graduate of Harvard College, Dr. Bandler received his M.A. from Harvard University and his M.D. from Columbia University College of Physicians and Surgeons. He has done additional work at the Boston Psychoanalytic Institute. From 1942-1947 he was affiliated with Massachusetts General Hospital and from 1940-1947 with Harvard Medical School. He has been professor of psychiatry at the Boston University School of Medicine since 1953.

CORRESPONDENCE:

I should be grateful if you could give me the opportunity of saying a few words to the paper "Footnote to the Genesis of Moses" by M. Naftalin, M.D., which you published in Volume XXVII, 403-405, 1958, of your Quarterly.

Dr. Naftalin, reading the English edition of "Moses and Monotheism" is struck by the apparently incorrect rendering of the Hebrew word "Ruach", (animus, spiritus, breath, wind) = smoke, and quoting Jones I, II and III, he indulges in the analyst's favourite pastime of analysing Freud, finishing his paper with a reference (in rather poor taste) to Freud's last illness. When Dr. N's attention is drawn to the fact that in the original German Edition of "Moses und Monotheismus", "Ruach" is correctly given as "Hauch" (breath, wind) he must realise that this will take any wind out of his sails and his story would go up in smoke; as the German book was originally printed in Holland because of the war, a theory is now evolved making the Dutch printer the culprit, and suggesting that he used the correct word "Hauch" in error only, instead of the wrong one "Ruach" = smoke. All is well again and the paper gets into print.

One look into Freud's handwritten manuscript shows, however, that the word used is without doubt "Hauch".

Don't you agree, Sir, that unscholarly behaviour like this cannot but harm the reputation of serious psychoanalytic research?

I am,

Yours faithfully,

ERNST L. FREUD

1st December, 1958

I refer to my letter about Dr. Naftalin's article, and should be glad if you would correct a small typing error which appeared in the last line of the second paragraph, in the word which is typed "Ruach" the "a" and "u" must be reversed to give the German word "Rauch".

This mistake by my Secretary who does not know German may be an indication of how, in the first instance, through the quite accidental similarity between the Hebrew "Ruach" and the German word "Rauch", the translators might have been misled.

Yours faithfully,

ERNST L. FREUD

3rd December, 1958

The denouement of the issue involved in my article, Footnote to the Genesis of Moses!

Mrs. Katherine Jones replied to my letter to her, in part, as follows: 'How the error arose? Well, how are errors made? By people just being human. The translation was supervised by my husband, my son, Mr. Strachey, and Wilfred Trotter. None of them spotted it.'

Sincerely yours,
MOSES NAFTALIN
December 11, 1958