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## SOME OBSERVATIONS ON THE SENSE OF SMELL

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Freud's interest in the vicissitudes of olfaction, both in human evolution and in the psychosexual development of the individual, was documented as early as 1897. In a letter to Wilhelm Fliess (13, p. 232), he drew a parallel between the two and discussed the organic component of repression: 'To put it crudely, the current memory stinks just as an actual object may stink; and just as we turn away our sense organ (the head and nose) in disgust, so do the preconscious and our conscious apprehension turn away from the memory. This is *repression*.'

This line of thought was developed further by Freud in 1909 (16), when he stated that '. . . a tendency to osphresiolagnia, which had become extinct since childhood, may play a part in the genesis of neurosis'; and in a footnote added in 1910 to the Three Essays on the Theory of Sexuality (15) he said: 'Psychoanalysis . . . has shown the importance, as regards the choice of a fetish, of a coprophilic pleasure in smelling which has disappeared owing to repression'. Finally, in a footnote to Civilization and Its Discontents (17), he elaborated once more on the relationship between evolution and organic repression: 'Man's erect posture, therefore, would represent the beginning of the momentous process of cultural evolution. . . . There is an unmistakable social factor at work in the impulse of civilization toward cleanliness, which has been subsequently justified by considerations of hygiene but had nevertheless found expression before they were appreciated.' Freud concluded that anal eroticism is from the first subjected to the very 'organic repression' which initiated cultural development, and that it undergoes further modifications under the influence of the social factor which 'comes into play with the fact that in spite of all man's evolutionary progress the smell of his own excretions is scarcely disagreeable to him yet, but so far only that of the evacuations of others'.

These observations have since become an integral part of the psychoanalytic theory of psychosexual development and reaction-formation. Within the context of this theory, olfactory repression is viewed largely as a reaction against anal eroticism, although it is recognized, e.g. by Fenichel (10), that olfactory reaction-formations might also be related to the oral sphere. However, relatively few psychoanalysts have reported specific observations on the role of olfaction. Among the most important contributions on the subject are those of Abraham (1, 2), Ferenczi (11), Jones (20), Brill (4), and Fenichel (10).<sup>1</sup>

Abraham (1), in 1910, described a patient whose memories of early childhood were chiefly concerned with impressions of smell: 'If his attention was directed back to that time certain obsessive ideas would frequently come into his mind. . . . Many memories connected with smell occurred to him out of his later childhood, too.'

In an important contribution in 1932, Brill (4) recorded a number of clinical observations and surveyed some of the relevant literature, taking stock especially of the wealth of material assembled on the subject by Havelock Ellis. Without reviewing the same sources again here, it is pertinent to give at least a few excerpts from Ellis's (8) discussion of significant observations made by earlier physiologists and alienists concerning the relationship of the sense of smell to sexuality as well as to affective memory.

'We live in a world of odor', Zwaardemaker says, (*L'Année Psychologique*, 1898, p. 203), 'as we live in a world of light and sound. But smell yields us no distinct ideas grouped in regular order, still less that are fixed in the memory as a grammatical discipline. Olfactory sensations awake vague and half-understood perceptions, which are accompanied by very strong emotion. The emotion dominates us, but the sensation which was the cause of it remains

<sup>1</sup> Some authors, as Oberndorf (25) and Jones (20), have dealt with the closely related problem of respiratory introjection. The intimate link between the two processes is implied by Fenichel (10, p. 322) who characterizes smelling as a physiological model for introjection.

unperceived.' . . . Maudsley noted the peculiarly suggestive power of odors; 'there are certain smells', he said, 'which never fail to bring back to me instantly and visibly scenes of my boyhood'; many of us could probably say the same. . . . Ribot has made an interesting investigation as to the prevalence and nature of the emotional memory of odors (*Psychology of the Emotions*, Chapter XI). By 'emotional memory' is meant the spontaneous or voluntary revivability of the image, olfactory or other . . . [8, p. 56]. The intimate association between the sexual centers and the olfactory tract is well illustrated by the fact that this primitive and ancient association tends to come to the surface in insanity. It is recognized by many alienists that insanity of a sexual character is specially liable to be associated with hallucinations of smell . . . [8, p. 70].

Krafft-Ebing, who found olfactory hallucinations common in various sexual states, considers that they are directly dependent on sexual excitement (*Allgemeine Zeitschrift für Psychiatrie*, Bd. 34, Heft 4, 1877). Conolly Norman believes in a distinct and frequent association between olfactory hallucinations and sexual disturbances (*Journal of Mental Science*, July, 1899, p. 532) . . . [8, p. 71].

A neurasthenic sensitiveness to odors, specially sexual odors, is frequently accompanied by lack of sexual vigor. In this way we may account for the numerous cases in which old men in whom sexual desire survives the loss of virile powers—probably somewhat abnormal persons at the outset—find satisfaction in sexual odors. Here, also, we have the basis for olfactory fetishism . . . [8, p. 74].

Mantegazza has remarked that it is a proof of the close connection between the sense of smell and the sexual organs that the expression of pleasure produced by olfaction resembles the expression of sexual pleasures (*Fisiologia dell' Amore*, p. 176). Make the chastest woman smell the flowers she likes best, he remarks, and she will close her eyes, breathe deeply, and, if very sensitive, tremble all over, presenting an intimate picture which otherwise she never shows, except perhaps to her lover. He mentions a lady who said: 'I sometimes feel such pleasure in smelling flowers that I seem to be committing a sin'. It is really the case that in many persons—usually, if not exclusively, women—the odor of flowers produces not only a highly pleasurable, but a distinctly and specifically sexual, effect . . . [8, p. 102].

Of considerable interest in this context is Ellis's discussion of the relationship between natural odors and artificial perfumes. He points out that the perfumes extracted from natural products or produced by chemical synthesis 'are themselves either actually animal sexual odors or allied in character or composition to the personal odors they are used to heighten or disguise' (8, p. 91), and that 'perfumes in many cases have the same sexual effects as are primitively possessed by the body odors' (8, p. 94).<sup>2</sup> Ellis expresses his own view on the sense of smell most aptly when he states that 'no sense has so strong a power of suggestion, the power of calling up ancient memories with a wider and deeper emotional reverberation' (8, p. 55).

The contributions made by contemporary experimental psychology to the problem of repression are discussed at some length by Rapaport (30). Pertinent for our study are experiments mentioned by him, by Ratcliff (31), and by Wuerdemann (32). The latter, as cited by Rapaport (30, p. 65), 'summed up the results of his experiment as follows: "1. Experiences of great feeling-intensity and depth are remembered better than those weak and superficial in feeling. 2. An especially unique feeling-quality causes also better and longer retention. 3. That feeling promotes retention is explained by the fact that the remembering of part-experiences becomes frequently possible only by their reviving whole-attitudes (*Gesamthaltungen*) or diffuse whole-qualities which we have shown to be identical with feelings. 4. Especially clear was the memory revival related to diffuse whole-qualities due to olfactory impressions. 5. The so-called associative power of odors is explained as a result of special emotionality of the impression"' (32, pp. 567-568).

Of great interest are the experiments and findings of Penfield (26, 27), who demonstrated that 'recollective hallucinations' of

<sup>2</sup> Ellis also mentions the smell of leather as an example of an odor which 'has a curiously stimulating sexual influence on many men and women', and which 'seems to occupy an intermediate place between the natural body odors and the artificial perfumes for which it sometimes serves as a basis'. He agrees with Moll regarding the important role played in shoe fetishism by 'the associated odor of the feet and of the shoes' (8, p. 100).

repressed experiences may readily be produced under direct sensory stimulation of the temporal lobe. Some implications of this, from the standpoint of psychoanalytic theory, were discussed in a series of brilliant papers by Kubie (22, 23, 24). As particularly significant he stressed that such recall is much fuller and encompasses far more than one is commonly able to recapture.

This background of observations and recent psychological and neurophysiological investigations seems to have stimulated but little psychoanalytic research thus far. And yet, we frequently treat neurotic conditions presenting features that are pertinent to the study of osphresiolagnia and of its vicissitudes in the analytic process.

According to Fenichel (10, p. 322), 'the olfactory eroticism which has undergone repression becomes revived whenever there is a regression toward anal or respiratory eroticism'. More generally, however, we may speak of individuals who have successfully repressed their olfactory eroticism and of those who have achieved only a partial repression. Among the latter, many are found to have developed strong defenses against the coprophilic impulses; such reaction-formations usually become an integral part of the character structure. I refer here particularly to the *renifleur* (Freud [16]). This anal character type was described also by Abraham (2), who even observed a specific kind of facial expression in such individuals, as though they were constantly alert toward an invasion by olfactory sensations. Often characterized by a marked æstheticism, they range from those for whom every body odor is a threat to be warded off by all sorts of defenses to the 'smell fetishist' (in contradistinction to the fetishist proper). Here the coprophilic tendencies stand in the service of genital gratification. Usually there is a long, uninterrupted history of these tendencies from early childhood into adolescence which has persisted in a milder form through adulthood.

A male patient of thirty-six was uncommonly preoccupied

with olfactory sensations. As a child he smelled the nightgowns of his mother and six-year-old sister, and in his polymorphous sexual activities he liked to smell the anal area of the bodies of boys as well as girls. The analysis revealed that his father, with whom he shared a bed until the age of eleven, used to put his finger into the boy's anus and referred to this practice as a 'tickling game'. At seventeen the patient started heterosexual intercourse which was usually initiated by anal olfactory stimulation. Between the ages of nineteen and twenty-three there seems to have been a temporary decrease of coprophilic interest, but it became re-enforced when he married at twenty-four. In his relations with his wife the erotic stimulation was provided by mutual sniffing at the anal zone. By contrast, the patient's highly developed æstheticism caused him to be very intolerant of untidy habits in others, especially in his wife. He always became angry, for instance, when he overheard noises in the bathroom. His insistence on meticulous housekeeping, utmost cleanliness and absence of any odors, often gave rise to contention between them. It was interesting to observe, however, that this patient would become alarmed and depressed whenever his olfactory sensitivity was diminished during an acute nasal catarrh. That he reacted in this way seemed 'maddening' and puzzling to him for, as he put it, 'there are many more bad odors around than pleasant ones'. His irritation would subside as soon as the nasal condition cleared up. While all other olfactory sensations were extinguished during such acute catarrhs, the patient remained keenly perceptive to odors of food.<sup>3</sup>

Another patient, likewise with strong coprophilic leanings, actually broke up two of his marriages because, he said, women could never measure up to his æsthetic demands in their boudoirs and were very careless about leaving the bathroom door

<sup>3</sup> The latter sensations, as far as I could ascertain, occasionally tended to be subjective and perseverant. In these instances they seemed reminiscent of the symptom which Freud described in a patient suffering from suppurative rhinitis (14). Pathology of this kind is very often encountered in *renifleurs*. Such patients usually have long histories of nasal allergies, sinusitis, and preoccupation with cleansing the nasal passages.

open while on the toilet. As might be expected, the analysis revealed that homosexual panic was the reason for his divorces.

The opposite occurred in the case of an obsessive-compulsive female patient who manifested a similarly extreme æstheticism. In her analysis she discovered that her husband's rather penetrating body odor, the very thing for which she had reproached him, was actually what was most attractive about him for her. The husband, also an obsessive-compulsive individual, shied away from bathing and was in the habit of leaving the door open while on the toilet.

Such instances are certainly not infrequent. Coprophilic tendencies play a vital role in the psychosexual development of these individuals, and may also color their ego functions. This I have observed in several cases which provided opportunities for a thorough analysis of the pregenital components.<sup>4</sup>

As an outstanding example of a deep regression to anal-oral eroticism, with a loosening of strong reaction-formations, I should like to report the case of a highly sensitive and gifted woman of thirty whose entire psychic life seemed to be imbued and governed by the sense of smell.

The patient was referred to me for analysis in March 1943 because of anorexia nervosa. She was a German national who had come to the United States as a student and remained here when the Second World War broke out. Later she had been briefly interned as an enemy alien, although she held strongly democratic convictions and deplored the actions of the Nazi regime. Unfortunately, the patient remained in analysis only a very short time. She was forced to interrupt the treatment and to leave New York after about five months. On her return in 1944, she was hospitalized for observation and was discharged after ten days with a tentative diagnosis of conversion hysteria. However, as her illness progressed, Simmonds' disease was suspected. The analysis was resumed in 1945, only to be broken

<sup>4</sup> The presence of a strong homosexual component in such anal-sadistic patients is so well known as to require no elaboration.



off again a few months later when the patient moved to California. She refused to continue her analysis there, but remained in touch with me by correspondence. In 1947 she returned to New York in a state of cachexia and died in a hospital shortly thereafter. The diagnosis of Simmonds' disease was not supported by the post-mortem findings. After her death, the patient's husband turned over to me a journal she had kept over a period of years and a number of letters she had written to me but never mailed. Some excerpts from this extensive and very revealing material is used to illustrate this report.

