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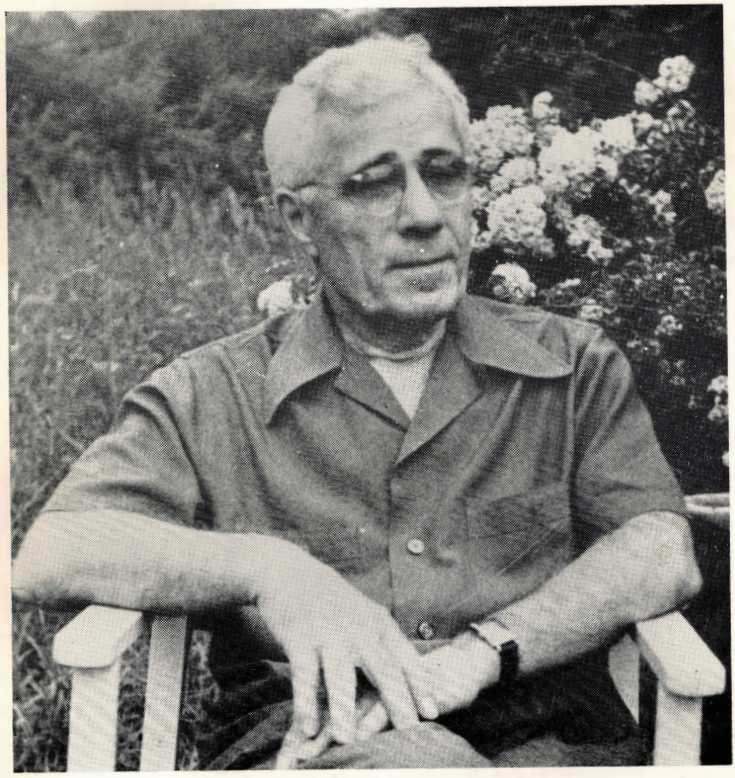

ADOLPH STERN

1879-1958

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Adolph Stern was a self-effacing, serene man of astute, practical wisdom, a dedicated physician, and a pioneer in psychoanalysis.

He died August 20, 1958, after a short illness. He had had a critical illness that incapacitated him in 1950, but regained his health, and not only returned to practice in 1955, but read his last scientific paper at the meeting of the American Psychoanalytic Association in 1957. At the time of his death he was vacationing at his country home in New Jersey where he enjoyed playing golf.

The courage that had brought him back to health was manifested throughout his life. At his death he was one of a few remaining first generation psychoanalysts in America. He had been attracted to psychoanalysis in 1910, became a member of the American Psychoanalytic Association in 1915, and was analyzed by Sigmund Freud in 1920.

Adolph Stern was a pioneer during the years when psychoanalysis in the United States was either unknown or fiercely attacked. With A. A. Brill, Jelliffe, Hoch, Oberndorf, and others he gave unstintingly of himself to help the young science gain recognition. Spurred by his enthusiasm for the new frontiers of knowledge opened by psychoanalysis, Adolph Stern not only applied this newly found knowledge to the benefit of his patients, but also spent much of his free time talking, lecturing to the profession and the laity, and writing on the basic concepts in professional and lay journals. He and the dedicated group talked, fought, taught, and learned, never missing an opportunity to share their knowledge and experience by meeting in the homes of the members—reading and discussing theoretical and clinical problems. This was a trying period and it called for dedicated men.

He was elected President of the American Psychoanalytic Association 1927-1928, and of the New York Psychoanalytic Society on three occasions—1922-1923, 1924-1925, and 1940-1942. He was an instructor emeritus of the New York Psychoanalytic Institute at the time of his death. He had been a training analyst and a member of the faculty from the founding of the Institute in 1931.

Dr. Stern made many timely and valuable contributions to the

literature of psychoanalysis, thirty-one in all. The most noteworthy was Psychoanalytic Investigation of and Therapy in Borderline Neuroses, published in 1938. This important contribution stated Dr. Stern's conviction, from his clinical experience, that the classical technique of analysis did not fulfil the therapeutic requirements in the borderline neuroses. He found that it needed the modification of more active supportive therapy among patients with weakened ego structures and severe preœdipal pathology.

Born in Hungary November 11, 1879, Adolph Stern came to this country at the age of seven in 1886. He attended public schools in New York City, and graduated from City College of New York in 1898 with a B.A. degree. He received his M.D. from the College of Physicians and Surgeons at Columbia University in 1903. After interning at the King's Park State Hospital for two years, and serving a residency at Mt. Sinai Hospital from 1905-1906, he engaged in the private practice of general medicine in the Bronx for several years. He was simultaneously working on the neuropsychiatric staff of the outpatient department of Mt. Sinai Hospital.

During these years he met and married Mamie Hallow. Their marriage was a very happy one of mutual devotion.

Recovery from his critical illness in 1955 gave Adolph Stern a new lease on life, and he resumed active practice. Knowing that his energies were limited he left the work of the Institute to younger colleagues and in the role of instructor emeritus dedicated himself to his greatest interest: working with patients afflicted with borderline neuroses. He now preferred the more active rapport therapy such patients require.

These last years were among the happiest of his life. He lived quietly with his wife in a hotel apartment in New York, and worked in his office four days a week; they spent long week-ends and summers at their country home.

Adolph Stern was a resourceful pioneer, a warm friend, and a dedicated physician who, with his quiet forcefulness, contributed vital stability to the young, struggling science of psychoanalysis in America.

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Schreber: Father and Son

William G. Niederland

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SCHREBER: FATHER AND SON

BY WILLIAM G. NIEDERLAND, M.D. (NEW YORK)

Previous studies of the Schreber case, begun several years ago, led me to postulate two crucial events in Schreber's adult life as the factors precipitating both his illnesses *(9)*. His candidature for the *Reichstag* in 1884 was in my view the precipitating cause of his first psychosis, and his promotion, almost a decade later, to the position of *Senatspräsident,* of the second. I also called attention—among the various as yet obscure aspects of the case history—to the markedly different course and outcome of the two illnesses: the one relatively mild and transient in character ending in recovery after less than a year; the other rapidly developing into a severe, lifelong psychosis. Freud *(3)* was uncertain about this difference but was inclined to attribute the course and outcome of the second psychosis to the male climacterium because Schreber was in his early fifties at the onset. I laid stress on the events mentioned above and suggested that in both illnesses, 'under the impact of a threatening reality which imperiously demanded of Schreber an active masculine role in life, his latent passive-feminine tendencies broke into consciousness, and he fell ill' *(9)*.

In studying the case I limited myself previously to the *Denkwürdigkeiten,* to Freud's famous analysis *(3)* of it, and to the subsequent contributions of other authors, among the most notable those by M. Klein *(7)*, Katan *(4, 5, 6)*, Nunberg *(11)*, Baumeyer *(1)*, Macalpine and Hunter *(8)*. I then began to extend my investigations and to include certain findings pertaining to the life and work of Schreber's father *(10)*. As unfortunately Chapter III of the *Denkwürdigkeiten,* dealing with Schreber's early family relationships, was deleted as 'unfit for publication', and as very little else is said in the book about its author's childhood or adolescence, I pursued another route of investigation to acquaint myself, if possible, with some circumstances of Schreber's upbringing.

Having learned that Schreber's father had been a prolific writer,[1] I reviewed as many of his printed works as I could find in the libraries and collections accessible to me, altogether nine out of almost twenty written by Schreber senior. I also read several editions of the *Ärztliche Zimmergymnastik (14),* mentioned in the son's memoirs as well as in the analysis of the latter by Freud. I extracted further supplementary data from a published biography of the father *(13),* from unprinted biographical material which I received from Germany,[2] and from a rather detailed obituary written by L. M. Politzer *(12)* a few months after the elder Schreber's death in 1861.

Though the material reviewed by me is by no means insignificant in volume or content, I wish to make it clear from the outset that data are still scarce and so far add up to little objective information about the son's early life. As fragmentary as these newly gained data are, they nevertheless appear to be not entirely devoid of meaning or interest for the psychoanalyst and the psychiatrist familiar with Freud's analysis of the *Denkwürdigkeiten.* Some of these data may enable us—as Freud had suggested—to trace certain details of Schreber's delusions to their sources and to correlate a number of hitherto obscure passages in the description of his delusional system with certain ideas, principles, and the lifework cherished by his father.

Daniel Paul Schreber was the second son of a social, medical, and educational reformer. The father, Dr. Daniel Gottlieb Moritz Schreber[3] (1808-1861), was a physician, lecturer, writer, educator, and clinical instructor in the medical school of the University of Leipzig. He specialized in orthopedics and later became the medical director of the orthopedic institute in that

[1] I am greatly indebted to Dr. Norman Reider who lent me two of the elder Schreber's books from his personal collection and also called my attention to Politzer's obituary.

[2] I wish to express my gratitude to Dr. F. Baumeyer and Mr. F. von Lepel, both of West Berlin, for some of this material.

[3] In some of Dr. Schreber's books the middle name is spelled Gottlob instead of Gottlieb.

Saxon city. He was particularly interested in problems about the upbringing of children, physical culture, methodical body building through gymnastics, preventive medicine, school hygiene, and public health. Politzer *(12)* called him 'a physician, teacher, nutritionist, anthropologist, therapeutic gymnast and athlete, and above all, a man of action, of tremendous enthusiasm and endurance . . . '. Freud, in speaking of Schreber senior, stated that 'his memory is kept green to this day by the numerous Schreber Associations which flourish especially in Saxony. . . . His activities in favor of promoting the harmonious upbringing of the young, of securing coördination between education in the home and in the school, of introducing physical culture and manual work with the aim of raising the standards of hygiene—all of these activities exerted a lasting influence upon his contemporaries. His great reputation as the founder of therapeutic gymnastics in Germany is still shown by the wide circulation of his *Ärztliche Zimmergymnastik* [Medical Indoor Gymnastics] in medical circles and the numerous editions through which it has passed.'

It is evident that in describing the father's fame and work, Freud refrained from saying more about the man's personality; nor did he mention any of the other books published by Dr. Schreber. This was in conformity with Freud's 'policy of restraint' explicitly stated in his monograph, a policy to which Freud both wisely and deliberately adhered while writing about the memoirs of the younger Schreber. It is most likely due to this rule of restraint that Freud spoke of Schreber senior in the general terms that he did. Several of Dr. Schreber's children and members of his family, Professor Paul Flechsig, and others were still alive at the time of Freud's publication. It could hardly have escaped Freud's attention that there was more to this remarkable man, his character, influence, and work.

As almost fifty years have passed since the appearance of Freud's paper and nearly a century since the elder Schreber's death, we are today in a position to deal more fully with the raw material provided by the father and the son. Unhampered

by Freud's need for restraint, we can endeavor to amplify, with the help of the additional information now available, certain analytic observations pertaining to the famous case. More specifically, I propose to focus attention on those correlations between paternal and filial mental productions which have not hitherto appeared in the psychoanalytic literature.

One of the popular books written by Dr. Schreber was published in Leipzig a hundred years ago. It is a guidebook for parents and educators. Its long-winded title reads: *Kallipædie oder Erziehung zur Schönheit durch naturgetreue und gleichmässige Förderung normaler Körperbildung (15).* Several equally verbose subtitles are added to the main title. After the author's death the book was reprinted and renamed The Book of Education of Body and Mind; it was also called Dr. Schreber's *Erziehungslehre.* I have chosen this volume for particular consideration because it is almost exclusively about the upbringing of children from infancy to adolescence and also contains passages which indicate that the methods and rules laid down by Dr. Schreber were not merely theoretical principles offered in book form for the public, but that they were also regularly, actively, and personally applied by him in rearing his own children—with telling effect, as he reports with paternal pride. Indeed, he ascribes to his use of these methods a lifesaving influence on one of his children. The main body of Dr. Schreber's educational system is condensed in his often repeated advice to parents and educators that they should use the maximum of pressure and coercion during the earliest years of the child's life. He emphasizes that this will prevent lots of trouble later on. By subjecting the child at the same time to a rigid system of vigorous physical training and by combining methodical muscular exercises with measures aimed at physical and emotional restraint, both bodily and mental health will be promoted.

A more detailed scrutiny of the book permits us to form some tentative ideas about the early upbringing of young Daniel Paul and the general setting, emotional and otherwise, in which he grew up. The reproduction of a few illustrations from Dr.

Schreber's *Erziehungslehre* will serve better than words to indicate the nature of his educational methods and their forceful application by him.

As Dr. Schreber seems to have been obsessively preoccupied with the posture[4] of young children, especially with active measures aimed at developing and maintaining the straightest possible posture at all times—whether standing, sitting, walking, or lying—he constructed certain orthopedic apparatus to achieve these ends. In his instructions concerning the posture of children between two and eight years of age, he is very strict and demands that children of this age group acquire and maintain a tensely erect posture *(eine straffe Haltung)*. In another passage, referring to the same age group as well as to older children, the great importance of an absolutely straight and supine posture during sleep is stressed.

Figure I shows Dr. Schreber's apparatus for the enforcement of this posture during sleep and its application *in situ*. Figures II and III illustrate the enforcement of a straight posture in the sitting position by means of Dr. Schreber's *Geradehalter*. About the latter we are told by its inventor that 'it is made of iron throughout . . . preventing any attempt at improper sitting. . . . It comes in two forms, one recommended for private use [in the home] and one, in a more simplified form, for use in schools, particularly for the first two grades in elementary school.' Later the *Schreber'sche Geradehalter* was further modified by his friend and co-worker, Dr. Hennig, as shown in Figure IV. Another of Dr. Schreber's body building and muscle strengthening inventions is the *Pangymnasticon,* the construction and application of which are described in a special volume entitled 'The Pangymnasticon, or the whole gymnastic system condensed into one apparatus, or all gymnastic exercises brought within the compass of a single piece of apparatus as the simplest means for

[4] It is possible that this preoccupation stems from the frail state of health which seems to have afflicted Dr. Schreber in his own youth. The biographical material contains a few oblique references to this as well as to his small stature. These circumstances may have contributed, I believe, to his great devotion to physical culture, calisthenics, fresh air, etc.

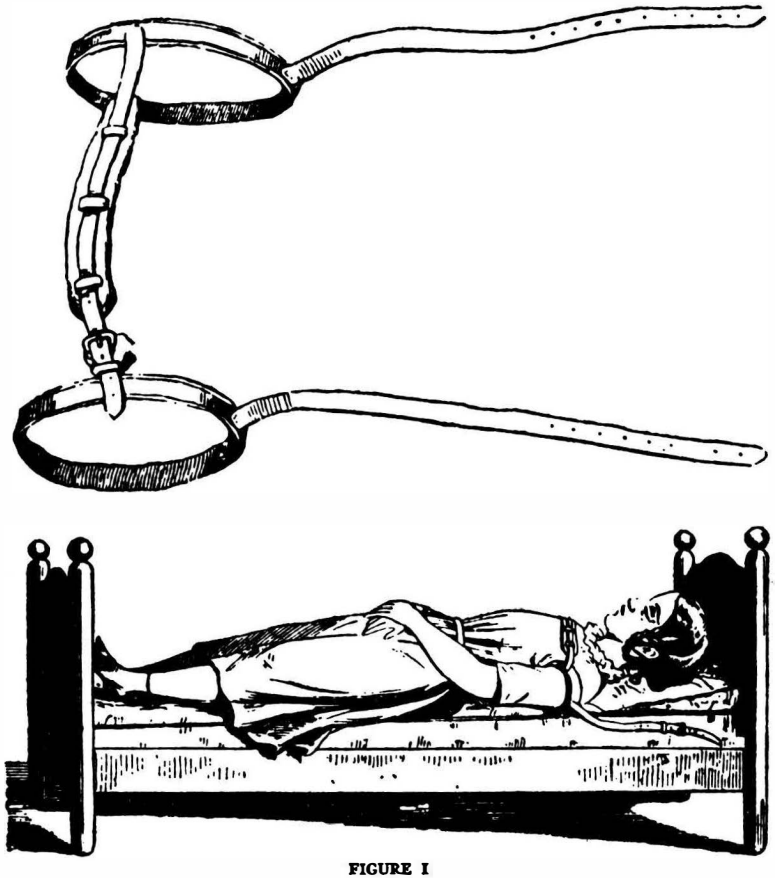

FIGURE I

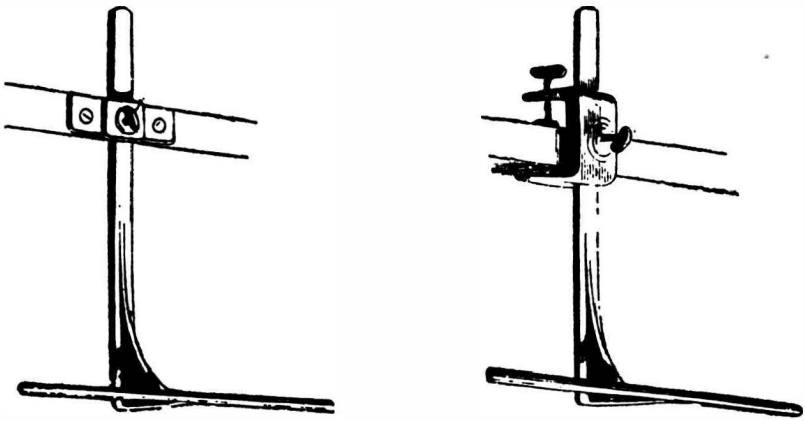

FIGURE II

FIGURE III

FIGURE IV

FIGURE V

(The figures are photostatic reproductions taken from Dr. Schreber's printed works.)

the complete development of muscular strength and endurance' *(16)*. These books like several others by Dr. Schreber are filled with anatomical illustrations and numerous figure drawings showing the human body in a variety of positions, gymnastic exercises, etc. It is noteworthy in these drawings that when the body is horizontal the figure is usually also drawn rigid (Figure V), and the text emphasizes both posture and endurance.

Besides elaborate prescriptions for daily gymnastics and methodical calisthenics, in word and picture, we find in the *Erziehungslehre* detailed rules for every action during almost every hour in the regular routine of the child's life. There are minute and inflexible instructions for the child's behavior, for its orderliness and cleanliness which 'must be made the supreme law', for specific walking exercises through which the child is ritualistically put before breakfast or lunch, with 'no deviation allowed from the once established procedure', and with immediate punishment threatened if the child does not strictly follow the rules. In that case 'breakfast or lunch is to be withheld from it'.

In a lengthy paragraph, 'systematic and constant admonishments as well as exercises' are recommended for the proper pronunciation of words and syllables. Great care has to be taken that bad speaking habits, such as 'smacking of tongue and lips, inhaling noisily through the nostrils, sniffling through the nose during the act of breathing are energetically put down'. Equally to be combated are 'the beginnings of passion' which from the very start require *direktes Niederkämpfen*. Disciplinary measures including corporal punishment are indicated at the slightest infringement and 'at the earliest age . . . because the ignoble parts of the child's crude nature must be weakened through great strictness'.

Dr. Schreber then reminds his readers that they should never forget to compel the child, when it has been punished, 'to stretch out its hand to the executor of the punishment'; this ensures the child 'against the possibility of spite and bitterness'. He recommends that a blackboard be hung in the children's

room on which should be recorded each child's act of disobedience, forgetfulness, etc., throughout the month. 'At the end of the month, in the presence of all, a family session should be held' before the blackboard, and punishment or praise, as the case may be, should be given to each child on the basis of the marks and notes recorded. Finally, he assures parents and educators that the docility and submissiveness of children brought up in this fashion will be such that there will be no need for a continuation of this treatment after the fifth or sixth year of life; nor will parents have to worry, he adds in another chapter, about *gefährliche stille Verirrungen,* that is, that the child will masturbate later on.

To estimate the influence of such paternal precepts and disciplines on the son, it is well to bear in mind that a century or so ago similar notions were widely held, in medical and nonmedical circles, and we owe to Spitz's historical survey of masturbation *(17)* a graphic description of such ideas. The very popularity of Dr. Schreber's books proves the point. Spitz points to the sadism 'characteristic of the campaign against masturbation' during the second half of the nineteenth century and to the practices of mechanical restraint and corporal punishment which were given strong support by many authoritative physicians at that time. With due allowance to the *Zeitgeist,* it is nevertheless obvious that the father's psychopathology as evidenced in his writings must have had a direct and presumably massive impact not only on the public who held his writings in high esteem for several decades, but especially on his own family.

At least three biographical facts can be adduced to demonstrate the accuracy of this assumption. First, Dr. Schreber was a reformer who by his own admission drove some of his children, presumably his sons more than his daughters, into a state of complete submission and passive surrender, making them the earliest targets and examples of his aggressive efforts aimed toward the development of a better and healthier race of men. Although the authoritarian regimentation of children with its

emphasis on coercing disciplinary measures was probably typical of the country and the era in which Dr. Schreber lived, it is a matter of record that the straps, belts, and other forms of mechanical restraint were his personal inventions. They obviously sprang from his own pathology, were recommended and applied by him, rationalized as educational reform, and at least some of his children were subjected to this 'holy' purpose. In fact, the frequent exhortations in Dr. Schreber's books against the 'softness' of life, the 'decadence' of the world, and the threatening degeneracy of youth—his often repeated warnings and appeals to parents, educators, school and government authorities —indicate themselves that such regimentation of children was even then becoming outmoded. That, analytically speaking, Dr. Schreber was crusading against masturbation and other *gefährliche Verirrungen* leading to physical and mental 'softness' in children, does not require further elaboration. That the violent, sadistically tinged methods used by him in this fight prevented at least one of his children from establishing an identity for himself, particularly a sexual identity, is recorded throughout the *Denkwürdigkeiten.*

The second assumption that there were strong sadistic components in Dr. Schreber's personality and behavior does not rest on the material extracted from his books alone. It receives direct support from an independent contemporary source. One of the medical reports on Daniel Paul Schreber which Baumeyer *(1)* recovered in Saxony some years ago has an annotation which reads: *'Der Vater (Schöpfer der Schrebergärten zu Leipzig) litt an Zwangsvorstellungen mit Mordtrieb'*. ('The father [founder of the Schreber Gardens in Leipzig] suffered from compulsive manifestations with murderous impulses.') In a personal communication, Dr. Baumeyer has expressed his agreement with my opinion that this illuminating statement contained in the medical report of the Sonnenstein Asylum, where the son was confined after his second breakdown, must have been based on information given to an attending psychiatrist in the Asylum by some close member of the Schreber family, be-

cause the father had died more than thirty years before the entry was made.

My third biographical point refers precisely to Dr. Schreber's death and to what seems to have preceded it. In the late 1850's, probably in 1858 or 1859, Dr. Schreber suffered, according to his biographer, Ritter *(13)*, a serious accident when a heavy iron ladder fell on his head in the gymnasium where he did his customary calisthenics. He seems never to have fully recovered from the sequelæ of this injury which are described by Ritter as 'a protracted, chronic head condition, the exact medical diagnosis of which is not known'. The biographer then raised the pertinent question as to 'whether actually this ladder accident or possibly a severe nervous breakdown' unconnected with the head injury may have been the basis of his illness. A letter written by one of Dr. Schreber's daughters *(1)* to the Sonnenstein Asylum in 1900 also mentions 'the fall of an iron ladder in the gymnasium on the head [of the father] some months before the onset of a strange disease of the head', and she hints that there were some marked changes in the father's character. At any rate, the cautious wording 'strange disease of the head' and Ritter's outspoken allusion to a breakdown seem to indicate a mental illness, or at least an undiagnosed illness accompanied by prevalently mental symptoms, which began when the father was fifty or fifty-one years of age. He died—and here we have the clinical diagnosis and the date—of intestinal ileus on November 10, 1861. A later autopsy revealed a perforation of the intestines in the area of the appendix.

Comparing now the data about the illnesses which afflicted both the father and the son as each of them entered the sixth decade of life, and reviewing further the characteristics of certain mental productions of both men, it becomes difficult to avoid the recognition of some noteworthy similarities in the two. The father, following an injury to his head, falls ill in his fiftieth or fifty-first year with what his daughter and his biographer alike call a strange disease of the head *(Kopfleiden)*. He

dies at the age of fifty-three. The son, Daniel Paul, also becomes sick at the age of fifty-one and his chief symptoms initially are complaints about his head, softening of the brain, that he would die soon, etc. In November 1893 he is admitted, with his second and chronic disease, to the Leipzig University Psychiatric Clinic where he makes a suicidal attempt that same month. Two years later, when he has reached the age of fifty-three, he records in his memoirs a marked deterioration of his condition in these words: 'The month of November, 1895, marks an important time in the history of my life. . . . During that time the signs of transformation into a woman became so marked on my body that I could no longer ignore the imminent goal at which the whole development was aiming. . . .'

Though the sick son does not explicitly say so in this passage, we know that the development of which he speaks was aiming at the union of himself, as a woman, with the deified father. At the age of fifty-three, he connects this delusional goal chronologically with the month of November, the month his father died at fifty-three. Scrutinizing the medical reports found by Baumeyer *(1)* further, one notes perhaps with some initial surprise that the three important hospitalizations in the younger Schreber's life occurred in or about the month of November, in different years of course, but all because of rather acutely developing mental symptoms necessitating his hospitalization just then. To be sure, coincidental factors cannot be ruled out; nor can it be ignored that the onset of the first two illnesses leading to hospitalization followed, on each occasion, those external life events which were discussed in some detail in my previous paper *(9)*. But had not also the father's mental difficulties and overt nervous symptoms followed an external event in *his* life, namely, the sudden head injury in the gymnasium? Could not then those external events in the son's life, especially his rather sudden and emotionally highly charged promotion at the age of fifty-one, have been unconsciously equated by the patient to the very 'blow on the head' which struck the father with such deleterious consequences at approximately the same age? In his

memoirs the son time and again speaks of all sorts of blows directed at his head, often in connection with noise and spoken words.

Be that as it may, there are other factors to consider with respect to the introjected paternal image which remained 'enshrined' in the son's ego and whose 'release' can be traced in part through the chapters of his memoirs. (I am borrowing these graphic terms from Bychowski's formulations of the mechanisms here involved [2].) In one of the very few passages in the *Denkwürdigkeiten* in which the son refers to his father's work directly and in an undistorted fashion, he mentions the *twenty-third* edition of the paternal *Ärztliche Zimmergymnastik*. It is therefore worth noting that the memoirs consist of *twenty-three* chapters, including the introduction, and not counting the various postscripts and addenda. The finished manuscript of the memoirs was handed to the Saxonian Court of Appeals (which had to decide on rescinding the tutelage) in precisely *twenty-three* copybooks written by the younger Schreber, and the latter countered one of the main objections in court against their publication with the following pointed argument recorded in the legal proceedings: 'The publication of the Memoirs is planned, according to preliminary agreement with the publisher Nauhardt in Leipzig, in the form of a contract on the basis of a commission, *the same form of publication in which his father's Medical Indoor Gymnastics appeared . . .*' (italics added).

As the father's writings were prompted by his missionary zeal to spread information on physical health and body building everywhere so that a stronger race of men would result (the father's *Erziehungslehre* was expressly dedicated to the welfare of future generations), so the son, during his illness, appears to have been driven by the introjected paternal image in the direction of the same aspirations. In the introductory remarks to and in various chapters of the memoirs he expresses his certainty that the publication of his experiences of miracles, God, rays, etc. will be a blessing to humanity. His sole aim, he declares, is

to spread truth and further knowledge for the good of mankind. The father, with no little apostolic grandeur, strives for the development of better health and hygiene in an earthbound way, as it were; the son in his delusional elaboration of these precepts does so in an archaic, magical way. The father's books are replete with anatomical illustrations and figure drawings. The sick son, during the years of hospitalization, often draws human figures on paper and fills pages of his own book with ruminations on drawing and sketching.

Throughout the *Denkwürdigkeiten* there are numerous references to God's 'writing-down-system' which the patient himself finds 'extraordinarily difficult to explain to other people . . . as it belongs even for me to the realm of the unfathomable'. I am inclined to trace the origin of this divine 'system' to the father's handwritten notes, manuscripts, books, lectures, and to see in it also the psychotic, regressively deified elaboration of the paternal blackboard which, with its ominous marks and notes, probably played such a menacing role in the patient's childhood. To this 'writing-down' method originally used by the father and later taken over by the son, we owe in some measure the appearance of the memoirs. Long before he began writing the full text, he kept notes in shorthand, jotted down his thoughts and experiences on scraps of paper, later making annotations in copybooks. If he had not made ample use of 'God's writing-down-system', the *Denkwürdigkeiten* would possibly never have been published, at least not in their present form.

It seems therefore permissible to think of the memoirs as representing, in a sense, the younger Schreber's complex struggle for identification with his father as well as his battle against it, a struggle which accompanies and intensifies his homosexual conflict, so clearly elucidated by Freud. With this premise we can attempt to arrive at a fuller understanding of those bizarre ideas in the son's delusional system which, directly or indirectly, appear to be derived from the introjected paternal image, and which constitute archaic elaborations of certain paternal characteristics and procedures, as experiences introjected early in

life and later 'released' in the memoirs by the son. The introjection of his autocratic father's methods re-emerge as delusional or hallucinatory entities in the son's archaic regression and are recorded by him in a number of autobiographical, relevant, but usually quite obscure passages throughout the *Denkwürdigkeiten.* Many of the divine miracles of God affecting the patient's body become recognizable, shorn of their delusional distortions, as what they must originally have been modeled on: the infantile, regressively distorted image of the father's massive, coercive as well as seductive manipulations performed on the child's body, as represented in Figures I through V.

The father's apparatus of belts and body straps give new sense and meaning to such divine miracles as 'being tied-to-earth', 'being tied-to-celestial-bodies', or 'fastened-to-rays'. The 'chest-compressing-miracle', described in the memoirs as one of the most horrifying assaults against his body, also becomes clearer if viewed in its relation to the paternal apparatus shown in Figures II and III. The 'coccyx miracle' repeatedly mentioned in the son's book refers, I believe, to the strict rules governing sitting down enforced by the father. The seductive character of these paternal manipulations is clearly shown by the expression *'Menschenspielerei'* (play-with-human-beings) which Schreber connects, even in his preface, with the miracles and the stimulation caused by them. Other miracles which during the early years of hospitalization affected the son's 'whole abdomen, the so-called *putrifaction of the abdomen',* caused the *'obstruction of my gut',* and apparently gave him the feeling of 'being dead and rotten' (italics in the original). These seem to refer to the shocking impact of the terminal ileus to which the father quite suddenly succumbed. The very night of his death the father had been scheduled to lecture before the Leipzig Pedagogical Society. The son was then nineteen years of age.

As is well known from psychotic patients, and as I have shown elsewhere with regard to Schreber *(9),* the latter was by no means without insight into some of these connections. About

his identification with the father he states for example: 'God is inseparably tied to my person through the power of attraction of my nerves. . . . There is no possibility of God freeing Himself from my nerves for the rest of my life.' In another passage he writes: 'I had the "God" or "Apostle" . . . in my body, more specifically in my belly'. Note that the word 'apostle' is used directly here by the son. In German idiom, the father was a *'Gesundheitsapostel'*.

Of particular interest in the father's *Erziehungslehre* is the emphasis on early and massive bodily stimulation (through manipulations, exercises, appliances, etc.) which, at a somewhat later age, is combined with religious observations and practices. The child should be taught, Dr. Schreber explains, to turn 'at the end of every day its mind to God, to review the feelings and actions of the day . . . in order to mirror its inner self in the pure rays of God, the loving and universal father . . .'. Dr. Schreber also recommends the mandatory teaching of human anatomy in direct conjunction with religious education in public schools. Several italicized pages in the concluding chapters of the *Erziehungslehre* deal in a rather obscure and mystical way with *dem rein Göttlichen* (the purely divine) and with the merging, in truly religious feeling, of two types of *Strahlen* (rays) to a point of complete union. Whether these notable passages in the father's work formed a sort of starting point for their later elaboration by the son into the equation *rays=father=God,* and also into the Schreberian divine hierarchy with its florid anatomical-religious peculiarities is difficult to decide, though I am inclined to see also here important interrelationships which invite further investigation.

After having clarified the meaning of some of these obscurities in Schreber's memoirs, we may also understand more fully a few of his frequent complaints. When he protests, for instance, against 'the enormous infringement of man's most primitive rights', or when he accuses Professor Flechsig that 'you, like so many doctors [father], could not completely resist the temptation of using a patient as an object for experimentation',

we may legitimately connect the feelings here expressed with the massive coercive aspects of his early upbringing. By way of pointing more sharply to the patient's own wording, I am also inclined to see in these statements a confirmation of my earlier stated view that Dr. Schreber, the father, physician, educator, and reformer, quite likely chose his male children as objects for his reformatory 'experimentation', as the son so aptly puts it. In fact, the first son, Gustav, committed suicide; the second son, Daniel Paul, became psychotic and later 'the most quoted patient in psychiatry' *(8)*. The three daughters apparently remained well. This outcome, completely unknown to Freud, essentially corroborates Freud's main thesis about the case.

Freud who presumably had no information about the patient's childhood nevertheless discovered from the memoirs that their author must have found 'his way back into the feminine attitude which he had exhibited toward his father in the earliest years' of his life. Freud also postulated on purely theoretical grounds that the brother might have been older than the patient. We now know that Freud was correct on both counts.

As incomplete as these more recently accumulated data still are, they enable us to clarify a number of obscurities in the *Denkwürdigkeiten* and to throw new light on certain peculiarities in Schreber's delusional system. In reconstructing and retracing the early elements of this case history, our next task will be to focus further attention on the early traumatic relationship with the father, on the nature and genesis of the divine miracles, and on the meaning of the cosmic myths common to both father and son.

SUMMARY

A preliminary study derived from a biography, nine of seventeen or eighteen published works, and other material related to the lifework and character of the father of Daniel Paul Schreber is presented. It yields a number of facts that permit partial reconstruction of certain childhood influences and later events in the life of the author of the *Denkwürdigkeiten* which became

part of his delusional system. It also makes clear the source of some of the hitherto obscure passages in the son's record of his psychotic delusions.

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Influences Determining Types of Regression

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INFLUENCES DETERMINING TYPES OF REGRESSION

BY MAY E. ROMM, M.D. (BEVERLY HILLS)

Many factors influence the type and depth of regression. One is the severity of traumatic experiences; another is the age at which they occurred; finally, the degree of ego weakness at the time that it is assailed, by either relatively common vicissitudes or by shocking environmental events, is a very important influence.