The patient's syndrome included the following conspicuous features, in addition to her anorexia. She was amenorrheic, her sexual desire had ceased almost completely, and—the most atypical symptom—she lustily consumed large quantities of cookies and candy while losing weight continually. She explained that she greatly liked the flavor and odor of these sweets.

At first great difficulties were encountered in the analysis, the patient's resistance taking a highly intellectual form; but very soon she began to bring prolific material dating back to the first years of her childhood. Most unusual and noteworthy was the manner in which she produced these memories and associations. After lying on the couch for a while, she would suddenly say she had a strong olfactory sensation, reporting that she was experiencing the smell of a rotten apple, or of lavender, for example. These sensations were regularly followed by a flow of associations in which she recalled childhood scenes. In some instances it was possible to trace her olfactory sensation to some immediate environmental stimulus which, even though actually present, was probably below the normal threshold of perception. At other times the experience appeared to be purely subjective.

During her short and fragmentary analytic treatment the patient brought a number of dreams, of which the following is a most significant example.

Again, as in preceding dreams, I was dashing through the

familiar streets of W. I wanted to get home as quickly as possible. No one persecuted me this time, but I was haunted by a strange and breathless expectation, which I can still feel with an alarming awareness now, twelve hours later. This sensation which propelled me forward with such a velocity and urgency was a fearful anxiety of being too late. This time *I* wanted to catch up with someone. But though I was shivering with panic, I was, on the other hand, aloof enough to be amazed at the sureness with which I darted toward home.

Only after I had crossed the courtyard and entered the cool and dark lobby, smelling of moist stones and musty coats of arms, did I realize that I wanted to reach my grandmother. I ran past Aunt Ella who dwindled into the background where she was packing away something into an old chest of drawers. In spite of all my haste I still can hear the dull rustling of the tissue paper and see her dingy dress with the high collar which was intended to cover up her goiter.

On the staircase leading up to the second floor, I crashed into Clara who beamed with health and youth and was carrying a tray, loaded with all the tea paraphernalia, down to the kitchen. Her apron caught my attention because of its dazzling whiteness over her black dress. We exchanged a few words, which I cannot recall, but they set my fear at ease and I slowed down, taking the remaining steps one by one and opening the door to my grandmother's room cool and collected, as it seemed to me.

Grandmother was standing by the oval table in the middle of the room, dressed to go out. Just when I entered she was picking up her cotton gloves from the table where the white table cloth had not yet been taken away after tea. A lace shawl was draped with an easy grace over her head. She turned around, looked at me and asked, 'Is something the matter, child, you look so disturbed?'. I remember the delicious, very child-like feeling of confidence which unburdened me at once. I thought, 'How wonderful that I cannot cheat her with all my self-control and faked calmness'.

Grandmother sat down and called me over to her. I remember that I pulled the door closed after me and knelt down beside her, looking up at her and asking after her health, as we

were expected to do every morning when passing through grandmother's bedroom before leaving for school. She answered: 'I feel wonderful, but I know that I am not going to live to see this evening. I am going out now, and I know I won't come back.' I burst into tears and implored, 'Don't say it, don't say it', feeling all the time the hopeless inadequacy of my supplications and my pitiful smallness. I remember that I repeated over and over: 'there was so little time, there was so little time', and hearing my voice growing hoarse and desperate. Grandmother had taken my head between her hands and was telling me that I really wouldn't need her any longer and that I would be all right now and should not be troubled. I did not feel convinced, but I did not dare to contradict her either and kept silent. She kissed me very gently, got up and left. Her head seemed enormously big to me above her frail body which was bent sharply. It was late afternoon, as it is in all my memories of my grandmother, and I remained sitting on the floor after she was gone. The door was ajar, and some of the musty smell was drifting in from the staircase. The stronger the odor grew the more serene I felt, and when I woke up I felt almost refreshed and invigorated.

The full analysis of this dream extended over many sessions and yielded much rich and significant material. It should be stated that of the dreams thus far reported by the patient this was the first one expressing a positive transference feeling after the initial period of strong resistance. She no longer felt persecuted, 'as in preceding dreams', but 'darted toward home' with 'breathless expectation'. It was clear that the analyst now represented the protecting and rescuing grandmother. On the couch the patient had frequently assumed a kneeling position, gazing at the analyst as she does at her grandmother in the dream. Nothing could better illustrate her ambivalence than the feeling of 'shivering with panic' while she sped toward the loving mother figure. The oral dependency, which clearly emerged in her dream, began to shed light on her persistent craving for sweets.

Of particular interest to us here is the olfactory element in

the dream. It brings back an olfactory memory, as she enters the house of her childhood, and it ends by repeating the same olfactory impression with increasing intensity. The patient behaved in her dream as she behaved in her analytic sessions: a sensation of smell reconstructed for her a memory from a childhood which apparently had been dominated by anal eroticism.

Her most outstanding memory of her harsh father was closely associated with one of imaginary olfactory sensations. She recalled that he had told her, as a child, to look at the delicacies displayed in store windows and to 'think' them onto her dry bread: '. . . and I remember that I really did not need to fill my mouth after having fed my eyes on them. The fruits as well as the sausages made my mouth water, and my imagination supplied without strain the succulent smells, stimulating my appetite.'

Another dream, in which both the anal-erotic and the oral tendencies emerged rather strongly, was the following.

I was asked to dinner and between the main dish and the dessert, I left in order to do an errand. While I tried to find a certain house, I was sitting on the top of a bouncing truck, jostling through pale streets filled with a tender evening light which recalled some childhood days full of a wordless mildness. Branches with pink blossoms were brushing my hair. I didn't bother to bend my head, but submitted rigidly to their hard touch (almost like beating) without batting an eye, knowing all the time that any twig could gouge one of my eyes. Later I returned to the party. I entered from upstairs and leaned over the banister,<sup>5</sup> looking down into the lobby and watching the gathering of friends and strangers with a detached irony, unnoticed by anybody downstairs. Then, I descended slowly and was offered my dessert. It was a strange concoction of sweet pastry soaked with rum-flavored orange peel, which the hostess called jokingly '*Atzung*'<sup>6</sup>.

<sup>5</sup> The staircase was a recurring symbol in her dreams. Often it appeared merely as a static image. Although its latent content and specific meaning could not be fully elicited, it seemed to reflect the patient's arrested sexuality.

<sup>6</sup> A poetic German expression meaning 'nourishment' or 'refreshment'.

Though this dream unfortunately remained unanalyzed, it conveys the intimate connection of the patient's olfactory sense with direct childhood memories, or perhaps screen memories. Judging by its manifest content, the oral connotation seems to have been in the foreground just then. Generally speaking, one might say that she ate for the sake of inhaling and smelling. Her interest in this sphere was so intense that, although she was destitute, she would spend her last pennies on perfumes which she sprayed in her room to chase out 'the smelly odors of other people'.

The following entries in her journal are illustrative and characteristic.

(7/30/45) Smells in rented places are always confused, like the color scheme and the furniture. Until one has succeeded in pervading the atmosphere with one's own smells, one has to leave again. . . . Shall I ever get used to the echo of other people's lives and smells and cooking. They are all alike.

With the progress of her disease the osphresiolagnia receded, giving place to primitive oral regression.

(10/20/45) I try to focus my awareness on myself, looking at me, living in a state of unreality, emotional solitude, sometimes completely depersonalized. My old vulnerability has lessened as I live, in fact, often in a kind of stupor. The intensity of my senses has thinned. My sense of smell has deteriorated and sometimes my eyes look at things without interpreting and later recalling them. On the outside I seem to be perfectly adjusted to our lives. It is as if the façade of me is pliable and adapts itself . . . , but behind it, my personality is as stubborn and inaccessible to assimilation as ever.

At about the same time, the patient wrote that her own self was 'split up, one part eager and dissatisfied, the other passive and accepting'. A series of entries in her diaries describes her experiences of depersonalization and her automatic, primitive-oral functioning.

The unpleasant sensation of not being 'I' any longer was nasty and beyond the power of control. . . . I kept watching the process

going on and knew that I was taken out of myself and somehow falsified. . . . There is always the tendency of my body to sabotage the attentions of my mind. . . . I feel my soul recede. . . . I am condemned to an exaggerated intensity of feeling without any corresponding vitality to render it endurable to my more normal fellow creatures. . . . The oscillations of my moods don't surprise me any longer. Instead of being catapulted from one temper into the other, I am just sliding without hardly noticing it at all. . . . My days are like crude sieves through which my life is filtering, leaving hardly any grains.

One of her dreams seems to shed light on the nature of her depersonalization.

My sister appeared, looking pitifully thin and shabby, as if she had dressed in a thrift shop. Her skin was shrunk, and her face looked flushed and emaciated at the same time. I looked at her bones sticking out everywhere while she undressed (she was wearing *my* dress and *my* underwear) and it occurred to me in a flash that she had my figure too, only the face was her own, and I felt so terribly compassionate and worried and guilty all in one and so helpless at the same time that I lacked the adequate vocabulary to express myself. I began to shout at her, enraged about my own ineffectual ways, and she replied very quietly that she had lost all her weight only because she hoped it would help me regain my strength and absolve me of any kind of guilt. I remember still . . . how strong my affection was for her during this dream, and that I felt the same kind of desperate love I had experienced as a child when I had to torment her at moments just when I felt she had to be protected.

Self-evident, here, is the mechanism of denial invariably encountered in persons with serious physical illness; but the closely related mechanism of depersonalization, too, can be seen in the dreamer's total identification with her older sister, of whom she was jealous all her life.

#### DISCUSSION

In spite of the scanty and fragmentary analytic material, I consider this case very instructive and worth reporting. Neu-

rotic conditions in which olfactory sensitivity predominates so strongly are rather rare—at least, I have not seen another such case in my many years of analytic practice. An unusual feature, moreover, was the sudden upsurge of this patient's olfactory sensitivity together with the onset of amenorrhea and a gradual development of severe anorexia. The organic causes were never elucidated, and the original diagnosis of Simmonds' disease remained unsubstantiated.

It seems established that the whole complex of symptoms had been precipitated by the patient's imprisonment. Voluminous notes, written while she was in prison, attest to the significant and powerful impact of this experience.

Something has happened to me since that day when I was arrested innocently. Something very bad has happened and it will never be as it was before. I don't know yet what to do about it. I don't see any way out as yet. As hard as I try I cannot get this event into focus. I feel in hell and I feel in a muddle and I cannot explain . . . why and how I could get all mixed up and alarmed by a thing like that.

She described her state as vacillating between feelings of boundless energy and of complete paralysis.

Now I feel lame. I am lying on my bed, feeling every function of my body stopping step by step. I could revolt, break a window, smash some chairs—but what for? I shrug my shoulders in a gesture of desolation. . . . Most of my joyful past seems to be blotted out. All these women being locked up together in one room begin to breed an atmosphere, nauseating with its soiled air and the shrill and uniform ways of existence.

Her aggressive impulses and sadistic fantasies were mounting in this period of imprisonment.

Suspicion, mistrust, and hatred pop their ugly heads out of every corner and grin with little grimaces at me. . . . I could stick needles into all these fat legs . . . all those ugly women legs. . . . And my heart is filled to the edge with all this and my nerves smell the

heaviness of ancient odors: lysol, old linoleum, and people who never wash under their arms.

This was the psychological picture of the patient after the initial shock of her arrest and imprisonment. But none of these symptoms subsided after her release; on the contrary, their intensity increased throughout the years that followed. The cessation of her sexual desire dated likewise back to the day of her arrest. The assumption seems justified that a sudden regression to the anal-sadistic stage had taken place at that point.

In this connection, it is pertinent to remember the relationship sometimes observed between increased olfaction and a deficiency or absence of sexual function. An intense revival of primitive coprophilic impulses might thus account for the sudden relinquishment of genitality. It would seem that the eruptive break-through of such repressed pregenital components mobilized severe anxieties in my patient, which necessitated continuous and massive defensive measures. Perhaps it would not be an undue generalization to contrast such a neurotic intensification of olfactory sensitivity, and the defense against it, with the psychotic mechanism of olfactory hallucination. The psychotic projects, from within, poisonous odors, invective agents, obnoxious smells (halitosis) into the outer world; hence he withdraws, in defense, from his own projection. The neurotic, by virtue of his own infantile coprophilic associations, reacts excessively to olfactory stimuli that originate in the outer world. His defensive devices have the aim of molding the environment in accordance with his own needs, most typically with æstheticism as the main reaction-formation.<sup>7</sup>

<sup>7</sup> While this discussion is not concerned with the differences existing in the normal range of olfactory sensitivity, I report the following experience as a sidelight. I have always thought of myself as having what one might call a normal or average sense of smell. But one day, during an analytic session, I found that my threshold was higher than I had believed it to be. In the middle of the hour my patient smelled something burning. Unable to discern any such odor, I assumed that it was a subjective sensation which ought to be explored analytically. My earnest attempts to elicit his associations were countered by his equally earnest affirmations that a roast must be burning in the kitchen. After some



We have no means of judging to what degree this might apply to some famous historical figures known to have indulged excessively in the use of scents. Simon Bolivar poured a gallon of eau de cologne over himself each day, and Richelieu (7) owned a hidden contrivance which blew perfume into his reception room. While the use of scent is common enough in our culture not to be a criterion for neurosis, in some instances it indicates a specific reaction-formation. This was certainly true of my patient, for whom it was no mere luxury but a compelling need.

Coming back once more to the association between memory and the sense of smell, perhaps the most classic illustration is Freud's case of Miss Lucy R (14). Freud there showed how each specific olfactory perception was associated by the patient with a particular scene. These 'mnemic symbols', as he called them, proved the keys to his discovery of traumatic experiences.

My patient's special capacity for extensive recall under olfactory stimulation underwent the following unusual development. In the beginning, her associations depended upon passive perceptions, e.g., of 'the delicate scents of early spring on lower Fifth Avenue', or 'the sour-smelling elevator man', or 'a tiny breeze smelling of subway and popcorn'. Later, she would actively recall some particular smell and the associated scenes with it. This introspective activity of probing into her past with the help of olfactory imagination would take place especially at night.

It comes pouring out like a draught, like a smell of burning. Myriads of irrelevant and incongruous ideas crowd into one's head and I see the persons concerned in the center of all sorts of different scenes. . . . I even smell the odors of the closed-up houses and listen to the trains screeching in the night and feel happy like a child,

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minutes I had to abandon my analytic probing because finally I, too, perceived a distinct odor of burnt fat and saw that smoke was beginning to seep into the room from the direction of the kitchen. It should be added that the patient likewise considered himself to have average olfactory sensitivity. If I had over-rated mine, he might well have underrated his.

anticipating the big world, lying snugly wrapped in warmth and darkness in my comfortable bed. . . . These nightly reminiscences are like flicking cards of a filing cabinet forward and backward. . . . There is such a stillness around me when I am waiting tensely for the memories to come up, and then they arrive with a soundless and sudden jerk which makes me almost grip the edges of my bed, as if to hold myself against their assaults.

There was a certain pride about this magic ability to evoke associations, and she reacted with great sadness and dejection to the first signs of mnemonic anosmia. From California she once wrote to me: 'I wish I could write you the kind of letter I promised to send you from here as soon as I settled down, a letter full of smells and the fury of childhood memories leading up to their brew, a letter filled with all the flavors which sweetened and bittered my life up to now, but I just can't do it. . . . My memory fails me more and more. . . .'

At the height of her euphoric osphresiolagnia, she became so fascinated by the world of odors that she would read and reread descriptions of it in the works of imaginative writers. She would abstract page upon page from Baudelaire (3), from Huysmans' *Against the Grain* (19), from Zola's *La Faute de l'Abbé Mouret* (33). Zola's idea of having the heroine kill herself by inhaling the overpowering scents of flowers filled her with a strange sadness.<sup>8</sup> At that time she conceived the plan of writing 'A Cantata of Scents', an epos that should express the entire scale and mosaic of fragrances. She actually completed a sketch of this work, of which a translation is appended. It is a skilful combination of varied literary and personal reminiscences, strung together like a flow of free associations.

Marcel Proust was among the writers who influenced her most deeply. In one of the dreams cited, the description of a

<sup>8</sup> By an odd coincidence Zola himself died accidentally of asphyxiation, overcome by carbon dioxide fumes from a defective fireplace. Ellis (8), trying to explore the causes for the insistence on odors in Zola's writings, noted sharply contradictory statements by two biographers who described his olfactory sensibility as above normal and as below normal, respectively.

rum-flavored sweet is reminiscent of the *madeleine* in Swann's Way (29), which brought back an important memory of childhood connected with the taste of a similar crumb of pastry. Proust's famous passage ends with these memorable words: 'But when from a long distant past nothing subsists, after the people are dead, after the things are broken and scattered, still, alone, more fragile, but with more vitality, more unsubstantial, more persistent, more faithful, the smell and taste of things remain poised a long time, like souls, ready to remind us, waiting and hoping for their moment, amid the ruins of all the rest; and bear unfaltering, in the tiny and almost impalpable drop of their essence, the vast structure of recollection'.

'A CANTATA OF SCENTS'  
(Translated by Paula Gross)

Taste has but three poor words of its own: sweet, acid, and bitter. But it is rich as Croesus compared to smell, which must depend on paraphrase and deduction for its definitions. . . . A beggar among the senses; yet, above the others, smell is endowed with ineffable powers of magic.

Lost in thought, I stroll along some commonplace street. Without warning, before I see anything, a cloud of odors rushes at me. It comes from tarred wood, from water warmed by the sun, herring vats, and the resinous fragrance exhaled by piles of timber. An everywhere, gathered up into a nowhere. And yet, suddenly there arises a quite specific memory image, complete down to the last ramification of detail; so close, so vivid that a shiver runs through me, a strange inkling of some inner certainty—and with it, everything I experienced in the compass of this image, the beautiful and the painful, breaks in upon me like the very warmest, closest presence.

So compelling is the memory-evoking power of such a scent that it brings up the feelings of sadness and of gladness even before I have consciously taken in its aura.

Each family has its specific festive customs, its traditional dishes and pastries whose fragrance feeds the memories of generation upon generation.

Take literature. I know, from *Wilhelm Meister*, that Goethe never forgot the pungent odors of his mother's pantry because they had become associated with the memory of puppet shows at Christmas time. For his marionettes had been stored in the pantry and thus, as they moved across the stage, would exhale the spicy smell they had soaked up there.

To the end of his days E. T. A. Hoffmann was haunted by the aroma of macaroons, delicately browned as they emerge from countless Koenigsberg ovens to go out into the world. One of his characters, Peregrin Tyss, sucks up through eager nostrils 'the mystical odors' of marzipan. And the diabolic Doctor Dapertutto, persuading his friend Spikker to murder wife and child, hands him

the poison with the consoling remark that 'instantly upon the collapse of the dear family' a pleasant scent of bitter almonds will be found to pervade the air.

How many perfumes on this earth would I not have to invoke to describe the fragrance of dripping wax, an aroma most richly crammed with dream worlds for me. Thus for example I think about the concert in the old castle, that almost ended in an orgy. Or how could I ever find words for the smell of ripe rennet apples as my imagination shows them to me at just this particular moment, rosy-cheeked on their bed of straw in the old barn loft. The door is ajar, the gold-and-blue afternoon peeking into the cool darkness.

It can happen to me that in the middle of winter I am overtaken by Wuerzburg-in-the-springtime, all redolent of narcissi, and its gardens with their overpopulation of blackbirds, where the laburnum sways rhythmically behind the high spray of fountains.

And while the fields around the house are covered in stark, wintry white, the mere sight of which makes me shiver with cold, all of a sudden a trace of gasoline and asphalt odors assails me with visions of the big city and I am seized with consuming nostalgia for lights and color and the noise of crowds. But in the summer, when this same city I have yearned for turns into a prison and the pavements begin to sear the soles under my feet, then a tiny whiff of ocean smell will suffice to make me forget the city for minutes on end.

This light and gay sense of smell is forever filling my mind with new pictures. It was Jean Paul who said somewhere, once, that taste is to smell what the present is to the past. Schopenhauer calls the nose the seat of memory. How right he is, as far as I am concerned!

By the same token, though, I fail to understand why to this day no chemist has hit upon the idea of promoting the manufacture of geographical perfumes. They would sell like popcorn, and not only in the movie theaters.

Pray mix me twenty-five grams of London. You must take a pinch of ocean breeze, three drops of whale concentrate, the smoke of 'Players, please', some smell of wild life in foreign lands from the dock district, and a little each of Cumberland sauce, incense fume, tea, and soot. Now close your eyes—and what do you see? Well, for example, silent sailing ships with wings spread wide; steamers with puffs of black smoke like streaming banners. You hear the yells of the sailors, muted by soundless fog . . . like the bleating of lost beasts. The peals of Big Ben. The surging streets and market, filled with the cries which all sound alike and yet all have different meanings. You see the throngs of brown and white and black workers pushing out of the docks; the rows of bleak warehouses; the endless slums; the green office lamps flashing on at night, and the harsh circus lights of Piccadilly. But that is not all; no, I also see the Thames outside London, with the scent of meadows on Sunday and rhododendron smiling in the parks along the bank.

Or I think of Vienna, redolent with all the traditions which turn spaciousness into intimacy. A little old-fashioned, ceremonious, and ponderous, their bouquet permeates everything; I can smell it all over the place, as tangible as the atmosphere.

The aroma of Copenhagen, on the other hand, is a little pale and light and blond and more than a little lax.

And Genoa . . . the sound of its very name emits a fragrance. I see the streets, replete with balmy air. Everything has this incredible mobility; even the smells, vague from all the goods which stream together from every part of the world. This element of the remote, the unknown, the precious, lies in the atmosphere and from it emanates what I call the scent of abroad. I cannot think of one that is more beautiful. It has no voice and it speaks to me more fervently than a thousand preaching tongues could ever do. These exhalations from burlaps and tanned skins, mingling with aromas of cinnamon and pineapple and coffee into a delicious symphony; delicious, especially, to the connoisseur, who knows how to distinguish the nuances. And all of this is delicately enveloped, as in a veil, by the smell of the sea and of oil and soot, and by this marvelous heat in which all the fruits, vegetables, and flowers become overripe and are made to rot quickly.

Or the scent I am inhaling at this moment. As it gently dissolves in space, it is comparable to one of those tiny, insignificant looking Chinese flowers which expand and take on shape and color when they are steeped in water. All at once I see the room before me where the dome of the Panthéon looks in at the window. A silvery grey sky hangs over the roofs from which innumerable chimneys sprout like fantastic vegetation. The calls of birds rise from the Luxembourg, and blue soldiers walk by on the street down below. It is a slight and soft scent, composed of cigarettes, curaçao, Russian leather, burnt beech logs, freshness and unconcern.

A paper bag of roasted almonds. From it uncoils, like a film roll, the Pragerstrasse in Dresden, a street whose charming aroma is determined by the roasters' shops which stand there.

Then again the damp smell of autumn, rising up from fallen leaves, broken soil and surging waters—and there, before my eyes, lies Bohemia with all its parks and coats of arms, and I breathe its earth in a single smell; bitter where it becomes taste, both sweet and hearty where it merges into music.

Is it not a great art thus to capture the smell of things in the letters of a name?

And why do they not invent a few historical perfumes to render history a little more smellable?

The perfume of Madame de Sévigné, which still floats—to my nose anyhow—in the rooms of the Musée Carnavalet even today, conjures up an entire epoch with seventeenth century Paris.

I will pass over such æstheticism carried to the extreme degree as searching for scents that might match a Chopin waltz or a sonata by Debussy. Would agreement ever be possible there? I wonder.

And the real perfumes. Each can only and always refer to one particular woman; to her body, her skin, her eyes, light or dark, her voice, soprano or contralto, her temperament, sophisticated, lighthearted, melancholic. . . .

Then there are rooms in which everything can be smelled. Antique shops, bookstores, engravers' booths. . . . Inexpressible smells, the past is permanent in them, for some particle of eternal history once passed through each of these things. I look at these objects. I smell them. They are saturated with contemplativeness and sleepiness and he thrift of people long gone. And old S can polish up the showpiece of his collection every single morning, yet the life

which this chest exudes is more potent than all the odors externally forced upon it. It cares not a whit about his waxes and polishes but continues to smell of faded linens, smoked sausage, camomile, and patchouli, and of the monotony of a life which in spite of its narrowness was incredibly rich in certain ways. Whenever I go to visit S I store up this smell. Leaving him to step out into the shabby street, I am received by the air of poor people—tough, indolent, and cheap. Only rarely will a sharp gust of wind come along to disperse it, and even then it thickens again immediately and sticks to my garments. Stench of potatoes fried in bad fat and of clothes that people have slept in. Other winds collect other odors.