I should like to present three clinical examples of regressive phenomena of two types—affective and somatic. They are connected with the infantile omnipotent phase, the oral-anal phase, and the œdipal phase of development.

CASE I

The patient, a married woman of twenty-four, first sought therapy because she was extremely unhappy. Nothing gave her satisfaction in life. Husband, children, luxury, awareness of her very good looks and considerable talent, left her angry, envious of others, and depressed.

She was an only child. Her parents had few interests outside the home, devoting their entire time and attention to the patient until she married. She was a beautiful child upon whom the parents doted. When they attempted to discipline her, no matter how mildly, she reacted with such severe temper tantrums that invariably she was given her way. As a woman she had an inordinate need to possess, and practically no capacity to love. She seemed genuinely appalled when she could not immediately have anything she wanted. Nothing prevented her from manipulating the environment ruthlessly—neither regard for others, consequences to herself, nor any moral or ethical considerations.

Presented at the Panel on Technical Aspects of Regression During Psychoanalysis, at the Midwinter Meeting of the American Psychoanalytic Association in New York, December 1957.

During the first five years of therapy, which was sporadic, she attempted suicide at least six times. She was treated by several therapists because she spent a good deal of time in various places away from home. In several of the suicidal attempts she came close to losing her life. Evaluation of the dynamics of her suicidal impulses disclosed her infantile, low threshold to frustration of any sort, and her fantasy that death would lead her to a state in which her pleasure would surpass any she could possibly attain during life. She had an intense curiosity about what lay beyond death. It was eerie to hear her describe her longing for this state. Her pleasurable anticipation as she talked about it was demonstrated in her lively expression, the tonal quality of her voice, and a joyful animation which seemed to permeate her very being. Inconsistently, she constantly indulged in magical devices to preserve her youth. She was convinced that hormone injections would keep her young indefinitely, and that exercises would keep her in perfect physical health. For months on end, during practically every hour of the day, she was devoted to doing something which she hoped would keep her in a state of perfection.

She was almost completely frigid sexually. On occasion she could achieve a clitoral orgasm by manipulating her clitoris with the aid of an electric vibrator. Her reaction to her inability to reach an orgasm during intercourse was most intense. She emphatically stated that life held nothing for her because she could not be sexually satisfied. She discarded the vibrator because it gave her merely a clitoral orgasm. She preferred to have none if she could not attain a vaginal orgasm.

Her few dreams were completely narcissistic. There was little evidence of a transference. Each session was a recital of her grievances, her need for isolation, and her determination to get whatever she wanted.

It was abundantly clear that whenever she was called upon to participate beyond a minimum in adult living, she regressed to an infantile, narcissistic, magical state of omnipotence. She was convinced that through the magic of a suicidal death she could

step over into an environment so propitious as to gratify all these cravings.

CASE II

A woman of twenty-six came to be treated for severe gastrointestinal symptoms. It soon became evident that her presenting symptoms masked her inability to permit herself any other feelings. She described that since her childhood she had 'floated through life' as if she were a zombi.

She was an only child whose mother became pregnant when, realizing that her marriage was in danger, she believed that having a child might cement the marital relationship. When the patient was not quite two years of age, the mother who was always ill became worse and put the child completely in the care of her sister and brother-in-law. The child was apparently treated well. Her father visited her at irregular intervals, but the mother very rarely. When the patient was five, her aunt gave birth to a little girl. The patient, after over a year of treatment, recalled vaguely that this baby had represented a threat to her. Even at that age she had some kind of an awareness that she had no right to feel jealous because her aunt and uncle were not her real parents.

When she was seven her mother's health improved and the child resumed living with her parents. The first night at home, before she fell asleep, she had an 'odd' sensation which led to the thought or feeling, 'I must never, never love anybody, because if I did I would be given away'.

The child's exploitation by her parents, especially the mother —whose illnesses undoubtedly stemmed from her inability to function as a wife or mother—was so flagrant that it appeared unbelievable as the patient first related it. The father explicitly told the child that it was her responsibility, now that she was growing up, to take over the care of the sick and demanding mother. He was away from the home as frequently as he could possibly arrange to be.

In all phases of her development, socially and during her schooling, the patient gave the impression of maturity. At eight-

een she married a young man toward whom she was indifferent. Because her mother enjoyed the social prestige of the young man's family, the daughter was made to feel it her duty to marry him. The marriage lasted three months. The husband was violent and abusive. After a divorce she returned to her parents. Two years later she again married a man toward whom she felt nothing. He was an attorney who took an interest in the mother's miseries and the mother pushed her daughter into the marriage for her stated desire for the benefit she would derive by having a son-in-law who would be devoted to her. This marriage also ended in divorce, and the patient again returned to her parents.

In the treatment it became apparent that in her precœdipal development she was justifiably so flooded with anxiety, and so thwarted in her need to be wanted and loved, that in her despair her sense of self-protection caused her to suppress an awareness of the libidinal investment that is essential for the œdipal stage of development. What should have been her œdipal phase found her groping toward objects who seemed to have provided little beyond her physical needs.

She was sufficiently bright that, until she married, her ego was sustained by investing her energies in intellectual and artistic pursuits which required no deep emotional involvements. Her interests, as she put it, were 'in ideas, not people or things'. Confronted with sexuality at eighteen, she regressed to early fixations. Needless to say, she was sexually frigid. She had no recollection of ever having masturbated. For a time after her first marriage she developed a curious symptom. Whenever she was particularly troubled, she became anesthetic to changes of temperature: her body felt neither cold nor hot, whatever the atmospheric variations.

During the second year of treatment this quiet, shy, inhibited, introverted young woman began to dream of violence and destruction. She intensely resented sharing the therapist with anyone. The intensity with which she resented her mother, who had robbed her of her childhood and interfered with her rela-

tionship to her father whose love she had so much wanted, became clear. She dreamed that her father brought her a gift. Her mother became angry and told the patient that she would have to return it to the store where it was bought. The patient defied her mother and, clutching the gift, went away accompanied by the analyst. The father became clearly in her dreams her love object and finally appeared in a dream disguised as a man who was wooing her and who kissed her. She was elated to have had unmistakable feelings of affection.

Memories associated with her somatic symptoms pointed to the fixations to which she had regressed in her emotional anesthesia. She recalled that at the age of three she would withhold her feces and, while riding a tricycle, the pressure on the anus produced an intensely pleasurable sensation. In her early teens she developed colitis, took innumerable enemas, and was proctoscoped a number of times. During periods when her second husband neglected her, she would overeat to the point of exhaustion. She would then feel dirty and compelled to bathe immediately. She spontaneously realized that she had substituted eating for sexuality and equated both with being dirty. The ablutions were attempts to wash away the desire, the act, and the guilt entailed. Her masochism expressed itself in biting the inside of her cheeks to the point of mutilation, nail biting, and picking her face unmercifully. She had sexual fantasies of being tied in the position of crucifixion and sexually assaulted, but not penetrated.

A repetitive dream was of trying to get to someone from whom she was separated by a wall she could not break through. She frequently awoke as she was beating the wall. Another dream was of a little girl of seven who was in trouble. It was at that age that she had returned to live with her parents.

This patient proves that however unfavorable the environment, and tenuous the attachments, once achieved in infancy the œdipus can be re-evoked and worked through in a psychoanalytic transference. The predominance of hysterical symptoms made this a likelihood from the outset. Its revival in the transference was represented in dreams. In one dream her fa-

ther was a loving, giving parent. In another dream her father, the analyst, and her sweetheart were fused in one person. This patient ultimately fell in love and had a mutually satisfactory sexual relationship with her partner.

CASE III

A twenty-eight-year-old married man, an only child, complained of great tension, outbursts of temper, and fear of recurrence of a gastric ulcer which had healed. His symptoms subsided during a period when he talked in analysis about his early life, described his work, and his dissatisfaction with his marriage. He described himself as a person who could not feel close to anyone, excepting only his daughter.

After several months he gingerly approached the subject of sex, to which he reacted with an intense headache. Subsequently, the mention of sex either by him or by me precipitated a headache of such severity that he moaned and could hardly speak. He frequently grasped his head with both hands and rocked from side to side. Veering away from this subject—and later from the subject of his feelings about his parents, especially his mother—decreased the headache.

From the son's birth, his father had demanded that the patient be put solely in the care of a stern, disciplinary nurse who was so possessive of the child that the mother was almost totally excluded. The two women fought for the possession of the boy during his infancy and early childhood. As he grew older his nurse would punish him whenever she found him playing affectionately with his mother. He recalled having had a craving for the affection of his mother who could give him very little as the household was dominated by his tyrannical father.

On the morning of his fourth birthday, the boy went downstairs and found his father ushering out guests with whom he had been playing cards all night. The son went to his father and said, 'Daddy, today is my birthday'. 'Don't bother me; go upstairs', the father brusquely commanded. From then until adolescence the only relationship he had with his father was

when, at the insistence of his mother, the father punished him either by 'tongue-lashing' or by physical abuse.

When he was six years old his mother succeeded in getting rid of the nurse, much against the wishes of her husband. She undertook to train the patient in deportment and polite forms of social behavior. She tried to rule and possess him completely; played on his emotions by telling him that she almost died giving birth to him, that she lived only for him, and was sacrificing her life for him. He caught the implication that she remained with his father—to whom she alluded always as a powerful but inferior person—only because of her son.

Until he was past puberty, his mother inspected his nude body daily, much to the boy's embarrassment. After he was in bed she would charge into his room to make sure his hands were outside the covers. One evening on finding his dog in bed with him, she accused him of masturbating with the dog. This mother's intense erotic interest in her son was exceeded only by the reaction-formation against it which she acted out on the boy. The patient sensed her seductiveness as well as her possessiveness. He both adored and feared her. He ran away from home on several occasions. Each time he was whipped and told that he was killing his dear mother who loved him more than life itself. To these reunions he reacted with intense remorse and guilt.

At thirteen, when his mother saw him in the company of a girl his own age, she chastised him severely. His father, at the instance of the mother, gave him a lecture, the essence of which was that women seduce men, get them in trouble by becoming pregnant, and trap the poor men into marriage for life. The patient reacted with great anxiety and ran away from home. The police apprehended him in a neighboring state. The father beat him and his mother hysterically prophesied that he would become a bum, a pervert, and a monster who would end in jail. The patient then drank some iodine and was rushed to a hospital. For a period, the pressure from his mother lessened.

In his young manhood he courted a young woman with whom

he felt he was in love, but he was also having casual sexual relationships with other women. When he decided to marry, his mother mobilized all her forces to prevent the marriage. Hysterically, she pleaded, accused, threatened, and prophesied doom if he should marry. The patient, determined to marry, nevertheless made such inordinate demands on his fiancée that they quarreled and she broke the engagement. The patient ran away. He soon married a woman with whom he had had an abortive affair when they were both sixteen.

It was, in fact, impossible for him to have an amicable relationship with any woman. He distrusted all women, identifying them with his mother. His defense was a negative withdrawal and a displacement to the woman of his hostility toward his mother. While he railed unmercifully at his mother, he soon disclosed that he was enslaved by his love for her. He introjected all her criticisms of him and felt he was worthless. He feared to expose his unconscious lest he discover that he was a 'homosexual, a bum, a thief, a bastard, a horror, and a monster'.

His first dream was of being in a plane flying at great speed. The plane suddenly turned into a couch moving backward. He woke up shrieking, 'I can't trust you'. In his erotic transference to the analyst, she represented his mother, as did every woman in his life.

His daughter was born while he was living in a city removed from his parents. He had wanted the child. While she was an infant he and his family moved to the town where his parents lived. When his wife suggested that they have another child, his reaction was one of sheer rage. It took many months for him to realize that it was not having another child that he resented but that he could not now tolerate having his wife pregnant. The thought that his mother would see for herself that his wife was pregnant, and would know that he indulged in sex, threw him into a panic.

His headaches became excruciating. He recalled that his mother beat him and called him a masturbator and a pervert when, after his first nocturnal emission, she discovered the stain

on his sheet. The patient could not recall ever having masturbated. He wept and cried out with pain in his head as he related that at about eighteen years of age he wrote love letters to his mother. He said he had always had two women in his life: first his mother and his nurse; then his mother and a woman psychologist when he was in his teens; now his mother and the therapist. He stated that whenever he had intercourse with his wife he was compelled immediately to cleanse his genitals thoroughly. Most of his dreams were œdipal, not only in the latent but in the manifest content as well.

> He dreamed he was talking on the phone with his father. He became aware that his father was in bed with his (the patient's) wife. He tried frantically to disconnect the phone in order to wipe out the vision of this horrible scene.

One of his associations to this dream was that whenever he had sexual relations, especially with his wife, he felt that his mother was watching him.

> He dreamed he was with a young actress. She said to him, 'You must sleep with my mother'. He got into bed with the older woman and was appalled to find that she had testicles.

He associated to this how strong and dominant his mother was; that I appeared to him at times to be similar to his mother.

> His father had died. His mother was going to marry someone younger. The patient was disturbed, but thought it might make her happy. He awoke in terror as he realized the younger man was himself.

He said that whenever he had intercourse with his wife he felt he betrayed his mother.

> The patient was in bed with the analyst, who was wearing his wife's nightgown. He could not move; he was paralyzed. He knew the analyst was determined to trap him. The dream changed and he was having a nocturnal emission. The analyst said she was shocked. The patient suddenly became blind; he was in total darkness. He had a feeling of horror as he awoke.

He associated the blindness with being punished, and with a wish not to see his problem.

> He was taking a shower. His mother was turning on the water. It was either too hot or too cold.

The patient's resistance to therapy centered a long time around his belief that he could not trust the analyst. He wept hysterically, pounded on the wall, threw an ashtray across the room, and literally bellowed about his severe headache. He stated as his fear that the analyst would 'sell him down the river' —that she had no interest in him. Suddenly he said on one occasion, 'You are just like my mother. I hate my mother. I hate you. I hate my dog. Mother was good to me until I began showing signs of puberty and then she hated me. I want to be a little boy and love my mother and be loved by her. I love my mother better than anyone on earth. She is beautiful and brilliant.' Shortly after this outburst he brought in the following dreams.

> He had a tremendous erection. Someone was about to chop it off. He awoke in terror. He went back to sleep and dreamed that he was an infant in a pool with his mother. She was holding him and bouncing him in the water. A nurse jerked him away from her.

Several weeks later he had another dream.

> His wife had died of cancer. He was then with his mother. She took him visiting and he was very good and polite. He and his mother were then in her bedroom. She was sitting at a desk and the patient was on the floor leaning his head against her lap, feeling very happy and comfortable. Suddenly his little daughter came into the room and said, 'Get off the floor, you are my papa'. He became furious at the intrusion and awakened.

He struggled between wanting to be more successful than his father and wanting to regress to childhood and relive his œdipal relationship with his mother. Throughout childhood he was surrounded almost exclusively by women. He had nei-

ther a father nor a father surrogate. The almost clandestine love play with his mother, while the menacing nurse and the father hovered in the background, made it more seductive and exciting. 'Mother and I were one', he said, 'no one could possibly separate us'.

During latency when his interests in school and play might have developed, his mother took complete possession of him. In the transference he felt, almost in a delusional way, that my voice was in his head constantly admonishing him. Even as he ranted that women had destroyed his life, he stated that when he was eighteen he had determined to be treated by no one but me. He stated that he had once been introduced to me at a social function, and that a year later he had had one interview with me. He was then about to depart for military service and wanted to ensure that when he came back I would treat him. The reason he gave for this choice was that he felt he could never talk to a man about his sexual problems, his feelings about his mother, and his fear of homosexuality. It seems more probable that he was seeking another mother who would be devoted to him without threatening him.

These three cases have certain points of similarity. Each one of these patients was an only child. None recalled ever masturbating. The first patient was wholly narcissistic and totally frigid; the second patient was vaginally frigid. The male patient functioned sexually provided that he fantasied it was with a prostitute. All women who were not prostitutes tended to become fused with the image of his mother.

The first patient's narcissistic fixation was so intense that she either fled from treatment whenever a transference threatened to develop or, more likely, she was incapable of forming one. In the second case, the latent transference was first obscured by symptoms, and it emerged only when her defensive resistance against permitting herself to have any affective relationship was resolved. The male patient's œdipal fixation was so massive that (although puberty impelled him to flee repeatedly from the then direct threat of emasculation or literal sexual seduction by

his mother) he sought in the transference to perpetuate his idealized image of the devoted, affectionate mother to whom he unconsciously longed to return.

Regression occurs, to a greater or lesser degree, throughout life. According to Jones[1] regression is a reversion of mental life in some respect to that characteristic of an earlier stage of development, not necessarily an infantile one. Freud[2] stated that regression is not the consequence of a constitutional but of a time factor; also that it constitutes the ego's first success in its struggle of defense against the demands of the libido. Fenichel[3] stated that 'When a new development meets with difficulties, there may be [regressions] in which the development recedes to earlier stages that were more successfully experienced. Fixation and regression are complementary to each other. . . . The stronger a fixation, the more easily will a regression take place.' Excessive satisfaction and excessive frustration both create fixation for different reasons. Abrupt changes from excessive satisfaction to excessive frustration are apt to intensify the fixation.

In psychoanalytic therapy the patient relives previous frustrations, and in the process may acquire the courage to regress and to re-experience the traumatic events of the past. This affective working through frees the encapsulated energy that is bound in the fixation points and, provided the ego is not flooded with excessive anxiety, produces therapeutic results.

The regression which is a major part of the symptomatology of neuroses and psychoses is, in a broad sense, an attempt of the individual at self-cure. It may be compared to the dynamics of the dream in which the ego can ordinarily cope with inner threats and prohibited wishes. If the dream work neutralizes or sufficiently modifies the conflict with the ego, the individual

[1] Jones, Ernest: *Papers on Psychoanalysis.* Baltimore: Williams and Wilkins, 1948.

[2] Freud: *The Problem of Anxiety.* New York: The Psychoanalytic Quarterly, Inc. and W. W. Norton & Co., Inc., 1936.

[3] Fenichel, Otto: *The Psychoanalytic Theory of Neurosis.* New York: W. W. Norton & Co., Inc., 1945, p. 65.

remains unaware of it. During the process of psychoanalysis the transference provides sufficient support to the ego to permit regression which is then evaluated by interpretation, enabling the patient to correlate his current symptoms with the past influences in his development which led to the symptom-formation.

While sufficient external frustration can cause any individual to regress, in most instances it is internal frustration that brings the patient to treatment. The individual with relatively strong fixations is much less able to endure frustrations because he is unable to wait for more favorable circumstances; in not having available the energies that could be directed toward modifying his environment to achieve reasonable goals of direct satisfaction or of sublimation, regression is the only path that promises a relief of his tensions.

SUMMARY

Three clinical cases are briefly presented as a basis for some observations about the factors that determine regression. These are related to traumata which cripple ego development, and to fixations which bind the psychic energies that are necessary for healthy development.

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Discussion of a Dream Pair Reported by a Patient with Early Essential Hypertension

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DISCUSSION OF A DREAM PAIR REPORTED BY A PATIENT WITH EARLY ESSENTIAL HYPERTENSION

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In Emotional Factors in Hypertension, Alexander[1] stated: 'The comparative study of a series of cases suffering from essential hypertension indicates that chronic, inhibited, aggressive hostile impulses, which always appear in connection with anxiety, have a specific influence upon the fluctuations of the blood pressure. Furthermore, it suggests that patients suffering from hypertension have a characteristic psychodynamic structure. This consists in a very pronounced conflict between passive, competitive, aggressive hostile impulses which lead to fear and increase a flight from competition toward the passive dependent attitude. . . . Characteristic for the hypertensive patient is, however, his inability to relieve freely either one of the opposing tendencies: neither can he freely accept the passive dependent attitude nor freely express his hostile impulses. A kind of emotional paralysis can be observed which results from the two opposing emotional attitudes blocking each other. . . . One of the best founded discoveries of psychoanalysis is that impulses which are inhibited in their expression sustain a chronic tension which is apt to have a permanent—or we may call it a tonic —effect upon certain physiological functions. This is the etiological theory of the psychogenic organ neuroses. An acute elevation of the blood pressure is part of the normal reaction to acute rage and fear.'

The patient whose dreams are discussed in this paper was a man of forty-five, married, the father of three children. He held a very important position as the head of a food processing com-

Presented before the Society for Psychoanalytic Medicine of Southern California, November 1958.

1 Alexander, Franz and French, Thomas M., Editors: *Studies in Psychosomatic Medicine.* New York: The Ronald Press Co., 1948, p. 292.

pany. He sought help for 'relative impotence' (ejaculatio praecox) not of his own volition but because his wife, who was in treatment with another therapist, insisted that his symptom was psychogenic and was seriously interfering with their marital adjustment.

The patient was the second of three children, having a sister three years his senior and a brother five years younger. He was born in South America and came to the United States when he was seven years old. His birth occurred while his father was employed away from home and he stated that he was an accidental result of one of his father's visits to their home where his mother conducted a general store in a small village. The patient was quite well aware that she was the stronger of his parents. He had little memory of his childhood before his arrival in the United States. He worked in his father's clothing store in a small western town from the age of seven until he reached high school, at which time he became self-supporting and quite independent through jobs which he obtained on his own initiative. Most of these jobs related to or were connected with food and feeding. This aggressive independence led him through buying and selling candy and sweets, ownership of a restaurant, and finally to the high position he ultimately attained in which both his father and mother were employed by him. He served two years in the armed services, during which he conducted a liquor business on the side and netted a profit in excess of his army pay.

He arose at three A.M. six days a week, had his breakfast near his place of business, arrived at work about four-thirty A.M., and then worked continuously until about five P.M. He almost never took any time off, rarely permitted himself any vacations, and only to please his wife would accompany her to parties or the theater, often allowing himself three to four hours of sleep. On Sundays he usually arose early and often found some business project which required his attention. He was a very intelligent man with no interests outside his business. Reading was his only recreation. He had no interest in games or sports.

This patient had a calm, quiet, even disposition. He rarely, if ever, felt angry about anything. He 'mothered' his children and all of his employees. He took an interest not only in his employees' work but in their lives and saw to it that they saved some money for a 'rainy day'. Whenever opportunity presented, he came to the rescue of older men who were in difficulties, and he willingly managed the business affairs of his women relatives without any compensation. He visited his parents two or three times weekly, and never had a hostile thought about either his mother or father. In fact, he had no hostile thoughts or feelings about anyone. He had no tender feelings for anyone either, with the possible exception of his youngest child, a son. He professed tender feelings for his wife but he never exhibited such feelings. He stated he was in perfect health, was never sick, and had not seen a doctor in several years. I became suspicious of the history, particularly when he mentioned not long after coming to see me that he had been having occasional headaches upon arising. I suggested that he see his internist, have a complete physical examination, and that a confidential report be sent to me. The report stated that the examination revealed no significant findings except in blood pressure readings and that the patient was suffering from 'beginning essential hypertension (probably psychogenic in origin)'.

During his therapy an extremely large percentage of the dreams he reported involved food, although he never expressed any conflict in the dreams about food.[2] He was neither frustrated *nor* satisfied. There was usually a background of dining rooms, restaurants, food stores, and kitchens.

The following pair of dreams was reported in the ninetieth hour of therapy. They occurred on a Saturday night or early Sunday morning.

In the first dream, he was arguing with his father.

He awoke with a slight headache but was able to go back to

[2] *Cf.* Alexander, Franz and Wilson, George W.: *Quantitative Dream Studies.* This QUARTERLY, IV, 1935, pp. 371-407.

sleep until about five A.M. when he awoke again with a violent piercing headache which did not respond to aspirin and he was not relieved until he took a large dose of aspirin, codeine, and phenacetin. He then remembered the second dream.

> He was driving with his wife on a boulevard. She asked him to get some papers out of the safety deposit vault for his aunt. He told her he could not do so because he had left his keys at home. Suddenly the whole street about him was blown up with a great explosion and fire was raging all around them. He thought only of his youngest son who was home in bed, and that he must rush to rescue and protect him.

To the first dream, his associations were that since his last visit with me he had, on one of the very few occasions, disagreed with his father: 'I told him he was quite wrong in one of his business conclusions'. The second dream reminded him that he had attended a large banquet with his wife, mother, and father the evening preceding the dream and that he ate too much rich food. He always carried his keys in his pocket and had never been known to leave them at home. Once, as a young boy, about ten years of age, he saw a building blow up. He was far enough away not to be in any danger and could see materials ascending and descending in the air. He was not frightened. Every morning before going to work he pulled the covers up over his son and kissed him goodbye; he left the house without giving any attention to other members of the family. The aunt in the dream was actually not his but his wife's mother's sister. She was the same age as the patient's mother. She had been quite promiscuous as a young woman, had had many affairs, and had married a man much older than herself after finding she was pregnant by him. She had an emotionally sick daughter who was at that time in psychotherapy. The patient could not think of any reason to be angry with his father, his mother, or his wife; nothing had happened to stimulate any hostile feelings.

At this point I reminded him that his first words at this particular session were: 'It's been a long time'. This was a reference to the fact that his previous session had been changed to accom-

modate another patient, making the gap between appointments two days longer than he had anticipated. The reason for the change in appointments had been discussed with him. He had mentioned the change in the time of the next session to his wife and she had asked why he did not stand up for himself. He had brushed off her comment with the remark that it made no difference to him so why should he make it difficult for my secretary to arrange my schedule.

The first dream would appear to be a reaction to a previous suggestion by me that his cranial symptom might be related to repressed anger and that he was telling me (as a father figure) that my suggestion was wrong. This dream then prepared the way for the night terror which followed.

The stimulus for the dream now appears clearly to relate to the frustration of his dependency which was brought about when my secretary and I changed his appointment and his hour was given to another patient. The papers in the dream probably refer to the slip of paper my secretary gave him each week designating the time of his appointments. He repressed all his anger according to his repetitive pattern and the explosion took place *within,* i.e., upon himself.

In the dream he thought of rescuing his youngest child (with whom he identified) from the results which his rage, if expressed, might precipitate. That is to say, he was interested only in protecting himself against his own anger. The only method he had ever utilized was that of repression. In the night terror the keys were at home; the key to his emotional conflict was in his home—his symptom. (In an earlier dream he had represented his penis as a powerful, destructive weapon, a cannon.)

The question which immediately presents itself is why is this man so fearful of anger, why does he have to repress and deny any feelings of hostility. We might expect that he had been severely intimidated in his early life, but there was no history of such intimidation. His father was a kindly man who never punished him physically. There was no memory that his mother or anyone else had done so either. On the contrary—and this

may be a quite sufficient explanation of his great feeling of insecurity—neither parent had ever exhibited any overt feelings of love or affection either. He was never embraced or kissed by his mother or father; he could not remember any particularly happy or sad days during his childhood; he could not recall any happy experiences, any specific toys, celebrations, or other pleasant events. The only direct interest shown in him was when he was encouraged to be independent, work hard, and to save his money. He was, in other words, taught to seek security only in the realm of industry which would give him financial security. His whole concept of security was, and remained for him, work and money. Any feeling of aggression had to be repressed because it would lead to complete rejection or, as the dream illustrates, to total destruction.

As Alexander so well expressed it, such a patient can neither accept his passive dependent impulses nor can he express his hostile ones. As a result of the blocking of two opposing emotional attitudes, an emotional paralysis ensues.

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An Unusual Fantasy in a Twin with an Inquiry into the Nature of Fantasy

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AN UNUSUAL FANTASY IN A TWIN WITH AN INQUIRY INTO THE NATURE OF FANTASY

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This paper has a twofold purpose. It presents a fantasy not uncommonly encountered in a certain type of 'borderline' patient who shows pronounced feminine identifications and demonstrates how such a fantasy throws light upon the ego structure of the patient. Secondly, it inquires briefly into the nature of fantasy in general.

Toward the end of the second year of analysis, a thirty-three-year-old man haltingly reported a fantasy. 'When a man has intercourse with a woman, he puts his penis in and then the danger comes. That's why a woman bleeds—because she holds the bleeding stump. She clamps down on it and nips it off and then holds the penis in her until her period, when she bleeds. The bleeding is from her and from the bloody stump—in that way she also loses it so that she doesn't have it anyway. That's why I felt so brave when I first put my penis into that black hole, but I want to get out as quickly as possible so nothing happens to me.'

Verbalizations such as this from a patient have long been called fantasies. However, the actual definition of fantasy is unclear in psychoanalytic literature; it is one of the many terms loosely used for a wide range of phenomena. In nonanalytic usage, Funk and Wagnalls New Standard Dictionary (1952) provides a definition that is adequate even if not completely acceptable in analytic thinking. The relevant part of the definition is as follows: '. . . 3: (Psychological) The form of representa-

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tion that brings before the mind images as such, severed from their ordinary relations: in this sense very commonly spelled phantasy. (1) Any mental representation or image of a whimsical, bizarre, or grotesque character. Fantasy is particularly active (1) in wakefulness, in reverie, abstraction, intoxication, delirium, and insanity. And (2) in sleep, in dreaming, somnambulism, and hypnotism.'[1]

Actually, this definition applies to what are commonly known as daydreams. When dynamic functioning is considered, such a definition does not take into account all that is known and is, in fact, inaccurate since the images of a fantasy can be reconnected with their unconscious relations. Then their character is seen to be no longer grotesque or bizarre. Such a definition, however, points up another aspect of fantasy that is of great importance in psychoanalytic ego psychology, namely, that fantasy is a form of mental production and fantasying is the form of mental activity leading to the production of fantasy. There is a continuum of such mental productions ranging from unconscious fantasy, night dreams, daydreams, and imagination through thinking (problem solving) to abstract thinking. In ordinary analytic usage, fantasy is applied to the first part of this series, while thinking and abstract thinking are not in general classed with fantasies.

Since the term fantasy is used to include such a range of mental phenomena, some means of clearly differentiating these phenomena is needed. It is not common usage to speak of daydreams or imaginations, but analysts reporting cases often speak of fantasies of a patient, meaning daydreams. We can distinguish different meanings of fantasy by differentiating between basic fantasies which are unconscious, pervade the whole character, and influence both the development and final form of the ego,

[1] The dictionary adds that phantasy is from Old French. It was spelled with *F* in pre-Renaissance England, but the *Ph* replaced *F* from the Greek 'phaino' with the revival of Greek learning in Renaissance England. In many of the writings of English authors, phantasy is used for unconscious mental productions, while fantasy is equated with conscious, daydreamlike productions. This differentiation does not appear in the American analytic literature.

and those more conscious daydreamlike products which are derivatives of the basic fantasy.

The fantasy reported by my patient has the bizarre or grotesque character specified in the dictionary definition. It is not, however, described by the definition once given by Freud *(5)*: 'ideas that are not destined to be carried into effect'; nor by the definition (derived from Freud) used by Fenichel *(2)*: 'as long as thinking is not followed by action, it is called fantasy'. The fantasy of my patient did not give rise to symptomatic action. There was, on the contrary, an inhibition of action which for some time prevented him from having intercourse with any woman. The fantasy emerged into consciousness only when he began to have intercourse, and it appeared partly in reaction to the intense fear that he felt and his recognition of the unreasonable nature of this fear. The fantasy (which I had suspected might exist before the patient explicitly expressed it) made its appearance in the analysis at a time when his mother had been robbed of her jewels in a burglary; his sympathy was not with his mother for her loss, but rather with his father, for to the patient the theft seemed to be a loss for his father. He believed that the jewels had been extorted and squeezed out of father over the years by mother, 'out of his life's blood', and father had been helplessly forced to permit this. Much more important in the patient's analysis than the inhibition of action resulting from this fantasy was its effect on his character, an effect evident long before he told the fantasy.

The patient was one of identical twins. His twin brother, he claimed, was born three and a half minutes (the briefest possible time) after his own birth. He and his twin brother were inseparable until they went to different colleges; after the first year each transferred to the college of the other twin. During their years in the army they managed to remain together, often by breaking army regulations. Many of their experiences were shared, whether of women or travel, and in fact it was this closeness of the twins that brought the patient into analysis. The twin brother had sought help and had been referred to another

analyst.[2] The patient appeared soon after, saying that if his brother needed help, he must also. But although the two were always together, they were not equal partners in their activities. My patient was the more passive, the more submissive, and the more feminine in all their activities. When they lived together at the start of their analyses, it was my patient who kept house, did the laundry, and made the purchases of food and prepared it. His twin brother gave the orders, partook of the food, and had nothing to do with such 'feminine' household activities. This sort of relationship had existed also in their childhood. Whenever the boys got into a fight, it was the twin brother of my patient who was the better fighter and would come to the assistance of his 'weaker' brother. Around the house when they were children, it was my patient who was good, helping mother to keep the house clean and neat, thereby following in mother's footsteps, while the twin was untidy and disorganized, following in father's footsteps. To my patient, the twin brother was in all ways superior—in intelligence (although their averages were apparently identical in college), in physique, and in earning power. Only occasionally over the years in their relationship with each other would my patient turn the tables; when in extreme anger while fighting, he would defeat his brother. In their overt homosexual activities, it was my patient who took the initiative and performed active fellatio on his twin brother. But my patient was more punctual, more prompt in payments, neater, more honest, and more generous than his brother.

There was much confusion in my patient's mind as to where the boundaries between himself and his brother began and ended. He did not know really whether he was himself or his twin brother. For example, as my patient was standing on a street corner waiting for a bus and watching his reflection in a store window, he became uncertain whether he was seeing himself or his brother. Suddenly the image that he saw was perceived as that of a beautiful woman with a glamorous figure.

[2] The contemporaneous analyses of this twin pair by analysts working independently but reporting to the same third analyst will be reported later.

He then knew that the reflection was himself. This hallucinatory experience showed not only that his self-representation was incomplete, but also that it was distorted. It was not clearly defined, but rather one that fused the brother and a female figure.