How I hate the heavy air in waiting rooms, glutted with damp clothing, anxious breathings, and the mounting, sweet coolness of ether seeping through the door cracks. Just the name 'waiting room' itself is so unpleasurable. Something sonorous ought to be invented, like the French '*salle des pas perdus*', to make up for the smells.

How miserable they make me, those stairwells through which one has to climb up to one's furnished room, with their atmosphere of all those people who 'don't really need to let rooms', who 'have seen better days', and 'who never imagined it would come to this'. . . . Dusty palms and tasseled plush chairs pregnant with conflicting odors because each tenant has left something behind. Exactly like taxicabs. . . .

The horror of the thick-flowing air, reeking of hangover, that creeps out of the windows of restaurants and saloons in the morning when the chairs are piled up on the tables, replete with tobacco, petroleum, clammy brass, fatigue and stuffiness.

I am affected in the strangest way by the scent of dream countries. They may borrow their inspirations, for example, from the smell of a piece of cake that is lying on the bedside table; or from an apple on the windowseat; or from the lavender in the linen closet. With a sovereign, superior power seeming to stem from another world, these dreams, through their scent, emit a spiritual force which still reaches my very inmost being after I wake up and the whole day long. The scent of dreams may well be the purest of all, and also the most powerful, for it is the transmitter of something that transcends our comprehension by day.

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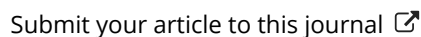
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## ON GADGETS

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Preoccupation with material objects is widely considered to characterize contemporary American culture, which tends to assign excellence to visual signs of material success, confuses size with importance, and 'gadgetry' with superiority and progress. The 'gadget', which is defined by Webster as slang meaning a 'mechanical contrivance, a device, or any ingenious article' has become a fundamental part of the American scene.

While not vouching for the accuracy of the above generalization, one finds among patients some whose rebellious impulses and iconoclastic tendencies are chiefly directed toward what they call the 'typical American'. Viewed with contempt are the adulation of social success and wealth, mechanized kitchens, gaudy automobiles, and the like.

Granted that such feelings were an intimate part of their defensive systems and were mainly manifestations of inner conflicts, I felt that their particular assessment of reality was interesting. Why their hostile defensive impulses took this form is also interesting in terms of specific ego operations.

Common among all the patients in this group was anger toward the gadget and the 'gadgeteer'. To define these terms for the purpose of this paper is not easy. Any technological device, especially when first introduced, can be considered a gadget. These patients for the most part objected to two aspects of these devices which may be classified as follows. First, the regulation of time as in switches with either an automatic control or a feed-back mechanism to interrupt a circuit and turn something off or on. Included were such items as furnace controls, coffee makers, and radio switches that turn other mechanisms on and off. Second, enhancement of passivity. In this class can be included practically all objects that do work, and consequently permit more leisure. Automatic dishwashers, automatic transmissions in automobiles, and, especially, remote control of television without getting up from one's armchair are a threat

because of the enhancement of passivity. Television itself was scorned by one patient who nevertheless succumbed to its lure and then watched it for hours every night. One patient was particularly chagrined to learn there was a switch that automatically controls a fan for ventilating a house, depending on the amount of heat in the attic. That it required a minimum of human intervention for its operation was what this patient found most disturbing.

This classification is sketchy and not technologically precise. As it is manifestly impossible to state definitely where invention ends and gadgeteering begins, it is striking that these patients frequently made such arbitrary distinctions. Patients pointed out that function was of little importance; the operation of the gadget was the primary feature. One patient spoke with anger of persons who were more interested in the tonal qualities of complex high fidelity sets than in the music. He referred to a recent joke of a person who contented himself with studying the wave patterns produced by an oscillograph hooked into the system.

From among these patients—who were usually engaged in creative work—two are chosen for discussion. One was an artist, the other a scientist. Material success meant little to them; creative accomplishment was their main if not their only source of satisfaction.

A young scientist, well known in his field, had won the highest esteem of his colleagues. His character structure was obsessive-compulsive, and he was, at times, exclusively oriented toward his environment to the point of avoiding any emotional experience that might cause him to lose his firm grasp on concrete reality. In this phase, music, art, or even contemplation of a theoretical principle related to his work could throw him into a panic. Under these circumstances, he was unable to produce anything except clever laboratory experiments dealing with the collection of data, but not with their interpretations. He had no novel ideas, and was tremendously interested in gadgets. He went on buying sprees in hardware stores or appliance shops,

purchasing all sorts of mechanical contrivances. He would improve his high fidelity system by buying a new amplifier, tuner, or speaker, and making all kinds of adjustments on the equipment that he already possessed, but he would not listen to the music except in the fashion described above.

When he was creative and could design experiments in the laboratory that led to new theoretical insights, he abhorred the use of gadgets. Under these circumstances his experiments were the epitome of simplicity, and his colleagues were amazed at how much he could get done with the simplest equipment. The patient frequently commented on how many experiments turned out to be failures because the equipment used was overcomplicated; so many artifacts had been introduced that the meaning of the result could not be evaluated. The gadget came to represent part of an external reality, but such a concentration on reality led to inhibition and stifling of imagination. The material of this man's analysis clearly indicated that the gadget had become equated with the secondary process and indicated an inability to deal at all in terms of the primary process.

This man, during two different states of intrapsychic equilibrium, had two corresponding attitudes toward gadgets. His basic attitude toward them was one of revulsion which was present when he was fulfilling the requirements of his ego ideal. He was then productive, imaginative and creative, and had no use for 'clever machines', often stating that he preferred a 'clever man to a clever machine'. However, the state of being able to utilize the primary process could become frightening and lead to ego disintegration. When I first saw this patient he had symptoms of a paranoid psychosis. During a subsequent phase of restitution, he again became interested in gadgets and started buying as many as he could afford. Also, during this phase, he reported no dreams, was unable to give free associations, and acted in a rigid, obsessive-compulsive fashion. He gave detailed photographic descriptions of what went on around him. He could not stand to look at a painting, but he could spend many hours poring over a photograph because photog-

raphy was one of his numerous hobbies. The photograph was appreciated by him not for its beauty, but for its technical perfection.

The second patient, a middle-aged artist, was consistent in his attitude toward mechanical contrivances which he called gadgets. He had many phobic symptoms, all involving some machine, such as fear of driving a car. As with other phobic patients he was externalizing and displacing his castration anxiety; what was unusual about his phobias was the constant factor of a machine in them. In his dreams about machines he was usually attempting to solve some problem by their use. In these he regularly failed (as he did in the waking displacements) because he reacted to the machine with extreme anxiety or with hopeless feelings of inadequacy. For instance, he hated all American cars, rationalizing his prejudice by explaining that they were an insult to good design. He gave highly technical and convincing arguments to prove this was so. He felt also that most houses showed similar lack of taste, preferring a simplicity that approached barrenness. His paintings were abstract, and he admitted that they had very little to do with external reality. Still it was interesting to note, (I had the opportunity to see some of his paintings at a public exhibit), that what he painted sometimes had the appearance of a machine or a blueprint.

This patient was for the most part passive. Homosexual inclinations lowered his self-esteem and gave him a deep sense of shame. His belligerence and sometimes foolish behavior were overcompensatory attempts to enhance his self-esteem. This was expressed in an iconoclasm directed toward his cultural and socioeconomic milieu. To this artist, as it was to the scientist, the gadget served as an intensive means of communicating with reality. Because his ego organization was less precarious than the scientist's, he did not need to pursue reality so fervently. Secondary processes did not have to be intensified to augment weak reality testing functions; consequently this patient could afford partial withdrawals from reality. He worked fairly stead-

ily. He was not afraid to indulge in fantasies or to spend long periods in abstract intellectualization and introspection. He valued such pursuits highly, detesting anything that bespoke 'crass materialism'—too rigid adherence to reality. He found conformity a threat to his identity.

Despite the superficial contradictory attitudes about gadgets, and although he had a phobic aversion to machines, he was nevertheless very much preoccupied with them. He spent much of his time studying and criticizing the newest models of the automobiles he hated. This is a restatement of the familiar principle that a defense not only defends against an underlying id impulse but gratifies it. His creative productions, in my opinion, bore a similarity to the machines he abhorred.

In both these patients, the gadget was not only a factor that represented the operation of the secondary process, which is in opposition to instinctual forces, but, more specifically, it was a factor in preserving identity. In the first case, there was a direct correlation between the patient's interest in gadgets and security in his identity. In the second case, there seemed to be an inverse correlation; greater preoccupation with the gadget threatened the patient's ego ideal, and made him feel less secure of his identity. The scientist had to identify himself with his culture to preserve his security and ego integration. The artist had to feel different, to feel himself apart from the common mass; when, however, the defensive nature of this attitude became apparent to him it also became apparent that he very much wanted to conform. He was afraid to do so because conformity represented to him marriage and having a family, a possibility that stirred castration anxiety from fear of his incestuous fixation.

#### UNCONSCIOUS SIGNIFICANCE OF THE GADGET

In the case of the artist, the gadget became the object of all his hostile impulses, a part of his culture against which he could rebel. Such machines were associated with tradition which rep-

resented his revolt against his parents, particularly his father. His father was a materially minded man whose standards of prestige and status, according to the patient, were very ordinary. He described his father as a sterile mechanistic person with little capacity for feeling or warmth. He, then, reacted to the materialistic aspects of his culture as he did toward his father. In Tausk's classical study (8), the influencing machine was found to be a projection of the patient's inner self. To some extent this was also true in this case. This patient was considerably more like his 'mechanical' father than he could himself acknowledge. Psychic equilibrium was established when such unacceptable ego qualities, i.e., the father introject, were projected, since the conflict between the ego and the ego ideal was thereby lessened. Weiss (9) speaks of the projection of ego factors in manic states and contrasts it with the superego projections in depressions. Lewin (5) and Rado (6) indicate, in particular, how denial and projection operate to re-establish harmony between ego and ego ideal.

The scientist's positive cathexis of gadgets was a conformity that was necessary to preserve his ego integration. This, as in the other patient, was a reflection of his passive submissive attitude toward his father. He did not find it so easy to express his hostile, rebellious feelings overtly as did the artist, nor was he ever really aware of them except as the analysis threatened to make them conscious. This patient's attitude toward his father was strikingly similar to that of the artist, but it remained completely repressed. To avert his hostility, he had adopted a compliant attitude, and was not tempted to convert others to his point of view. For both patients the attitude toward gadgets came to be a means of disguising, displacing, or controlling their death wishes toward their fathers. Later modifications of this defense differed in that the artist always rebelled and the scientist only sometimes. Similarities were also noted in the background and early childhood of these two patients, such as the fact that their mothers were both domineering phallic women who pushed the children toward academic achievement.

### THE GADGET AND EGO OPERATIONS

The displacement of feelings from a person to an inanimate object is common in phobias. Inanimate objects are frequently anthropomorphized in the magical, omnipotent fantasies of early childhood. It would seem that what is phenomenologically the antithesis of these primitive fantasies, in that a human object becomes inanimate, might be a process that strives toward enhanced reality testing.

The machine deals with the external world directly and, although there are many exceptions, strives to create order from disorder. One can say that it is similar to a secondary process operation which takes the unorganized and gives it organization. In most cases a human being is required to operate machines. The gadget differs from the complex machine in that it minimizes the importance of the human being whereas the ordinary machine augments a person's capacity to do work which requires secondary process operations. For example, typewriting is the use of a machine to record ideas which are refined and organized in the process of transmitting them to the machine. The typewriter is thus a mechanical aid to the secondary process operation. The gadget, on the other hand, requires a minimum of human intervention and gives the illusion of operating independently.

One cannot conceive of a machine performing secondary process operations independently, because in order to accomplish such a function there must also be a primary process. There are, however, a variety of electronic computers that seem almost to be able to think. Cybernetics, as we all know, has viewed the psychic apparatus in terms analogous to those of an electronic circuit and has caused machines to be built that function in a manner that is analogous to human logic.

Both patients stressed that the function of a gadget is secondary in importance to its operation, which obscured its purpose to them. Whether it worked or not, in terms of accomplishing what it is supposed to do, was a minor consideration. This does not mean that the gadget did not have to work perfectly in



a mechanical sense, because if it did not the gadgeteer would be frustrated. What it did mean, to both the patients, was that the human appreciation of what the gadget accomplishes, for example, reproduction of music in such a way as to provide a gratifying and moving experience, tended to take second place in their minds to a pleasure in the operation of the gadget itself.

Both these patients were made extremely anxious by their id impulses. This was especially striking in the scientist who got into states of panic of such intensity that his ego integration was threatened whenever a stimulus caused an upsurge of instinctual forces. When his ego integration was re-established, he became preoccupied with gadgets in a positive sense. It became increasingly clear then that the gadget served a defensive function for him, as well as enhancing reality testing or secondary process operations in general. The gadget thus became an externalization of the ego's defensive need to protect the ego from unacceptable id impulses, identified in his case as scopophilic and exhibitionistic. Concentration on the gadget's operations lead to an enhancement of reality testing functions. In addition, since the machine lacked affective qualities, it was helpful in maintaining repression of dangerous and overwhelming affects. For this patient concentration on the sterile and the mechanical was similar to intellectualization. The defense of intellectualization occurred extensively and simultaneously with his preoccupation with gadgets. In his intellectualization at these periods, however, he never became involved with the abstract, but adhered to philosophical and scientific abstractions very close to concrete reality.

Effective reality testing is a secondary process function that involves organization, logical coherent discursive reasoning, and a variety of factors that can be considered as leading to synthesis. The gadget then represents a projection of the synthetic function of the ego, re-enforcing a synthesis that has been threatened by the disorganizing qualities of the primary process, thereby helping to maintain repression, which again reveals its defensive function.

The artist apparently was in less need of re-enforcement of integrative and synthetic ego functions. It would seem then that he might have come to terms with certain unconscious impulses in that he was either able to sublimate them or to handle them in some other manner that did not overtax his ego. Nothing could have been further from the actual state of affairs. Even this sparse material shows that he was beset by numerous conflicts indicating anything but a strong, stable ego organization.

One of the main character traits of this patient was his tendency to overcompensation, specifically against his unconscious passive homosexuality. This consisted of an attitude of belligerent self-assertion showing a need for autonomy and independence, a need to be a social nonconformist. Consequently, his attitude was one of hatred toward gadgets and other mechanical contrivances. As his analysis progressed, it became apparent that he very much wanted to conform to the extent of finding a place for himself in his cultural and social milieu. In this case the overcompensation represented a counterphobic attitude, and his reaction against gadgets represented the denial of his need to become involved with them. By such involvement he could maintain his stability and identification. That such an identification went against other aspects of his ego ideal was apparent. Here too the gadget represented an augmentation of secondary process operations. The fact that he reacted against his need for such an ego stabilization merely represented an attempt to deny what he felt as an inherent weakness.

Both these patients' attitudes against the gadget had certain common denominators. The scientist's statement about preferring a 'clever person to a clever machine' points to a narcissistic gratification obtained by a condescending attitude toward gadgets. This attitude, if carried to its extreme, (and both patients indicated the extreme position in their associations), would be that of a person who felt he needed no one and nothing in order to survive. Such a person would be completely autonomous, would not have to depend on any person or situation, and would be able to get along by his own skill, intelli-

gence, and ingenuity. Sachs (7) felt that the people of antiquity were unable to become interested in or proficient in developing machines because they were a threat to their narcissism; consequently, they had to deal with reality in a personalized fashion.

In these instances, it is the person who is ingenious, not the machine; and such a person strives to be capable of accomplishing almost anything. The omnipotent qualities of such fantasies are extremely valuable in enhancing narcissism. Such a fantasy, especially when it is as compulsive as it was in both these patients, serves as a narcissistic, omnipotent, magical defense against the inner awareness of a weak and constricted ego.

One of the two arbitrarily chosen categories of gadgets given in the introduction to this paper was that in which its main function is the regulation of time. The sense of time is also a secondary process function. Special interest has recently been shown in the involvement of the ego in the sense of time (1, 2). Both of these patients tended to focus on this particular topic. They were extremely 'time conscious' and felt proud of their ability to gauge periods of time without consulting a watch. Neither relied on an alarm clock, each stating that he could fix in his mind the specific hour of awakening with great precision. Both wore wrist watches, and both had endless trouble with them. They were constantly being repaired. Neither patient was particularly punctual for appointments but each of them thought he was. The scientist often quoted Dumas' words, 'Punctuality is the politeness of kings'. Both tended to be several minutes late and both were totally unaware of it. On many occasions these patients attempted to guess when the hour was up, and it was striking how far off they could be. On one occasion, the artist felt that the analytic hour was finished after only twenty-five minutes. This naturally was directly related to the discomfort he was experiencing during the particular hour.

The scientist particularly abhorred time regulating gadgets, although he used such instruments when it was necessary to record spans of time involving fractions of a second. He boasted

of his ability to count seconds, believing that he was as accurate as the second hand of any watch.

In *The Unconscious*, Freud spoke of the sense of time as being a higher integrative function (3), and ascribed it as belonging to the system Cs. He also felt that the regulation of time was an organizing and synthetic function that properly belonged to the higher levels of the ego (4). To our patients their pride represented a denial of basic feelings of inadequacy and defective integration. Their egos were infantile and primitively organized, and such an ego is intolerant of postponement of instinctual gratification. Neither could tolerate admitting his reliance on a mechanical contrivance to keep track of time for him. If a time regulator becomes necessary for maintenance of ego organization, a person may feel completely helpless. Cohn (1) comments that there is a correlation between the ability to recognize time and the strength of narcissism. He feels that if there is any diminution of this ability, a condition of loneliness, boredom, or hypochondriasis may result. He states that narcissistic pride in such ego possessions is much akin to religious pride and is almost equally archaic in origin.

Cathexis of the time sense is a factor important in the maintenance of repression and very important to reality testing functions. The latter help maintain control over the instincts by selecting appropriate times for their gratification and by effecting postponement whenever the impulse is inappropriate to the reality situation.

One cannot generalize from the study of these two cases. The psychological mechanisms described need not be characteristic of typical cultural attitudes, although there seems generally to be something derogatory in the use of the term, gadget.

### SUMMARY

Two patients are discussed with reference to their attitudes toward gadgets which were strikingly similar. Gadgets appear in these cases to represent an object that enhanced secondary processes, thereby re-enforcing the integrative and synthetic

functions of the ego. There was nevertheless a frequently recurrent overcompensatory denial of the need for them. Preoccupation with the gadget enhanced repression and helped maintain a defensive equilibrium. The gadget was also discussed in terms of its time regulatory qualities in that it represented a postponement of gratification until a more appropriate time and thereby helped achieve control over dangerous aberrant id impulses.

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# GENERATIVE EMPATHY IN THE TREATMENT SITUATION

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## INTRODUCTION

Comparatively little investigation and conceptualization of empathy can be found in the psychoanalytic literature, despite persistent emphasis on its importance in the therapeutic process, not to speak of child development and personal relationships. As a result, it has remained a vague term, often regarded uncritically as synonymous with intuition (which is itself ill-defined), often shifting in reference from empathy on a high level of psychic organization to that on a low level, and often a judgment of value rather than a psychological concept. It is defined in Webster as 'Imaginative projection of one's own consciousness into another being; especially sympathetic understanding of other than human beings'. This inadequately defines the psychoanalytic complexity of usage and connotation of the concept.

In extensive discussions of psychoanalytic technique, Freud (16), W. Reich (44), Fenichel (9), Glover (20), and Menninger (35) are not concerned with the concept of empathy as such. Freud refers to it in *Group Psychology and the Analysis of the Ego* (18, p. 70) as '... the mechanism by means of which we are enabled to take up any attitude at all toward another's mental life', thus calling attention to its fundamental importance; but surprisingly he says no more about it. In elaborating this comment by Freud, while elucidating the psychology of identification, Fenichel comments: 'Empathy—viz., the intuitive grasp of the real psychic states of another person—is closely related to such [narcissistic] identification but is not identical with it' (7,

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This is a revised version of a paper presented to the Topeka Psychoanalytic Society, April 1958, and to the Western New England Psychoanalytic Society, November 1958.

p. 104); further, '... such things as a high degree of narcissism or of the passive sexual aim of being loved instead of loving' are characteristics 'which usually accompany this particular gift for intuitive empathy. . . . These considerations make it plausible that in general women are more empathic than men. But the problem of what has to be added to identification to make it understanding empathy remains unsolved.' Fenichel suggests that unconscious communication by way of expressive movements may provide the answer: 'The role of identification might then be to bring about the taking over by the subject of the object's expressive movements, which in turn would awaken the corresponding psychic state in him' (7, pp. 104-105). It should be noted for later reference that in the course of linking empathy to intuition he defined it narrowly as a narcissistic and feminine mode of response.

In *Surprise and the Psychoanalyst*, Reik states that in empathy we share the experience of others '... not *like* our own but *as* our own' (45, p. 196). He goes on: 'The psychological condition of analytic conjecture of a repressed impulse is a like unconscious change in the ego for a fraction of a minute together with subsequent reversion to the former state, and the power to discern our own transformed ego objectively in the other person. . . . Thus comprehension is preceded by a reproduction of what goes on in the other person's mind: it is an unconscious sharing of emotions, seized upon by endopsychic perception. The observation of another is here diverted into observation . . . of a part of the ego, transformed by taking some object into itself' (45, pp. 196, 198). Reik does not attempt to account for this transformation of the ego. He disputes, however, the correctness of referring to this process as identification, while Fliess (11) points out that Reik's description of the process does meet the criteria of identification, particularly of 'trial identification'—a concept Fliess makes central in his discussion of empathy. A little earlier than Fliess, Knight (25) had emphasized that in empathy it is the play of introjective and projective mechanisms that brings about temporary identification,



but Fliess is the only author to have attempted a systematic metapsychological treatment of empathy as well as detailed clarification of the role of identification in it. Later, Olden stated: 'Empathy is the capacity of the subject instinctively and intuitively to feel as the object does. It is a process of the ego, more specifically, an emotional ego expression. As to its functioning, the subject temporarily gives up his own ego for that of the object' (37, pp. 112-113). A recent contribution of Loewald's (32), while not explicitly discussing empathy, contains many formulations relevant to the topic.<sup>1</sup>

We are concerned here with empathy as it occurs in the context of the high level of psychic organization in adult object relationships. Specifically, I will deal with the therapist's or analyst's empathic response to his patient as an illuminating if not completely representative instance of adult empathy. This will be referred to as 'generative empathy' for, as I hope to demonstrate, empathy on this level is a process that initiates and promotes growth in the subject, the object, and the relationship between them. The term 'generative' has been borrowed from Erikson (5) and is used as he elaborated in his outline of psychosocial phases of personality development. Generativity is the seventh of Erikson's 'eight stages of man', normally occurring in the middle years of adulthood; it goes beyond the previous stages of trust, autonomy, initiative, industry, identity, and intimacy. It represents a new psychosocial primacy in which the earlier developmental attainments are fully represented but also transcended: '... the ability to lose oneself in the meeting of bodies and minds [i.e., in the previous stage of intimacy] leads to a gradual expansion of ego interests and of libidinal cathexes over that which has been thus generated and accepted as a responsibility. Generativity is primarily the interest in establishing and guiding the next generation or whatever in a given case may become the absorbing object of a parental kind of re-

<sup>1</sup> This discussion has been greatly influenced by Loewald's paper and by technical seminars conducted by Pious.

sponsibility' (5, p. 231). Loewald (32, pp. 8, 12), and more recently Harris (21), express similar points of view.

Implied in this approach to empathy, as to any phenomenon of human behavior (for example, anxiety in Freud's *The Problem of Anxiety* [19] and ego identity in Erikson's *The Problem of Ego Identity* [6]), is that we may legitimately undertake a genetic treatment of its vicissitudes and varied focal meanings in successive phases of development. According to this approach we would seek to define qualitative changes undergone by empathy in the progression from infancy through childhood, adolescence, and adulthood. These qualitative changes should reflect the new problems of inner organization and object relationships posed by each advance in development. A comprehensive psychoanalytic treatment of a phenomenon requires a series of time notations: love *when?* hate *when?* religiosity *when?* empathy *when?* These considerations apply equally well to the level of organization of the object of empathy—infant, child, adolescent, adult—as to that of the subject. In this light, Fenichel's surmise about the role of expressive movements in empathy would refer to a genetically early though continuously operative component of empathy. In addition to a complete genetic treatment, which is beyond the scope of this paper, a treatment of manifestations of empathy in different psychopathological contexts, such as that of the schizophrenic, is also necessary before a basic and comprehensive definition of empathy is possible.