In his object relations, the same confusion existed. He tended to make a twin out of everyone he met, both women and men but particularly the latter. In the transference, he of course attempted to make a twin of the analyst. The nature of this process in the patient was well illustrated by his reaction to a separation from his brother. At the end of a year of analysis he impulsively went to live by himself after no longer being able to deny his homosexual relationship with his twin brother and his dependency on him. The patient would then, while lying in bed in his own apartment, assuage his loneliness by looking into the mirror. He could tell himself that his twin was with him. During the same period he began to eat large meals and frequent snacks, and to gain weight. This was an overdetermined symptom that, among other meanings, signified becoming big like an admired older brother who he believed became heavy because he too had been one of a twin pair with a mate now existing inside him. My patient's eating served also to incorporate the twin brother and thus not really give him up, and at the same time to protect them both as he feared that either alone would perish. Finally, this symptom represented an attempt to gain the brother's strength and he referred at this point to his twin being 'my cock and balls', which he could have by taking them in. At this point he suddenly realized that the seeds of poppy seed rolls, which were his favorite snack at the time, were equated by him with sperm.

It was clear also that this introjective mechanism was commonly used in his relations with others. It showed itself in the transference; he believed himself like the analyst because he read the same magazines as the analyst. He would stare fixedly at the analyst for a moment before leaving his session; this represented to him a visual taking-in of the analyst, thereby obtaining strength to last until the next session. Coupled with this was an

extensive use of projection as a defense so that any of his 'bad' impulses were invariably attributed to others. His projections were at times combined with denial (see Waelder [20]), so that when homosexual tendencies toward the twin brother were first emerging into consciousness he developed a paranoid reaction which subsided only when the homosexual wishes were fully in the open.

These mechanisms of course dated from the earlier stages of his development and were used in the service of his desire to have the maternal breast completely for himself. His thought was that there would not be enough milk to feed the twins. Therefore he would be deprived and he must, to protect himself, get as much as possible for himself. This wish resulted in conflict between his insatiable greed and his fear that, were he to succeed, his twin brother would disappear and die, a desired and feared result. Thus after their separation the incorporation of the brother was to serve both to make him disappear and to protect him from the patient's own oral aggressive wishes. Whenever he spoke of the mother or at times of the twin brother and of their demanding attitudes toward him (really his demanding attitude toward them), he would grind his teeth and gnash his jaws in an active chewing movement.

This patient existed in a constant rivalry situation, usually created by himself. This reflected his earliest object relations. From birth onward, he was always in competition with another equal, the twin brother. This had far-reaching effects not only in his development at the oral stage, but also later at the œdipal period. He was extremely fearful of his father and dealt with this fear by making him disappear for a long time in the analysis. The mother had swallowed him and mother was both mother and father. This represented in part his wishes toward the twin brother, and later toward father as an œdipal rival.

One of his most frightening screen memories, from the age of four or five, was of seeing a small girl urinating in the back yard. He was unsure of what he had seen and called his twin brother to confirm or deny it. At home voyeuristic tendencies were more

than gratified by an exhibitionistic, seductive mother. He described many scenes of her parading around the house in a light negligee and his horror at the sight of her genital. He was never, however, really sure of just what he actually saw and even after his marriage he would impulsively reach down to his wife's genital to feel the phallus that he was certain was there. He was also aware at an early age of mother's menstruation and was unable to account for this phenomenon. Very early he overheard the primal scene and on occasions, at the age of seven or eight, acted it out with his twin brother. Masturbatory activities at an early age were also recollected. He would masturbate usually with the image of himself as a masculine person actively seducing a woman, but occasionally the role would be reversed and he was the woman who was being seduced.

In the home the mother was dominant, as were the other women of his family in their respective groups. He well knew that the power of these women was derived from their husbands. This fact confirmed his impression that women gain their strength by stealing it from men. In his family, this contest between the sexes centered around money, which in his unconscious was equated with masculine phallic power. Yet the seemingly inescapable fact remained: women are penisless beings. As the screen memory of the little girl unfolded, she was seen not urinating but moving her bowels, and to him the stool coming out represented a phallus. This became linked in another way to his own bowel movements, during which he would suddenly tighten his anal sphincter and have the feeling of nipping off 'what was coming out'; this he related to his fantastic image of the woman's *vagina dentata* biting off the male phallus. The basic energy of these fantasies and confusions came from his own oral aggressive drives seeking gratification of an intense incorporative greed. This drive was denied and projected, but was manifest in many of his actions.

To return to the fantasy in the form in which it was first presented, we now see that it is compounded of elements from all levels of development, as well as defensive maneuvers against

these various components. Basically, the patient's fantasy, in the wish-fulfilment language of the primary process, is, 'I want everything for myself', but the fantasy becomes elaborated through projection, denial, and identification so that it is not he who wants everything but rather a woman. At the same time, conflicts from the phallic and œdipal stages of development are dealt with in the fantasy in accordance with the same wish fulfilment: he has father's phallus and he does not have it. The woman's possession of it is denied and undone, for the 'she' of the fantasy gives it up periodically so that she does not have it and the man retains it. This represents both an equation of breast, stool, and phallus, and a displacement downward from the mouth to a cloaca. The fantasy takes into account the bleeding that puzzled him. He denies a sadistic concept of intercourse, for the woman is the aggressor; however, no one is harmed, for the valued organ is returned to the man. Everyone is satisfied. The patient too is satisfied, for his oral and anal drives are gratified and his castration fears are allayed through denial, for to him the woman does possess an organ.

Thus in this fantasy it is possible to see the action of elements from various levels of development, from various aspects of ego functioning, and even from the superego. The fantasy also served a defensive function. Essentially it denied his oral greed, his fear and desire for castration, and his aggressive tendencies. Through the fantasy he was able to maintain an equilibrium in his ego by a splitting of the ego, such as is described by Freud *(13)* and by Jacobson *(16)*. For the fantasy also served his bisexuality by identifying him with a woman who is receiving the attentions of a man and by also identifying him with a man who is being seduced and attacked by the woman. Thus the split between the reality that he knows and his fantasy is maintained and an attempt is made at reconciling both aspects.

From the days of his earliest work, Freud considered the role of fantasy in mental functioning and in symptom-formation. He paid less attention, however, to the exact definition and

nature of fantasy than to the influence of fantasy on mental development, and of mental development on the formation of fantasy. Even today in much of the clinical literature emphasis is placed, and rightly so, on the mutual interaction between fantasy, ego development, and symptom-formation (see Arlow [*1*], Gero and Rubinfine [*15*], and Rosen [*19*]).

In Freud's letters to Fliess *(4)* he described fantasies as 'psychical outworks constructed in order to bar the way to memories', and suggested their role in hysteria, paranoia, and other states. In 1905, Freud defined fantasies as 'ideas that are not destined to be carried into effect' *(5)*, but earlier he called them 'imaginary memories' *(6)* with the implication that they are untrue and unreal. Later, in A General Introduction to Psychoanalysis *(10)*, he explicitly stated the importance of the 'psychic reality' of fantasy; actually, this psychic reality follows from Freud's early realization that the seductions described by his patients were fantasies, not true external events.

In 1908 Freud *(7)* discussed the nature of fantasy and connected it with the 'so-called daydreams of adolescents', adding that fantasies are 'wish fulfilments, products of frustration and desire', linked with dreams. Fantasies, he said, may actually be unconscious as well as conscious in nature, and as soon as they become unconscious they may become pathogenic. Unconscious fantasies 'have either always been unconscious and formed in the unconscious, or more often they were once conscious fantasies, daydreams, and have been purposely forgotten and driven into the unconscious by "repression" '. He added that fantasies 'which are now unconscious are derivatives of fantasies which were once conscious'. It follows from this that fantasies proceed not from unconscious to conscious but rather from conscious or preconscious daydreamlike thinking into the unconscious, where they exist in a somewhat altered form.

In 1911 Freud *(9)* recognized that fantasying is an early form of thinking that continues in the service of the pleasure principle (the wish-fulfilling function of fantasy) even after the reality principle gains sway over the developing ego. In this regard, he

used one of his wonderful metaphors: he compared this pleasurable type of thinking that co-exists with 'reasonable' thinking with the existence of certain tracts of land set aside for general amusement by a nation, such as Yellowstone or Yosemite Parks.

During the early years of his investigations, Freud's main interest was in exploring and demonstrating the importance of fantasy in the creation of neurotic symptoms, dreams, and other mental products, but at the same time he showed the role of defense against such fantasies. In hysteria, for example, he showed how the symptom is a compromise between an unconscious fantasy striving for discharge and the defense against such a discharge. But in spite of, or because of, the importance of fantasy in this regard, he also investigated the nature of fantasy. In The Relation of the Poet to Daydreaming *(8),* he said, 'unsatisfied wishes are the driving power behind fantasy; every separate fantasy contains a fulfilment of a wish and improves on an unsatisfactory reality'. In the same paper he also stated that the products of this impulse toward fantasy are not stereotyped or unchangeable, but on the contrary fit themselves 'into the changing impressions of life and might be called a date stamp'. Such a statement is true in regard to the manifest form of conscious daydreams, but as these are analyzed the stereotyped form of the unconscious fantasy emerges (see Anna Freud [*3*]).

In our everyday work as analysts we use the term fantasy without being exactly clear as to what we mean. We may refer to what are actually daydreams or may refer to more basic fantasies of an unconscious nature that are manifested in behavior, character traits, or symptoms. To be exact we should differentiate further between unconscious fantasies, imaginations,[3] and daydreams, perhaps reserving 'fantasy' for the unconscious images and 'daydream' for their conscious representation. These three forms of mental activity have certain characteristics in common and certain points of difference. All, for example, represent attempts at wish fulfilment and all arise from the prototype of the

[3] This term is used to mean both imaginative play of children and imaginative thinking of adults. It is akin to creativity, but is not quite the same.

hallucinated breast which in our construct of mental development is assumed to be the first form of mental activity of the very immature ego. That the hallucinated breast fails in its wish-fulfilling function with consequences for the development of the sense of reality is beside the point. It represents the first form of mental activity and is the first fantasy produced by the growing human organism. However, aside from the factor of wish fulfilment, the three forms of mental activity differ in certain respects. Fantasies of an unconscious nature represent tendencies to wish fulfilment but by virtue of repression come under the domination of the primary process so that they exist in the form of images, feelings, and sensations, although in a somewhat formless state. Daydreams, however, are highly conscious mental activities under domination of the secondary process and often seemingly unconnected with the unconscious fantasy or fantasies from which they are derived; they are a neutralized form of fantasy. Imaginations, as shown by the play of some children, for example, lie somewhere between the two others. They also represent wish fulfilments but, unlike fantasies and daydreams, do not have narcissistic investment but rather are directed more outward and more toward gratification of something in the outside world; they tend only indirectly toward narcissistic gratification. Fantasies often are under the sway of the primary process and strive for immediate discharge of the energies with which they are cathected. To prevent this discharge, when the fantasy is 'ego-dystonic' the ego erects defenses against it so that the unconscious fantasy does not seize control of the ego's executive function and hence gain discharge to the detriment of the organism.

It should also be emphasized that fantasy formation is essentially an ego function, as is also the whole continuum of thinking described above. This is in accordance with Freud's earliest formulations concerning fantasy as a process that occurs at a conscious or preconscious level. Actually it is probable that fantasy-formation takes place in the unconscious part of the ego, as does so much of the thinking process. If we picture the ego,

id, and superego according to the diagram in New Introductory Lectures on Psychoanalysis *(14)*, we may say that fantasy-formation occurs in that portion of the ego closest to the id.

In Freud's paper on the unconscious *(11)*, he described certain functions of the system preconscious which 'belong according to their qualities to the system preconscious but in actual fact to the unconscious'. In his Introduction to Varendonck's 'The Psychology of Daydreams' *(12)*, Freud said that the process of fantasy 'proceeds mostly foreconsciously'.[4] He went on to say that 'even strictly directed reflection may be achieved without the coöperation of consciousness, that is to say, foreconsciously. For that reason I think it is advisable, when establishing a distinction between the different modes of thought activity, not to utilize the relation to consciousness in the first instance, and to designate the daydreams . . . as freely wandering or fantastic thinking, in opposition to intentionally directed reflection. At the same time it should be taken into consideration that even fantastic thinking is not invariably in want of an aim and end representation.'

Kris *(17)* elaborated Freud's remarks and drew further conclusions concerning the nature of fantasy-formation and the energies involved in both formation and discharge of fantasies. He pointed out that various types of preconscious mental processes differ greatly from each other in content and in the kind of thought processes used. They range from 'purposeful reflection to fantasy, from logical formation to dreamlike imagery'. Kris went on to say that fantastic freely-wandering thought processes tend to discharge more libido and aggression and less neutralized energy, whereas the purposeful reflection devoted to solving problems discharges more neutralized energy. In fantasy, the processes of the ego are largely in the service of the id. Not only the id is involved, however, for the superego and 'narcissistic strivings' play their part. The content of freely-wandering fantasies is extended over the continuum of pleasure-

[4] Freud means 'preconsciously'. In this introduction he used the word chosen by Varendonck.

unpleasure. Hence in these fantasies the discharge of non-neutralized libido and aggression is likely to be great. Kris added that in fantasy the discharge of libido and aggression may have, in general, a greater proximity to the id, with more discharge of mobile energy. This factor of discharge of energy accounts in part for the pleasure derived from the act of daydreaming as well as for the sense of relief that a patient may feel.

To illustrate this point, a clinical example may be useful. A twenty-year-old college student reported that while studying for an examination toward the end of an evening of hard work, she stopped and had the following daydream. She was giving a recital as soloist with a chorus; her boy friend was looking on with approval as she did a competent rendition of a particular aria. Immediately after having this daydream, the patient felt intense relief and renewal of energy, so that she was able to return to her work with renewed vigor. This daydream clearly contains the wish that her work might be completed successfully and offers the successful singing as proof that the wish could be fulfilled. Further gratification is obtained by the imagined admiration of her friend. Thus, in this fantasy of the successful completion of her task, she obtains discharge of what we assume to be neutralized energy, allowing for a lowering of the state of tension caused by her overworking on her studies. (This daydream could be further analyzed; it contains the wish not only for successful completion of her current task, but also for triumph over a male, as exemplified by the figure of her friend. The daydream thus reveals certain basic unconscious conflicts and fantasies that she is attempting to deny.)

In contrast to this seemingly simple and successful daydream was a recurrent fantasy reported by the same patient on another occasion. In the fantasy she was married to someone who was forced upon her. He was either killed or in some other manner removed from the scene and she was then free to marry the man of her own choice. This fantasy is much closer to an unconscious masochistic fantasy (a beating fantasy) in which she must first pay some price or penalty before she can receive the

gratification she desires. When this fantasy occurred consciously, it did not bring with it any sense of relief or gratification. In it the energies involved seemed closer to the mobile, nonneutralized id energies and their discharge was blocked.

These examples make clear that the previous schema of unconscious fantasy, imagination, and daydream may in fact be still further refined and a hierarchy of fantastic thinking established. Such a hierarchy must range from the earliest fantasy produced by the archaic ego to those imaginations and daydreams that appear as the ego matures; and these more mature products may in turn be subdivided into those closer to secondary process and those farther from it. For example, in the twin patient described in detail above the hierarchy of fantastic thinking ran from 'I want everything for myself' as the product of the early archaic ego, through the more highly developed and involved product of the maturing ego of the œdipal stage as reported in the analysis, to florid daydreams associated with pubertal masturbation and adult images of himself as a highly successful business man with men and women prostrate at his feet in admiration of his prowess.

At each of these levels of fantastic thought, the product brought forth is influenced by the fantasy which precedes it, by the level of ego development (including maturation, object relations, defenses, and other factors), and by individual experiences, while the fantasy in turn exerts an influence on further developmental processes. Thus there is a mutual interaction between fantasy and character development.

The attempt to distinguish the various levels of such a developmental continuum of fantastic thought raises problems of nomenclature. The earliest or most primitive fantasy might be designated a 'primal fantasy', according to Nunberg *(18)*. The better known and more easily recoverable or reconstructable fantasies which influence later ego structure in a clearer way might be called basic fantasies. In our work we are familiar with many basic fantasies, some so well known that they are

called by such generic names as the family romance, beating fantasies,[5] or the sadistic concept of intercourse. All these represent a cluster of images and affects which are grouped together; often they obey the laws of primary process and constantly seek discharge. By virtue of their cathexes with libidinal or aggressive energies, the pressure of such fantasies for discharge gives rise to defensive maneuvers on the part of the ego. These in turn have great influence on the formation and final nature of the ego structure. Therefore by analysis of such a basic fantasy much can be learned of the analysand's ego structure, as well as of the deeper contents of the archaic ego.

What of the actual structure and nature of the fantasy product in its most primitive form? This we cannot know with our present information and means of investigation. We can know such contents only in the indirect form they take on after they pass through the ego and are subjected to the various activities of the ego organization before being communicated to the observer. Thus what we see as a fantasy, such as the one reported at the beginning of this paper, is really an attempt to state in verbal symbols something that exists in a diffuse, incoherent form, and what we are told is no more than an approximate translation of the impulses, affects, images, perceptions, and other mental processes that underlie it.

CONCLUSIONS

Fantasy activity is of tremendous importance, as has always been known, but it has never been properly defined in psychoanalytic literature. We know it in its various forms—in sleep, in reverie—as the dictionary defines it. We know its function of wish fulfilment, and we know it as a precursor of a series of

[5] Beating fantasies were studied in a recent seminar of Dr. Ernst Kris's Study Group at the New York Psychoanalytic Institute. Clinical evidence showed the existence of basic beating fantasies in patients with frank masochistic beating perversions, masochistic neuroses, and masochistic character neuroses, in whom the basic beating fantasy could only be slowly reconstructed. Dr. Kris commented that beating fantasies are probably a particular form of the ubiquitous fantasy of the sadistic concept of intercourse, and as such can be found in many patients.

kinds of thinking ranging from daydream to logical and abstract thought. And we know how fantasies, by gaining the cathexis of the more mobile energies available in the unconscious ego, strive for discharge and are defended against and warded off, and thus influence the structure of the ego.

Fantasy must be considered a form of mental activity that arises very early in the primitive ego and that progresses toward action but is prevented from achieving action by other ego systems. Fantasy is the first mental activity that deserves the name of thought; for in our construct of the primitive mental apparatus, the fantasy of the hallucinated breast is considered the first form of thinking.

We must differentiate between different levels of fantasy, ranging from primal fantasies and basic fantasies to daydreams. The basic type of fantasy is one that pervades the whole personality and is lived out in the character structure. Basic fantasies influence ego development by means of defenses erected against their discharge, or they are discharged as compromises in character traits, reaction-formations, or symptoms. Some of these fantasies, such as beating fantasies and rescue fantasies, are well known and are referred to by their generic names. When we give such names, however, we often overlook the fact that such a generic usage constitutes a whole complex, including images, affects, and defenses surrounding the basic fantasy. The fantasy itself may also serve a defensive function.

Fantasies continue, as the ego develops, to use as their chief mode of expression perceptions, images, affects, and other sensory processes rather than verbal symbols, which are developed later. Often, of course, a fantasy is stated in verbal symbols to the analyst, but usually it is not 'thought' in that form. The patient is saying, 'this is what it would be like, if we could see it directly', as he does also with other products he perceives emerging from the unconscious ego.

Fantasies, it seems, are cathected with greater quantities of energy than more realistic thinking, but this is more strictly true of fantasies that have been repressed than it is of day-

dreams or imaginations. Daydreams, to use the term of Kris, seem to discharge a more neutralized energy, whereas repressed fantasies discharge a more sexualized or aggressivized energy. Imaginations seem to use a combination of both types of energy. Daydreams can be analyzed and reconnected with the more basic fantasies from which they are derived.

Fantasy, like other types of thinking, is a trial action, but its trials have to do with wish fulfilment and are not directed at reality as much as are more advanced thinking processes. All definitions of fantasy in psychoanalytic literature (including those of Freud and Fenichel) are unacceptable in the light of modern psychoanalytic theory. Definitions based on degree of consciousness or tendency to discharge in action are inadequate, as is any definition based solely on location within the mental apparatus. All fantasies, like any other form of thinking, arise within the ego and are the ego's attempts to respond to an id stimulus or need. Regardless therefore of the location of a fantasy within the mental apparatus, fantasy may be defined as that form of thought that performs the function of wish fulfilment and portrays the gratification of a need of the organism.

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The Feeling of a Deficit in Learning: A Contribution to Ego Psychology

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THE FEELING OF A DEFICIT IN LEARNING: A CONTRIBUTION TO EGO PSYCHOLOGY

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In the course of analytic treatment some patients express an intense feeling of inadequacy in some particular intellectual endeavor. They have explained this deficiency as being based on the circumstance that at a critical time, while they were absent from school, something basic had been taught, thus leaving a permanent deficiency in their understanding or performance in a particular subject. For example, one patient felt that he could never draw or sketch well because the basic rules for holding a pencil were taught in the first grade which he never attended. Another felt the same way about a reading difficulty. In these instances there is the concomitant feeling that nothing can be done or learned later in life to alter the deficit, like baking a cake with one essential ingredient missing. Discussions with colleagues have confirmed the frequency of such feelings in some of their patients, indicating that such feelings are present in compulsive individuals where there is a great need for completeness and perfection. Situations of disorganization or deficiency of performance, real or fancied, elicit anxiety in these cases, as in the 'examination dream' described by Freud. In reality no deficiency in that particular dream subject existed. The dreamer was usually quite proficient in the subject matter with which he had so much difficulty or in which he failed in the dream.

The examination dreams and the missing-the-train dreams which Freud[1] linked together are germane to the present thesis. In regard to the examination dream, the dreamer is reassured about a problem to be faced the next day: 'Don't be afraid; this

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[1] Freud: *The Interpretation of Dreams.* In: *The Basic Writings of Sigmund Freud.* New York: The Modern Library, 1938, p. 387.

time, too, nothing will happen to you'. In the dream of missing the train, the dreamer usually consoles himself about an imminent problem. Feldman[2] has given a libidinal interpretation to these and similar dreams in which the 'failing' and 'missing' are masochistic expressions in the service of the orgastic experience, overt or latent.

Evidence presented here shows that the conscious feeling of having missed something vital to one's psychic and intellectual organization has a relationship to the anxiety dreams referred to above. It is the thesis of the present study that the 'feeling of a deficit' is a screen representation of an inner awareness that something vital was lacking at a crucial time in one's development. It is the ego perceiving itself aware and fearful of its own deficiencies, encompassing the concept of superego lacunae as described by Johnson.[3]

The anxiety related to 'having missed something' may be due to an awareness of a deficiency in the psychic apparatus. Careful studies of the histories of these individuals often reveal that a training deficit was, in fact, a very real one; a deprivation which had weakened the mental apparatus and, as the patients relate, cannot be substituted for later on. In the instances which the writer has studied, the individuals were deprived of regulatory experiences which left them with a fear that they could not control unacceptable impulses. The feeling of a deficit in learning or having missed something earlier is a consequence of this deprivation. The subject or subjects missed at school are screen memories, the painful affects of family conflicts being displaced to them.

A case in analytic treatment demonstrated these mechanisms in a striking fashion. A thirty-six-year-old childless married woman came for help because she felt that she had erred in marrying a passive, ineffectual man who could neither give her children nor provide the kind of home she wanted. She fre-

[2] Feldman, S. S.: *Anxiety and Orgasm.* This QUARTERLY, XX, 1951, pp. 528-549.

[3] Johnson, Adelaide and Szurek, S. A.: *The Genesis of Antisocial Acting Out in Children and Adults.* This QUARTERLY, XXI, 1952, pp. 323-343.

quently became enraged at his inadequacies and lack of ability. She was trained as a nurse and had to work to 'help support her husband' in spite of severe chronic sinusitis which made working a misery for her.

Her early life was characterized by severe deprivation. She had one sister who was fourteen months younger. Her mother had had severe nephritis following the birth of the second child and was bedridden until she died when the patient was five years old. The father's job kept him away most of the time. After the mother's death the daughters were separated and the patient was sent to live with an aunt who had children of her own. She recalls that she was looked upon as a most unwanted burden and was generally excluded from the family circle. A great contrast existed between the care which the aunt gave her own children and that given the patient. 'If I stayed out until midnight, nothing was said. No one cared whether I got into trouble or not.' In spite of this apparent lack of discipline or control, the patient was never truant or delinquent and was considered a model child at school.

In the fourth grade, at age ten, she missed three months of school because of an illness. It was to this absence that she ascribed her feeling of inadequacy in mathematics. She had the feeling that she had missed the keystone of arithmetic taught in her absence, and it left her with a feeling of uncertainty about all mathematical problems.

At the age of fourteen while playing with her cousin, she accidentally injured his head, rendering him unconscious. One month later he died, not of the injury but of rheumatic heart disease. Her aunt openly blamed her for the boy's death although there was no causal relationship. Later, the patient left the aunt's home and went into nurses' training. Here, in pharmacology and related courses the apprehension about her ability to figure out problems related to dosages plagued her, but she completed her courses successfully.

After a tour of duty in the Navy she returned to this country and proposed to a man whom she married in spite of his protes-

tations. She found employment in a local hospital and was assigned to the pharmacy. She got along poorly with her supervisor whom she described as constantly hovering over her like a vulture. This made her work very unpleasant and caused her to feel tense. Another tragedy occurred while she was working there. One day she was given the task of preparing a saline solution for the pediatric ward. The solution which she had prepared caused the death of a child under treatment. It was found that she had miscalculated and had prepared too strong a hypertonic solution. After an investigation she left the hospital and resumed nursing in another capacity. This episode occurred approximately four years prior to her decision to seek treatment. She related the story in a most casual way. She did not connect her previous insecurity about mathematics with the mistake she made in the pharmacy.

In treatment she was frequently tearful about her plight. She openly envied her neighbors who had children and lived such 'idyllic' lives. She felt cheated that she, who cared so much for children, could not have any of her own. She directed much of her attention to her younger sister and became solicitous about the sister's child. She constantly instructed the sister in child care and was especially fearful that the child might be psychologically traumatized as she had been by her aunt. She had intense hostility toward her father who had not provided a proper home for her. In spite of this, at the time of his retirement she took him into her own home and nursed him through a heart attack. At the same time she cursed her fate for being burdened with an invalid father.

She attributed much of her present unhappiness to the circumstance that her husband could not give her children. Again, she was denied what other people have, and to adopt a child would not compensate for the frustration. At one point she flirted and had an affair with her neighbor's husband. She felt justified in this and had some satisfaction in being able to steal him at least temporarily from his wife.

In the transference she was extremely submissive. This was

her last hope and she could not risk aggression. She was recurringly apprehensive that she would be turned away. It became apparent that she desperately needed the analyst as an auxiliary ego and superego to protect her from her destructive impulses. She constantly begged 'to be taught' so that she could help herself and those with whom she worked in her profession.

The full significance of her feeling of a deficit became evident in the meaning of a dream when she was overcome with the feeling that the analyst would become impatient with her childishness and acting out. The dream follows.

> I was at home alone. I looked at my watch. It was already a quarter of two. I then realized that I had missed my one o'clock appointment with you. I became very anxious over this oversight for I felt this was the day that I was to learn something vital which would help me get well. I finally came to see you and you saw me at two o'clock. I then became enraged because you charged me for both appointments.

She could not understand this dream because, as she correctly said, she had never missed or been late for an appointment. She was angry because of the double charge; it seemed to her as if she had to pay double for everything—just her luck. She would, she said, be fearful of missing an appointment lest she lose an opportunity to learn about herself. That morning she became enraged at her inept husband who did not get the car fixed in time for her to use it. She complained, also, of the way he treated her sister's child; that he took great pains to pay attention to a neighbor's child because otherwise this child would feel rejected —his own father being in Korea. Not that she wanted, she added, this boy to go through life without parents as she had.

The dream is similar to anxiety dreams of the 'missing' variety. The patient looked forward to each session, literally to fill in hour by hour the time 'missed' with parents of her own, and to help her curb the mounting rage and destructive, retaliatory feelings engendered through the years of deprivation. Having in her early years lacked adequate direction and control, she had developed from meager resources a defective

superego, both harsh and primitive, containing if not overt lacunae great areas of thinness. She became her own 'policeman', which accounted for her model behavior during the years with her aunt; yet in her dream her policeman made her pay double for her default. Such a superego could allow her little of the gratification enjoyed by others around her. She had been forgetful in the dream, had neglected to look at the time, and suffered the consequences. As a child, she had never had the comfort of being awakened for school, or told to go to bed at night. In a broad sense, the feeling of the dream parallels her feeling in her waking hours: she had missed some training or learning experience that impaired her ability, specifically in mathematics.

It became apparent that to her mathematics meant aggression and destructiveness. What part these feelings played in her mistake in the pharmacy is a matter for speculation. Her conscious attitudes were in large measure reaction-formations, especially toward children. The feelings toward people in general were diffusely hostile or, at best, extremely ambivalent. The deficit, for which the lapse in her schooling in arithmetic was a screen, was really one in parental relationships which might have made feelings toward her younger sister less destructive. The death of her ailing mother when she was five deprived the patient of the means of resolving her œdipal conflict. Being immediately separated from her younger sister likewise caused a repression of her hostile rivalry with her.

Sexuality for this patient was both competitive and retaliatory. Unlike the so-called psychopaths, she retained a partial inner awareness of her tendency to act out her destructive impulses. Apparently the ego had reached a point of development where the function of apperception was operative. The ego could 'feel' its own deficiencies. It would follow that certain anxiety dreams dealing with 'missing' or 'failing', in addition to their instinctual content, might represent the ego observing itself.

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Œdipus and the Prodigal Son

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ŒDIPUS AND THE PRODIGAL SON

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The story of the prodigal son, as recorded in the New Testament, is a parable which has been recounted over and over again through many generations *(1)*. From a religious point of view, it tells a simple story with a simple point. It is the purpose of this paper to explore the deeper significance of an unresolved enigma which the superficial answer of a father to his elder son, the parable does not resolve.

The three main characters of this story are the father, the elder son, and the younger son. At the beginning, the elder son is docile, conscientious, quite willing to tend his father's flocks, and accede to all his father's commands. The younger son is rebellious and demands his share of his future inheritance. For some unexplained reason, the father immediately agrees to this demand, 'And he divided unto them *his* living'. The younger son then leaves home, and soon wastes his substance with 'riotous living'. Eventually, clothed in rags, he returns home a penitent sinner who is determined to ask only that he be made one of his father's 'hired servants'. 'Father, I have sinned against heaven, and in thy sight; I am no more worthy to be called thy son.' The father falls on his neck and kisses him, orders his son's rags to be replaced by the best robe, and, as a final touch, orders the servants: 'bring hither the fatted calf . . . let us eat and be merry'. In the meantime the elder son, who has been busy with the labor of tending his father's flocks, returns and questions a manservant as to the cause of all the excitement and jubilation. On being told, he refuses to join the celebration and in a tone that must have included bewildered reproach, asks his father what seems to be a most pertinent question: 'Lo, these many years do I serve thee, neither transgressed . . . thy commandment; yet thou never gavest me a kid that I might make merry . . . '. This he contrasts with the welcome of his brother who has shirked his responsibilities, flouted his father's authority,

'and hath devoured thy living with harlots'. The father replies: '. . . this thy brother was dead, and is alive again; and was lost, and is found'. So, in a sense, he has regained a son; hence his rejoicing. The elder son, whom he loves equally, has always been with him: 'Thou art ever with me, and all that is mine is thine'.

The parable ends here. It would be easy to imagine that the elder son might have found this answer lacking in merit, and an unsubstantial reward for his virtue. A subsidiary question is: why does the father seemingly encourage the younger son's rebellion by advancing him his full share of the inheritance so readily, without which his escape from the paternal realm would have been impossible? It seems fair to assume that the father might have suspected the use to which his younger son would put his prematurely acquired inheritance.

This parable might be applied with relevance to some phenomena of modern times. There are the frequent examples of former communists repenting their past sins and being welcomed back into the fold much in the same manner as the prodigal son, with perhaps even greater jubilation and monetary rewards. Many other examples will occur to the reader.

Not being concerned with the theological significance of this parable, we must look elsewhere for answers. Through reasoning that will become more apparent, we are led back to the œdipus complex and Sophocles' tragedy which served as Freud's prototype for his theoretical formulations regarding this universally recurring drama *(19)*. This is such a well-explored area that it may seem redundant, presumptuous, and, at the very least, digressive to re-examine this Greek classic. Something, however, may be gained from such a reappraisal in the framework of the trilogy of which Œdipus Rex is the first. The very magnitude of Freud's contributions elaborated from Œdipus Rex has necessarily obscured what seems to be the equally pertinent and psychologically rich material in the following two tragedies: Œdipus at Colonus and Antigone. The literature provides an excellent discussion by Mark Kanzer on the signifi-

cance of Œdipus at Colonus in relation to an understanding of the dynamics of the 'passing of the œdipus complex' *(14)*, and a further elaboration of this theme in a later paper, The Œdipus Trilogy *(15)*. While in agreement with most of his conclusions, there is a difference of opinion on one central question which will be discussed later in this paper.

In the elaboration of his psychology, Freud traces a development that begins in earliest infancy. Without neglecting the influence of environmental (parental) factors, it would seem fair to say that he used as his chief reference or, perhaps better still, vantage point in the evolution of the œdipus complex, the viewpoint of the child as it moves through this trying experience. He postulates and accepts the point of view that phylogenetic and ontogenetic factors are 'compatible with each other' in both the emergence and decay of this complex *(6)*. Further, while using the word 'repression' in describing the turning away of the ego from this complex, he also insists that it is more than a simple repression, with its implications for the return of the repressed. 'When carried out in the ideal way, it is equivalent to a destruction and abrogation of the complex.' He grants that 'if the ego has not really achieved much more than a repression of the complex, then this latter persists unconsciously in the id and will express itself later on in some pathogenic effect'.

Is this ideal form ever achieved? Is the 'passing of the œdipus complex' best understood as a specific event limited to a specific phase of psychosexual development? Or might it be better understood as an irregularly recurring sinusoidal wave that now breaks out of repression, at least partially, in the form of derivatives, and again subsides for a period of time into the unconscious only to re-emerge during psychologically determined periods of stress? And last, is the role of the child in all of this of any greater significance than that of the parents?

Having raised these questions, our search for answers leads us to review briefly the well-known plot and the cast of characters

of Œdipus Rex. Laius, King of Thebes, has learned through the oracles that his unborn son, Œdipus, will eventually kill him and succeed him on the throne, and marry his wife, Jocasta. To forestall such a fate he orders his infant son to be left bound in the wilderness of Mount Cithaeron to perish. The shepherd to whom the task is assigned is moved by pity to entrust the infant into the hands of a shepherd from a neighboring kingdom. Œdipus does indeed kill his father, who is at the time a total stranger to him, becomes King of Thebes, and marries Jocasta. She bears him four children: two sons, Polyneices and Eteocles, and two daughters, Antigone and Ismene. When he becomes aware of his identity and his crime, he punctures his eyeballs with his mother's brooches and begs Jocasta's brother, Creon, either to have him stoned to death or banished from the country. This and the suicide of Jocasta end the tragedy.