#### DEFINITION

Generative empathy may be defined as the inner experience of sharing in and comprehending the momentary psychological state of another person. Specifically, what is to be shared and comprehended is a hierarchic organization of desires, feelings, thoughts, defenses, controls, superego pressures, capacities, self-representations and representations of real and fantasied personal relationships. This organization is recognized as existing in another person who is coping with a particular set of life

circumstances, and these life circumstances have past, present, and future aspects.

Generative empathy is an inner experience. In at least five respects it is much like the aesthetic experience described by Kris (29). First, there is no uncontrollable call to action or participation as a means of discharging one's own tensions. There is no imperative need to do something to, for, or with the other person. Rather, empathy is an experience in the mind of a particular kind, a form of experimental internal action. Optimally the subject remains to a degree above his observations though not aloof from them. That the fruits of empathy may serve the needs of action is another matter. Second, a subtle and relatively conflict-free interplay of introjective and projective mechanisms occurs, enhancing the object of contemplation as well as the subject's experience; thus the relationship between the two. Preconscious or conscious experimental fantasies concerning the object and the relationship express this interplay of mechanisms. Third, the boundaries of awareness are enlarged through discovery of new forms of experience as well as recovery and clarification of past experience (32). By new forms of experience I refer to new differentiations and syntheses, new distributions of intensities, and new criteria of relevance. Fourth, controlling functions of the empathizer's ego are strengthened; the process renews and advances internal mastery. A new balance of the forces active in the personal relationship is achieved on a higher level of organization than has so far been the case, and increased energy becomes available to the ego. Fifth, at least potentially, communication with the object is enhanced.

Generative empathy involves comprehending. Following Rapaport (42), comprehension is understood to refer to a process with equally important cognitive and affective aspects. Cognition alone is insufficient. Overemphasizing cognition limits response to adherence to formulas and prevents a necessary degree of ego regression. Such is the case in naïve, pedantic, 'psychological' explanations to patients in which generalizations

substitute for concrete reference, imagery, and affective tone. Alternatively, overemphasizing cognition limits response to seeing too many possibilities, as is the case with the obsessively ruminative person whose ego's relative autonomy from the environment has in this regard been impaired (41). In either instance, comprehending lacks the affective harmony that facilitates appropriate selectivity and emphasis. Empathy is to be distinguished from pure secondary process, from ordered inductive and deductive problem solving. Its hypercathected revival of affectively toned and experientially concrete memories and anticipations, its flashlike intuitive quality, and ultimately, its adaptive use of primary process are among its distinguishing characteristics.

Empathy involves experiencing in some fashion the feelings of another person. This experience can only be approximate or roughly congruent, since the other self is not directly or fully knowable.<sup>2</sup> The shared experience is based to a great extent on remembered, corresponding affective states of one's own. Observing a patient's life at any one point, we tentatively project onto him the feelings we once felt under similar circumstances, and then test this projection by further observation. From the standpoint of countertransference, however, the therapist must also repeatedly question himself: How does this patient want me to feel? How am I beginning to feel (tender, rejecting, bored, helpless)? Of which aspect of the patient's inner world am I now an emotional representative? These reactions refer not only to the patient as he is at the moment, but to the growing representation of him in the therapist's mind. Through conscious or preconscious awareness of one's affective reaction to another, and his response to it, one gains some comprehension of the other person's feelings at the moment. Affect functions here as a signal within the ego for renewed reality testing rather than intensified defense.

Affect may therefore be said to play a double role in the com-

<sup>2</sup> Further development of the theory of the self in relation to id, ego, superego, and reality may make possible a systematic formulation of empathy in terms of selves in relation to each other.

prehension of empathy. There is re-creation of affect, that is, becoming able to feel approximately as the other person does through revival of past inner experience of a similar nature supplemented by projection and reality testing; also there is translation of one's own reactive affects into stimulus patterns in the other person. In both respects the empathizer is in much the same position as the audience viewing a work of art, in so far as this audience is achieving and maintaining what Kris called optimal distance and the æsthetic illusion. As in audience response, passive and active ego functions intermingle (29, 40). This double role of affect is a cardinal aspect of the frequently referred to introjective component of empathic comprehending; it amounts to carrying on a relationship with another person internally, and with a relatively high degree of cathexis. The free availability of affect signals in this process presupposes superego tolerance, associated relaxation of ego defense and control, and hypercathexis of one's own body ego.

Affect plays still another role in the empathic process for often an anxious sense in the analyst of a developing or established crisis of understanding and self-possession precedes, motivates, and is resolved by discovering a new channel or mode of empathy called for by the trend of the analysis. Anxious feelings here mark the initiation of a restitutive movement, the culmination of which is, in one respect, empathy.

Along with the affective component in comprehension, however, cognitive components, largely preconscious, are essential. Empathy requires the free availability of memories supplemented by the sensing or judging of similarities that make past personal experience relevant to the current situation. It requires perceptual attention, or vigilance, to elusive cues, difficult to conceptualize, in motility, verbalization, affective expression and tempo. It requires implicit, if not explicit, anticipations of future developments as well as causal 'feels' or inferences as to what brings about a situation involving those affects being experienced by the object and the empathizer; also, such ego functions as enable distinctions to be maintained between past and

present, and subjective and external, play necessary parts. Affect operating with too little cognition would not achieve comprehension of another's experience; it would lead to confusing or intolerable reactivity involving an illusion of identity, fusion of the ego with the object, and other phenomena customarily encountered in dreams. In such an instance the affect would not be used only as a preliminary or signal response nor as an incentive toward restitution. The response would be made in a manner dictated primarily by affect, and the ego function could then be said to be primarily passive. Such response would remain on the level of 'we are one in this' or 'I repudiate what we feel', and would not achieve the level of 'I know what you feel because I know that I once felt something like it and I know how you make me feel'. The 'I know what you feel' ultimately predominating, the ego boundaries of the empathizer emerge intact from the play of introjective and projective processes that goes into grasping the experience of another (25, 26). The capacity is thereby retained—or regained—for approaching the other person afresh so that the empathic and interpretative process may be carried to completion through renewed observation and interaction. Cognitive analytic and synthetic ego functions thus provide a basis for distance and perspective; they insure separateness from the object, recognition of its individuality, and, in the end, enhancement of its reality.<sup>3</sup> We may also say that just as the affective aspect of empathy insures and reflects the ego's relative autonomy from the environment, its cognitive aspect insures and reflects the ego's relative autonomy from drives (41).

To become angry, anxious, or guilty when another is angry is thus not empathic in the sense here discussed, though it may be a preliminary or signal stage of empathy. It is not empathic automatically to join in the heated feeling of one person toward

<sup>3</sup> Sharpe (47), Levey (30, 31), Menninger (34), Kris (29), and others have emphasized this ultimate enhancement of the reality of the object in creative work. They envision it as emerging from the play of destructive and reparative processes, among others.

another. Neither is it empathic to rely entirely on a series of logical inferences and conclude, for example, that an irritable person must be anxious because anxiety breeds hostility (according to certain existing formulations of dynamics) and because (a) he said this, (b) he did that, (c) he avoided the other thing. Fenichel's stress on the Scylla and Charybdis in psychoanalytic technique—too much affect or too much thought—indicates the necessity for a balance of affective and cognitive contributions to empathic comprehension (9). A rounded view of a specific psychoanalytic event requires oscillation between the observing and experiencing parts of the ego—a process described early by Ferenczi for the analyst (10) and by Sterba for the analysand (48).

Generative empathy embraces a hierarchic organization of desires, feelings, thoughts, defenses, controls, superego pressures, self-representations and representations of real and fantasied personal relationships. In simple form, empathy may embrace a sense of conflict in another person. In discussing working from the surface downward as an aspect of analytic technique, Fenichel provides an example. An analyst's repeated interpretation that his patient wanted to kill him had had no effect in dispelling the patient's inability to talk. The analysis was at a standstill. Fenichel suggests as the correct interpretation: 'You cannot talk because you are *afraid* that thoughts and impulses might come to you which would be directed against me' (9, p. 38). Here anger and restraining fear are simultaneously encompassed and, in addition, the characterization of the anger is provisionally temperate. Knight, in discussing the therapy of borderline patients, emphasizes the value of meeting as well as interpreting needs (27, 28). One might say to a borderline patient in an abject state neither, 'You feel utterly helpless' nor, reassuringly, 'You have the capacity to handle this situation', but 'You actually have capacities you could use to handle this situation and you feel utterly helpless'. In a typical situation of mistrust of the therapist, one might say, 'I am interested and you are compelled to test out my interest again and

again'. It is my contention that an adequate definition of empathy on a high level of organization requires that it comprehend diverse, conflicting, and harmonious trends in the object. To be comprehended also are the topographic qualities of mental contents, the degree to which they have been or could be synthesized, and such variations in their forms as doubt, conviction, surmise, and bewilderment. It is necessary to repeat that most of this process of comprehending does not take place consciously but preconsciously.

The scope and depth of empathy increase with familiarity with the other person's inner psychological processes, especially as these are revealed through the transference. After a time, the empathic therapist may automatically comprehend how an array of superego prohibitions, a complex layering of defenses, a cluster of more or less libidinized and aggressivized abilities operate at once and together to create a slip, a symptomatic act, an interpersonal disappointment, or a dream.

An example is a dream reported during the intensive psychotherapy of a young male schizophrenic. He relied heavily on blasé denials. With perseveration he claimed to be well, happy, ready to leave the hospital. He was repeatedly inspired to create great works of art and was entering new phases in which he understood his past problems and the problems of those around him and would now be invulnerable to shocks of any kind. Easily inferred and sporadically evident were an intense underlying sense of emptiness, despair and guilt, and extreme fluidity of ego boundaries. Because it had come to seem likely that even the least support of his denials stimulated him toward delusional excitements—one such had in fact recently occurred and was slowly diminishing—, the therapist had temporarily suspended all hospital privileges and was attempting, with a bit of success, to recognize explicitly the patient's intimations of his dismal inner experience while at the same time supportively affirming his real capacities. The patient had had only a few, frustrated heterosexual experiences, and when his denials were especially blatant he 'dated' overactively. One day he said to



the therapist, 'I had a good dream last night. I had intercourse with a girl.' Presumably referring to its having been only a dream, he added, 'It was an intellectual consummation, not a physical one'. The therapist, not ordinarily active in pursuing dream analysis with this patient, felt prompted to ask, 'When did you wake up?' After first reporting that he had awakened following the intercourse, the patient spontaneously corrected himself and said, 'No. I remember now that there were some people watching us while we were having relations, some older people. They looked like teachers and I felt very angry about this.' He paused, then went on, 'Now I remember that the girl seemed dead and I couldn't arouse her and that's when I woke up'. The therapist then asked for a report of the dream as dreamt, the patient complied, and spontaneously added associations. One of the additional dream details that emerged—to him, the most disturbing of all—was that after the act the girl's vagina was all bloody and pussy and he was horrified. In his associations he detailed frustrating, impotent, voyeuristic, and frightening elements of his past heterosexual experiences, acknowledging for the first time a lack of heterosexual interest and a preference for masturbation. He referred to his parents' divorce, his mother's rolling on the floor during a 'nervous breakdown' prior to the divorce, his fears of cellars and spiders, social humiliations, and the like. His confessions disturbed him, and also had a hypomanic effect on him because, he said triumphantly, he had been able to talk about these distressing subjects for the first time.

What made the therapist wonder about the dream's end point? While the patient's reference to 'intellectual consummation' was a cue (it implied a basic disturbance in body ego), the therapist's conception of the total problem played a large part. Preconsciously and consciously, the therapist came to comprehend the initial dream report as one facet of a complex configuration of denials, fears, disappointments, inadequacies, and traumatic events. He sensed that the patient, even in dream life, probably could not at this time consummate an act of human

intimacy with pleasure. He was initially puzzled; a crisis of understanding was developing. The initial dream report did not 'fit in', and that into which it would have needed to fit was the therapist's comprehension, based on months of intensive work with the patient, of a regressive configuration. After this clinical episode, this regressive configuration took on added reality for the therapist who, from time to time, tended to be persuaded by the patient's denials and to lose touch with the psychosis.

Generative empathy refers to the inner experience of another person. It preserves (introjects and ultimately restores) the object. This is unlike the actor's narcissistic appropriation of the characteristics of others; it is also unlike the schizophrenic's confusion as to where he leaves off and the other person begins. The empathizer's implicit aim is to understand, to enhance the reality of the other person through his own inner experience and awareness of that person; that he thereby enhances his own inner world does not detract from the object-related nature of empathy; similarly, that he recognizes and confidently relies on the curative effectiveness of understanding does not detract from the primary contemplative aspect of the empathic position. An urgent need to cure, to act, to modify does not promote empathic understanding, whereas a reservoir of empathic understanding can effectively guide necessary action, or restraint.