If we consider the essence of this first play the eruption of the id, we also see in it the beginning of the superego and an attempt at repression. Like all symptomatic acts, the self-mutilation is overdetermined, representing simultaneously the talion law demanded by the superego in this self-castrative act *(7)* and also a dramatic attempt at repression as connoted by the ensuing blindness. As noted by Freud *(6, 7),* Jacobson *(13),* and others, the emergence of the superego at the time of the œdipus complex stems from the incorporation of the object representations of the parents and eventual identification of part of the self-representation with these object representations. Thus it is interesting that Œdipus, the son, brings onto himself the fate decreed by himself for the culprit while he was still Œdipus Rex and as yet ignorant of his parentage.

In Œdipus at Colonus, many years have elapsed. His exile and poverty-stricken wanderings have further propitiated the gods (superego derivatives) so that when we meet him again he has had more favorable tidings from the oracle: he will find a place of refuge, and his funeral bier will become a source of magical power to whatever land becomes his resting place; it will be an assurance of triumph over all his enemies. This is a

different man from the entirely pathetic, guilt-ridden figure at the end of the first play. He now feels more sinned against than sinning. His ego functions have regained ascendancy over the superego.

The way in which Œdipus disposes of his guilt is particularly interesting and instructive. He first pleads ignorance of any wilful intent in relation to his crimes of patricide and incest. Blindly led by the gods, he was a pawn of their will, or perhaps an innocent carrier of a phylogenetically determined impulse. Clearly, he was unconscious of both his hostility toward his father and his incestuous wishes toward his mother. But in defending himself against his crime of patricide, he introduces a very subtle point with which he justifies this deed, unlike the other, even after he is conscious of whom he has slain. 'And yet in *nature* how was I evil? I, who was but requiting a wrong, so that, had I been acting with knowledge, even then I could not be accounted wicked; but, as it was, all unknowing went I, whither I went, while they who wronged me knowingly sought my ruin' *(19)*. Later he pleads the justice of his cause because 'they whom I slew would have taken mine own life: stainless before the law, void of malice have I come unto this pass!'. While the context seems to indicate that Œdipus is probably referring to his self-defense when set upon by his father's men on the road, one phrase seems to infer a deliberate earlier act of his father: 'they who wronged me knowingly sought my ruin'. This can readily be applied to his father's attempt to have Œdipus killed shortly after birth, and seems confirmed by another passage wherein Œdipus repeats his plea of innocence because his crime was foreordained prior to his birth. In fact, the chain of circumstances was forged when his father was first forewarned by the oracle that he should die by a son's hand. 'How couldst thou justly reproach me therewith, who was then unborn, whom no sire had yet begotten, no mother's womb conceived?' In analytic terms, Œdipus would seem to deny the hostility and rivalry as originating within himself; his father's hostility toward his unborn rival came first.

We would be in agreement here with Kanzer *(15)* who says, ' . . . if the Œdipus Tyrannus exposes clearly the parricidal drives of the son, it deals no less unambiguously with the counterœdipal determination of the father to rid himself of the rival son'. Is the son then born under circumstances where he unconsciously senses his father's antagonism, his own hostility being of a reactive or defensive nature? And what father can entirely plead innocent to this charge? Other questions emerge. Is the son's rivalry entirely phylogenetic and inherited, or is it entirely ontogenetic? To what degree is it a mixture of both: a latent trait in the son interacting with an unresolved problem in the father and flaring into overt conflict periodically by the contiguous relationship of the two in their intimate relationship with each other and with the third partner in this triangle, the wife and mother.

We turn again to the narrative thread of the drama, noting only that in life we see the same turn of the wheel so classically demonstrated in the Œdipus Trilogy. The weak child becomes the strong father and eventually returns to a childlike stage in extreme old age or senescence when he turns for support and gratification of his dependent needs to his child who is now in the phase of being a strong father. Œdipus too, in his completely beggared and dependent role, seeks the protection and support of a young king, Theseus of Athens. In return for this support, Œdipus promises that Theseus will be rewarded by the magical power inherent in possessing the bier of Œdipus after his death. Clearly the magical phallus is being passed from father to son. It might equally well be said that Œdipus here also represents the no longer rebellious son offering his loyalty to the king. He has given up all claim to œdipal competition by renouncing his incestuous wishes and is now ready to become a dutiful subject. If he is viewed as the father, old, approaching death, and in the natural decline of his instinctual strivings, this may be interpreted as resolution of his œdipal strivings. Perhaps this is the only time when this complex is ever finally and completely resolved. If he is viewed as the extension of the

young rebellious son who has now tempered his ambitions, it again looks as if there is an abrogation of his œdipal strivings. On the other hand, allowing for dramatic license, the section of the drama introducing Theseus, King of Athens, may represent 'what may have been', i.e., the ideal resolution of the œdipal conflict, which Freud referred to as a virtual abrogation of the complex itself. Thus Theseus is the idealized son who awaits his legal succession to the throne—paying due homage to his father while the latter is still alive.

A longitudinal study of the history of Œdipus throughout the trilogy does not bear out the likelihood of this type of ideal resolution in this drama. It is for this reason, primarily, that we cannot go along with Kanzer's view of Œdipus at Colonus as representing the normal resolution or 'passing' of the œdipus complex. In his reworking of this trilogy, Kanzer believes that Œdipus at Colonus belongs last. He sees Œdipus, Creon, and Theseus as representing successive stages in the development of a more mature Œdipus in whom the superego has reached fruition so that it now includes the ingredients of sympathy and love 'which are indispensable components of the superego' *(15)*. It might be possible to maintain this point of view if Theseus were to take over the stage after his first meeting with Œdipus and if we had no knowledge of Œdipus' subsequent relationship to his son. Kanzer calls Œdipus' treatment of Polyneices a reaction-formation *(14)* in which Œdipus treats his son cruelly as the projected image of his former self. Is the existence of such a severe reaction-formation an adequate sign of a more mature identification of Œdipus with his father?

We are struck by the fact that repeatedly Œdipus demonstrates the resurgence of his earliest identifications and their concomitant id strivings. We might thus have expected that Œdipus, who had suffered so cruelly as a result of his instinctual strivings—who had been driven from his native land to become a blind beggar because of his ill-fated success in having replaced his father as king and husband—, might have become a man most likely to be aware of and sympathize with similar wishes

among his sons. Who would be more likely to temper justice with mercy? Yet in the unfolding of this drama we see an unexpected resurgence of paternal rage (or perhaps the much earlier hatred of the child in him for its powerful rival). To review these circumstances, the reader should be reminded that, after the exile of Œdipus, his elder son, Polyneices, succeeded to the throne of Thebes. Shortly thereafter, Eteocles, the younger brother, successfully overthrew Polyneices and usurped the throne. Polyneices in turn became an exile and came to his father, and fellow exile, asking for his support in regaining the throne. He found in Œdipus a vengeful father indeed, who remembered his son as his dreaded rival and successor. The circle is completed with Œdipus acting out the role of his own father. He accuses Polyneices and his brother of having at least been acquiescent to his exile, as they lifted not a finger to resist their uncle Creon's edict that Œdipus be banished from Thebes. Œdipus attributes this defection to the wish of the sons to succeed to his throne. Not only will he abstain from helping Polyneices, but he puts a curse on both sons to the effect that they may both die at each other's hand. When the son eventually becomes the father how quickly and completely he identifies himself with the aggressor as he metes out to the son what he resented so much when it came from his own father!

Antigone, the last drama of the trilogy, begins with the fulfilment of Œdipus' curse upon his sons. It also repeats the motif that whoever aspires to the (œdipal) throne must come to grief. It is Creon, the brother-in-law and uncle of Œdipus, who is punished here for his ambitions. Sophocles also used this drama to repair a deficiency in his story. He subtly shows that a woman is not exempt from the fate of a man. When Œdipus originally went into exile, his obedient daughter, Antigone, voluntarily accompanied him and ministered to all his needs. She was his constant companion and his only source of comfort. Of her he says: 'One, from the time when her tender age was past and she came to a woman's strength, hath ever been the

old man's guide in weary wanderings, oft roaming, hungry and barefoot, through the wildwood, oft sore vexed by rains and scorching heat, but regarding not the comforts of home, if so her father should have tendance'.

For this she incurred the displeasure of Creon. Her final sin was to accord her eldest brother, Polyneices, a decent burial in direct disregard of Creon's edict. Although she was betrothed to Creon's son, Haemon, she was ordered buried alive in a cave sealed by a large boulder. In this cave she committed suicide. So, for her attachment to her father, and the father surrogate, Polyneices, she, an unwed virgin, perishes like her mother by her own hand. Haemon, robbed of his bride by his father, lunges at Creon with his drawn sword, and then immediately falls upon his own sword and commits suicide. When it is too late, Creon accuses himself of being responsible for his son's death. It strikes the authors of this paper that it is indeed difficult to assign a starting place to the surface of a wheel. In perhaps a similar fashion, it is difficult to assign prior significance to the role of the father or the son in the perpetuation or origin of the œdipal struggle.

The emphasis here upon the influence of the father, rather than the son, in the œdipal drama is not intended to deny the role of the son, but to direct attention to the part the father can contribute to it. It is our belief that clinically, and in our everyday thinking, the importance of the parental role is regularly and generally accepted. The literature reveals countless examples of both the cyclical recurrence of the œdipal drama and its derivatives, as well as the impact of the parents on the genetic history of the child in its preœdipal and œdipal phases. Among a few of those who have written on this subject are Freud *(8, 9)*, Bibring *(2)*, Fenichel *(4)*, Gitelson *(10)*, Jackson *(12)*, Kanzer *(15)*, Lampl-De Groot *(16)*, and Loewenstein *(17)*.

In a graduate seminar conducted by the late Ernst Kris, [1] devoted to The 'Passing' of the Œdipus Complex, the ubiquity

[1] The authors are grateful to Doctor Kris for stimulating many of the ideas that ultimately led to the writing of this paper.

of this complex and its derivatives was emphasized by almost every discussant—from its emergence between the ages of two and seven, through the so-called latency period, puberty, marriage, and beyond. Helene Deutsch *(3)*, in discussing menopausal syndromes, cites examples of the resurgence and acting out of dormant œdipal problems during the menopause. Child analysts in particular, among them Anna Freud *(5)*, have been forced to recognize the importance of parental attitudes and problems in determining not only the prognosis of treatment, but even the possibility of initiating the process. Recently Rubenstein and Levitt *(18)* have published an interesting paper that demonstrates this point with dramatic clarity. They cite several examples of children whose analyses were terminated by the father, following initial improvement in the child, because it was accompanied by more direct expression of aggressive and libidinal impulses that were felt to be too threatening to the father.

The following clinical examples could, of course, be multiplied and amplified.

CASE I

An intelligent Negro male, approximately thirty years of age, wished to be treated for sexual impotence and headaches. His impotence (ejaculatio praecox) had had a sudden onset shortly after he had consummated a sexual affair with a white woman while serving in the armed forces overseas. He was a graduate accountant who was meticulously neat and showed in his character structure many of the defense mechanisms of an obsessive-compulsive type. For the first few years of his treatment, the greatest difficulty was in overcoming his defense of isolation by means of which he repressed all strong affects. This was particularly true in relationship to hostile feelings that developed as the transference neurosis emerged. His dreams clearly revealed murderous rage, but he remained calm and bland in the transference. The reality of discrimination against Negroes he utilized to justify his anxiety about revealing any hostile impulses

toward the therapist in the father transference when the œdipal phase of his treatment was reached. After six years of treatment, considerable progress was made in working through the major aspects of his neurotic problems. After the birth of his first child, a son, he had a recurrence of his symptom, ejaculatio praecox. It is interesting to note that the patient had stated some of his anxieties prior to the birth of his son. During his wife's pregnancy he was aware of an increasing tension and stated that he would not mind having a child if he could get it after it had been 'housebroken'. Elaboration of this theme showed that he was identified with the unborn child, and was afraid of being reminded that his own id impulses might break out of control, or that they had once been uncontrolled.

CASE II

A thirty-three-year-old white married man was involved in a strong positive transference, a repetition of his inverse œdipal attachment to his father. He was terrified by the unconscious threat of castration and tried to deny the transference by making constant derogatory remarks about the analyst. Simultaneously, he was acting out his libidinal impulses with his four-year-old daughter. He bathed her, appeared undressed before her, and frequently allowed her to sleep between him and his wife. His dreams revealed his identification with this daughter, and that he was allowing her the gratification that was withheld from him by his father in the past, and currently by his analyst. It seems almost superfluous to add how real and staggering must be the effect of such attitudes and behavior on the part of the parent involved on the genetic development of this child, particularly as related to the vicissitudes of the œdipus complex.

CASE III

A college student of twenty-three entered analysis because of scholastic problems, periods of anxiety, and character problems of a passive-feminine nature. While in most relationships he gave the impression of being a very gentle and mild-mannered

man, his attitude toward his first-born son was tyrannical. Without open outbreaks of rage, he nevertheless had intense fits of hostility toward his child at the slightest provocation. In the beginning, he had a strong positive transference toward the analyst, during which time he had a dream.

> A huge black object falls from the sky. It is terrifying. It lands on the ground at a distance. The object transforms itself into a very small child, who walks around the side of the building holding in its hands a shotgun, pointed at the patient. The patient, no longer frightened in the dream, walks up to the child, grasps the shotgun by the barrel, and bends the barrel around so it is now pointing at the child. Next, the patient and the small boy are riding in a convertible automobile. The patient, without provocation, stabs the child in the chest with a long knife. No blood emerges from the wound.

Associations made it evident that the terrifying object represented the dead father who was returning from heaven in the form of a child. The patient's father had died a few weeks after the birth of the patient's son. Turning the shotgun upon the child needs little explanation beyond noting the patient's identification with the aggressor in becoming the hostile father in relationship to his own son. The bloodless wound referred to the fact that the patient's father had died of a coronary thrombosis.

After this long digression, we return to the parable of the prodigal son and his older brother. The simpler problem is the father's attitude toward the return of the younger son. As is sometimes true of younger sons, this one was able to express his hostility toward his father in direct and open rebellion. The first-born son, who remained at home, is his father's successor. The father's strange and lavish welcome makes sense if the return of the delinquent junior is interpreted as giving the father an occasion for expressing his unresolved œdipal rivalry, displaced to the elder son. On his part, the younger son had removed himself from the competition and got the gratification of having wrested his patrimony from his father—symbolically killing

him by the acquisition of an inheritance he might have expected only after the death of his father. After a period of wasting his substance in riotous living, the impoverished son, perishing with hunger, returns to beg his father to make him one of the hired servants who 'have bread enough and to spare'. Under these circumstances the father can welcome him back and kill the fatted calf, as symbolic of totemic punishment of the younger son and perhaps also to emphasize the benefits that can be provided for a penitent son who seeks the protection of his rich and powerful father. It is, however, the elder son with whom the father is often most closely identified, and by whom the unresolved elements of the father's œdipus complex are most readily reactivated. He cannot trust this son, because he cannot fully trust himself. His unconscious warns him that this son must also covet his father's position and property.

Perhaps this paper can only succeed in raising more questions than it can definitively answer, but even this may not be an entirely negative contribution. We may again consider at this point the question of whether it is even necessary to postulate a phylogenetic determinant for the œdipus complex. Admittedly, it is exceedingly difficult to prove or disprove such a hypothesis. Certainly it would require conclusive anthropological data, which we do not have, to provide a definitive answer. The evidence we have presented tends to emphasize the contribution of the father, in the evolving struggle, as a possible originator of the conflict, and certainly as a large contributor to the emergence and degree or form of the resolution of this complex. So, seen from the side of the parents' unconscious contribution to this conflict, there would seem to be adequate basis for the emergence of the child's complex. However, even if we were to examine the question predominantly from the side of the child, can we satisfy the various possibilities on a purely ontogenetic basis?

It may be maintained, as Rubenstein and Levitt *(18)* state, that the presence of castration anxiety in boys whose fathers

assume a predominantly passive role in the family setting, or in boys where no father is present in the home, militates against the exclusion of a phylogenetic factor. However, it must be remembered that castration anxiety is not synonymous with a positive œdipal configuration. Thus, it can arise as a threat of internal castration due to a strong negative œdipal relationship. It can also arise in relationship to the mother as a remnant of the oral-sadistic phase connected with the fantasy of *vagina dentata*. And lastly, although the father may be a mild figure indeed, and not necessarily pathologically passive, the boy's castration anxiety may result from the process of projection of the son's hostility toward the hated rival. Even with no father in the home there are often surrogate fathers around, and the ego seems to have an innate dread of being overrun by id impulses.

There are even more solid clinical reasons for doubting that the œdipus complex is ever completely passed because a total and complete repression has taken place, so that no derivatives of this problem exist. And we need not draw primarily upon the experience in the consultation room, with its implication that we are dealing there only with pathological processes, to illustrate how prevalent these derivatives are in our culture generally. Their universality is also attested in anthropology, history, folklore, literature, and language. Fundamentally it is the degree of passing, or perhaps the degree of neutralization of the aggressive and the libidinal components, that is most crucial for the outcome of the psychic structure and functioning *(11)*. So perhaps it is more realistic to visualize this complex as a recurrent ebbing and flowing that reaches certain crescendos at times, intimately related to both maturational and environmental crises.

SUMMARY

The parable of the prodigal son serves to pose some valid questions about the father-son relationship, using the Œdipus story as an explanatory allegory, and giving some clinical illustrations and references to the literature.

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REPETITION–FUNCTIONS OF TRANSITORY REGRESSIVE THINKING

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In 1952, Brenman, Gill, and Knight *(1)* reported spontaneous fluctuations in depth of hypnosis and interpreted these changes as representing simultaneous shifts in impulse intensity, defense, and adaptation. These shifts in depth of hypnosis are observed in the context of a threat to the patient's comfort and, therefore, are regarded as efforts to re-establish a more effective balance of impulse and defense and to reduce anxiety to a minimum.

Seemingly spontaneous fluctuations in contact with reality, dramatic and extreme enough to deserve labeling 'transitory states of regression', are frequently observed in the psychotherapy of otherwise nonpsychotic patients *(4)*. Usually these fluctuations take the form of ego-syntonic fantasies, but occasionally they include alterations in body image and hallucinatorily vivid ideation. These experiences are distinguished by the sudden, unequivocal appearance of primary process thinking in an otherwise neurotic adjustment. Concurrently there is increased reliance upon early pregenital modes of defense, such as incorporation and projection.

Although these states may appear with startling suddenness, without any apparent precipitating events, such events can be undeniably detected if one looks closely at the course of the treatment. These events are clearly related to one of the patient's nuclear conflicts. They seem to act much as trigger words do in posthypnotic suggestions in that they revive the conflict and create an imbalance in the relation of id and ego. A similar situation may not, of course, necessarily be a stimulus for regression in another patient.

From The Menninger Foundation.

Our purpose in this paper is to suggest an explanation of these transitory psychotic episodes. It is not intended to replace other interpretations of these states (for example, in terms of libido dynamics). Rather, we offer a way of looking at these phenomena that may give more choice for technical intervention.

Ekstein and Wallerstein *(2)* suggest that transitory regressions during the psychotherapy of children reflect both the child's attempt to master conflict and its confession of failure to do so. Such fluctuations in the psychotherapy of adults may afford solutions to old conflicts, and signify failure of ordinarily stable neurotic defenses to deal economically with the conflicts. This failure of neurotic defense-impulse balance indicates that a nuclear conflict is being currently re-emphasized. Our thesis is that the temporary state of regression reflects both the way in which the patient tried to solve his conflict in the past and his reliving of it in the present. To put it another way, we suggest that these experiences represent the patient's way of communicating a difficult contemporary situation to the therapist and of reproducing similar events in his past, both of which—past and present problems—are derivatives of a basic conflict. The following example is meant to illustrate these phenomena and to indicate a possible interpretation of them.

A thirty-four-year-old married music teacher had been undergoing psychotherapy for incapacitating attacks of anxiety and feelings of inferiority. Clinical examination and psychological tests showed weakness and instability in his object attachments. He tended to projective thinking but not to a psychotic degree.

The patient had been in psychotherapy for about three hundred hours when treatment was interrupted for ten days because of the therapist's absence. During the first hour after the therapist returned, the patient reported that during the previous week he had had a strong and convincing feeling that he could control the outcome of certain events, such as a basketball game or a card game (in which he was not necessarily a

participant), by the power of his mind. He had simply to concentrate on the way he wished the event to turn out. Indeed, he even now felt that he had this power. His tone was mildly fearful as he spoke with awe about these ideas. He fully believed in his power. The patient's conviction that his gift was both real and uncanny led the therapist to emphasize that the patient was frightened by possessing it. How awful, the therapist said, must be the responsibility for such a capacity.

Later in the same hour the patient repeated this fantasy with the following spontaneous alteration: he must be absolutely certain that the event was worthy of his intervention. For example, although he could control whether it snowed three or six inches, to do so might not be worth his effort. During the next hour the fantasy underwent another revision. He must pray to God for the power to control events. God really did the controlling; the patient could not do it by himself. But if he prayed to Him hard enough, He would listen to the patient and make the event turn out as the patient wished it. As the patient continued to discuss his fantasy during this hour he began to feel strongly embarrassed about it and to minimize his belief in his power. During the next hour he spoke of his growing belief that he could not accept the religious teaching that God guides our actions or is in us and accounts for what we do. Surely we alone are responsible for our fate.

The patient's belief in his omnipotence suggests that this experience was a regressive one. Magical thinking characteristic of earlier developmental phases replaced logical knowledge of cause and effect. Wishing superseded active manipulation of the environment based on critical appraisal. It is as if in this experience the patient were attempting to overcome all his doubts about his adequacy, all his fears of abandonment by the therapist, by becoming the most powerful being. This process is analogous to, although considerably more complex than, the hypothetical state of omnipotence attributed to the young infant, in which knowledge of death does not exist and nurture

can be temporarily supplied by hallucinatory images when the real source of gratification is absent.

After the therapist returned and gave his explanation to the patient for the anxiety about his fantasy, it began to come increasingly under the influence of reality testing. The changes in the fantasy may have reflected not so much the effect of the interpretation as the fact that the therapist returned, and therefore there was no longer any need to deny his absence. At this particular period of treatment, the patient had been regarding the therapist as a most remarkable and powerful person. No critical thought about the therapist crossed the patient's mind. Indeed he never allowed himself any thought about his therapist outside of the treatment hour except to believe, during times of particular stress, that the doctor would take care of everything.

This fantasy can be explained as Brenman, Gill, and Knight *(1)* explained fluctuations in depth of hypnosis. Here, however, we wish to call attention only to the repetition found in the fantasy and its later alterations. We use the term repetition as Freud did when he said that the past may be reproduced not only in memory but also in action *(3)*. In the transitory state of regression the patient repeats a previous response pattern. He reproduces it not in memories and secondary process ideational structures, but in a changed ego state. In the fantasy we report, the patient tells the therapist how he coped with a difficult situation in the recent past, namely, separation from the father, and he repeats an earlier, dynamically similar problem and presents his mode of solving it.

The precipitating event may be assumed to be the therapist's departure. The patient knew several days beforehand that the therapist was to leave, and felt particularly depressed and inadequate. He wondered how he would get along without his doctor, but halfheartedly consoled himself with the thought that he would 'probably get along'. The therapist's impending departure revived in the patient many feelings about separation,

perhaps principally characterized by the idea that 'out of town' and 'out of sight' meant 'I am abandoned'.

In his fantasy the patient tells his therapist that he first of all denied the separation by becoming the powerful therapist himself. The patient, rather than feeling lost and inadequate as he feared he might, became able to do everything by himself, needed no one, and had only to wish for whatever he wanted. Like Goethe's sorcerer's apprentice, he rejoiced at the magician's absence and himself became the sorcerer. Furthermore, in the idea that he was able to control external events, the patient denied the fact that he was unable in reality to control the departure of the therapist. Control over external events is a displacement from the principal object the patient wishes to control: the therapist.

In this process it is possible to discern a more primitive form of the defense of 'identification with the aggressor', a mechanism that might be called 'incorporation of the aggressor'. But anxiety accompanied the incorporation. The therapist noted the patient's discomfort with his omnipotence, his tremendous power, and his potential destructiveness. Interpretation of this discomfort was followed by the first change in the fantasy, a change in the direction of restoring the separate identities of patient and therapist, the patient attributing his powers to God rather than directly to himself. Then followed a more complete regurgitation, as it were, of the therapist, when the patient abandoned his fantasy and resumed his characteristically more passive position in respect to the therapist.

The transitory psychosis, however, had another function; it repeated a situation of childhood resembling the current one and expressed a basic conflict. In the past, particularly during situations threatening abandonment, the patient attempted to avoid losing his father by incorporating the aggressive father. Quickly, however, he would then resume a more passive position as the only way to maintain his relationship with his father. This reconstruction of his behavior in childhood was supported by the following episode in the treatment.

A year later, after the therapist's return from another absence of a few days, the patient recalled the following incident from his eleventh year. He had not thought of it for many years and was rather surprised to remember it now.

The patient's father had helped him construct a boy's automobile. It was made of old egg crates, baby carriage wheels, and a one-cylinder gasoline engine. The boy spent many hours tinkering with this vehicle and driving it around. He thought of it as one of the few points of contact between him and his aloof father. Occasionally the engine failed to start and the boy learned that cleaning the spark plug usually remedied the trouble. He felt competent when he thus repaired the car, in contrast to his usual feeling of enormous inadequacy, particularly when he compared himself to his father, as he frequently did. How wonderful it would be if he were as brilliant, as socially adept, as powerful as his father. There were times when he fantasied himself so, but in his father's presence he was always strongly aware of his helplessness. Occasionally, however, after successfully tinkering with his gasoline engine, he felt capable. His feelings of adequacy rarely occurred when his father was present.

One afternoon the patient's father was watching when the engine would not start. He said, 'I'll take it downtown to the garage, and they'll fix it'. 'No, Dad', the boy replied, 'I can fix it'. The boy was uncomfortable and surprised by his words, which seemed strangely confident and defiant. He felt suddenly strong and sure of his ground, like his father. With a little more caution he added, 'All you have to do is clean the spark plug'. The father looked at him sternly and in tones experienced by the boy as icy, said, 'Don't tell me what to do. We'll take it down to the garage, just as I said.' The boy felt he had no choice but to agree. He glanced once more at the stern face and, as if beaten, said, 'O.K., let's go to the garage'.

This recollection resembles the patient's transitory regressive fantasy. In the brief conflict with his father, hate stirred within the boy, and we may assume that his anger reached the propor-

tion of a death wish. His father for a fleeting instant seemed to the boy a pompous little man of lesser knowledge. Moreover, the patient was aware that he had the ability to make his father angry. For that instant he felt more powerful than his father but the feeling made him cautious. The father's insistence and stern rebuke brought a quick end to the patient's revolt. Passive surrender and acknowledgment, perhaps hypocritical, of the father's authority ended the incident. The only way to keep his father was for the boy to give up the revolt and be passive. We see here the prototype of his relation with his father: attempted incorporation, followed by passive retreat in father's presence.

There is small doubt that this memory was a screen for earlier pregenital experiences that combined elements of oral incorporation, anal mastery, and phallic exhibitionism. Both the memory and the state of regression communicated the same general experience. The regressive fantasy helped to locate the original trauma in time and permitted us to understand the pregenital substrata of the memory concerning the father. Thus the transitory regressive fantasy supplemented the later memory, thereby giving a clue to earlier repressed memories. Such transitory ego regressions and reconstitutions are a special form of repetition. Experiences of this sort apparently occur in the area of the patient's central conflict, where the impulse-defense configuration is under greatest strain. The necessary and sufficient structural conditions for the occurrence of such fluctuations in ego states are obscure. These states are likely to occur in patients whose ego identities are diffuse. Their function seems to be the attempted mastery, by repetition, of a familiar traumatic situation.

SUMMARY

Transitory states of regression in otherwise nonpsychotic patients may be viewed as repetitions of previous situations dynamically similar to the present. They may be used to reconstruct not only the patients' recent experiences, but also early

experiences or fantasies that are recalled by these unusual states of consciousness.

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'West' as a Symbol of Death

Leon L. Altman

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'WEST' AS A SYMBOL OF DEATH

BY LEON L. ALTMAN, M.D. (NEW YORK)

The use of the representation or idea of *west* as a symbolic equivalent of death has never, to my knowledge, received any attention in psychoanalytic literature. There is no mention of it in the literature on the dream.[1]

That *west* is an admirably suitable representation of death is in no way remarkable. A host of metaphors and allusions in poetry, folklore, mythology, and anthropology furnishes evidence of its cogency in this connection. West as a representation of death is not used in the sense of a specific region or locality. Symbolically, it refers rather to a point in the heavens, a destination, a direction. In any case, in dreams it would have whatever meaning the dream work of the dreamer required.

DREAM

The Nazis are winning the war. I am *going west* on a ship in the Mediterranean. It is captured and I am taken prisoner. As I am taken off the ship, someone says, 'I hate those people, their country, and the way they talk'. Somehow I escape but am afraid the Nazis will catch up with me. I barely manage to stay out of their reach.

From the Division of Psychoanalytic Education, State University of New York, Downstate Medical Center.

Read at the meeting of the American Psychoanalytic Association, in Philadelphia, April 24, 1959.

[1] After this paper was prepared, Dr. Norman Reider called my attention to a paper, *America's Greatest Suicide Problem: A Study of Over Five Hundred Cases in San Diego,* by Anita M. Muehl (Psa. Review, XIV, 1927, pp. 317-325), in which the symbolic equating of *west* and death is mentioned: 'Symbolically, San Diego should have the highest suicide rate in the United States and the West Coast as a whole should be higher than the East Coast. Since earliest times, the sunset has stood as the symbol of death; and the West, typifying the land of the sunset, is another expression of the same thing' (p. 318). Hence, my statement that no mention of this symbolism has been made in the psychoanalytic literature is contradicted, but as a piece of dream symbolism, the statement stands.

The evening previous to the dream, the dreamer attended a lecture on Goethe's Faust. He listened to the speaker with mingled envy and dislike. Faust was one of the dreamer's favorite fictional subjects. Displeased with the way the lecturer talked, he thought he, himself, could do it better. Mephistopheles' role appealed to him as did the plight of Faust, the aging scientist who made a pact with the Devil in order to restore his youth. He felt that Faust was hypocritical in wanting to prolong his life for the ostensible purpose of acquiring more knowledge (*'Ich, armer Tor, bin so klug als wie zuvor'*). It was really his waning sexual power he wanted to restore to stave off old age and death. The dreamer was reminded of his father who was aging and fearful of death. His own fears of sickness, poverty, and old age were accompanied by the thoughts that he would like to escape such ruminations; that it might have been otherwise had he been born differently. The Nazis boasted of their thousand years of durability, but they had been able to exist only a few years. He, too, needed to be saved from this inexorable conclusion to everything in death. The ghost goes west.

DREAM

I am on a train which suddenly begins to move and get under way without warning. I do not want to leave just then. I go to the motorman, pleading, 'Allow me to return because I have no baggage and am not sure of the destination'. The train continues on toward the west and I awaken with anxiety, remembering other similar dreams.

Immediately on awakening he has the reassuring thought that this is only a dream, as it has repeatedly happened before. He is reminded that he has been reading of the possible connection of cancer with excessive cigarette smoking and he is concerned about his health. A recent wedding anniversary made him brood about the passage of time and aging. He recalls an operation in childhood when he had many fears of death, and his anguished pleading with the doctor prior to the induction of anesthesia, 'Don't let me die'. He is preoccupied with the

thought that there is no reversing the course of life which continues in one direction only, 'but the West is still young', he adds.[2]

DREAM

I am dressed in a black gown, crying. From the book-lined room I am in, I can look from a window over New York harbor. I see an outbound ship going west although this is not a direction a ship can take on its way out of New York harbor. It is peculiar and incongruous. It is announced that I will have to depart as well, at a certain time. The ship I have just seen may sink on its way west. I am all the more stricken with grief.

A good friend has just died at a comparatively (incongruous) early age, roughly the dreamer's own. This death is peculiar, the cause being a rare, inevitably fatal vascular anomaly. The time of the funeral has been announced. He read a newspaper account of a man, going to California to recuperate from an illness, who took passage on a through train. When the train arrived there the man was found dead in his compartment. It would be absurd if anything were to happen to him at this time, when things are going so well, but he broods because time passes so quickly, and 'then it is all over'.

Without specifically mentioning west, Freud[3] says: ' . . . psychoanalysis has to say that dumbness is in dreams a familiar representation of death. . . . Concealment, disappearance from view, too, . . . is in dreams an unmistakable symbol of death.' The setting sun unmistakably disappears from view in the west. The excursion of the sun across the heavens has always been a matter of considerable speculation in association with the fate of man. In antiquity, Hades, the abode of the dead, lay beyond the Western Ocean into which the sun set. The phases of the day—morning, afternoon, and evening, as well as the alternation of

[2] *Cf.* Freud: *The Interpretation of Dreams.* Standard Edition, V, p. 385. Here Freud states that 'departing on a journey' (with which our patient's dream begins) is also a symbol of death.

[3] Freud: *The Theme of the Three Caskets.* Coll. Papers, IV, pp. 248-249.

light and darkness, were always associated in men's minds with the duration of life and its extinction.

'Gathering shadows' has often been used in poetic imagery as a symbol of death. In the West, land of the unknown and the terrifying, was darkness and shadow, death's 'eternal night', the emblem of the tomb.

To go west is derived from an early American colloquialism, *gone west* (into unexplored territory), hence absconded, disappeared, or died.[4]

In an old Babylonian myth, Ishtar, wedded to the beautiful sun-god, Tammuz, descends into Hades in search of him. The sun's descent is into the country of the dead in the West, 'from whence is no return', 'the land where one sees nothing'.