As already mentioned in discussing ego boundaries in relation to comprehending, empathy carries with it the recognition and protection of the object's separateness and individuality. Maintaining this recognition depends in part on security in maintaining ego boundaries. Erikson has stressed that the establishment of a relatively stable ego and sense of self at the culmination of adolescence provides a basis for intimacy of relationship in young adulthood (5, 6). In particular he points out how the partial loss of oneself in intimacy with others is tolerable and may be chanced only when one is relatively sure of that self. In discussing the analytic process, Loewald (32) has

similarly emphasized how the regressions for the sake of understanding in patient and analyst may be resisted by both, not only out of fear of the content that may emerge but more importantly out of anxiety that one may not find one's way back from the less stable stages of organization to higher and more stable organization. The resistance arises from the fear of losing reality and ego boundaries, and becoming engulfed in archaic fantasy, diffuse impulse and affect.

Observation of countertransference reactions suggests that the recognition and protection of the object's separateness involve some combination of motherly care, fatherly workmanship and command, fraternal allegiance, filial reparation, and sensuous intimacy of an intrusive and receptive nature. In his empathic functioning, the therapist is in certain respects mother, father, sibling, child, and lover of the patient as well as, through introjection, the patient himself. Optimally these partial roles are subject to parental or generative primacy. Sublimated parental response does not exclude bisexual, sibling, child, and lover components; it draws on sources close to the instinctual drives for emotional vigor. There is more involved in empathic response than the passive sexual aims and narcissism suggested by Fenichel (7).

In this same connection we must note the altruistic aspect of empathy, implied in its being evoked, in one respect, for the sake of the object. The superego is thereby appeased and the empathizer is relatively relieved of anxiety and guilt while taking these otherwise prohibited libidinal and aggressive liberties in affect, fantasy, and verbal interaction. Fliess has discussed this factor in connection with the work ego of the analyst and its contribution to empathy (11). He says ' . . . the deprivation voluntarily submitted to by the analyst constitutes a proportionally intense superego gratification whereby the ego induces the superego to lend its specific powers to the ego's free use. The superego's judicial function becomes the analyst's therapeutic conscience and its function of critical self-observation enables the analyst's ego to achieve that singular detachment toward its

psychic content, conscious as well as preconscious, which we found so indispensable for his work' (11, p. 222). Obviously implied is that empathy depends on a superego that is to begin with relatively close to the ego and not archaic and severe.<sup>4</sup>

We must, however, distinguish the altruistic component of generative empathy from altruistic surrender (13). As a dominant and inflexible basis for empathy, altruistic surrender soon proves unsatisfactory. It manifests itself in the rigid requirement that the patient continue to remain in one psychological position in order to continue to be a source of vicarious unconscious gratification for the therapist. Out of need, anxiety, guilt, and hostility it resists change in the patient and in the analyst's emotional position with respect to him. A demanding and confining 'benevolence' is the result. Loewald (32) has stated: 'Mature object relations are not characterized by a sameness of relatedness but by an optimal range of relatedness and by the ability to relate to different objects according to their particular levels of maturity. In analysis, a mature object relation is maintained with a given patient if the analyst relates to the patient in tune with the shifting levels of development manifested by the patient at different times. . . .' Obviously the same is true of empathy in adult relationships with children, a matter concisely discussed by Bornstein (3) and by Olden (37).

In generative empathy the other person is recognized to be coping with a particular set of life circumstances. He is comprehended as rooted in reality. His behavior will be understood in relation to his life circumstances, not only as they are at present but as they were and as they may be later on. These circumstances include traditions, social structures, inner potentialities, and opportunities and rewards offered the other person by his immediate and larger community of significant persons (5, 22). Also included is a sense of what are or may be circumstances beyond the object's control as distinguished from those which

<sup>4</sup> Fliess's formulation overlaps but is not identical with a formulation in terms of professional identity formation that may be derived from Erikson's considerations of ego-superego relationship as partly redefined by ego identity formation (6).

may have been contrived by the object to resemble fate in order that he might repeat, live out, or work through conflict. At the same time, of course, neurotic exploitation or fantasy elaboration of fateful events will not be overlooked. The other person, like oneself, is therefore not comprehended as an altogether intrapsychic phenomenon existing in a social and historical vacuum. He is not, by any means, assumed to possess complete autonomy from the environment, nor is he comprehended as totally passive, negativistic, or 'disorganized', but rather as struggling toward maximal adaptation consistent with real and fantasied life circumstances, past, present, and future.

The purpose of this detailed definition of generative empathy, like that of primary process and secondary process offered by Freud (14), or that of ego strength offered by Fenichel (8), is not primarily to provide a basis for deciding whether in a given instance empathy is present or absent. Its purpose is to help us ascertain on what level, in what respect, to what degree, and on what basis empathy may be said to be present. An ideal definition provides a framework for assessment and not an idealistic standard of achievement. Ordinarily we work with partial empathy, which in no way minimizes either the extraordinary precision partial empathy may achieve in picking out specific areas of greatest momentary tension or its therapeutic effectiveness. The economic considerations that guide the timing and depth of analytic interpretation aim at achieving precise though typically partial empathy.

#### MECHANISMS OF GENERATIVE EMPATHY

Some aspects of the mechanisms of empathy have already been anticipated in elaborating the definition I have proposed. Here we may start with the point that the scope and depth of empathy increase with emotionally felt knowledge of the other person and the crises that develop in his relationships. In achieving familiarity with the characteristic drift of the patient's associations, affects, and expressive movements, and with his history, current life situation, and future prospects, the analyst

builds up a temporally articulated internal image of the patient's world.<sup>5</sup> In building this image, in establishing the patient's world in his own inner world, the analyst approaches a position where he is often able to fantasy and feel (in affect and body) as the patient does. He becomes increasingly able to anticipate the course of the material, including the patient's response to one or more conceivable interventions; thus it will often come about that patient and analyst find themselves having the same associations, sometimes with amusement or pleasure at the correspondence.

The building up of this image of the patient is based on a series of partial introjections, emotional reactions, and revival of memories concerning oneself and the object; this is followed by (or alternates with) re-externalizations or projections onto the patient and by reality testing to check the validity of the image thus far developed. The hypercathected internal image is thereby increasingly enriched, focused, hierarchically organized, and stabilized. It becomes a substructure within the analyst's ego, which means it does not need to be re-created anew on each occasion of stimulation but remains steadily available. It may be said, therefore, that an identification with the patient gradually takes place. Optimally, however, this identification remains segregated within the ego as an object of actual or potential contemplation.<sup>6</sup> It does not to any great extent unconsciously merge into the analyst's own ego and superego. Except by enlarging his ego's scope and giving him a richer background for relationships and work in the future, it does not permanently modify its structure in the way that and to the extent that his early identifications have. The ego's cohesiveness does not suffer.

It is nevertheless correct and necessary to speak of identification here rather than, for instance, simply internal representation or even introjection of the object, for this new substructure

<sup>5</sup> Compare with Pious's emphasis on the therapeutic value in work with schizophrenics of the patient's building up an internal image of the therapist (38). See also Loewald (32, pp. 8, 12).

<sup>6</sup> Compare with Rapaport (39) on affects.

does for a time modify the empathizer's ego. Within limits it shares in regulating and utilizing the analyst's ego functions, such as concept formation and anticipation. This substructure also shares in defining his subjective experience, including bodily experience. It takes on executive functions of its own and is not merely acted on by the ego as a whole. As time goes on, it works with increasing spontaneity or automatization and even a sense of inevitability—and here, in part, originates the experience of direct, intuitive, 'flash' understanding in the therapist. It is in this sense that Reik is correct when he insists that in empathy we share the experience of others 'not *like* our own but *as* our own'.

The economy effected by automatization is one source of the energy used in the empathic process, the other sources of energy being those of the enlisted, sublimated drives, the gain effected by suspension of counterathexes, the approval and love of the superego, and the energies freely available to the normal ego. In so far as the energy distributions involved are free of conflict, they should be relatively freely suspendible as the analyst turns his attention to other patients or to other interests.

Of course a hasty, inflexible crystallization of the internal image is undesirable. This is not to say that very rapid and accurate empathic comprehension is not possible. It is to say that such penetrations on brief contact can only be partial or fragmentary. For the broader empathic grasp I am discussing, considerable spadework is required. A rich history of interactions, including crises and their resolutions, is indispensable for the individuality and complexity of the response. A too rapid and rigid crystallization of the internal image is probably symptomatic of a fixed countertransference or counteridentification (12), and the struggle against this must inevitably impoverish the analyst's work ego. The potential for surprise, emphasized by Reik (45, 46), must be preserved for both analyst and patient so that ever new facets of a patient's conflicts may be discerned and experienced. Discrepancies between anticipations deriving from the internal image crystallized at any point and the pa-

tient's actual productions may serve as cues to help discern new developments in the patient's transference, resistance, and general life situation.

The preceding definition and formulation of mechanisms lead us to recognize the key role played by those processes summarized by Kris under the heading 'regression in the service of the ego' (29). We see the subject's relationship to the object undergo intensive internal transformation through the active play of introjective and projective mechanisms and the increased permeability of ego boundaries. By virtue of moderation of superego pressures and relaxation of defense, affective memories and reactions become freely available. As regards the level of functioning we find regression toward concreteness, somatic representations, and less stable organization. This regressive aspect, like its counterpart in the artistic creative process, may well be initiated by and representative of a series of crises of conviction and contact in the history of the relationship and in inner organization. Optimally, the regression is sooner or later regulated by two factors. First, certain of the ego's controlling functions are not fully or lastingly suspended. Empathy does not just happen; it refers to a real situation recognized by an active ego. Second, the segregated identification provides a focus, a point of reference for the regressive process, just as the budding work of art does for the artist's regression in the service of the ego. This twofold regulation makes it possible to acknowledge and use anxiety, to get at and use fantasies and affects that might otherwise have to remain either unavailable or unusable and disorienting fragments of experience. This regulation thus guarantees the restitutive, reconstructive aspect of empathy.

In all, we observe adaptive, regulated employment of the primary process. In these respects there is a close parallel to the inspirational phase in creative work. The parallel goes further. In creative work there is the later or alternating phase of elaboration, that is the phase of critical, selective, synthesizing, and to some degree conscious manipulation of the yield of the in-



spirational regression. In empathy the above emphasized roles of cognition, hierarchic organization, and restoration or reparation of the separate object with enhanced reality define a similar elaborative, or restitutive, phase. Thus, id, ego, and superego collaborate or function as a harmonious organization to provide richness, intensity, and authenticity of content in the empathizer, and with no great or lasting sacrifice of his ego's relative autonomy. We may recall in this regard Freud's remark in *The Unconscious* (17, p. 127): 'Coöperation between a pre-conscious and an unconscious impulse, even when the latter is subject to very strong repression, may be established if the situation permits of the unconscious impulse operating in harmony with one of the controlling tendencies. The repression is removed for the occasion, the repressed activity being admitted as a re-enforcement of the one intended by the ego. In respect of this single constellation the unconscious becomes ego-syntonic, falls into line with the ego, without any change taking place in the repression otherwise. The effect of the Ucs in this coöperation is unmistakable; the re-enforced tendencies reveal themselves as, in spite of all, different from the normal—they make possible achievements of special perfection, and they manifest a resistance in the face of opposition similar to that of obsessional symptoms.'

Pertinent in this regard is Fliess's previously mentioned discussion of the analyst's work ego in relation to empathy (11). Fliess centers on how collaboration between the analyst's ego and superego results in freer access to processes normally outside of consciousness, subject to the restrictions of therapeutic conscience and the commitment to self-observation as against unreflective action. By stressing the *transient* nature of the identification, Fliess obscures the abiding structural aspects of empathy described above.

It may be said therefore that generative empathy is a creative act of a sort, and that its communication will be creative, that is, individual, concrete, articulated, and organized in depth as well as regulated throughout as regards closeness to participation or

action. These considerations do not imply that a high degree of consciousness characterizes the entire empathic process, or the entire artistic creative process. Ordinarily far more is left to pre-conscious and unconscious elaboration in both processes. The same is true in wit (15, 29) and audience response (29). Only the final empathic reaction may, in fact, appear in consciousness, and perhaps not even that, for what may issue is an act or fantasy which in retrospect appears to have been empathic to a high degree.