In Egyptian mythology Osiris is the setting sun. The story of Osiris tells that he goes to be the judge of the underworld, in the hall of justice, which is surrounded by walls wherein are twelve or fifteen gates to be passed. Osiris is overcome by the powers of evil and darkness. He nevertheless reaches the hall of justice by tortuous ways past finding were it not for the guidebook of the departed, The Book of the Dead. Isis, the lover of Osiris, goes in quest of him and the powers of darkness are at last overcome by Horus, the rising sun of the new day. The Egyptian myth has been universally regarded as solar, the House of Osiris, with its seven halls, being the underworld, The Nocturnal Abode through which the sun nightly finds his way back to the east. Plutarch identifies Osiris with Hades. Both, he says, originally meant the dwellings, and later came to mean the god of the dead. It is the dark underworld in the west to which he withdraws—the house of darkness, winter, and death.

In Egypt, among Buddhists, and generally among the peoples of antiquity, the soul was believed to pass through the gate of the West to the city of the dead. This gate, being the doorway of death, explains a curious primitive belief: to touch a threshold is an omen of evil. Early travelers in the east describe how carefully this had to be avoided.

[4] *Cf.* Webster's *New International Dictionary*, Second Edition, Unabridged.

Temples, and other buildings of antiquity, were always built with the entrance facing east looking in the direction of life and away from the direction of death which was westward. The direction of entrance to buildings was made to agree, when there was a major axis to the structure, with the sun's path through the heavens. Thus, in Western Asia, Chaldea, and Assyria, all buildings are 'oriented'. In the Necropolis of Memphis the door of nearly every tomb is turned toward the east so that the dead may face in that direction and wait for the ray which is to destroy their night and rouse them from their long repose. Later, the early churches in Italy and in England were 'occidented' rather than oriented. But this ultimately gave way to the easterly direction. The observed course of the sun, from its place of rising in the east, or orient, to its place of setting in the west gave the Hindus their 'lengthwise' and 'crosswise', east to west the former, and north to south the latter.

Ever since the world began, in building temples or places of religious worship, men have been careful to set them according to the quarters of the heavens. They considered the world as the general temple or house of god, and therefore the structure of all temples was regulated according to this idea. The east was naturally given preference, since the sun and all the planets and stars appeared to be born there. The east they therefore considered the face, the front of the universal temple. The east was also the place of rising and of birth of the newborn sun, returned from the underworld, Hades, or land of death in the west.[5]

Circe the enchantress, furnishing Ulysses with directions for his visit to the land of shades, directs him to the west. The seven-walled city of the dead in the land of the shades always had its gate in the west. The gate[6] of the city of the dead remains in the

[5] Lethaby, W.R.: *Architecture, Mysticism, and Myth*. New York: Macmillan and Co., 1892.

[6] I am indebted to Dr. Nathaniel Ross for the observation that the so widely and frequently recurring references to portals, gates, and doors in conjunction with the theme of the West, the setting sun, the underworld and the City of the Dead are very likely unconscious representations of the orifices of the body: the portals of ingress and egress of the soul.

west in Egyptian, Babylonian, Phoenician, and Greek mythology. In whatever country one asked, 'Where is the gate to the city of the dead?' the answer was always, 'In the west'. The place depended on the country where the question was asked; thus, to the Phoenicians, looking out from the Syrian seaboard, Crete, the island to the west, became one of the first of many such points. As civilization moved westward these points moved further and further toward the setting sun. In the story of Persephone, it is Sicily, or beyond the Pillars of Hercules.

Procopius relates that the dead assembled on the coast of Gaul and were ferried over to Britain. In a Spanish map of 1346, Teneriffe, to the west, bears the name of the Island of Hades. Ireland located Saint Patrick's Purgatory in the New Atlantis of the Western Ocean.

SUMMARY

Three dreams and anthropological-mythological material are presented to illustrate the significance of the West as a symbol of death.

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Observations on the Visual Symptomatology in Migraine

Angel Garma

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OBSERVATIONS ON THE VISUAL SYMPTOMATOLOGY IN MIGRAINE

BY ANGEL GARMA, M.D. (BUENOS AIRES)

The most frequent symptoms of the onset of migraine are visual scotomata. Though greatly variable they are usually described as scintillating or black. They are most often ascribed to vasoconstrictions of the branches of the posterior cerebral arteries which supply the center of vision at the occipital pole of the brain. Harold G. Wolff *(6)* quotes E. M. Cahan's observations of his own scotomata which disappeared with the vasodilatation provoked by a small quantity of amylnitrite—provided his general arterial pressure did not fall. The fact that there are limitations of central vision in homonymous quadrants of the visual field, and that they progress from the center to the periphery, is a precise indication of their central origin, as peripheral (retinal) vasoconstrictions would necessarily produce converse effects. Wolff cites analogous observations from Adie, Engel, Ferris, and Romano. He adds, however, that in some cases spasms of the retinal artery may give rise to scotomata.

Psychoanalytic experience leads, in some instances, to the conclusion that they are provoked by psychological traumata. These observations incline to the belief that traumatic psychic stimuli occurring in the visual field predispose the subject to a scoptophilic orientation. Furthermore, some analytic observations find in the genesis of the scotomata that a part is played by an anal-sadistic regression accompanied by libidinal displacement to the eye. Male patients with migrainous symptoms often have associations to passive homosexual anal fears, fantasies, or experiences which are preceded or followed by discomforting sensations in the eyeball or the eye socket. In this connection may be mentioned an expression in Spanish, 'the eye of the anus', which is familiar to Spaniards from Quevedo's famous poem, *Gracias y Desgracias del Ojo del Culo.* A popular Ger-

man poem, *Auf dem Alm da sitzt eine Kuh,* derives its humor from the ambiguity of the cow's anus and its eye.

A male patient had been sickly and anxious from infancy. During adolescence he developed migraine. In analysis, he remembered the onset as occurring after he had been to the cinema with a girl without obtaining the permission of her parents or his. Being passive and immature, this adventure precipitated a conflict between his genital strivings and his passive anal fantasies which he experienced as fears of homosexual assault. His inhibited genitality found its outlet in fantasies of witnessing sexual intercourse. Having both scintillating and black types of scotomata, he tended to associate the scintillating ones with his genital strivings (primal scene?), and the black ones with his passive infantile regressions.

For this patient the eye had the meaning of anus or penis according to whether a passive homosexual attitude or an active genital one predominated. Being anxious about a sexual intimacy with a woman with whom he was in love, he had migraine when a close relative made a veiled criticism of her, and when, with his parents in the room, he heard a joke about an artist who had painted an 'anus-eye'. At dinner with his parents, he had the feeling that his eyes were sinking into his head; at the same time he had a compulsion to look at his arms to make sure they were still there. These symptoms were alleviated by his mother's solicitude and by her giving him a drink of water.

A case reported by Leon Grinberg *(4)* describes a physician who had had migraine attacks from puberty. These were accompanied by right-sided hemiparesis. Unconsciously he had a suppressed conflict associated with early overt anal homosexual experiences. The migraine started in his right eye. In one of his dreams he was flying in an airplane and a tiger came in through the window. He tried to defend himself by brandishing his rifle, but the butt broke off. In his associations, it became clear that the tiger represented the psychoanalyst, from whom

he feared a homosexual attack from behind. The dream window reminded him of an expression he had heard as a child—'to cover up someone's window', which meant to strike the person in the eye. He then mentioned the ocular pain at the onset of his migraine. Following this he at once recalled an episode of anal homosexual submission. It need only be added that 'butt' in Spanish *(culata)* is derived from *culo,* meaning anus.

On another occasion he was present during a surgical operation upon a friend with whom, for various reasons, he was identified. He afterwards had a bad headache. That night he had a dream in which he saw this friend exposing his anal region. This he associated with a cadaver he had been dissecting during the day, about which someone had remarked that it looked as if it were in technicolor because of the varicolored appearance of the perianal region. It was this coloring that appeared in the patient's dream. On awakening, he had a throbbing migraine headache, the greatest pain being located in his eye. This he compared to throbbing pain suffered from inflamed hemorrhoids. He had never before had scotomata during migraine attacks, but on this occasion he did and they were of a coloring resembling the anal region in the dream.

Oscar Contreras *(1)* has reported migraine in a young man greatly dominated by his mother who had sternly forbidden him to masturbate. He masturbated compulsively with fantasies of breasts. He had some migraine attacks after a vacation on which his mother had obliged him to accompany her to part him from his fiancée. One day during this vacation, when he was walking with his mother, he saw some round stones at the bottom of a stream, shining brightly in the sunlight. His migraine attacks began to contain scintillating scotomata in which the bright spots reminded him of the stones in the river which symbolized the mother's breasts.

Phyllis Greenacre *(3)* has reported a series of cases in which headache was associated with childhood events which produced visual overstimulation. These were first the sight of the geni-

talia of an adult of the opposite sex; second, any glimpse of the process of birth. 'The effect is of a stunning psychic blow. . . . This is depicted in comic strips as seeing stars.'

One of Greenacre's cases, a woman, was extremely myopic. This was diagnosed when she was six years old. During her first two years of life she observed the primal scene. At the age of three, she came upon some bloodstained linen in the bathroom which made a profound impression upon her. Before she was five she saw the genital organs of two male cousins. At six years of age she saw her grandfather urinating into the water when he was fishing. These experiences aroused in her fantasies of birth, castration, death, and dismemberment. Her dreams 'revealed the infantile sequence of events reconstructed' and remembered. In these she had sensations of light and color 'which reached a climax with clear visualization of the adult male genital'.

The psychological traumata associated with the scotomata appear masked and simplified. The objection may be validly raised that the scotomata at the start of the migraine attack lead the patient to fantasy about traumatic situations. This, however, does not agree with the observation that the actual content of the scotomata preserves details of previous traumatic situations. Jorge Nöllmann *(5)* described the history of a psychosis in which the patient had sexual intercourse with his sister from the time she was eleven until she was fourteen, when their father shot himself. In his psychosis, this patient suffered from intense migraine with scotomata and hallucinations in which he saw a face which resembled his sister.

SUMMARY

From the organic point of view, the scotomata are symptoms depending on vasoconstrictions of the posterior cerebral arteries. The symptoms are related to psychological traumata which were experienced visually and which were repressed until the onset of the migraine. Instances are cited among males with recurrent migraine in whom the ocular symptoms are directly

associated with passive homosexual anal fears, fantasies, or experiences.

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A Hitherto Unremarked Error of Freud's

William G. Barrett

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A HITHERTO UNREMARKED ERROR OF FREUD'S

BY WILLIAM G. BARRETT, M.D. (SAN FRANCISCO)

Several years ago, while writing about Mark Twain's choice of the name Tom Sawyer for his autobiographical hero, I referred in a footnote to an illogicality in Freud's analysis of Zola's choice of Sandoz as autobiographical hero in his book *L'œuvre.*[1] This brief paper is concerned wth that reference.

In illustration of condensation in the dream work, Freud, in The Interpretation of Dreams, reports a dream of his own, the first piece of which consists of the neologism 'Autodidasker'.[2] Of this word Freud says it 'could easily be analyzed into "Autor" [author], "Autodidakt" [self-taught] and "Lasker", with which I also associated the name of Lassalle'. Progressing further with his associations he is led to thoughts of his 'still unmarried brother, whose name is Alexander. I now perceived', he says, 'that "Alex", the shortened form of the name . . . has almost the same sound as an anagram of "Lasker" '. He then realizes that this playing with names and syllables has the further sense of expressing a wish that his brother might have a happy domestic life. This comes to him by way of thoughts of Zola's novel of an artist's life, *L'œuvre,* in which 'its author, as is well known, introduced himself and his own domestic happiness as an episode. He appears under the name of "Sandoz".'

At this point Freud conjectures as to how Zola came to use this name for his autobiographical hero, saying, 'If "Zola" is written backwards (the sort of thing children are so fond of doing), we arrive at "Aloz". No doubt this seemed too undisguised.' Freud then continues, 'He therefore replaced "Al", which is the first syllable of "Alexander" by "Sand", which is the third syllable of the same name; and in this way "Sandoz" came into being'.

Upon following Freud's argument closely one realizes that he has given no reason as to why Zola should have had any reason to evolve out of the name 'Alexander' a name to represent himself. Émile

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

[2] Freud: Standard Edition, IV, Chapt. VI, Part V, pp. 298, ff.

Édouard Charles Antoine Zola, the son of François Zola, was an only child, with no readily discoverable relatives or close friends named Alexander. In the absence of such explanation and in view of the easy flow of associations in the text, one is driven to the conclusion that Freud has ascribed to Zola his own personal associations concerning his brother, Alexander.

Is it possible that Freud, in his fantasy concerning the construction of the name 'Sandoz', is enlisting the powerful aid of the author of the recently published *J'accuse* to continue the task of the dream: to preserve his younger brother and traveling companion from what Freud describes as the 'kernel of my dream-thoughts', i.e., from 'the danger of coming to grief over a woman'? For, in that fantasy, Freud makes Zola himself identify Alexander with the happily married hero of his novel.

It is something of a puzzle as to how it has happened that this slip of Freud's has not hitherto been remarked. Apparently it has gone unnoticed. In view of the fact that thousands of students have read the 'Autodidasker' dream this seems astonishing. Moreover, the dream has been widely studied in seminars conducted by competent scholars, read and reread, yet neither teachers nor students have reported this rather flagrant inconsistency. It would appear that this error is for some reason peculiarly elusive, and this is borne out by my personal experience in presenting it to a number of highly regarded students of psychoanalysis. Although the majority have responded with immediate interest, surprise, and agreement, there are some who deny that there is an error. These latter, who sometimes say that if there is a slip it is inconsequential, seem to disregard the fact that this slip is of quite different nature from those usually reported: the forgetting of a name, place, or date. A study of Freud's further associations as described in his article indicates that he is working with highly charged personal material and that his concern for the welfare of his unmarried brother, Alexander, goes far beyond the wish that he might have a happy domestic life and into the realm of personal anxiety. It is conceivable that the emotionally highly charged material responsible for Freud's slip may also play a role in its having for so many years heretofore been unremarked.

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Emil L. Froelicher 1906-1958

Robert C. Bak

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EMIL L. FROELICHER

1906-1958

Dr. Emil Froelicher died of a coronary thrombosis on the 10th of December, 1958, at the age of fifty-two. He was born in Winterthur, Switzerland, started his education in his native town, and received his medical degree at the University of Basel. He soon started to specialize in psychiatry and psychoanalysis, and in 1939 came to the United States. He went to Detroit where from 1939 to 1947 he was Resident Psychiatrist and then Clinical Director of the Haven Sanitarium.

Dr. Froelicher was the first to introduce in the hospital a psychoanalytically oriented psychotherapy program and also to teach the residents the principles of psychoanalytic psychiatry. In addition to his clinical work, he was an active member of the Detroit Psychoanalytic Society, always ready to serve when needed.

His interest in psychoanalytic training and the wish to be part of a broader psychoanalytic atmosphere led him to New York. He became a member of the New York Psychoanalytic Society in 1950. Those who knew his work well were impressed by an unusual combination of sensitive intuitiveness and great caution. In his approach, the therapeutic gentleness stood above all. In the scientific activities of the Society he was more observer than participant, but an observer with keen, intense, and spirited interest.

Dr. Froelicher was a profoundly modest human being, active without being assertive, pensive rather than verbal, patient toward his fellow men. His social charm and direct warmth endeared him to many of his friends. His humility and lack of undue pride was well proven when already as a specialist he returned to medical school for a year to acquire a license to practice medicine in Michigan. He was much admired for the resiliency and humane elegance with which he accomplished this task.

One cannot escape the feeling that he was on the threshold of a broader evolvement when he was stricken. But one can have no quarrel with death. We grieve for him with affection.

ROBERT C. BAK, M.D.

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Alfred Gross 1893-1957

Robert P. Knight

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ALFRED GROSS

1893-1957

Alfred Gross died suddenly at his home in New Haven, Connecticut, on March 1, 1957, in his sixty-fourth year. He had come to America in 1947 from England with his wife and two sons, and joined the staff of The Menninger Foundation and The Topeka Psychoanalytic Institute. In 1949 he moved with his family to New Haven, and became one of the founders and original training analysts of the Western New England Institute for Psychoanalysis, where he taught until his death.

Born in Breslau, Germany, on November 26, 1893, he studied medicine at the Universities of Breslau and Freiburg, receiving his medical degree at the former in 1919. His graduation thesis already marked his interest in psychiatry, and he went at once into psychiatric training in Breslau and Berlin under Professors Bumke and Bonhoeffer, completing it in June 1921. He began his psychoanalytic training before finishing his psychiatric training, a rather rare thing in those days, and by June 1920 had become a student at the Berlin Institute, where Doctor Hanns Sachs was his training analyst. His teachers included Karl Abraham, Max Eitingon, Ernst Simmel, Felix Boehm, Karen Horney, and Josine Muller.

He established his practice first in Berlin in September 1921. On completing his analytic training, he became a member of The Berlin Psychoanalytic Society in 1924 and began psychoanalytic practice. In 1927-1928 he worked with Dr. Ernst Simmel, being his first associate, at the newly founded Psychoanalytic Hospital in Berlin-Tegel.

In 1923 he was married to Ingeborg Christiane Muller in Berlin. His first migration from Nazi Germany was to Milan, Italy, in 1933. He moved on in July 1935 to England where he settled in the Manchester-Liverpool area, again establishing himself in private psychoanalytic practice. He was appointed a training analyst at the British Psychoanalytic Institute in 1940. He continued his practice there until his final migration to the United States in 1947.

Dr. Gross was one of the most respected teachers and clinicians in psychoanalysis, and his sudden death from a heart condition about which he had had warnings for a number of years is a great loss to the Western New England Institute and American psychoanalysis.

ROBERT P. KNIGHT, M.D.

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Edward Clover

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BOOK REVIEWS

TECHNIC AND PRACTICE OF PSYCHOANALYSIS. By Leon J. Saul, M.D. Philadelphia and Montreal: J. B. Lippincott Co., 1958. 244 pp.

Buttonhole the most experienced latter-day analyst *in camera* and usually you will find his views on the practice of psychoanalysis of becoming modesty, guided throughout by an appreciation of the clinical difficulties he may encounter when dealing with even the simplest case. Cast him however in a preceptoral role and more likely than not he will graduate to a cloud-cuckoo land where clinical perspective tends to be lost in a perfectionist mist; so that it becomes difficult at times to distinguish his views on psychoanalysis from a cult of individual and social adaptation.

No doubt this modern tendency may be due in part to the factor of case selection. For if, as seems to be the case in some countries, a preponderance of cases of character maladaptation (sometimes mild) weighs down the analyst's case list it is inevitable that he should end by laying emphasis on personality disorder and in time invoke the state of the total personality, or perhaps it would be better to say of its outer crust, as the ruling criterion of psychoanalysis. Thereby he escapes, to some extent, from the obligation recognized by his predecessors, namely, to cure or alleviate the symptomatic suffering of which the prospective patient complains.

Although Dr. Saul, through sheer weight of clinical experience, has avoided the major pitfalls of this modern type of didactic approach, there are some indications that he has been beguiled by the study of what are now tautologically called 'interpersonal relations' and that his outlook has been considerably influenced by the teachings of Alexander, Rado, Harry Stack Sullivan, and possibly Horney. Witness, for example, his constant play on the themes of dependence, inferiority, loneliness, emotional patterns, corrective experiences, after-education, and, above all, maturity in ego relationships. His clinical illustrations are throughout concerned more with these matters than with the symptom constructions which provided the basis of psychoanalytic theory and for several decades at least guided, if not governed, psychoanalytic technique.

Indeed Dr. Saul has not stopped short of imposing on psychoanalysts responsibilities of almost cosmic dimensions, as where, dis-

cussing alleged advances in modern outlook and method, he remarks that psychoanalysis has enlarged and shifted its focus of attention from sex alone and the sole study of the infantile to *inter alia* 'the whole course of development to maturity and the nature of human maturity itself and its significance for mental health, for the sort of world of people in which we live, for the future of humanity and perhaps for survival'. Or again, 'Because of his intimate dealing with human motivation, one might say with the human spirit, the analyst carries a special responsibility not only to his patients but also to his students, his colleagues, and to mankind'. Or yet again, this time apropos the selection of cases, 'It would seem evident that the responsible analyst, to some extent at least, will select his patients so as to make the maximum contribution to human welfare'. For the tyro, whether timid or sanguine by nature, these are somewhat depressing interlocutories which however, one is happy to think, may be duly corrected when he is admitted to the workaday realities of analytical life in any branch society of the International Association.

Under these circumstances it is not surprising that many of Dr. Saul's practical formulations, though apt enough to the handling of character difficulties, are scarcely precise enough for treatment of the psychoneuroses or other classical mental disorders in which the roles of unconscious conflict and compromise formation are paramount. From this point of view it would have been more appropriate had the author entitled his work, 'The Psychoanalysis of Pathological Character-Formations'.

Despite this self-imposed limitation of clinical scope, Dr. Saul has much of practical value to say regarding the general conduct of analyses. His chapter on free association in particular is unusually good, and his sections on interpretation and dream analysis are close runners-up. In the dream section, however, he is perhaps inclined to overemphasize the relation of the manifest content of the dream to the dynamics and motivations of current life patterns. In this respect, and also when discussing exoteric 'interpersonal' patterns his book is faintly redolent of Jung's *persona* psychology. Here we have an intriguing problem. Like many of the younger generation of 'interpersonalists' Dr. Saul maintains that modern psychoanalysis has made great strides in technique and understanding from what, following the implications of his list of advances, must seem

to him a troglodyte phase of analytic practice. But whither, one may ask, do these alleged advances lead? For after all there are two ways of side-stepping the unconscious dynamics of conflict. One is to exaggerate the virtues of so-called 'deep' analysis, the other to over-emphasize the dynamic aspects of the preconscious ego.

EDWARD GLOVER (LONDON)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLUME XII. New York: International Universities Press, Inc., 1957. 417 pp.

The Psychoanalytic Study of the Child has gained increasing recognition as one of the important publications in psychoanalytic literature. It devotes equal attention to the theoretical and the clinical aspects of psychoanalysis. Volume XII contains, as did the preceding volumes, original papers of high quality and interest. It is divided into four main sections: 1, Contributions to Psychoanalytic Theory; 2, Aspects of Early Development; 3, Clinical Contributions; and 4, Applied Psychoanalysis. Heinz Hartmann's lecture, presented on May 28, 1957 at the New York Psychoanalytic Society's memorial meeting for Ernst Kris, late managing editor of The Psychoanalytic Study of the Child, is a unique part of this volume. As a close friend, colleague, and collaborator of Kris, Hartmann is well equipped to give us a picture of the gifted and colorful personality whose memory as a theoretician, clinician, and teacher will continue to be cherished.

Within the framework of this review, it will be possible to single out only some of the nineteen stimulating papers. The first section, Contributions to Psychoanalytic Theory, contains papers by Charles Brenner, Jeanne Lampl-de Groot, and Seymour Lustman which deal with some aspects of the mechanisms of defense.

Brenner, in The Nature and Development of the Concepts of Repression in Freud's Writings, examines one mechanism of defense, namely, repression. He provides a historical review, starting with Freud's earliest concept of repression during the period from 1894 to 1896, and ending with his later concept developed between 1923 and 1939. In his final description of Freud's concept, Brenner's formulation of repression amounts to discarding primal repression, which does not seem warranted. In presenting this survey, Brenner shows the influence which clinical observational data had upon

Freud's concept on the one hand, and how, on the other, it had to be modified in accordance with Freud's theory of mental functioning. Although Brenner's paper is a valuable contribution, it cannot serve as a substitute for the study of the original sources. It might be helpful, nevertheless, if other theoretical concepts were to be presented in a similar manner from a historical point of view.

Lustman's paper approaches the problem of Psychic Energy and Mechanisms of Defense from a clinical experimental point of view. His observations are concerned with reactions of neonates to external stimuli under normal conditions as well as in extreme pleasure (nursing) or extreme displeasure (colic) situations. He comes to the tentative conclusion that a rudimentary ego exists in neonates, and that its function depends upon already existing energy. While this energy is quantitatively fixed, it is highly mobile. Excitations which come from within take precedence over external stimuli. The total investment of energy in processes from within results in a deficiency of energy in the ego functions of the neonate to react to excitations from without. This lack of available energy forms an inborn primary defense which the author calls 'the defense of imperceptivity'. He states that this energy does not seem to stem from libidinal or aggressive drives. There might exist an undifferentiated stage of instinctual development, corresponding to the undifferentiated stages of ego-id development. Lustman's observational data, as well as his hypotheses, are stimulating and deserve study and consideration.

Phyllis Greenacre's contribution, The Childhood of the Artist, is a further study of the problems discussed in her paper, An Experience of Awe in Childhood, and in her book, Swift and Carroll. In her usual vivid manner, Greenacre gives the basic characteristics of the creative talent: '1, greater sensitivity to sensory stimulation; 2, unusual capacity for awareness of relations between various stimuli; 3, predisposition to an empathy of wider range and deeper vibration than usual; and 4, intactness of sufficient sensorimotor equipment to allow the building up of projective motor discharges for expressive functions'. She believes that genius is 'a gift of the gods' and is already established at birth and that it develops especially well in families where there is a good inheritance of intellect and a favorable background for identification. Much as one appreciates Greenacre's ideas on this subject, which ensue from her study of

autobiographies of creative artists, one regrets nevertheless the lack of first-hand analytical material to support them.

Edith Jacobson, in her paper, Normal and Pathological Moods: Their Nature and Function, continues her studies of affects and affective states. On the basis of a clinical case, Jacobson states that changes of mood occur only when an experience causes a qualitative change in the representation of the self and the object world. This has an influence on the qualities of all discharge patterns. She regards moods as ego states, a 'barometer of the function of the ego', characterized by discharge modifications which influence the qualities of feelings, thoughts, and actions. She differentiates between moods and object-directed feeling states. 'Moods transfer the qualities of the provocative experience to all objects and experiences' and are economic modalities of the ego. The second part of the paper is concerned with normal types of mood variations, such as sadness and grief on one hand, gaiety and cheerfulness on the other. The concluding part deals with a comparative study of normal, neurotic, and psychotic mood deviations. Jacobson's paper is certainly an important contribution to our understanding of affects and affective states.

Loewenstein's paper, Some Thoughts on Interpretation in the Theory and Practice of Psychoanalysis, is a very interesting contribution.

In the section, Aspects of Early Development, we find an excellent observational paper by Casuso, entitled Anxiety Related to the Discovery of the Penis. In her introduction to this paper, Anna Freud draws our attention to the special validity of observations made by psychoanalytically trained parents. While we know about the libidinal phases through reconstructions from the analyses of later years, we are less certain in reconstructing the preverbal stage. In the transference situation, the early mother relationship might be repeated. However, analytic reconstruction becomes even less certain where actual preverbal experiences are concerned, as, for instance, the forming of the body image.

Niederland's study, The Earliest Dreams of a Young Child, is a fine contribution. He calls it 'a recorded longitudinal dream history'. From seventeen to forty-seven months, eleven dreams were communicated by the child and recorded. The dreams bring out 'the landmarks in the child's development from the early nonverbal

productions of psyche through the vicissitudes of mastery of traumatic events, impact of pregnancy and birth, crises of physical illness, and sibling rivalry to the threshold of genitality and the sexual conflicts of the œdipal period'.

Marianne Kris, in The Use of Prediction in a Longitudinal Study, re-examines the validity of predictions. Although she considers them useful and important tools, she has her reservations regarding them. She contends that they are more reliable as pathological than conflict-free findings. She concludes that data concerning predictions have to be evaluated and re-evaluated.

In the section, Clinical Contributions, there are two papers dealing with the problems of adolescence and the difficulty one encounters in the treatment of adolescents. This is especially brought out by Elisabeth Geleerd in her paper, Some Aspects of Psychoanalytic Technique in Adolescents. An especially fine presentation and observation is given by Nathan Root in A Neurosis in Adolescence. Other papers in this section deal with the problem of delinquency, such as Margarete Ruben's Delinquency: A Defense Against Loss of Objects and Reality, and Peter Blos's Preœdipal Factors in the Etiology of Female Delinquency.

The last section, on applied psychoanalysis, contains papers by Robert Plank and Philip Weissman.

The editors of The Psychoanalytic Study of the Child are to be congratulated once again on their careful and excellent selection of papers for this volume. In view of the variety and importance of the material presented, it would be extremely helpful if an index to the subject matter contained in this, as well as in the preceding volumes, were to be provided.

ELISABETH B. GOLDNER (NEW YORK)

EXISTENCE. A New Dimension in Psychiatry and Psychology. Edited by Rollo May, Ernest Angel, and Henri F. Ellenberger. New York: Basic Books, Inc., 1958. 445 pp.

Kierkegaard wrote over a hundred years ago: 'As truth increases in extent, certitude steadily decreases'. This book is an expression of the growing tension in which modern man finds himself. The picture of the world with God the Father observing, rewarding, and punishing His children has been finally destroyed. Psychoanalysis has not solved the problems either, which the progress of

science and technique has created, and thus has disappointed a multitude of people. This book, in which the authors propose a 'new dimension in psychiatry and psychology', is interesting and valuable as a document of this condition.

It is not easy to do justice to this book, to which the editors have devoted so much time and effort. Translations of the papers, which even in their original German are often obscure, were a true labor of love. One must be grateful to Rollo May and his co-workers for undertaking this most difficult task. American readers can now become acquainted with a movement in psychiatry which has encountered great interest and gained wide influence on the European Continent, particularly in Switzerland, Germany, and France. Many consider this movement a decisive step in the development and progress of psychiatry.

The book consists of introductory essays by Rollo May and Henri F. Ellenberger and papers by Eugene Minkowski, Erwin W. Straus, V. E. von Gebsattel, and Roland Kuhn. The three most important papers are by Ludwig Binswanger. In the introduction the editors undertake to clarify the history of existential analysis and the meaning of the term. It may not be their fault if many readers, after reading the introduction, still do not know what existential analysis is. This vagueness seems to be an essential aspect of the whole movement.

Existentialism is a trend in philosophy which has been dominant for some years in Germany and France. To understand it in all its ramifications would demand a thorough study of its creators, from Kierkegaard to Husserl, Heidegger, Jaspers, and Sartre.[1] The concept is broad enough to include atheists, agnostics, Catholics, Protestants, communists, and even German national socialists. What is the common denominator? Existentialists try to base their philosophy on the principle of existence. As the old orders broke down and values dissolved into doubts, there was only one thing left—life itself. Within this concept the idea of death becomes an essential part of life; only through knowledge of death does man reach real existence. In the center of the thinking of the existentialists anxiety stands as an integral part of being. Kierkegaard expressed these ideas in 1844.

[1] *Cf.* review by H. G. van der Waals of *Being and Nothingness,* by Jean-Paul Sartre. This QUARTERLY, XXVI, 1957, pp. 423-431.

Ellenberger attempts to disentangle the different aspects of existentialism which have influenced psychiatry. Husserl's influence led to a phenomenological approach in which the patient's subjective world is analyzed with the help of certain 'categories', such as time or temporality, spatiality, and causality. According to Ellenberger, this phenomenological approach is only part of a broader task for the existential analyst. He distinguishes between existential psychotherapy, which applies certain existential concepts to therapy, and existential analysis *(Daseinsanalyse).* Existential analysis, which is essentially Binswanger's creation, is a synthesis of psychoanalysis, phenomenology, and existentialism. Dissatisfied with Freud's scientific *Weltanschauung,* with his view of man as part of nature *(homo natura),* Binswanger turned to Heidegger and used his categories (which are not part of other existential theories) to combine Freud's and Heidegger's concepts in a new form.

Rollo May investigates the roots of the existential movement and of the psychotherapeutic trends in modern times, both of which are concerned with individuals in crisis. Although many of his statements might be questioned, his essay as a whole is helpful to an understanding of the multiple currents which have found expression in existentialism. May goes to some length to show that existentialism and psychoanalysis arose out of the same cultural situation, which he calls the 'inner breakdown in the nineteenth century'. Freud, he writes, 'did not see . . . that the neurotic illness in the individual was only one side of disintegrating forces which affected the whole of society'.

In May's opinion neurosis is a phenomenon of recent origin. He describes the 'fragmentizing' effect that the progress of science and industry has had on modern man. He ignores that neurosis is as old as the history of man. The nineteenth century did not create neurosis, but through the development of a scientific medicine, provided the basis and the tools for its diagnosis, that is, the distinction between organic and neurotic illness. This is not to deny that there is a constant interaction between the individual and cultural influences. Different historical periods have produced different neuroses, and some periods and places have offered man possibilities for healthier solutions of his problems than others. It may be true that modern society, in which man is surrounded by his own creations, is more conducive to the development of neurosis than were those stages of civilization in which man was confronted mainly by nature.

In earlier periods man could feel safe by projecting the familiar images of his own childhood into the small world in which he then existed. Because May overemphasizes this point of view, he ignores history as he does the basic discoveries of Freud.

Most of May's criticisms of psychoanalysis repeat popular prejudices that are of little interest. He assumes that the psychoanalyst has a 'mechanical' technique or attitude. He sets up straw men and then destroys them with righteous indignation. He protests, for example, against 'trying to help the patient in a sexual problem by explaining it merely as a mechanism'. Psychoanalysis 'fragmentizes' the patient, he says. Of course, psychoanalytic concepts can only be understood and applied by one who has the basic endowment for it. As Freud wrote to Binswanger: 'There is nothing to which man's organization makes him less suited than to psychoanalysis'. May's criticism would be of value if it were directed against misuse and misunderstanding of psychoanalytic concepts. Nothing is resolved by unscientific vagueness. One of his protests, which has some validity, should not however be aimed at psychoanalysis as a method or science but rather at many aspects of present-day culture and its emphasis on conformity and techniques. Analysts are certainly not exceptions among their contemporaries, as they are not immune from environmental influences. May also warns against an inclination to define 'normality' too narrowly, against expecting comformity instead of development of the individual who must find his own solutions for his own problems and must not 'let himself be absorbed by the sea of collective responses and attitudes'. May finds a safeguard against such dangers in existential analysis, presumably because of its emphasis on the individual in existential philosophy. It is ironic that people turn to Heidegger to protect the individual in therapy—as if Freud had not put the individual in the center of his research.

One result of Heidegger's influence is that many known psychological facts are described not only in different terms but in almost incomprehensible ones, which may be valuable in their philosophical context but are quite undesirable in psychology. The reader is confused before he can penetrate the jungle of words and recognize well-known concepts: for instance, man's capacity to 'transcend the present situation'. Has existential analysis really discovered something new here? In Heidegger's philosophy this term may be important; in psychology it signifies nothing more than the obvious

fact that man can reason. Existential analysts, it seems, are not interested in being understood but look rather for words which sound profound. Such concepts as narcissism and object libido can nevertheless be identified in their existential guise. Other concepts by which psychoanalysis makes psychological processes understandable, for instance, defense mechanisms such as repression or denial, are painfully avoided, since existential analysis is mainly interested in phenomenological description. 'In the phenomenological interpretation of human forms of existence', writes Binswanger, 'we should be guided . . . by abstinence from what Flaubert calls *la rage de vouloir conclure,* that is, by overcoming our passionate need to draw conclusions, to form an opinion . . . '.

Binswanger, a number of whose case histories are presented in this book, is an unusually gifted and perceptive observer. His descriptions of schizophrenic patients, in terms derived from Heidegger, are of great interest. In demonstrating their peculiar 'world', he uses a number of categories in relation to the 'three modes of world' and 'being-in-the-world'. The description of the 'world' of the schizophrenic offers important clinical material. But in the use of these categories, most analytic concepts which have proved their value for understanding and therapy get lost. In Binswanger's most interesting case, Ellen West, which has gained fame in European psychiatry, therapy is not even discussed. Binswanger believes he does not intend to abandon Freud's basic concepts. He tries to enrich them with his ideas or to assimilate them in his theories; however, he discards the unconscious as this is not compatible with his notion of existence.

Binswanger's followers go further in this direction. In Roland Kuhn's The Attempted Murder of a Prostitute, no particular existential technique can be discerned. Kuhn, without mentioning it and possibly without being clearly aware of it, used a kind of analytic therapy which helped the patient to uncover repressed memories from the unconscious and to understand the relation between his early life experiences and his later acts. The existential explanations add little to the understanding of an otherwise interesting case. Not recognizing the unconscious, Kuhn uses analytic techniques and conclusions secretly, as if against his own intentions. He has to turn to Heidegger to discover the mechanism of identification in mourning.

Throughout the whole book one encounters strenuous efforts to force existential theories on well-known facts and clinical observations. It is certainly valuable to pay careful attention to the experience of time in depressions, but Minkowski's idea that the disturbance of time is the primary and basic factor in depression lacks any foundation and, if taken seriously, would destroy any understanding of the process. The same must be said about the phenomenological findings in spatial experience as quoted by Ellenberger: 'What guarantees the healthy man against delusion or hallucination is not his reality testing but the structure of his space'.

Binswanger assumes that in Freud's thinking man is subjected to the extrapersonal, nameless id, without escape, without the possibility of any real counteraction. The conflict in man's striving was part of psychoanalysis from the beginning; its elements were eventually formulated as ego, superego, and id. In existential analysis, the concept of conflict is practically nonexistent; hence many of the descriptions lack any real structure.

The authors of this book are restless, dissatisfied, and they seek new answers. One can sympathize with their concern about certain dangers of the 'new techniques', a danger which Freud anticipated with surprising foresight when he warned against popularization of psychoanalytic concepts. Psychoanalytic concepts should be built on a solid foundation of man's whole cultural heritage. They cannot substitute for it.

Many questions psychiatrists are asked to solve today are not problems of neurosis in the proper sense, but questions of life which are outside the sphere of psychiatry. Ellenberger describes as 'existential neurosis' a state of mind which arises from the individual's inability to see meaning in life. If this is not a neurosis, it is the kind of problem for which people seek answers in religion and philosophy. Thus, psychiatrists turn to philosophy for assistance. Freud's concept of neurosis, it is true, was developed in a stable society in which it was easier for the individual to find his place. It may become necessary to define more clearly the boundaries of neurosis, and particularly of neurotic character, if psychoanalysis is not to be expected to cure more than it can. It is naïve to expect psychotherapy to offer a cure for the disintegrating forces in a society.

HENRY LOWENFELD (NEW YORK)

EROGENEITY AND LIBIDO. By Robert Fliess, M.D. New York: International Universities Press, Inc., 1956. 325 pp.

The subtitle of this book, Addenda to the Theory of the Psychosexual Development of the Human, gives a clearer picture of the contents than the title itself. The author repeatedly says that it is not a textbook. Neither is it a monograph. Its range is so wide that perhaps it could best be called, 'Critical Notes With Illustrations'.

About three hundred pages of text are divided into one hundred twenty-five sections dealing with: 1. a critical acceptance of instinct dualism, phylogenetic inheritance, and the value of separating zonal erogeneity from libido; 2, first and second oral phases, anal-sadistic phases, phallic and genital phases; and 3, a theme which runs through most chapters, and is summarized in one, that the erotization of language results from the speech apparatus copying the modes and functioning of different erotic zones. A large amount of illustrative material is used—clinical historical, clinical analytic, dreams, poetry, literature, drama (mostly Shakespearean), and music —which interrupts the arguments set forth so frequently that the reader tends to lose the thread.

In the foreword, the critic is disarmed by the author's justification of the condensed form in which his arguments are presented. Nevertheless, when such a summary view is presented in the first part of the book as 'The analyst must expect to find phylogenesis behind ontogenesis, primary behind secondary identification, and primary repression behind repression', one hopes that the author will elaborate (without condensation) any one of these topics in a monograph.

The arguments and conclusions are more intriguing than conclusive. Whereas details of overdetermination of functions are to the fore throughout the book, many may consider that, when describing the later stages of instinctual development, not enough weight has been given to evidence showing how much, even during oral primacy, other zonal factors (which will become crucial and critical later) are also contributing to the total picture. For instance, the conclusion 'that an interpolation of "delay through thought" does not exist in orality but is at first performed in the subsequent anal stage' (p. 110), does less than justice to the author's material. And the

assertion 'there is no doubt [that] *ambition derives from urethral-erotic elaboration upon libido of the second oral stage*' (p. 152) may seem a little dogmatic.

Repeatedly, aspects of techniques are briefly mentioned—for instance, the consequences of matching, in interpretations, the loudness of a loud continuously talkative patient (p. 154). In the chapter on the first oral stage, valuable aspects of technique are outlined which are useful in analyzing patients with severe character disorders in whom analysis cannot be accomplished unless the cathexes of needs and aims, instead of objects, are clearly perceived and overcome.

One needs Freud's Collected Papers at one's elbow when reading this book, and one almost wishes the margins were wide enough to make the notes which reading and rereading bring to mind. Perhaps the most stimulating aspect is the author's insistence on linking hypothesis to clinical material, and certainly all those who are elaborating models to help understand psychosomatic disorders will be wise to follow the author in his attempts to refine observations and report details of the vicissitudes of zonal erotic activity.

It is a remarkable book—a book on which senior students and analysts will wish to whet their critical abilities.

W. CLIFFORD M. SCOTT (MONTREAL)

THE CRIMINAL, THE JUDGE, AND THE PUBLIC. By Franz Alexander, M.D. and Hugo Staub. Revised edition. Glencoe, Illinois: The Free Press and The Falcon's Wing Press, 1957. 239 pp.

This is a revised and amplified version of the notable book by Alexander and Staub on crime and criminology, based on the English translation of the German edition by Gregory Zilboorg. A lot of water has gone over the dam with respect to psychiatric, legal, and public interest, understanding, and perspectives about the criminal and his crimes since the book was first published. The present edition serves to provide the reader with the basic psychological understanding of crime and criminals as presented in the original version, and brings him up to date in emphasizing changes in law and in disposition and treatment of the offender. The principal and surviving author has added clinical psychoanalytic reports of two

cases that have appeared in psychoanalytic journals, his later reflections on psychic determinism and responsibility, and a final chapter on psychiatric contributions to crime prevention.

The freshness and clarity of presentation of psychoanalytic characterological studies, in language understandable to the educator, lawyer, and welfare worker, as well as to the psychiatrically or psychoanalytically trained reader, permit this book to serve as a basic contribution to the professional and human orientation toward the criminal and his crime. The law student, who is able to absorb the implications of these skilled exposures to the complexities of the psychological processes involved in antisocial acts, can hardly be content with the rigidities and limitations of perspective incorporated into a body of law built upon ignorance of the nature of the events in relation to which judges and juries are expected to make decisions in the public interest and, presumably, in the interest of the accused. The book doubtless has had not a little to do with the fact that during the past quarter century there has been serious reappraisal of the criminal, of crime, and of the law, with such far-reaching results as the recognition of the obsolescence of the M'Naghten Rule and the official recognition that in many criminal cases the problem is primarily one of mental illness that requires appropriate treatment if society is to be best protected, and the criminal possibly rehabilitated.

Through later studies in criminology (e.g., Roots of Crime, by Alexander and Healy), Dr. Alexander expanded his studies to include categories of criminals primarily of sociological interest once the basis for psychological understanding of their social deviations had been provided. These additional studies, together with those of other psychiatric and psychoanalytic students of criminology, have drastically modified the social and professional climate of approach to the problems of crime prevention and treatment of criminals. The new and final chapter on psychiatric contributions to crime prevention, with its emphasis on rehabilitation, reflects the tendency to deal with juvenile delinquents through Youth Authorities empowered to study and determine duration and nature of punitive and rehabilitative measures. Of late, some brakes have been applied to this trend because of the increasing concern about juvenile delinquency as manifest in many socially disconcerting forms. At the same time, our educational system has come under attack as coddling

and condoning the acting out of children; corporal punishment within the school system is again receiving much support, even from parents.

In this connection, the republication of this book is most timely —once again calling our attention to basic considerations in the determination of criminal acts, and in the understanding and treatment of the criminal. The difficult educational and social problems involved, and not 'solved' by this book or any other, may at least be considered against the background of basic psychological understanding provided by this work. It has a permanent place in the literature of criminology as well as of psychoanalysis.

GEORGE J. MOHR (BEVERLY HILLS)

SIGMUND FREUD: REMINISCENCES OF A FRIENDSHIP. By Ludwig Binswanger, M.D. Translated by Norbert Guterman. New York: Grune & Stratton, Inc., 1957. 106 pp.

This book was published in Switzerland in its original German in 1956, and reviewed in This QUARTERLY, XXVI, 1957, pp. 416-419. It is most gratifying that this translation has now made it accessible to an English-speaking audience. It is unique in its presentation of Freud's personality as illustrated by the correspondence between Freud and his younger friend over a period of more than twenty-five years. The translation is adequate on the whole, although it does not always do justice to the beauty and charm of Freud's style.

The book is enriched by several plates of facsimilies of Freud's letters and a very useful index.

YELA LOWENFELD (NEW YORK)

EGO STRUCTURE IN PARANOID SCHIZOPHRENIA. By Luise J. Zucker, Ph.D. Springfield, Illinois: Charles C Thomas, 1958. 186 pp.

This small volume is one of the most scholarly and stimulating pieces of research in psychology to come to this reviewer's attention in a long time.

Dr. Zucker has investigated a problem that has been baffling psychologists and psychiatrists for many years, namely, the difference between the hospitalized and the ambulatory schizophrenic. Specifically puzzling to the diagnostician is the fact that test records of ambulatory schizophrenics who maintain themselves extramurally

frequently show that they are more overtly disturbed than hospitalized patients. So far it has been assumed that the difference between these two groups does not lie in the patients themselves so much as in their environment, i.e., in their families' ability to tolerate the patients' deviant behavior.

Dissatisfied with this type of *ad hoc* explanation, the author hypothesized that the difference between these two groups of schizophrenics lies in a particular aspect of the patients' ego strength, namely, fluidity of ego boundaries. While projective techniques have previously been used as indicators of ego boundaries, we lacked precise instruments for measuring this ego deficiency. Dr. Zucker selected three established projective techniques—the Rorschach, the Mosaic Test, and Figure Drawings—as particularly suited for revealing degree of impairment of ego boundaries and devised a technique by which hitherto unscorable response 'facets' of these three techniques became units of measurement. With this equipment she examined two groups, each of thirty schizophrenic patients, one of them hospitalized, the other ambulatory. Her hypothesis was confirmed. The extent of impairment of ego boundaries was indeed much greater in the hospitalized group, whereas the ambulatory group, while showing more bizarre ideation, autism, and other overt indications of a schizophrenic process, revealed more stable ego boundaries or, to put it differently, could marshal more defenses to forestall ego disintegration.

The importance of these findings lies primarily in the prognostic value of this novel assessment method. The major problem for the testing psychologist as well as for the therapist has been to predict, with any degree of certainty, whether or not an obviously severely disturbed patient would respond to extramural therapy. Heretofore, such predictions were made with little-above-chance accuracy and dependability. Consequently, the value of Dr. Zucker's contribution, to provide us with a precise measuring tool on which to base such predictions, can hardly be overrated.

The question may be raised, in passing, whether this difference in stability of ego boundaries differentiates actually between hospitalized and ambulatory schizophrenics. As Dr. Zucker is herself aware, her two groups were not equalized for socioeconomic level. The hospital population came from a state hospital, the ambulatory subjects from the Post-Graduate Center for Psychotherapy. The latter would be representative of at least a middle-income group.

We know from various studies that there is a positive correlation between social class, and degree and type of emotional impairment. Had Dr. Zucker collected her data from ambulatory subjects at a no-cost clinic—with which this reviewer has had considerable experience—her results might have been different and indicated that environment still plays a large part in the patient's ability to continue life in the community. This, of course, would in no way detract from the value of her 'new' instruments as predictive tools.

The study also yielded an unexpected finding, namely, the fact that ambulatory schizophrenics showed significantly more overt sexual responses, mostly of a bizarre and autistic nature, than did either the hospitalized group or a group of initially ambulatory patients who later had to be hospitalized. So far, excessive, conscious, sexual preoccupation has been considered a sign of ego weakness rather than a positive prognosticator. Dr. Zucker's conjecture that sexual preoccupation constitutes a concentration of the disturbance of identity in the sexual area and hence presupposes a higher level of ego integration, seems plausible and is supported by her data. In addition, one may assume that the obsessional nature of this preoccupation serves to isolate affect and thus to protect the ego from being overwhelmed by impulses.

Equally valuable are the inferences and implications of her study, not only for prediction of outcome but for the planning of an appropriate method of therapy. The author's discussion of fluidity of ego boundaries as a nonpathological phenomenon and her conclusion that flexibility of ego boundaries is an indispensable asset in the therapist is only one of many problems stimulated by her approach and in need of further research.

This book is written in clear, concise, and lucid language, is excellently organized, and well worth adding to a library of basic texts on problems in psychopathology.

GERTRUD M. KURTH (NEW YORK)

THE NOTEBOOKS OF SAMUEL TAYLOR COLERIDGE. Vol. I in Two Parts (1794-1804). Edited by Kathleen Coburn. Bollingen Series L. New York: Pantheon Books, 1957. Text, 546 pp.; Notes, 615 pp.

In recent years there has been a revival of interest in the writers of the romantic period and an awareness of their influence on modern thought. Samuel Taylor Coleridge, among the British writers, is

probably the most influential. His writings included poetry, philosophical essays, and literary criticism. He was also an inveterate keeper of notebooks; these were, he said, 'Alas, my only confidants'. In them he entered his thoughts, his observations, sentences and paragraphs from his readings, snatches of poems, and also his dreams and his fantasies. Miss Coburn is engaged in editing these notebooks, which will appear in five volumes, each to consist of two parts; one, the text of the notebooks and the other, critical and explanatory comments by Miss Coburn. The first of these volumes takes us from the year 1794 to 1804.

What interests the psychoanalyst in these notebooks is that one finds many ideas that have a striking affinity to the basic concepts of psychoanalysis, and it is, I believe, a valuable activity to examine this affinity and to conjecture on the historical relationship. There is a historical unity to thought, and psychoanalysis must find its place in this unity.

A distinction must be made between the superficial passing reference to psychological subjects in the works of some early writers and the deeper searching, the sustained effort to achieve understanding in the works of other writers. Coleridge is an outstanding example of the latter. Also one must distinguish between the valuable and significant contributions of the romantic movement and its excesses that led Goethe, for instance, to equate romanticism and sickness.

Throughout romantic writings there is an effort to study the unconscious mental processes. There is also a recognition of the importance of emotional factors and a sense of the continuity of the individual from childhood to adulthood, with concomitant sensitivity to the importance of childhood and of genetic, developmental experiences. Romanticism is interested in psychic processes, emotional conflict, dreams, myths, and fantasies, as well as in perception, thought, and imagination. It sees meanings in these processes and in mental illness. These are themes that also concern the psychoanalyst. Both romanticism and psychoanalysis seek to determine the relation of the irrational to the rational, of emotion to reason, of unconscious forces to consciousness.

Coleridge deals with these questions in many ways in the Notebooks—from observations of the behavior of children, reports of dreams, and queries about natural phenomena to philosophical and psychological speculations. The Notebooks also contain many mundane entries—recipes for beef stew, observations made on walking

tours, details of his many illnesses, etc. They are not easy to read. Although there is, in this double volume, a detailed index in three parts (names of persons, selected titles, and place names) we must wait for the final volume, with its subject index, to appreciate the full usefulness of the Notebooks. At present I limit myself to a small sampling, to illustrate their richness.

For instance, Coleridge comments on children and education, indicating his clear awareness of the continuity of the developmental process in the child and the importance of the mother-child relationship. With regard to education of children, he believes that 'love is first to be instilled, and out of love, obedience is to be educed' (Miscellaneous Criticism, edited by Raysor, p. 194). He notes (#838) that his son Hartley 'seemed to learn to talk by touching his mother'. In The Friend, we read that there is an essential value even in the illusions of childhood 'if men [are] good and wise enough to contemplate the past in the present, and so to produce by a virtuous and thoughtful sensibility *that continuity in their self-consciousness* which Nature has made the law of their animal life'. Helen Darbishire quotes this passage in an essay on Wordsworth in Major English Romantic Poets, and she comments that the '. . . simple dictum, "The Child is Father to the Man", to us a commonplace, was in Wordsworth's day a startling paradox'.

The subjects of sleep and of falling asleep fascinated Coleridge and there are many references to them. For instance (#1681), after taking 'a considerable quantity' of opium: 'I then put out the Candles & closed my eyes—& instantly there appeared a spectrum of a Pheasant's Tail, that altered thro' various degradations into round wrinkly shapes, as of (Horse) Excrement, or baked Apples—indeed exactly like the latter—round baked Apples, with exactly the same color, the same circular intra-circular Wrinkles. . . . —*Why those Concentric Wrinkles?*' I quote this note as an example of exquisite self-observation and for its closeness to well-known psychoanalytic observations.

By her comments on modern thought in many areas that are discussed by Coleridge, Miss Coburn's volume of notes on the text of the Notebooks is of special significance. In another note on falling asleep (#1718), for example, she refers to the writings of Bertram D. Lewin and Otto Isakower. When we turn to the subject of dreams, we find a wealth of speculation and observation.

Coleridge has many notes relating to unconscious psychic activity.

It is important to emphasize that he did not merely recognize the existence of unconscious mental activities, a common enough observation at his time and before his time, but that he sought to understand the relation of unconscious mental activity to consciousness, and that he brought out repeatedly the importance of increasing conscious awareness, what he termed *'enlivening the Consciousness'* (#1763). Miss Coburn comments: 'In a sense the whole contents of the Notebooks are his attempt to enliven his consciousness'. In one note (#1575) Coleridge offers a suggestion for the recovery of lost memories: 'Renew the state of affection or bodily Feeling, same or similar—sometimes dimly similar/and instantly the trains of forgotten thought rise from their living catacombs!'.

There is a wide gap between the artist who grasps a concept instinctively and the scientist who validates it by careful observation or experimentation. Coleridge belongs between these two extremes. He had many intuitive insights, but he also tried to go further: he observed acutely; he thought carefully, using the scientific knowledge of his time; and, within the limits of this knowledge, he sought to establish a psychological order. Coleridge outreached himself. His confusions, contradictions, and obscurity are those of a thinker who asked questions that could not be answered in his time because a method to answer them had still to be discovered. In one note (#1798) he says: 'Of a great metaphysician/ he looked at [into ?] his own Soul with a Telescope/what seemed all irregular, he saw & shewed to be beautiful Constellations & he added to the Consciousness hidden worlds within worlds'.

The reviewer of the Notebooks in The London Times Literary Supplement suggests that the metaphysician is S.T.C. himself. I see it also as a portent of the genius of Freud.

Whatever brilliant insights we may find in Coleridge, whatever foreshadowing of psychoanalytic thought, we must remember that it was Freud who first applied to the insights a new technique that transformed philosophy and poetry into science. Where Coleridge practiced self-observation, Freud practiced self-analysis. The difference between the two has profoundly affected the science of psychology.

DAVID BERES (NEW YORK)

PSYCHOLOGICAL STRESS. Psychoanalytic and Behavioral Studies of Surgical Patients. By Irving L. Janis. New York: John Wiley & Sons, Inc., 1958. 439 pp.

Dr. Janis, whose studies of group responses to disaster are well known, continues his line of investigation in this new work. In it he focuses primarily on the reactions of the individual and uses the surgical operation as the paradigm of the disaster experience. A supervised study of an analytic patient, who underwent a surgical procedure in the course of her analysis, makes up the first part of the book. In the second part, the reactions of surgical patients are explored by means of intensive interviews and questionnaires. The theoretical discussion of methodology which precedes the clinical data is excellent. The book represents much work; a large body of data is set forth with painstaking care and what emerges is often an impressive validation of basic psychoanalytic theory. There are many points on which one might take issue with the author's own theoretical formulations. However, the great virtue of the book lies in the fact that the data are there and one is free to argue with the author as to their significance.

With the growth of psychiatric services in general hospitals psychoanalysts are increasingly called upon to understand and to contribute to the care of the physically ill. This study helps to show how exciting a place the general hospital can be for the psychoanalyst with an investigative bent. It should also provide interesting data for discussion in residents' training seminars.

LOUIS LINN (NEW YORK)

POOR MONKEY. The Child in Literature. By Peter Coveney. London: Rockliff Publishers, 1957. 297 pp.

This is a study of childhood as it has been presented in literature written for adults from the late eighteenth to the early twentieth century. Among the authors discussed are: Blake, Wordsworth, Coleridge, Dickens, George Eliot, Lewis Carroll, Henry James, Forrest Reid, Mark Twain, Butler, Joyce, Virginia Woolf, D. H. Lawrence. Through the image of the child Blake and Wordsworth expressed something they considered of great significance and thus

introduced an essentially new element into literature. 'Within the course of a few decades the child emerges from comparative unimportance to become the focus of an unprecedented literary interest.' For this development Coveney sees the following reasons: 'In childhood lay the perfect image of insecurity and isolation, fear and bewilderment, vulnerability and potential violation', emotions the authors themselves experienced. The author also discusses Freud's Infantile Sexuality and comments that in spite of Freud's destruction of the idea of childhood's innocence, his ideas were more in sympathy with the romantic assertion of childhood's importance and its vulnerability to social victimization than with the religious concept of the child's corrupt nature. Coveney goes on: 'The religious idea of the child's fallen nature (which if taken seriously is a much more total denial of innocence than Freud's) never roused such popular hostility as the idea of the child's sexual nature'. There is an extensive bibliography of literary criticism.

LILI PELLER (NEW YORK)

SOCIAL CLASS AND MENTAL ILLNESS. A Community Study. By August B. Hollingshead, Ph.D. and Fredrick C. Redlich, M.D. New York: John Wiley & Sons, Inc., 1958. 442 pp.

The statistical and sociological findings in this community study are often likely to give the professional reader the feeling that he has known these matters all the time but could not prove them. With this publication comes the first rigorous approach to problems that should concern every psychiatrist. Psychoanalysts will discover more of the factors delimiting their available patient population from this research team's brush with such queries as: What is the sociological background of analysts and analytically oriented psychiatrists? By what paths do patients and psychiatrists of specific persuasion join? What kinds of people seek treatment? What makes a 'good' patient?

New Haven, Connecticut is the locus of this prodigious work begun in 1948 to inquire into two interlocked rubrics: Is mental illness related to social class? Does a mentally ill patient's position in the status system affect how he is treated for his illness? These findings pertain precisely only to this one New England metropolitan community, and other sections of the country might have skewed

conclusions because of local situations; however, it is likely that the findings for other areas in which there are psychoanalytic centers would not invalidate those reported in this first comprehensive census and analysis of *treated* mental illness.

Five hypotheses were formulated: 1. The prevalence of treated mental illness is related significantly to an individual's position in the class structure. 2. The types of diagnosed psychiatric disorders are connected significantly to class structure. 3. The kind of psychiatric treatment administered by psychiatrists is associated with the patient's position in the class structure. 4. Social and psychodynamic factors in the development of psychiatric disorders are correlative to an individual's position in the class structure. 5. Mobility in the class structure is associated with the development of psychiatric difficulties. Each hypothesis was tested with different kinds of data and different research methods. The first three utilize data drawn from the entire community—a macroscopic survey approach. The last two hypotheses are investigated by a detailed study of fifty psychiatric patients and their families—a microscopic clinical approach to be reported at length in a companion volume by other authors. This community of two hundred forty thousand people was large enough to enable the researchers to mask the identity of any person and yet small enough to study in detail.

Every person residing in the area who was in treatment with a psychiatrist either privately, in a clinic, or in a mental hospital between May 31 and December 1, 1950 is included in the census. The one thousand eight hundred and ninety-one patients so counted led the researchers to one thousand two hundred and eighty-seven psychiatrists (including those in New York City and elsewhere who treated these patients) for information. Forty of the psychiatrists were interviewed at least one hour to obtain personal data about themselves and their practices. Essential to the study is the stratification of the population into five classes; this is based on the first author's Index of Social Position. This Index is premised upon three assumptions: 1, that social stratification exists in the community; 2, that status positions are determined mainly by a few commonly accepted cultural characteristics; and 3, that items symbolic of status may be scaled and combined by the use of statistical procedures so that a researcher can quickly and reliably stratify the population. The three indicators of status utilized by the Index are: 1, the residential address of a household; 2, the occupational

position of its head; and 3, the years of school completed by the head of the household.

Hollingshead, as Professor of Sociology at Yale University, has described subcultures within each class which are characterized by the sharing of similar cultural values, attitudes, beliefs, and customs discrete from members of another class. A person who achieved a class status higher than that of his parental family is defined as being upward mobile. Ninety-five per cent of the community psychiatrists are categorized in class I. The thirty practitioners who lived in the community were divided into those who have an analytic and psychologic orientation (A-P group) and those who have a directive and organic orientation (D-O group). Among the many interesting statistics presented are the following: seventy-three percent of the A-P group have moved upward one or more classes. Though the A-P group came predominantly from Jewish homes and the D-O group from Protestant homes, fifty-eight percent of both of these had no contact with organized religion. The A-P group showed a much greater isolation from community organizations and activities.

More psychotics proportionately were found in the lower classes where also the awareness of psychic pain was more successfully denied. Major obstacles to psychotherapy existed in the differing values of upper-class psychiatrists and lower-class patients. Often they could not understand each other. People who tend to solve their problems through action find it almost incomprehensible to understand how words will help. Upper-class persons have developed greater capacity to think symbolically and to view interpersonal relations with interest; their superegos tend to show less serious defects.

This volume embraces the entire span of psychiatry and invites all practitioners to fill in their own scotomata. For all, it provides greater knowledge of the gestalt of contemporary psychiatry. It behooves the more socially detached of us to take this advantage to box the compass.

GERALD HILL (SAN FRANCISCO)

FIRO. A THREE-DIMENSIONAL THEORY OF INTERPERSONAL BEHAVIOR. By William C. Schutz. New York: Rinehart & Co., Inc., 1958. 267 pp.

This book presents a theory of interpersonal behavior based on a dynamic psychology of growth and development. FIRO stands for

Fundamental Interpersonal Relations Orientation and also for the psychological tests designed to measure the fundamental interpersonal relations orientation of the individual. The thesis is that a characteristic FIRO derives from three need areas: inclusion, control, and affection. The characteristic orientation of the individual can be measured and these measurements can be used to predict the behavior of an individual in a group situation.

Through analysis of various studies of parent-child relationships, of groups, and of personality types as described by Freund, Fromm, and Horney, the author attempts to demonstrate a concordance of view which can be expressed within the three areas (inclusion, control, and affection). He postulates that the individual's interpersonal behavior is derived from his earliest interpersonal relationships with his parents and relates the three areas with the oral, anal, and phallic-œdipal stages of psychoanalytic theory.

In applying the FIRO theory to group relations, the author postulates and demonstrates that the greater the compatibility of the group, the greater its goal achievement. Compatibility is carefully explicated as matching reciprocity of FIRO in group members in the three need areas and in amount of originating, receiving, and exchange of activity in each area.

In the chapters dealing with the analysis of compatibility of group members and group interaction and development the author is more at home and more convincing than when dealing with the application of his theory to individual development, parent-child relations, and adolescence. However, the book contains many provocative ideas for consideration, particularly by the group therapist, the organizer or the committee member.

MARJORIE HARLE (ROCHESTER, NEW YORK)

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ABSTRACTS

International Journal of Psychoanalysis. XXXIX, 1958.

Toward an Understanding of the Physical Nucleus of Some Defense Reactions. Phyllis Greenacre. Pp. 69-76.

The earliest 'defensive measures' arise ontogenetically in direct or reflex physical fashion. The body's use of water, for example, was originally a simple physical act. Later, the 'use of water' takes on a variety of psychophysical aspects and functions: as a 'mechanical pad protection', as a solvent of irritants, as a cooling agent, as a major element in chemical balance, and others. In other psychophysical responses, intrapsychic checks have become part of what would otherwise remain more or less simple physical reactions: internal ego differences now modify basic aggressive-defensive physical behavior. Greenacre poses certain questions about these speculations: What are the connections between the earliest physical reactions and later complex defensive processes? What are the problems of transition from stage to stage in development? What early conditions shape the later choice of special defense mechanisms? This paper deals with the influence of events while the primary process predominates.

Autism and Symbiosis, Two Extreme Disturbances of Identity. Margaret Schoenberger Mahler. Pp. 77-83.

Both the autistic and the symbiotic forms of childhood schizophrenia reveal ego defects, inborn or acquired very early. In the autistic type, one such defect may be the inability to discriminate the animate from the inanimate, and to perceive the mother as a living being. In the symbiotic child the basic ego defect 'is the insufficiency of the stimulus barrier', the mother consequently being unable to protect the child from external overstimulation. All relations to the object world and the concepts of the self are gravely disturbed. Object cathexis suffers especially during the phallic phase, when narcissistic cathexis becomes even more accentuated.

On the Development of Mental Functioning. Melanie Klein. Pp. 84-90.

Klein stresses the all-pervasive power of (and struggle between) the life and death instincts; the need to master anxiety arising from this struggle leads to ego function 'at least from birth onwards'. The primordial anxiety which the ego fights is the threat arising from the death instinct, the mechanism of projection protecting one from self-destructive drives. Beginning at birth both instincts are attached to objects, the breast first. All processes of internalization derive from introjection of the good (feeding) breast. Both the 'good' and the (projected) 'bad' breast are introjected, and thus can operate from within the ego. The strength of the ego is 'constitutionally determined' but affected also by external factors, and reflects the state of fusion between the two instincts. It is the complexity of the fluctuations in the constant activity of the two instincts that underlies the development of the ego. Klein discusses the origins of the superego, the clinical implications of these hypotheses in the neurotic and the psychotic, and other aspects.

JOSEPH LANDER

Bisexuality and Ego Structure. Edoardo Weiss. Pp. 91-97.

The processes of inclusion within and exclusion from the ego of features and tendencies contribute to the structuralization of the ego. Therefore, the more the ego 'egotizes' the tendencies of its own sex, while those of the opposite sex are turned into representations of desired objects, the more does it feel complete. Conversely, the more it fails to egotize the features corresponding to its own anatomical and physiological organism or egotizes features corresponding to the anatomy and physiology of the opposite sex, the more it feels mutilated. From this point of view the masculine and feminine castration complex is discussed.

AUTHOR'S ABSTRACT

The Allergic Object Relationship. Pierre Marty. Pp. 98-103.

This paper was also published in the Revue Française de Psychanalyse, and is abstracted from that journal in this issue.

Peptic Ulcer and Pseudo-Peptic Ulcer. Angel Garma. Pp. 104-107.

The symptoms of both groups of patients derive from genital conflicts and an oral digestive regression; the cruel maternal superego attacks the individual. Garma denies that a regressive alimentary longing for a good mother produces ulcers.

Noise, Speech, and Technique. W. Clifford M. Scott. Pp. 108-111.

Noises, as opposed to speech and words, link man to infancy and subhuman forms. Conscious or unconscious noises take the place of words at times: encouraging the patient to express noises may uncover new material for analysis.

On the Precœdipal Phase of the Male. P. J. van der Leeuw. Pp. 112-115.

Analysis of two men threw light on the problems arising from the impossibility of fulfilling their wish for pregnancy. Such men must overcome rage, jealousy, rivalry, impotence, destructive aggression. They see child-bearing as activity, achievement, and power. The problem is of great significance for the precœdipal male; whether there are characteristic differences from the little girl is not established.

The Two Genetic Derivations of Aggression with Reference to Sublimation and Neutralization. Barbara Lantos. Pp. 116-120.

Activity as distinguished from aggression derives from self-preservative instincts and is directed (with subjective aggression) against prey used as food. There is devouring oral aggressive energy. It is not directed against one's own species. In man these oral archaic energies, under primary repression, emerge as sublimations. But the aggression deriving from the sexual instinct is heavily colored with rivalry and the consequences of frustration. Thus in sibling relationships there is rivalry for love and food; in respect to parents there is frustration aggression, and ultimately, sexual rivalry. These two forms of aggression ('activity' and 'frustration aggression') differ genetically but are closely related.

Some Observations on the Psychopathology of Hypochondriacal States. Herbert Rosenfeld. Pp. 121-124.

Chronic hypochondriasis is more than regression: it is a defense against a confusional state with which the ego has been otherwise unable to cope. The ego splits the confusional state from the mental sphere, converting it into the hypochondriacal symptoms. Oral sadism is prominent in such situations.

The Manifold Possibilities of Therapeutic Evaluation of Dreams. Werner Kemper. Pp. 125-128.

Dreams can be interpreted in accordance with various conceptions. The 'classical' interpretation is related to real and fantasied experiences. The 'interpretation of transference' appeared later in the development of analysis. The 'subjective interpretation' views the manifest dream as a reflection of inner experiences, or projected externalizations of parts of the dreamer's personality. 'Categories interpretation' relates to the instinctual demands underlying the dream. The concept of 'formal peculiarities of the dream' refers to dreams typical for some people: groupings of dreams, dreams in the form of thesis and antithesis, or questions and answers, and other characteristic forms. What aspect of interpretation to employ depends on the momentary situation in the analysis, the presumed significance of the dream, and the analyst's judgment emerging from his 'freely suspended attention'.

On the Process of Psychoanalytical Inference. R. E. Money-Kyrle. Pp. 129-133.

The arguments regarding the scientific validity of analysis as a method are examined. The author proposes that one's psychoanalytic training in drawing inferences about oneself is related to the projections involved in the 'anthropomorphic' reasoning which enables a man to obtain a picture of what other people think in day-to-day relationships. The analyst's reasoning processes differ only in degree from these other (relatively) unsophisticated reasoning processes.

On Delusional Transference (Transference Psychosis). Margaret Little. Pp. 134-138.

Some nonpsychotic patients, including those with perversions, character disorders, and other problems, are unable to profit from transference interpretations because the analyst is for them too real and too absolute a representative of the parent. This situation exists where there are serious defects in the sense of identity; separateness from the mother has become an intolerable threat. The therapeutic problem with such patients requires special emphasis on the simple and forceful presentation of reality.

Sterility and Envy. Marie Langer. Pp. 139-143.

Hostility to a fertile mother and inability to identify oneself with her are seen as the basic factor in infertile women. In seven out of eight cases studied, a catastrophic reality connected with the idea of maternity (such as maternal death or psychosis) re-enforced the flight from fertility. The problems of envy appear in the transference situation.

On Arrogance. W. R. Bion. Pp. 144-146.

Where life instincts predominate, pride becomes self-respect. Where death instincts predominate in the personality, pride becomes arrogance: this, coupled with frequent references to curiosity and stupidity, Bion finds in some patients who must be permitted to employ projective identification, without which they cannot survive.

Magic and the Castration Complex. Emilio Servadio. Pp. 147-150.

A dream which the author believed telepathic in origin led to various conclusions, principally the idea that unconsciously the magician accepts symbolic castration in exchange for magical domination of precœdipal objects.

A Screen Memory and Myth Formation in a Case of Apparent Precognition. Lajos Székely. Pp. 151-158.

The circumstances of an apparent episode of precognition during analysis demonstrated clearly that in fact the patient had completely forgotten details throwing an entirely different light on the matter. He had a premonition that he would, within a few minutes, meet a former sweetheart whom, he said, he had not seen for twelve years. The 'premonition' came true. What he forgot was that the preceding week he had repeatedly spoken of having seen her under conditions closely connected with the site of the encounter of which he had 'precognition'. Conflict led to the repression of the knowledge of having previously seen her, and of having spoken (in the analysis) of her.

JOSEPH LANDER

Some Thoughts on Postpartum Respiratory Experiences and Their Relationship to Pregenital Mastery, Particularly in Asthmatics. Anita Bell. Pp. 159-166.

This is a study of the earliest attempts at mastery beginning with postpartum respiration, and continuing through the pregenital phases. These attempts at mastery and their influence on the utilization of aggressive energy are illustrated by comparative studies of a severe asthmatic treated by analysis and a child predisposed to asthma.

AUTHOR'S ABSTRACT

Dentition, Walking, and Speech in Relation to the Depressive Position. Arminda A. de Pichon-Riviere. Pp. 167-171.

The small child, fearful of losing and destroying the indispensable breast (real or introjected) suffers increased anxiety when it acquires teeth which could fulfil the destructive fantasy. Other aspects of maturation occurring about this time, such as walking and increased capacity for symbolization, tend however to reduce anxiety. The need to protect the breast (the mother) re-enforces the existing impulses toward such maturation; walking and talking enable the child to remove itself from the mother to an increasing degree. Also, new relationships with the outer world permit displacement of the destructiveness away from the mother.

Ego Reintegration Observed in Analysis of Late Adolescents. Carl P. Adatto. Pp. 172-177.

As heteroerotic relationships develop, tensions and symptoms decrease. In the later phases of adolescent maturation, ego activity is directed to 'restoration' and 'reintegration' with consequent ego mastery of instinct and superego, and better control of external reality. As this occurs, the quality of the analysis changes: the adolescents become benign, friendly, but no longer deeply involved in the analytic process.

Fear of Death. Notes on the Analysis of an Old Man. Hanna Segal. Pp. 178-181.

The successful eighteen-month analysis of a seventy-three-year-old psychotic man revealed that death symbolized persecution and retaliation, remnants of unresolved earlier problems. Analysis enabled him finally to experience the ambivalence he had all his life been unable to face; he could then surrender the unreal aspects of his fears, and readapt to a normal life with normal attitudes toward old age and the prospect of death.

Struggle Against the Introjects. Gustav Bychowski. Pp. 182-187.

This extension of earlier papers on the relation between the ego and the introjected images discusses the problem of ambivalence toward those images. Special devices are employed in the unsuccessful attempts to extrude the introject: self-destructive acting out, alternation between paranoid and flight reactions versus passive masochistic submission. Clinical illustrative material is presented.

Maternal Narcissism and the Œdipus Complex. Henry Harper Hart. Pp. 188-190.

Hart examines the role of maternal narcissism and penis envy in intensifying the male œdipus complex. Women with these traits overvalue their sons (who represent the mother's penis) and correspondingly undervalue their husbands. The son, unable to identify himself with an adequately esteemed father, fails to achieve satisfactory masculinity for himself.

The Ego and the Function of Ideology. Willy Baranger. Pp. 191-195.

'Ideology' here means 'every system of abstract ideas . . . [which] represents that which is real and man's action upon that which is real'. It includes scientific, philosophical, religious, and other conceptions and systems. Ideologies take on various ego functions: defense, control, object restoration, and relationship to reality.

Psychodynamics of Motility. Bela Mittelmann. Pp. 196-199.

The vicissitudes of skeletal motility, which is a source of pleasure and of reality testing, contribute both to normal and to pathological development. Understanding of these data may be indispensable in treatment.

Variations in Classical Psychoanalytic Technique: An Introduction. Ralph R. Greenson. Pp. 200-201.

In this introduction to a panel discussion on the subject, Greenson discussed

very briefly the relation between patient and analyst, what each does, the goals of treatment, and a short definition of analytic technique.

Remarks on Some Variations in Psychoanalytic Technique. Rudolph M. Loewenstein. Pp. 202-209.

This was the main presentation of the panel mentioned above. Distinction is drawn between 'modifications' and 'variations' in technique. 'Modifications' consist of curtailment of spontaneous productions, preference for manipulation rather than interpretation, and any procedures that jeopardize the formation or resolution of the transference neurosis. Flexibility in application of the rule of abstinence, outside the transference, is a 'variation'. Eissler's concept of parameters, required in treatment of disturbances of the ego, is another. Loewenstein discusses situations in which 'interventions' (parameters) may be employed. Some interventions foster rapport, facilitate the transference, prevent future difficulties, and regulate the level of psychic tension. Under special conditions, it is permissible to afford minor gratifications within the transference. Confrontation and clarification are among the steps preliminary to interpretation. Variations may be necessary in the finding of 'traces' of past psychic processes and their interpretations. Variations from traditional rules concerning depth, sequence, and timing of interpretation or how and when one interprets transference manifestations depend on the total defensive organization and ego structure of the individual patient.

Technical Variation and the Concept of Distance. Maurice Bouvet. Pp. 211-221.

It is difficult to distinguish variations from modifications; intuitive insight is often the guide to deviations from the rules. Variations in classical technique must be directed toward establishing and maintaining the optimal distance (*'rapprocher'*) between patient and analyst. Both activity and passivity are determined by this need, especially for the psychotic; the level of anxiety and the role of projection are guides to what is needed. Deliberate technical variations should be introduced only when indispensable for fostering (and later reducing) the transference neurosis; such variations should be subject to the rules laid down by Eissler concerning parameters. If a particular variation in technique produces the desired 'distance', it may be viewed as correct analytically. Bouvet illustrates in precise fashion, by a case history, his successful use of seven parameters during the analysis of a seriously disturbed (probably psychotic) patient.

Remarks on Some Variations in Psychoanalytic Technique. K. R. Eissler. Pp. 222-229.

It is not enough for each analyst to define how he uses a given term; in spite of such definition, terms carry a load of traditional meaning which leads to confusion. Any element of technique can be misused by the patient as a focal point of resistance, which is resolved by interpretation. This fact leads Eissler to conclude that classical technique rests on interpretation as the exclusive or prevailing tool. Questions, properly framed, fall within his category of interpretation. When direct interpretation arouses unmanageable resistances, one can 'smuggle'

interpretation in by means of pseudoparameters (for example, a joke or repetition of what the patient has said). Intellectualization, a major problem of resistance, poses special difficulties in the matter of the language used in interpretation. Eissler examines the whole problem of the language of interpretation. The analysis of adolescents clearly illustrates the variations that may be necessary, the flexibility that is essential for the analyst, who may be called on to employ in rapid succession the classical technique, the strengthening of repression to control delinquent tendencies, and the devices employed with schizophrenics. Analysis of adolescents does not obviate the need for later analysis. Eissler concludes with two observations: that we can demonstrate errors in practice more easily than we can formulate a general code of procedure; and that between a 'brilliant' analysis and one that is conducted simply with great stress on the avoidance of errors, he prefers the latter.

A Special Variation of Technique. Annie Reich. Pp. 230-234.

Certain impulse-ridden characters or hysterics who act out suffer from an insufficiently internalized, rigid superego. They lack real love objects and an integrated ego. The pathological superego usurps the place of all other psychic structures. The analysis of one such patient remained at an impasse until Reich 'analyzed the mother' for the patient, reconstructing the picture of the dead mother from the fragments of data emerging in the analysis. In active fashion, Reich devalued the mother, expressing various judgments which demonstrated the mother's severe neuroticisms and destructive influence on those around her. This 'demotion' of mother, combined with careful analysis, yielded a highly gratifying analytic result. Such a procedure normally has no place in analysis but it effected the disintegration of the pathological superego.

Variations in Technique. S. Nacht. Pp. 235-237.

The traditional neutrality of the analyst is essential early in the relationship. Later in analysis, however, a picture of the analyst as a real individual helps many patients surrender masochistic and narcissistic satisfactions. There are also patients who require real kindness as a reparative gift to undo real, early traumas. Such variations carry risks, but awareness of these risks can prevent difficulties with countertransference and other problems.

Neurotic Ego Distortion: Opening Remarks to the Panel Discussion. Robert Waelder. Pp. 243-244.

Analysis has extended its scope beyond psychoneurosis, for which it is the 'causal [primary] treatment'. But in states such as delinquency, psychopathy, and character disorder we deal with processes other than repression and the return of the repressed. It is by no means clear that analysis is the treatment of choice, or effective treatment at all, in such cases. In its struggle against the appearance of a neurosis, the ego pays one or another price in ego distortion, and this price manifests itself in various ways.

On Ego Distortion. Maxwell Gitelson. Pp. 245-257.

In the type of patient under consideration, 'the entire psychic apparatus be-

comes rigidly integrated into what is preponderantly a defense-oriented pattern of adaptation'. The cases of 'ego distortion' represent a way of life, affecting the entire personality rather than being merely a disturbance of one of the major psychic forces, though a consequence of the distortion is serious disturbance in various ego functions. These patients are pathological character types rather than types of ego disturbance; the picture may be fixation or regression, infantile or schizophrenic. One group is built on the œdipal conflict, another on pregenital conflicts. The detailed case presentation illustrates Gitelson's thinking and inferences; he sees this patient's distortions as evidence of adaptive capacity and strength rather than ego defect or weakness. This patient achieved an 'energy balance' which may have prevented disintegration. Perhaps these 'borderline cases' are individuals in whom the anlage of the autonomous ego has not been constitutionally injured, in contrast with schizophrenics: strength, therefore, not weakness, is what one should infer concerning their adaptive process. They are perhaps better described as 'narcissistic personality disorders'.

Neurotic Ego Distortion. W. H. Gillespie. Pp. 258-259.

A grave problem in the discussion of neurotic ego distortion is the absence of a norm against which the 'distortion' or deviation is measured; norms depend to a large extent upon the culture. To think in terms of ego 'norms' or 'distortions' raises the question of the goal of analysis, which is influenced by problems of countertransference. A 'distorted ego' may be one which is different from one's own (or too much like it). This is especially pertinent to training analysis: so-called 'ego strength' may really be weakness, with too great estrangement of the ego from the id impulse.

Ego Distortion. Edward Glover. Pp. 260-264.

Fruitful discussion of what constitutes ego distortion requires more precise definitions than at present exist, as well as exact knowledge of the part or layer of the ego which is distorted, the how, when, and why, and relationships of the distortion. Complications arise from various other sources, among them the fact that even the 'normal' adult can manifest structural, economic, and dynamic dysfunctions. Glover suggests that the current totally unsatisfactory system of classifying mental disorders is a bar to urgently needed advances in diagnosis and prognosis. He offers a system of formulae under which much more precise designations of the nature of disorders can be indicated. He believes such precision in diagnostic formulation 'would immensely strengthen our capacity to assess the results of analytic treatment'.

Contribution to the Panel on Ego Distortion. M. Katan. Pp. 265-270.

'Ego distortion' needs to be distinguished from the ego's reaction in normal, neurotic, and borderline states. Katan conceives of ego distortion as a defect and a fixation, a reaction to an early (pre-superego) conflict; it does not start out as a defense but may secondarily become one. The other ego reactions mentioned are part of a regressive process. The primary identification of the 'as if' personality is an example of ego distortion, an attempt at belated ego formation. The 'pseudo as if' reaction occurs within the framework of a hysterical reaction.

Causes and Mechanisms of Ego Distortion. S. Nacht. Pp. 271-273.

Nacht sees ego distortion as an evidence of weakness: under conditions of too great stress, distortion rather than appropriate ('conventional') ego defense results. This concept distinguishes sharply, therefore, between ego distortion and the classic disturbances of ego function. A corrective and reparative experience (with the analyst) is required because the patient has really had 'a monstrous father or an abominable mother'. Satisfactory results with such patients necessitate a deeply positive attitude on the part of the therapist, who must be an objectively 'good object'. Otherwise the pathological behavior of such patients seems fixed and irreversible. The difficulties in such modification of conventional analysis require special skill in handling the countertransference.

Discussion on Ego Distortion. Herbert Rosenfeld. Pp. 274-275.

Rosenfeld discussed the clinical manifestations described by Gitelson, stressing the transference situation and the patient's use of mechanisms frequently seen in psychotics.

JOSEPH LANDER

Bulletin of the Menninger Clinic. XXII, 1958.

The Unitary Concept of Mental Illness. Karl Menninger with Henri Ellenberger, Paul Pruyser, and Martin Mayman. Pp. 4-12.

During the past two centuries in Europe there has been an alternation between the trend toward multiplication of psychiatric disease entities and the trend toward nosological simplifications. In America these two trends developed side by side. They were represented by Kraepelin's specific entity concept and the unitary concept of Adolf Meyer. The former trend prevailed. However, the present tendency is toward development of 'simpler, more holistic, and process-oriented concepts'. There is growing realization of the danger inherent in use of concepts of specific entities. Terms become reified and develop harmful connotations: 'The word schizophrenia becomes a damning designation'. The authors propose a unitary concept of mental diseases in which quantitative rather than qualitative differences are assumed to exist between the mental states of individuals. The mental health (or mental illness) of an individual may be taken as indicative of the effectiveness of his ego's efforts to cope with and to reconcile various conflicting pressures, internal and environmental. In mental illness the ego succeeds in these efforts 'at the cost of emergency-coping devices which may be painful. Psychiatrists are apt to look upon mental illness as an indication of ego failure. But now this "failure" acquires a different meaning. Beset by a variety of stresses, the ego tries to insure survival and optimal adaptation at the least cost, and in this it has succeeded.'

The Theory of Ego Autonomy: A Generalization. David Rapaport. Pp. 13-35.

In the solipsistic Berkeleian view, man is totally independent of the environment and totally dependent on the forces and images residing within him. By contrast in the Cartesian view, man is born with a 'clean slate' upon which experience writes: he is totally dependent on the outside world and free from

internal forces which, in this concept, do not exist. Observation confirms neither of these views, but suggests a relative independence of the ego from both id and external reality. This independence from the id is referred to as the autonomy of the ego from the id, and the independence from external stimulation may be referred to as the autonomy of the ego from external reality. The autonomy of the ego from the id is guaranteed by the inborn apparatuses that differentiate into the ego's means of orientation, of reality-testing, and of action. These are the memory apparatus, the motor apparatus, the perceptual apparatus, and the threshold apparatuses, and are called the apparatuses of primary autonomy. The primary guarantees of the ego's autonomy from the id are, therefore, the very apparatuses that guarantee the organism's adaptation to the environment. The second guarantees of ego autonomy from the id are the apparatuses of secondary autonomy which are formed as a result of learning. The ultimate guarantees of the ego's autonomy from the environment are the instinctual drives which guarantee the persistence of, for example, pathological behavior countermanded by the environment. The proximal guarantees of the ego's autonomy from the environment are the cognitive organizations, ego interests, values, ideals, ego identity, and superego influences, which also play a causal role in the persistence of many behavior forms.

The ego's autonomy from the id is interfered with when the instinctual drives are intensified, as during adolescence or the climacteric. It is interfered with also in situations of sensory deprivation (during Hebb's experiments, for example). In these situations the ego apparatuses of secondary autonomy break down for lack of stimulation from the environment. These structures need nutriment (to use Piaget's term) for their maintenance.

The outstanding conditions which impair the ego's autonomy from the environment are: 1, massive intrapsychic blocking of the instinctual drives; 2, maximized needfulness, danger, and fear, which enlist the drives to prompt surrender of autonomy; 3, lack of privacy, deprivation of stimulus-nutriment, lack of memorial and verbal supports, all of which seem to be necessary for the maintenance of the structures (thought-structures, values, ideologies, identity) which are the proximal guarantees of this autonomy; 4, a steady stream of instructions and information which, in the lack of other stimulus-nutriment, attain such power that they have the ego completely at their mercy.

The ego's autonomy from the id may be impaired either when its necessary dependence on the environment is excessively increased or when environmental support is excessively decreased. Likewise the ego's autonomy from the environment may be impaired when either its necessary independence from or its necessary dependence on the id becomes excessive. Since these autonomies are always relative, these extremes are never reached. Only relative autonomy of the ego from the id (that is, only autonomy within the optimal range) is compatible with a relative (optimal) autonomy of the ego from the environment, and vice versa.

Effective application of psychoanalytic technique brings about a shift in the balance of autonomy, increasing autonomy from the environment, and decreasing autonomy from the id. Hospitalization tends to reduce the environmental stimulus-nutriment necessary to those structures which guarantee the ego's autonomy from the id and from the environment. On the other hand, the removal

of the patient from his usual surroundings to a hospital tends to deprive those structures, which have become part of the patient's pathology, of their stimulus-nutriment and thereby undermines their effectiveness and persistence.

Not only is stimulus-nutriment ordinarily necessary for the maintenance of various psychic structures; it is probable also that it is necessary for their development. Furthermore, as Erikson has emphasized, even though ego development is co-determined by drives and environmental stimulus-nutriment, this development follows a lawful sequence of its own: it is autonomous. This autonomous ego development is a primary guarantee of ego autonomy.

It has been observed that certain structures can persist and remain effective even when deprived of external stimulus-nutriment. These structures are maintained ultimately by internal (drive) stimulus-nutriment. To explain the maintenance of certain structures in situations of extreme stimulus deprivation (as in concentration camps) it may be necessary to assume intrasystemic coöperation (in the ego) of forces. By this means one substructure of the ego gives rise to ego forces which, in initiating (motor or thought) activity, provide stimulus-nutriment to other substructures, enabling them to function and to give rise to their own brand of ego interests. In turn they initiate activity providing stimulus-nutriment for yet other ego substructures. It seems probable that closed circles of such mutually sustaining structures can persist within those limits which show up ultimately as the relativity of autonomy.

'The ego's autonomy may be defined in terms of ego activity, and impairment of autonomy in terms of ego passivity. The old adage, that freedom is the acceptance of the restraints of the law, returns to us here with renewed significance. The elementary phenomenology from which we started seems to have led us into the very center of metapsychological considerations.'

Is Mental Health Possible? Paul W. Pruyser. Pp. 58-66.

In this paper, which was originally a convocation address, Pruyser concludes that mental health is a desideratum, but in the hierarchy of values is subordinate to allegiance to reality. Mental health does not necessarily mean absence of anxiety or guilt, nor is it a static attainment. Paraphrasing Kierkegaard's statement about being a Christian, Pruyser concludes his article with the statement, '. . . one never is mentally healthy; one can only strive to become so'.

Healing. Seward Hiltner. Pp. 83-91.

This paper is from the preface to the book, Pastoral Theology, by Hiltner, a professor of pastoral theology. Healing is defined as 'the restoration of functional wholeness that has been impaired as to direction or schedule, or both'. The conditions that make healing necessary result from these types of causal factors: defect, invasion, distortion, and decision. By decision Hiltner does not mean necessarily conscious decision, 'Yet . . . there is some factor of choice which, however small, in this or that instance, may nevertheless prove prognostically decisive'. Certainly illness is not the result of 'sin' in the primitive sense. Yet to the extent that incorrect decision is a factor in illness 'we must regard sin as crucial in many forms of serious impairment'.

The Role of Faith in Psychotherapy. Paul Bergman. Pp. 92-103.

The old faith that the world is good and that the individual living in it partakes of this goodness is losing adherence. There is also a new faith that a man may, through his behavior or action, increase or defend the area of goodness in his life or in the lives of others. All faith has its roots in the child's unity with the mother, which in states of satisfaction it feels as altogether good. The old faith takes the short-cut of fantasy to the original goodness, while the adherent of the new faith hopes that through knowledge he may alter his world to make it better, although he may be well aware of the extreme difficulties involved. The realm of psychotherapy may be thought of as encompassing the phenomena associated with the breakdown of faith. Today inspirational therapies are disguised as scientific therapies. Even therapies which require the patient slowly to modify his mental structures depend on a faith that his efforts will gradually be rewarded.

JOSEPH WEISS

American Journal of Psychiatry. CXIII, 1957.

Medicolegal Aspects of Transvestism. Karl M. Bowman and Bernice Engle. Pp. 583-588.

The analyst frequently encounters transvestite strivings and enactments in his analytic cases, but he may not often see the true transvestite. This paper presents a valuable, broad picture of the historical, medical, and legal aspects of extreme eonism. Reported incidence is higher in males, but the authors suspect a high incidence in women. Transvestite behavior is often interwoven with other sexual deviations. The transvestite may actively seek mutilation or removal of the sex organs in order to enhance both masquerade and fulfilment, and the surgeon who fulfils the patient's demands may face being charged with mayhem. The Moore test (skin biopsy to determine chromosomal sex difference in body cells) fails to show female morphology in the skins of a small series of true male transvestites, suggesting that no organically caused 'intersex' is involved. Nevertheless, sexual typing in human beings reveals a broad spectrum from strong to weak, with the probability that there is a subtle degree of intersexuality in man. The authors emphasize the prevailing conviction that treatment of the transvestite by any means, including psychotherapy, is unlikely to restore appropriate sexual identity and interests; there is no reported instance of such success. Mutilation has sometimes produced better adjustment, but the authors deplore the use of surgical alteration aimed at satisfying the transvestite's need to be more like the other sex. Rather they recommend intensive psychotherapy aimed at reducing tension and improving acceptance of the status quo.

Seizures and the Menstrual Cycle. Bernard Bandler, I. Charles Kaufman, James W. Dykens, Maxwell Schleifer, Leon Shapiro. Pp. 704-708.

The notion that a relationship exists between epileptic seizures in a woman and her menstrual cycle is as old as Hippocrates and as recent as Lennox. The authors review briefly the literature that supports this connection, then carefully proceed to refute it by a multidisciplinary study of thirty epileptic women. They

utilized the Shorr technique of daily vaginal smears and basal temperatures to divide the menstrual cycles of the women into five phases: ovulation, progestation, premenstruation, menstruation, and proliferation. They carried out weekly psychiatric interviews, repeated psychological tests, frequent electroencephalograms, and hydration determinations, against which data they noted the frequency and time of occurrence of seizures in each woman over a three-year period. Fifty-seven per cent of the women themselves believed that there was a relation between their seizures and menstruation, but the study revealed that there was no such phase-preference. Instead, seizures occurred at random through the whole menstrual cycle. Some of the women showed an individual tendency to seizures in a particular phase of their cycle, but this heightened incidence was not more frequently related to the menstrual phase than to any of the other four phases. This heightened predisposition to seizures at a particular phase seemed to be determined most strongly by psychological factors centering around the conscious and unconscious meaning of the phase to the particular woman, and the data indicated that changes in phase-preference can occur with shifts in the emotional conflicts of the subject.

Epidemiological Studies of Chronic Frustration-Hostility-Aggression States. Frederick C. Thorne. Pp. 717-721.

It is the author's thesis that anger, unlike anxiety, is readily transmittable, contagious, and a genuinely epidemiological phenomenon. A ten-year study of twenty-four persons in two families over four generations is reported. It emphasizes the presence of states of chronic anger involving all the individuals concerned in circles of frustration, hostility, and aggression. Because overt hostility, fighting, suspicion, temper tantrums, and taking sides had caused severe deterioration of family relationships, and separation, divorce, institutionalization, or open violence were imminent, many members of the family had to be treated concurrently. Within the families the pattern was started by the domineering, hostile, arbitrary behavior of a powerful and materially successful parental figure in one generation who was violently hated but also needed by both his peers and descendants. Various emotional disorders, including paranoid reactions, somatizations, behavior disturbances of childhood, alcoholism, manic depressive psychosis, and congeries of character disturbances, in the various members of the families, are described as responses to chain reactions of overt anger in manifold expression, occurring in epidemic fashion. It is the author's contention from these data that the contagion of these states of anger is a reflection of the inescapable, alloplastic impact peculiar to the emotion of anger, whereby those who are the targets for the anger tend to reciprocate in kind or pass the anger along to others or back to the source of origin, or suffer emotional breakdown when these modes fail to solve the situation of stress. Thorne emphasizes the great limitations of treating only one subject in a group torn with such hostility, and advocates instead concurrent treatment of the various participants.

The presentation is vivid and stimulating, but the author's preoccupation with but one aspect of a complicated situation gives the impression of a monochrome. One misses the rest of the spectrum that should include at least a sketch of the libidinal forces and identifications of this fascinating group interaction.

Mental Health Implications of a General Behavior Theory. James G. Miller. Pp. 776-782.

This paper is of some interest to the analyst. The several disciplines represented at the Mental Health Research Institute of The University of Michigan have tried to arrive at a mutually acceptable set of operational propositions regarding general behavior theory. These disciplines include psychiatry, anthropology, medicine, mathematical biology, social sciences, and history. The workers attempt to define, in neutral terms acceptable to all and expressive of the concepts of each, the laws operative in all living systems, extending roughly from viruses through societies. They consider all behavior as an exchange of energy within an open system, or from one such system to another. Any exchange of energy across a boundary results in some alteration or distortion of the form of the energy. Each system has its environment in which it functions, and subsystems within it for which it is the environment. All living systems tend to maintain in steady state many variables by means of negative feedback mechanisms that distribute information to their subsystems which keep these in orderly balance; they thus also affect the equilibrium between the system and its environment. There is a range of stability for the system within its environment, dependent upon the capacities for correction inherent in the equilibratory capacities of the subsystems.

The author reports numerous specific propositions to be derived from this general theory, and summarizes several. Two of these seem to have particular relevance for ego psychology: 'living systems respond to continuously increasing stress first by a lag in response, then by an overcompensatory response, and finally by catastrophic collapse of the system'; and 'systems which survive employ the least expensive defense against stress and increasingly more expensive ones later'. A large part of the paper is devoted to the description of empirical researches designed to test, on widely different behavioral systems, these several propositions. The intention is to bridge the chasm that exists between current understanding of 'normal' behavior and psychoanalytic theory, and to clarify the relations between physical and psychological processes in mental illness and health.

Changing Concepts of Therapy in a Veterans Administration Mental Hygiene Clinic. E. Pumpian-Mindlin. Pp. 1095-1099.

The author entertainingly describes the evolutionary changes in psychotherapeutic concepts and procedures in a Veterans Administration Clinic in Los Angeles over the past ten years, and in so doing manages most graphically to describe the stages in the growth of a therapist. He scans various 'insufficient' conceptual positions and goals assumed in sequence by the changing therapist: 'Hostility Is Not Enough' refers to a phase in which it was hoped that abreaction and enactment of rage by the patient would relieve his symptoms; this hope foundered with awareness that there remains the patient's need to utilize effectively this newly released hostility. 'Love and Affection Are Not Enough' depicts a phase of overwhelming permissiveness by a therapist bent on making up for all his patient's unmet needs; this behavior only hinders the patient's expression

of negative feeling and his emergence from the sticky mutual dependence that ensues. In the next phase, 'Interpretation Is Not Enough', a high saturation of interpretations utilizing psychoanalytic concepts (many of the therapists were at this time undergoing psychoanalysis) was essayed. There was a tendency to regard all patients as 'reducible to certain common denominators' of defense and ego strength. Yet since each patient so regarded tended to continue to behave as his unique self, this conceptual scheme gave way to the present phase, 'Integration Is Not Enough', which consists of awareness that the ego is more than the sum of its defenses, and that it has an autonomy of its own and coördinating, integrative, and synthetic capacities that command the therapist's respect. The author prefers the term 'ego potential' to 'ego strength', subsuming under the former the present and potential capacities of a person to integrate his various drive-energies into a synthetic whole unique for him alone. In this conceptual advance the author still finds inadequacies, and points to the need to define more precisely the difference between continuous and discontinuous ego functions; the need to study the vicissitudes of object relations; the value in distinguishing between the 'ego' as an intrapsychic structure and the 'self' as the totality of the individual in interaction with his environment. To the author it is the self and not the ego that interacts with environment; this self contains personality functions that have emancipated themselves from their infantile origins and that can continue to make adequate relation to reality even when other functions have sharply regressed. Understanding this action between the patient's self and his objective reality represents the 'Stage of Ecology', wherein the awareness of all the foregoing phases as psychic reality is integrated with awareness of objective reality.

JAMES T. MC LAUGHLIN

Psychosomatic Medicine. XX, 1958.

A Clinical Psychologist's Perspective on Research in Psychosomatic Medicine. Fred Brown. Pp. 174-180.

The author offers devastating but careful reflections on the splendorous years just past in psychosomatic medicine. He notes the fading of enthusiasm for correlating particular diseases with specific personalities, specific test configurations, and other variations on the themes of oversimplified specificity. He makes some incisive criticisms of psychosomatic research and deplores publications based upon poorly conceived research and findings without cross-validation. However the author cautions lest disillusionment breed discouragement: '. . . even a science has its learning plateau when further progress is seen only dimly and when a latency phase can be mistaken for stagnation'. He calls for longitudinal scope and multidisciplinary future research, and the abandonment of 'naïve conceptions of specificity'.

A Personality Study of Asthmatic and Cardiac Children. Edmund C. Neuhaus. Pp. 181-186.

The author concludes from the responses of one hundred sixty-nine asthmatic, cardiac, and well children to three psychological tests that although the asth-

matic children show 'neurotic personalities' (anxious, dependent, and insecure) in comparison with the controls, they are not significantly distinguishable in their performance from either the cardiac group or the well siblings of the sick children. He failed to find specific and separate cardiac and asthmatic personalities.

Pregnancy Fantasies in Psychosomatic Illness and Symptom-Formation. Bernard Bressler, Per Nyhus, and Finn Magnussen. Pp. 187-202.

Eight cases are presented in some detail in which unconscious pregnancy fantasies are expressed by psychophysiologic symptoms. The authors conclude that these somatically expressed pregnancy fantasies occur in response to a threat to dependency gratifications and that the pregnancy fantasy serves to compensate for the loss, and deal with the consequent hostility of frustration. All eight patients had a primitive character structure, some became psychotic, and all demonstrated marked oral regression. The authors interpret the pregnancy fantasy as a regressive bid for a return to a primitive ego state 'in which both the wish to have mother inside and the wish to be inside mother is fulfilled—a magical state of mutual incorporation'. Faulty early relations of mother and child are to blame.

Some Psychiatric Aspects of Surgical Practice. Bernard C. Meyer. Pp. 203-214.

The author offers here an eleven page compendium on psychiatric aspects of surgical practice which defies summarization. It is a paper crammed with data and practical techniques derived from clinical experiences. It will prove valuable and stimulating to anyone dealing with surgical patients. Section headings in the article are: Psychological Make-up of Patient and Presurgery Setting; Preoperative Reactions; Postoperative Reactions; Psychologic and Psychotherapeutic Aspects of Mutilation; Untoward Reactions Toward Successful Surgery; Problems in Diagnosis; Interpersonal Relationships of Medical Personnel. The author calls upon all medical personnel who deal with surgical patients to avoid leaving 'the patient-as-person . . . threatened with extinction by fragmentation, leaving behind him an odd assortment of calibrated readings, metaplastic cells, radioactive isotopes, and several feet of glass tubing which, assembled in whatever combinations imaginable, fail to add up to a recognizable facsimile of man'.

The Maternal Instinct in Animal Subjects: I. Philip F. D. Seitz. Pp. 215-226.

This is the report of a careful study of maternal behavior in rats. The larger the litter, the less total maternal activity in caring for the offspring. The author takes a long leap from rat to human behavior in suggesting that these findings might be helpful in counseling parents toward 'realistic attitudes about their capacities for parenthood'.

Role of Sexuality in Epilepsy. Bernard Bandler, I. Charles Kaufman, James W. Dykens, Maxwell Schleifer, Leon N. Shapiro, and Joseph F. Arico. Pp. 227-234.

The authors analyze psychological evidences accompanying two seizures in one patient to support the thesis that epileptic seizures occur in relation to heightened sexual conflicts. The old nonspecific quantitative seizure-threshold theory

of occurrence is criticized, as is also the theory that seizures relate only to increases of aggressive instinctual tension. Detailed clinical evidence implicates rape, pregnancy, and erotic transference fantasies in touching off seizures. Heightened death wishes toward mother occasioned a psychosis instead of epileptic seizure, but in this reaction, too, rape and pregnancy fantasies play an important role. In fact, all of this patient's 'sexuality' was so heavily admixed with aggressive drives and was of such a primitive pregenital type that the alterations forced upon previous theories are slight. The authors imply that the seizure serves a function of resolution or discharge of the sexual tension, but they offer no clinical evidence or elucidation of this hypothesis.

An Analysis of a Thought Model Which Persists in Psychiatry. Albert E. Schlefen. Pp. 235-241.

The author contrasts two conceptual models of mental illness, exogenous and endogenous. The history of the classical medical concept of exogenous etiology is discussed, and the idea 'adherence to the exogenous disease model' resulting from denial of the unconscious is developed and expounded. The effects of this theory upon therapy and the therapist are discussed.

Relationship of Separation and Depression to Disease. Arthur H. Schmale, Jr. Pp. 259-277.

This is a study of forty-two patients, aged eighteen to forty-five, who were hospitalized on a general medical service. The major hypothesis is that important changes in object relationships antedate the onset of illness. Fears of separation from an important person occurred before onset of the disease in forty-one of the forty-two patients. Occasionally depressive symptoms accompanied these fears. Actual object loss was found in only five of the patients, but thirty patients suffered threatened and symbolic object losses. Reports and inferences as to affect before the illness showed feelings of helplessness or hopelessness in a large majority of the patients studied. The object loss or onset of depressive symptoms occurred within twenty-four hours before the onset of illness in sixteen patients, and within one week before the onset of illness in thirty-one patients. Ten selected case abstracts are appended and lend credibility to the study.

An Investigation of the Relation Between Life Experience, Personality Characteristics, and General Susceptibility to Illness. Lawrence E. Hinkle, Jr., William N. Christenson, Francis D. Kane, Adrian Ostfeld, William N. Thetford, and Harold G. Wolff. Pp. 278-295.

Each of one hundred Chinese, similar in many of their major life experiences, was examined for four hours by an internist, a psychiatrist, a clinical psychologist, and an anthropologist. Some were seen also by a sociologist. Each individual was ranked according to the episodes of illness per year over a comparative twenty-year period. Twenty-five of the one hundred subjects accounted for half of all episodes of illness in the group. Two groups were compared psychologically: the ten most frequently ill and the ten least frequently ill. From this comparison it is concluded that the actual life situations encountered are less important than the attitudes with which these situations are perceived. The more

frequently ill were those more 'inner directed', more burdened by conflict, and more challenged by their experiences. They tended to be more responsible individuals and less satisfied with their lives than the rather contented, relatively anxiety-free and conflict-free members of the healthier group.

Masochism and Interstitial Cystitis. John E. Bowers, Berthold E. Schwartz, and Maurice J. Leon. Pp. 296-302.

The authors discuss a masochistic young woman addicted to surgery, whose enuresis began nineteen months after the death of her mother. Subsequent battles over the enuresis with the aunt, who took her mother's place, made bladder control the issue through which to express hostility and invite retaliation. Besides having enuresis, bladder infections, and surgical traumas to the bladder, the patient was later found to have developed interstitial cystitis.

Observations on Blood Pressure and Other Physiologic and Biochemical Mechanisms in Rats with Behavioral Disturbances. Alvin Shapiro and Julian Melhado. Pp. 303-313.

To test the hypothesis that psychosomatic disease is the end product of an adaptation to chronic stress, the authors exposed rats to different types of conditioning procedures designed to evoke chronic anxiety. They found that rats with pre-existing hypertension were made worse, but chronic organic disease did not develop in any of the study animals. The authors conclude that the theory that chronic emergency response causes psychosomatic disease in rats is inadequate.

Modifications of the Oropharyngeal Bacteria with Changes in the Psychodynamic State. Stanley M. Kaplan and Louis A. Gottschalk. Pp. 314-320.

The authors report a carefully executed study to validate their earlier report of a demonstrable correlation between one patient's psychodynamic state and the streptococcal population of her oropharynx. The streptococci fared best when shame, guilt, and masochistic behavior were prominent.

Effect of Hypnosis on Intraocular Pressure in Normal and Glaucomatous Subjects. Allen S. Berger and Paul J. Simel. Pp. 321-327.

Four normal subjects and seven glaucomatous patients demonstrated a wide variation and lability of intraocular pressure in response to various suggestions. In general, hypnotic suggestion produced no consistent alterations in any of the subjects, even where relief of subjective symptoms was reported. A hypnotically suggested anxiety-rousing situation failed to increase intraocular pressure as expected. Strangely, a direct waking suggestion of symptomatic relief produced a lowering of tension in all the glaucomatous patients. Follow-up studies were not done.

JUSTIN SIMON

International Journal of Group Psychotherapy. VII, 1957.

The Economy of Aggression and Anxiety in Group Formations. Joachim Flescher. Pp. 31-39.

Freud ascribed the binding forces in group formation to suggestibility, to the

leader as ego ideal, and to identifications of members with each other. The author however points out the role of anxiety, aggression, and the need for self-preservation. To illustrate: history is an account of collective aggressions; groups are formed for self-preservation whenever external danger exceeds the individuals' strength; anxiety due to unreleased aggression is basic to group formation. Libidinal forces the author believes to be secondary; they appear only after the group has been formed. Civilization and Its Discontents describes man's primary hostility to man, and its threat to the integration of society.

Some Determinants, Manifestations, and Effects of Cohesiveness in Therapy Groups. Jerome D. Frank. Pp. 53-63.

Cohesiveness, the attraction of a group for its members, is a vital therapeutic factor, as communication is maintained despite hostility, and mutual respect is built. The members of the group collectively provide that very norm from which individually they deviate.

Observations on Transference and Object Relations in the Light of Group Dynamics. George R. Bach. Pp. 64-76.

Maturation of group members is not solely due to insight into individual history and pathogenesis; it is also due to acceptance by peers. 'Set-up operation', or the induction of acceptable behavior, and 'Theragnosis', or the pooling of insights, are offered as additions to the lexicon of group therapy.

Group Dynamics of Acting Out in Analytic Group Therapy. Isidore Ziferstein and Martin Grotjahn. Pp. 77-85.

Acting out is activity in which the patient unconsciously discharges repressed impulses, usually oral in origin, warding off inner tensions. It is essentially a resistance. It contrasts with working through, or understanding, interpretation, and integration of the oral impulse. The unconscious impulses and anxieties of other group members tend to induce acting out in individuals.

Toward a Common Basis for Group Dynamics. Helen E. Durkin. Pp. 115-130.

Therapeutic and other groups have a common basis in ego introjection. Differences must be taken into account before applying principles of one class to the other; variations of cohesiveness and desire for exclusive possession of the therapist hinder cohesion, as do jealousy and hostility. In nontherapeutic groups these feelings are suppressed. In therapeutic groups intragroup transferences foster cohesion, which lessens as transference bonds loosen.

Analytic Group Art Therapy. H. Azima, F. Cramer Azima, and E. D. Wittkower. Pp. 243-260.

A pilot, open group of five neurotic patients was seen for three months five times a week for one hour, and ten other neurotics (psychosis suspected in two) three times a week for a year. The first part of the session was spent in creative activity, the second in free association to what had been made in the first. These

combined activities facilitated, 1, uncovering and working through drives and defenses, 2, uncovering conflicts and encouraging insight, and 3, uncovering and working through transferences.

Value of a Daughter (Schizophrenic) and Mother Therapy Group. Kathryn Kirby and Shirley Priestman. Pp. 281-288.

Two weekly sessions of six mothers and schizophrenic daughters who attended regularly, and five who came intermittently showed that such sessions provide a realistic dynamic picture of the family and its effect on the patient. The resultant insights into family relationships were self-perpetuating and highly beneficial.

Some Aspects of Group Psychotherapy With Alcoholics. Sidney Vogel. Pp. 302-309.

A male alcoholic participated in group therapy. The therapist's and group's permissiveness and understanding mitigated the patient's conflict, stimulated self-examination, revealed hostility, and helped the working through of defenses. Groups may be made up entirely of alcoholic personalities, or they may be heterogeneous. Other therapies for alcoholism can be used simultaneously.

HAROLD PIVNICK

Concurrent and Combined Group Therapy of Chronic Alcoholics and Their Wives. Lester H. Gliedman. Pp. 414-424.

For five months nine male alcoholics met twice weekly with the writer while their wives met twice weekly with a woman psychologist. After this period four of the couples took part in combined weekly sessions. The duration of the alcoholism averaged thirteen years. Therapy revealed that for these patients alcoholism offered, 1, a means of withdrawal; 2, facilitation of socialization; 3, punishment of self or others; 4, dampening of sorrow or elation; 5, management of frustration or conflict; and 6, shedding of responsibility. Lessening of drinking coincided with improvement of marital relationships, though none of these marriages had been made on a mature basis.

Activity Group Therapy With Emotionally Disturbed and Delinquent Adolescents. Marion Stranahan, Cecile Schwartzman, and Edith Atkin. Pp. 425-436.

Groups of six to ten boys or girls ranging in age from thirteen to fifteen met weekly for an hour and a half for nearly three years. They had been traumatized by emotional deprivation and economic hardship and were considered 'hard to reach'. Acting out of feelings was believed to be more suitable to such inarticulate individuals than interview therapy. A permissive, accepting 'good family' setting was offered, in which much gratification of infantile needs took place at first. Gradually the patients became able to face reality by fair and realistic testing of their problems and behavior. Feelings were ventilated, and the therapists also concerned themselves with the patients' lives outside the meetings.

The Chestnut Lodge Kiosk: Observations on a Psychiatric Hospital's Work Project. Part II. William W. Hinckley. Pp. 437-449.

Chestnut Lodge, Rockville, Maryland, has a new, light, ornamental building which serves as newsstand, display center, bandstand, soft drink and snack bar, source of coffee for the doctors' lounges, and center for socialization. It is a business enterprise with a budget of a thousand dollars a month. Eighty per cent of the patients, mostly schizophrenics, built it, in groups of three to thirty individuals. It has been operated by patients (elected by fellow-patients) almost from the start. The staff also participated in the building, and the enterprise was described as therapy for all. Unexpected and unknown resources of community interest and creative usefulness were tapped. The reasons for the successful results are discussed.

GERALDINE PEDERSON-KRAG

Revue Française de Psychanalyse, XXII, 1958.

The Allergic Object Relationship. Pierre Marty. Pp. 5-35.

Certain 'object relations' are typical of patients with allergy, especially those with asthma and eczema. This type of person constantly seeks to get closer to the object. The capital desire of the allergic patient is to get so close to the object as to merge with it. This wish to make identification of oneself exists in all human beings, but in normal object relations the subjects can let go of their objects, whereas the allergic person seems to be able to exist only with the support of the object.

Inclusion of Parents in the Analytic Situation, and the Handling of This Situation Through Interpretation. A. A. de Pichon-Riviere. Pp. 243-250.

This paper was presented at a seminar on Child Analysis during the Twentieth International Psychoanalytic Congress held in Paris in 1957. (Other papers read at this seminar were published in the International Journal of Psychoanalysis, and are abstracted under that journal heading in this issue.)

In the analysis of a child whose anxieties do not permit it to be separated from its parents, can one give interpretations that may be traumatic to the parents? Dr. Pichon-Riviere believes that we can and must do so, provided we consider the couple, mother and child or father and child, as together being the patient. She describes a case of a four-year-old boy who had killed a cousin two months old by beating it over the head with a bottle and filling its mouth with cotton wool. The analyst was able, through her relationship first with the mother and then with the father, and through play interpretation with the child, to uncover and clarify many conflicts of the parents, including the father's repressed hostility to his own siblings and the mother's guilt at having left her son alone with the baby cousin.

RUTH EMMA ROMAN

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Meetings of the New York Psychoanalytic Society

Milton Malev

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 11, 1958. ON PSYCHOANALYTIC METAPSYCHOLOGY. David Rapaport, Ph.D. and Merton M. Gill, M.D.

A systematic reassessment of the psychoanalytic metapsychology is proposed. Following a historical review of the various meanings given to the term, metapsychology, in Freud's writings, the authors define metapsychology as the study of the assumptions underlying psychoanalytic theory. It consists of propositions stating these assumptions, and gives points of view which guide the analysis of psychoanalytic observations to their full explanation. The need for reassessment is made necessary by the fact that no such systematic statement is extant; that the classic triad of metapsychological points of view (dynamic, topographic, and economic) appears in need of reconsideration as a consequence of the impact of the structural point of view on topography; that the genetic point of view, which is implicit in daily psychoanalytic work, is not included with the classic three in Freud's writings; that increased interest in relationships to reality, initiated by the development of ego psychology, may make necessary the addition of an adaptive point of view; that it would provide a stable set of references against which one can evaluate a variety of shortcomings in psychoanalytic studies which purport to be metapsychological.

The authors propose to replace the topographic point of view (that the mental apparatus is described in terms of the systems Ucs, Pcs, and Percept-Cs) by the structural (Id, Ego, Superego). This change is advocated on the following grounds: analytic observations indicate the existence of forces which are in opposition to the id, and which produce powerful effects, and which nevertheless remain unconscious, so that the proposition that neurosis is a conflict between Ucs and Cs becomes untenable; also the topographical concept allows no room for ego autonomy or for the origin of mental processes elsewhere than from the id.

The inclusion of the genetic point of view is justified by the fact that psychoanalysis is in its nature a genetic psychology, and its omission hitherto is explained by the fact that it has been taken for granted.

The third proposed change from the classic triad, the inclusion of the adaptive point of view, is no more than making explicit in metapsychology what Freud implied on both the specific psychoanalytic and the metapsychological levels; and it is what Hartmann explicitly explored and stated on the specific psychoanalytic level and more than just implied on the metapsychological level. Many quotations from Freud support this opinion, as does this one from Hartmann: 'The concept of adaptation is a central concept of psychoanalysis, though its implications are not discussed by us frequently and penetratingly'.

The five proposed points of view, then, are as follows: that the psychoanalytic explanation of any psychological phenomenon must include propositions concerning 1, the psychological forces involved (the dynamic); 2, the psychological energies involved (the economic); 3, the enduring psychological organizations

involved (the structural); 4, the history (genetic); 5, the relationship to the environment (the adaptive).

Each of these five points of view, that together constitute the proposed systematic metapsychological framework of psychoanalysis, is the expression of the sum of a number of psychoanalytic propositions which compose it. These propositions are 'explanatory statements concerning psychological phenomena', while the metapsychological points of view are 'systematic statements concerning the assumptions underlying these propositions'.

The propositions included in each of the assumptions are as follows.

Dynamic: There are psychological forces; they are defined by their direction and goal; they exert their effects in accordance with the law of the independence of forces; they may interact in accordance with laws other than that of the independence of forces.

Economic: There are psychological energies; they follow the law of conservation; they tend toward discharge; they are subject to transformations which increase, decrease, or bar their tendency toward discharge.

Structural: There are psychological structures; they are configurations of a slow rate of change; they are configurations within which, between which, and by means of which mental processes take place; they exist in hierarchies of subordination and subsumption.

Genetic: All psychological phenomena have a defining history; they originate in innate givens, which undergo maturation according to an epigenetic ground plan; the historically earlier forms are superseded by its later forms, but remain potentially active; at each point of psychological history the sum total of potentially active earlier forms co-determine any subsequent psychological phenomenon.

Adaptive: Adaptedness exists at every point of life and is that correspondence between the mental apparatus and environment which insures survival; adaptation exists at every point of life and is the (autoplastic and/or alloplastic) process which maintains, restores, and improves adaptedness; the adaptation relationship is mutual: part of the environment to which man adapts, adapts to him also; ultimately, man adapts to his society; both his physical and human environment are products and representatives of his society's history.

To demonstrate the validity, necessity, and sufficiency of these five assumptions, and the four propositions included in each, the authors applied them, as an example, to the psychoanalytic theory of affects.

MILTON MALEV

October 14, 1958. QUESTIONS REGARDING THE CHANGING CONCEPTS IN THE THEORY OF PSYCHOANALYTIC ETIOLOGY. Robert C. Bak, M.D.

The author reviews the shift in his thinking regarding the role of aggression in etiology noting that, despite developments relating to the theory of aggression, clinical implications have not yet been exploited. Proceeding from Freud's work, an attempt is made to synchronize current concepts with special reference to the contributions of Hartmann, Greenacre, and Mahler, and especially to the concept of neutralization. Changes in Freud's concepts are apparent especially with

regard to the importance of constitutional factors (for example, in the outcome of the œdipus conflict), in emphasis upon pregenital development and upon the critical influences of the mother-child relationship in the first months of life.

In The Ego and the Id Freud introduced his hypothesis regarding the distribution and the relationship of sexual and aggressive drives, and the concept of instinctual fusion, defusion, and the role of displaceable energy. Bak noted, however, that the dual theory of drives throws no light upon the manner in which the two classes of instincts are fused. The separation of aggression from sexuality is a requisite, according to the author, for a theory of conflict that stresses the role of aggression in conflict. Since there is no particular theoretical basis for the assumption of instinctual fusion, is this assumption essential? The work of Hartmann and his collaborators support the view that the sadistic component in sexuality may be the cathexis of the object with simultaneous but modified discharge of both sexual and aggressive drives, and not necessarily a fusion of them. The concept of an aggressive drive independent of a libidinal one is supported, according to the author, in Freud's paper on termination, in the reference to spontaneous tendency to conflict, and the intervention in this tendency of an element of free aggressiveness. The author believes that the conflict is independent of the quantity of libido, and that in object choice and in the conflict about the choice of an object, the decisive element is the free aggressiveness.

As to the question whether the sexual or aggressive demands call for defensive action on the part of the ego, it is noteworthy that in The Ego and the Id Freud emphasized that the safety of the ego, or the self, is largely dependent on the preservation of the object; and that in the cases of Little Hans and of the Wolf-man, the instinctual impulse that was repressed in both phobias was a hostile one against the father. He resorted again, however, to the concept of instinctual fusion, and formulated his view that there are scarcely ever pure instinctual impulses but mixtures in various proportions of the two groups of instincts—a view, according to the author, that does not solve the problem.

There are three important factors to consider in the adaptation to reality of the ego: 1, neutralization; 2, object relationship; 3, the defensive capacity of the ego. Deneutralization plays a pivotal role in this etiological scheme. Clinically the libidinal pressures seem less apt to cause disturbances or evoke defenses than the aggressive ones. Libidinization tends to preserve the object through modification of aggressivity. From the standpoint of adaptation, it is important that the ego provide discharge for sexuality and hinder the discharge of aggression.

There seems to be an increasing range in the ego's defense against aggression in the clinical scale that extends from hysteria to schizophrenia. In paranoia there is more discrimination with respect to the object of aggressions than in schizophrenia; the patient's whole world is threatened and the only defense is deep regression of the ego.

Dr. Bak concluded with two questions. Could it be that the severity and the depth of the regression, paralleling the severity of the illness, depends on the extent to which there is (a) indiscriminateness of the aggression and, (b) its aim

for total destruction? These questions concern the basic problem of defense, regression, and object relationship. This is a thought-provoking problem for the development theory and has an important bearing on technique.

DISCUSSION: Dr. Heinz Hartmann commented that often in analytic thinking what may be taken for granted is in reality hypothetical, as Dr. Bak emphasized. In commenting on Freud's writing, he noted that there is little of the problem of simply quantifying the relation of the libidinal and aggressive factor entering into the etiology of neurosis. In tracing the motivational role of libido and aggression there is the question of why such prominence was ascribed to aggression by Melanie Klein. Aggression has to be studied in the framework of psychic structure to be understandable. It is not the total quantity of aggression in the disposition to conflict, but only the quantity of free aggression that is important, and the capacity of the ego to neutralize aggression. The libidinal component, however, is not to be overlooked in etiology.

Dr. Margaret Mahler asked if we are not inviting a one-sided theory of etiology in which the libidinal drives would be relatively ignored. Should the concept of fusion and defusion be so easily dismissed, since it is not necessarily inconsistent with the concept of neutralization? In the absence of libidinal gratification, there is a displacement and discharge of aggression, as a consequence of which the psychopathological problem of free aggression is a possible outcome. The preservation of the object is only a partial truth, whereas the damming up of the libido is the first to be feared by the ego. She felt that what Dr. Bak was presenting represented only one facet of the psychopathology which plays a major role in the aggressive illnesses.

Dr. Edith Jacobson thought that the etiological role of aggression was perhaps overemphasized and did not see much difference between Dr. Bak's viewpoint and that of Melanie Klein.

Dr. Rudolph Loewenstein thought the paper was timely in that it attempts to formulate our changing views regarding the role of aggressiveness in the etiology of neurosis. He stressed the importance of aggressive drives in the conflict between the drives and the ego, and also the role of free aggression in such conflicts regardless of the forces involved. Briefly cited is the situation in male homosexuality where the ego is incapable of using neutralized aggression in its defenses. We should also not lose sight of the importance of the aggressive drive in contending successfully with external as well as internal dangers. The danger lies in the conflict between libidinal and aggressive drives and the ego. He concluded that for man, as for any animal, aggression is an essential factor in survival.

Dr. Victor Rosen raised the question whether Dr. Bak was really talking about etiology in the strict sense. So far as a primary cause is concerned, we remain dependent upon the concepts of constitution or trauma. Once the internal conflict has been established, one may consider the possibility that thereafter, the vicissitudes of the aggressive component might give rise to the disastrous aftereffects. Dr. Max Schur's discussion called attention to structure, particularly of the superego, where defenses are created against unsatisfied wishes, and not biological needs. He questioned whether from a structural point of view one can say

that defense is basically directed against aggresssion. Does the danger arise from destruction of the satisfying object or loss of that object? A case is cited where aggressivity covers up an intolerable libidinal fantasy.

Dr. Mortimer Ostow questioned whether aggression participates in the definitive conflict which precipitates the neurosis rather than in the development of the ultimate manifestations of the conflict. Dr. Emanuel Klein felt that Dr. Bak did not differentiate sharply enough between aggression against an object and aggression against a rival. He felt that Dr. Bak's ideas were more applicable to the precœdipal state.

Dr. Bak, in concluding the discussion, agreed with Dr. Klein that a differentiation has to be made: the object of the aggressive drive should be the rival and not the love object. Referring to Dr. Jacobson's comments, he stressed the importance of the concept of libidinal conflicts and especially that of maturation, but these are corollary to and connected with certain aggressive cathexes. Maturation, libidinal investment, and aggressive investment are parallel processes. In neurosis there is a lesser quantity of aggressive conflict to deal with than in psychosis. The greatest indiscriminate destructiveness is a corollary of the severest ego defects. The greatest danger to the ego is the loss of object and the isolation from sources of satisfaction, protection, or gratification.

ARCHIBALD GAULOCHER

November 11, 1958. A PROCEDURE FOR EVALUATING THE RESULTS OF PSYCHOANALYSIS. Arnold Z. Pfeffer, M.D.

A preliminary account of a procedure for the evaluation of results of psychoanalysis is presented. A theoretically ideal procedure would be reanalysis of previously analyzed patients with emphasis on analytic and therapeutic changes. As this is not practicable, the procedure followed was a series of interviews once weekly by another analyst. The analyst who had analyzed the patient participates in the study by providing the follow-up analyst with pertinent information prior to the follow-up study, and both analysts confer after the study. Nine patients were studied, and in this paper, two are discussed in detail.

The first patient was a young homosexual woman with a history of a disturbed social and family life. She was analyzed two and three-quarter years. The study took place four years after termination of her analysis. When analysis was terminated, she had greatly improved, had given up homosexual activity, could relate quite well to men, could accept her parents, and felt at ease in social situations. The study demonstrated that this improvement was maintained and the patient stated she needed no further treatment. She had married and become a mother. The study demonstrated the existence of certain residual problems. It was striking that a single follow-up interview evoked distinct transference reactions. This was true in all the cases studied. This rapid, open transference to the follow-up analyst, a phenomenon hitherto not described, is probably a displacement of residues of the analytic transference.

The second patient was less successfully analyzed. She was a young woman with severe anxiety, depression, fear of insanity, compulsive masturbation, and acting out. Three years after termination of a two-year-long analysis, her anxiety and depression had disappeared, but were replaced by conscious aware-

ness of anger and rage directed against her husband. An object had been substituted for symptoms. Her affect of rage was now a problem to her.

On the basis of the nine cases studied, some generalizations can be made. Most patients coöperated willingly in the study, an important motivation for this being the residual analytic transference. No analysis, however successful, resolves the transference totally. As a result of their analytic insight, the patients were able to communicate information relevant to their analytic progress, their current psychic functioning and adaptations. They were able to distinguish between resolved and partially resolved problems. Later similar study of the same patients was suggested to determine future reactions and adaptations to individually meaningful life events and maturational phases. Follow-up study provides a means of testing predictions made by the treating analyst at the end of the analytic experience, thus contributing some basis for the selection of patients and the termination of analyses.

DISCUSSION: Dr. Rudolph Loewenstein stated that the tool devised for evaluating results is one of great precision and yet of great flexibility. He stressed the usefulness of follow-up study as compared with reanalysis for purposes of evaluation. In the former the emphasis is on improvement and areas of conflict-free functioning; in the latter on pathology. In reanalysis the patient would tend to regress to early forms of transference much more markedly than in the follow-up study; also it is very difficult to determine what was accomplished in the previous analysis because most patients tend either to overidealize the first analyst or to turn against him with resentment. Dr. Charles Fisher pointed out that prior to the present project practically all studies in the literature dealing with the outcome of psychotherapy have utilized adaptive and behavioral indices as the only evidence of intrapsychic change, and have overstressed the factor of social adaptation as an indicator of improvement or cure. Evaluation of therapeutic change in terms of intrapsychic structure and functioning within a psychoanalytic framework has hardly ever been attempted. He stated that a particularly valuable contribution in Dr. Pfeffer's paper is the potential value of the residual transference as a means of evaluating the results of analysis. Dr. Harry Weinstock thought that it is doubtful at present whether we will be able to answer the question of how effective psychoanalysis is. One reason is our very unsatisfactory psychiatric nosology. The University of Minnesota is studying the language of psychiatry and the problem of diagnosis. The Menninger Clinic has abandoned diagnosis altogether and now operates only with the concept psychological illness. A careful study of diagnostically similar cases should go a long way toward evaluating results. One theoretically possible approach to the problem would be follow-up studies of psychoanalytic candidates. Dr. Victor Rosen commented that the residual transference in the follow-up suggests a number of aspects which require further investigation. Dr. Louis Linn, disagreeing with Dr. Fisher, found that in the case material presented too much emphasis was placed upon removal of symptoms (e.g., homosexual acting out) and far too little on changes in adaptation to everyday situations, daily functioning, mechanisms of defense, and character structure. He thought that the capacity for sublimation must be included in evaluation of results. The physical status of the patient is also to

be considered a criterion for success or failure of treatment. The occurrence of postanalytic organic symptoms may also be considered as a possible result of treatment. In his concluding remarks, Dr. Pfeffer stated that ego functioning will be considered in detail in future follow-up studies. He felt that the concept of cure is difficult to define as applied to psychoanalysis.

POUL M. FAERGEMAN

THE SAN FRANCISCO PSYCHOANALYTIC SOCIETY AND INSTITUTE held a series of lectures in which Anna Freud participated. The subject of the first address given on April 6th by Anna Freud was The Therapeutic Process. On the morning of April 7th Dr. Edward Weinshel presented a case, Negation as a Character Trait, on which Anna Freud opened the discussion. In the evening, Doctors Norman Reider, Victor Calef, and Emanuel Windholz participated in a panel on Special Problems of the Therapeutic Process in which Dr. Reider talked on Spontaneous Cures; Dr. Calef on Sisyphus, or The Endless Therapeutic Task; and Dr. Windholz on Therapy, a Threat to Health. The discussion here too was opened by Anna Freud. In the evening of April 8th Anna Freud delivered a lecture, The Problem of Research in Psychoanalysis.

An important aspect of the congresses of the INTERNATIONAL PSYCHOANALYTIC ASSOCIATION has always been that they provide an opportunity to meet colleagues from other psychoanalytic societies working in different parts of the world, and to have informal discussions with them about different problems arising in their work. To facilitate such meetings, the Subcommittee on Congress Design has recommended that on Monday and Wednesday evenings (July 27th and 29th) of the congress to be held in Copenhagen, an attempt be made to arrange after dinner, as an experiment, what it calls 'Technical At Homes'. One evening should center around *people* who have been following a particular line of research or thought in their work, and whom a certain number of members of the congress would like to meet in order to discuss it. On the other evening groups could be formed of members who are interested in certain *topics,* such as training problems, the application of psychoanalytic technique to the treatment of psychotics, etc. These 'Technical At Homes' could take place in the congress building and light refreshments made available.

In order to give members who will attend the congress the opportunity to think about these suggestions, the program committee has decided to publish this notice in the psychoanalytic journals and to circulate descriptions of proposed events together with their provisional program to all those attending the congress. They will also be asked to let the program committee know if there is any person they are particularly interested to meet. The congress organizers could then ask such people (if sufficient members wished to meet them) to be available on these evenings. The main organization, however, will have to take place at Copenhagen, and details will have to be announced on the first day of the congress. The program committee will delegate to a small subcommittee the task of coördinating the wishes of members and of making arrangements

for the evening discussions. It is realized that these 'Technical At Homes' are an experiment, but the program committee felt that they could be very valuable and might help to facilitate personal scientific contact.

The SOCIEDADE BRASILEIRA DE PSICANÁLISE elected in March 1959, for a period of two years, the following officers: President, Dra. Adelheid Koch; Secretary, Dr. Henrique Julio Schlomann; Treasurer, Lygia Alcantara Amaral.

THE DIVISION OF PSYCHOANALYTIC EDUCATION, Department of Psychiatry, State University of New York, Downstate Medical Center, is now in its tenth year of teaching and training students in psychoanalysis. In celebration of the anniversary and in honor of Dr. Sandor Lorand, the Founder and Director of the Division of Psychoanalytic Education, a dinner was held on April 4th, 1959, at the Essex House in New York City. Dr. Lorand was one of the pioneers in the establishment of psychoanalytic divisions in medical schools, and has demonstrated that such a faculty devoted to teaching and training psychoanalysts in accordance with the basic concepts of classic freudian psychoanalysis can not only function successfully in a medical school, but can exert a powerfully stimulating effect on the level of teaching and training in the Department of Psychiatry.

To further honor Dr. Lorand, the graduates and senior candidates of the Division of Psychoanalytic Education are establishing an open fund, the proceeds of which are to be used for a yearly award to be known as the Sandor Lorand Essay Award. This prize is to be given to the senior candidate or graduate of the Division of Psychoanalytic Education who, in the judgment of a committee selected by the Psychoanalytic Association of New York, presents the best paper of the year before the Association.

Phyllis Greenacre, M.D., New York City psychoanalyst and Clinical Professor of Psychiatry at Cornell University School of Medicine has received the 1959 CHARLES FREDERICK MENNINGER AWARD of the American Psychoanalytic Association. The Award is given annually by the Association for outstanding contributions to the theory and practice of psychoanalysis. Dr. Greenacre is known particularly for her psychoanalytic interpretations of such famous authors as Jonathan Swift, Thomas Mann, and Lewis Carroll, which have influenced the teaching of literature in college. She has also made important contributions to the understanding of child and personality development. The Award is named in memory of the father of Doctors Karl A. and William C. Menninger, the well-known psychoanalysts of Topeka, Kansas.

Doctors Helene and Felix Deutsch and Mrs. Beata Rank have been appointed to the faculty of the BOSTON UNIVERSITY SCHOOL OF MEDICINE, as announced by President Harold C. Case of the University and Dr. Chester S. Keefer, dean and director of the School of Medicine. The three, all residents of Cambridge, Massa-

chusetts, will hold the rank of honorary professor of psychiatry and will serve on the staff of the Massachusetts Memorial Hospitals.

Dr. Helene Deutsch, one of Freud's most celebrated disciples, is the author of The Psychoanalysis of the Neuroses and The Psychology of Women, which have been translated into many languages. Since 1937 she has been associated with Massachusetts General Hospital as an associate psychiatrist and member of the board of consultation and currently in an honorary position. She is a training analyst at the Boston Psychoanalytic Institute and a member of the American Psychoanalytic Association.

Her husband, Dr. Felix Deutsch, has served on the staff of Massachusetts General Hospital and the faculty of Washington University, St. Louis. In recent years he has been teaching at the Cushing Veterans Administration Hospital. A pioneer in psychosomatic medicine, he has published many articles in the field. His most recent book is The Clinical Interview in two volumes. He is a member of the Boston Psychoanalytic Institute and the American Psychoanalytic Association. The Doctors Deutsch will be consulting psychiatrists at the Massachusetts Memorial Hospitals.

Mrs. Rank is currently working on a gynecological research project at Peter Bent Brigham Hospital where she is consultant in surgery and psychiatry. She was co-founder and for many years co-director of the James Jackson Putnam Children's Guidance Center. A leader in training in child analysis at the Boston Psychoanalytic Institute where she is a senior member, Mrs. Rank has also been active in teaching child psychiatry at Massachusetts General Hospital and at the Judge Baker Guidance Center. A member of the American Psychoanalytic Association, she will be a consulting psychoanalyst at the Massachusetts Memorial Hospitals.

Dr. Margaret Mead, America's foremost woman anthropologist, has accepted a three-month appointment beginning April 1, as a Visiting Sloan Professor in the MENNINGER SCHOOL OF PSYCHIATRY. Dr. Mead is Associate Curator of Ethnology for the American Museum of Natural History and Adjunct Professor of Anthropology at Columbia University.

Psychiatrists and other physicians; Catholic, Jewish, and Protestant clergymen; social workers; industrial health experts; institution and government representatives spoke at the New York convention of Alcoholics Anonymous held Saturday, June 6, 1959, at Washington Irving High School, New York City. Recovered alcoholics from ten countries were also on the program. All sessions were open to interested professionals, as well as to members of A. A., the twenty-four-year-old worldwide movement now estimated to have three hundred thousand ex-alcoholics as members in ninety countries.