### THE EMPATHIC COMMUNICATION

I have organized my discussion of empathic communication around several clinical examples. The explication of this material relies on Erikson's description of the sequence of psychosocial crises in personality development (5) as well as on traditional structural and dynamic concepts.

The first empathic communication to be considered occurred during the intensive therapy of a depressed male patient, fifty years old. Following a patient-staff meeting on problems of community living in a hospital, the patient expressed to his therapist the attitude that he could trust him completely, and the belief that he needed to feel that way in order to confide in him freely. The therapist commented that this belief must have been making it hard for the patient to express any criticisms of him. The patient denied having such criticisms to express, and complained about the behavior of other staff members, using as an example an irritated comment one of them (unspecified) had made at the patient-staff meeting just concluded. With some surprise and curiosity, the therapist responded, 'I was the one who said that'. The patient then remembered with surprise that this was indeed the case, and he expressed for the first time some dissatisfactions with the therapist. The therapist's spontaneous simple acknowledgment of his 'guilt' may be regarded as an empathic communication. It said to the patient, in effect, 'Yes, you can trust me not to try to be infallible or supremely calm and objective, but to be honest with you and myself. I am

not ashamed of what I said, I am not afraid of your criticism, and I do not invite you to act in collusion with my defenses, as you did by your convenient forgetting of my irritability, in order that we might maintain a perfect image of me. I do not moreover mistrust or lack confidence in you and our relationship. I restore this knowledge to you because I anticipate that the two of us can use it to your advantage.' The patient could now express other criticisms of the therapist. He responded neither with depressive apathy and withdrawal nor with guilty and seductive defense of the therapist's actions. One may object that honesty rather than empathy is the crucial factor in this incident, but one would then ignore the fact that therapists select their explicit honesties, and select them, optimally, according to their therapeutic potentials at any given moment. And optimal selectivity presupposes empathy.

The next example, taken from Aichhorn's *Wayward Youth* (1), well illustrates empathic comprehension and communication. Aichhorn had just seen the father and had familiarized himself with the life situation of the delinquent boy he was about to see. The boy, until recently a good boy, had misappropriated some money, had disappeared for a week, and had since become shiftless, obdurate, and defiant in manner and behavior. Severity and kindness were tried alternately several times, but the boy only acted worse. 'I talked', says Aichhorn, 'to the boy alone. He was a very thin young man who looked somewhat older than his seventeen years.'

'Do you know where you are?'

'No.'

'In the child guidance clinic of the Juvenile Court.'

'Oh yes. My father wants to put me in a reform school.'

'Your father has told me what has happened and I'd like to help you.'

'It's no use.' He shrugged his shoulders and turned away.

'Certainly it's no use if you don't want help.'

'You can't help me.'

'I know you don't have much confidence in me; we don't

know each other yet.'

'Not that, but anyway it's no use.' He showed the same hopeless, uncoöperative air.

'Are you willing to talk to me?'

'Why not?'

'I must ask you various questions and I'll make you a proposition.'

'What?' The tone betrayed expectation.

'That you don't answer any question you don't like.'

'How do you mean?' He was astonished and incredulous.

'The questions you don't like you need not answer or you may tell me it's none of my business.'

'Why do you say that?'

'Because I'm not a detective nor a policeman and I don't need to know everything. Anyway you wouldn't tell me the truth if I asked questions you didn't like.'

'How do you know that?'

'Because that is what everybody does and you are no exception. I wouldn't tell everything either to someone whom I'd met for the first time.'

'But if I talk and tell you lies, will you know that too?'

'No, but that would be too bad. And anyway it isn't necessary because I don't want to force you to answer me.'

'At home they always said if I'd talk, nothing bad would happen to me, but when I did it was always much worse. So I quit talking.'

'But here it's a little different. I'll be satisfied with what you are willing to tell. But I'd like to be sure you are telling me the truth.'

'Good.'

'You agree?' I offered him my hand which he took eagerly.

'Agreed.'

What does Aichhorn convey in his few masterful remarks to the discouraged, sullen adolescent? To begin with he explicitly establishes where the boy is, emphasizing thereby that the boy is in trouble. He also makes it explicit that they are not in court but in a child guidance clinic attached to the court, thereby differentiating himself from law enforcement. The boy

rejects this differentiation, and at the same time excludes Aichhorn from individual consideration when he says, 'My father wants to put me in reform school'. Aichhorn now begins an active approach: 'Your father has told me what has happened and I'd like to help you'. He says thereby that he does not feel repelled or accusing by what he has heard. What he has heard has led him to conclude that the boy needs help rather than manipulation, and, moreover, has encouraged him to offer it. But note too that he neither says, 'I am going to help', which would be uninvited intrusion and manipulation and would attempt to take away autonomy from the boy, nor 'I am sorry for you' or 'You've had some tough breaks', which would be pitying. Applying Jekels' discussion of pity (24) to this situation, pity would express either positive counteridentification with the passive, feminine, masochistic aspects of the boy's position or negative counteridentification, that is, repudiation of the boy's position in order to affirm Aichhorn's own phallic masculine status and strivings. We know too how premature or unwarranted pity or sympathy can stimulate guilt and thereby increase provocative behavior.

When the boy replies, 'It's no use', he does not flatly repudiate Aichhorn's offer of help. By not rejecting the idea of help or the need for help, he leaves a little, though not much, opening for further approach. Aichhorn's rejoinder, 'Certainly it is no use if you don't want help' again supports the boy's autonomy by admitting at once that he is helpless without the boy's collaboration, but he does so without renouncing his own role as helper in the situation. By saying 'If you don't want help', he implies that the boy does or might want help. Aichhorn knew that this had been a good boy before the current difficulties developed and apparently he is counting on utilizing the boy's conflict. Aichhorn is not calling a bluff; he is helping the boy to talk about needing help without insisting that the boy express the need for help first and then feel too vulnerable to being abused and too ashamed of unmanliness. Aichhorn does not allow the boy to present himself as a helpless victim, for he con-

fronts him with an assertion that he, the boy, has control—a challenge but also a reassurance. The boy's response, 'You can't help me', implies a bit more definitely that he does want help—and still he has not had to ask for it openly. The boy's attention is now focused on Aichhorn and on his ability to help. He departs from his position of futility and engages—and challenges—Aichhorn. Aichhorn does not become defensively self-confident, nor does he alienate the boy by reproof for challenging him. Instead he offers a clarification that trust or confidence in personal relationships is a mutual achievement and is not to be produced on order and quickly. He is self-assured but not so demanding or insensitive as to say, 'Of course I can help'. He says simply, 'I know you don't have much confidence in me; we don't know each other yet'.

The boy seems to start to elaborate his problem when he replies, 'It's not that'. He then relapses by adding, 'But anyway it's no use'. At this point he might well be beginning to test Aichhorn. 'Not that' is a dangling invitation to continue. Aichhorn thereupon takes a new tack, apparently sensing that explicit talk of help will get no further results. He asks, 'Are you willing to talk to me?' The boy's 'Why not?' is noncommittal, cautious, but still not a definite refusal. Aichhorn's 'I must ask you various questions and I will make you a proposition' grants the boy a choice without surrendering his own function of helpful investigator. Responding to the boy's increased interest and expectation, Aichhorn then explicitly gives control of the answers to his questions to the boy: '. . . don't answer any question you don't like . . . tell me it's none of my business . . . I'm not a detective or a policeman . . .'. It would have been quite different and less effective if he had first attempted to encourage the boy to confide in him by abruptly saying he was not a policeman. 'I don't need to know all these things' expresses again the absence of an anxious or resentful sense of surrender; his own autonomy and workmanship will not be violated in this deal. He then anticipates the boy's temptation to lie by stating it explicitly.

'I wouldn't tell everything either to someone whom I'd met for the first time' clinches the initial differentiation of himself from the social and legal authorities. This comes closest to what we consider an example of empathic communication, but everything he has said before has built up to it and is part of it. Aichhorn rejects the arbitrary social line between good and bad; he himself is trying to be 'good' now but makes no false pretense that under certain stress he would not be 'bad' as the boy is. By his candor, he says in effect that he is not cowed by social anxiety or by a harsh superego; he can admit without trepidation that he can be 'corrupt' too. He demonstrates in action here that he really knows how it is when you feel 'up against it', that he can be remote from conventional oversimplifications of morality, that he can be an honest ally. When he goes on to say, simply and tolerantly, that it would be too bad if the boy did lie, he expresses regret based on partial identification; he does not mistrustfully reprove the boy in advance by exhortation to be honest. By now, the initial negative transference to Aichhorn has been dissipated and, as symbolized in the handshake, a therapeutic alliance (49) with the boy has begun to be established.

In this interchange Aichhorn steadily respects the boy's need for trust, autonomy, and initiative. He conveys this respect with no overtones of having sacrificed his own confidence, autonomy, initiative, or sense of workmanship, and no hint of feeling threatened in his own ego identity and his strivings toward intimacy. He encourages an alliance through the 'manly' deal he offers the boy and through indicating that he has a relationship to his own superego and to society such as the boy might hope for. This relationship is candid without being exhibitionistic, tolerant without being seductive, benevolent without being excessively altruistic. He conveys that one can be good without being indulgent or submissive, one can be active without being rapacious, one can be aware of one's own limits and even corruptibility without undue anxiety, guilt, shame, and passive retaliation, and one can acknowledge one's part in bringing about a hopeless situation in which one is apparently passively victim-

ized. He provides a model for identification and ego identity formation that is a way out for an adolescent boy caught in vacillations between extremes of behavior on the part of his parents. In all these implications of Aichhorn's empathic responsiveness, generative primacy is apparent. There can be little doubt that Aichhorn's flair emanates from a history rich in crises of contact, communication, and collaboration in his work with delinquents—and himself.

From the study of this example, and in the perspective provided by the previous theoretical discussion, it may be said that empathic communication is a creative act in personal relationships (2, 36). Like wit and poetry, to which it has a close relation, it condenses a variety of interrelated meanings. In so doing it gains the evocative power inherent in æsthetic ambiguity. The empathic communication has 'multiple appeal' (23) and 'tact' (33); it addresses itself, though by no means necessarily explicitly or indiscriminately, to a number of tendencies distributed throughout the psychic systems.

It is notable that the empathic communication, by implicitly giving permission, mobilizes affect and escorts it into awareness. This result is particularly desirable when the warding off of an affect acts as a barrier to a successful interpretation of a dominant conflict. Re-experiencing the original affect or affects provides the emotional grounds for subsequent interpretation of unconscious material and makes it possible to deal with the conflict consciously. This was the rationale of Bornstein's empathic first interpretation in the analysis of Frankie (4), a phobic boy of five who, in his initial play, had created a hospital in which a four-year-old boy, sitting alone on an elevated seat, omnipotently destroyed all the babies and mothers in the hospital. In this there was furious revenge against his mother and the sister who had been born when he was three. Mrs. Bornstein pointed out the disadvantages to the analytic relationship and the child's ego development of a number of conceivable interventions of a deeply interpretative, supportive, or exhortative nature. She then stated that she chose for interpretation



'that element in which the patient represented his ego', namely, the sad and lonely boy. His destructiveness she regarded at that point as a defense against the affects of loneliness and sadness traumatically felt on the occasion of his mother's going to the hospital to have her second child. Mrs. Bornstein rendered her interpretation initially by expressing sympathy for the lonely child who is barred from his mother's sickroom in the hospital and who is too little to understand why his father is admitted. I suggest that here empathy combined with intellectual insight dictated this choice of content and mode of intervention which appeared then to have successfully launched the analysis.

In treatment the empathic communication is an artful, adaptive compromise. It does not insist on the highest level of organization available to the therapist; if it did it would ordinarily amount to pedagogy rather than empathy. Yet, it does not altogether regress to and thus take for granted the patient's most obvious current level of organization. If it did it would ordinarily amount to sympathy or pity (24).<sup>7</sup> The therapist does not yield his own position as an observer or investigator but functions also as a participant. And the patient is not under pressure to yield his position as a participant but is given permission to observe himself and the therapist more realistically than he has thus far, and is given support in moving ahead into new realms of anxiety. The empathic communication is a compromise in which both objects are preserved and yet begin to change (32).

Metapsychologically, we may say of the dynamics of empathic communication that it recognizes conflicting forces on various levels of functioning and brings these into more definite relationship to each other. It thus exercises 'multiple appeal'. It represents a triumph of reality-centered ego interests and the

<sup>7</sup> An expression of sympathy may be empathic when the therapist, taking the initiative in this respect, conveys recognition of a need, and of some, though not too much, anxiety or guilt interfering with its expression. Where resistance against expressing a need is great, expression of sympathy amounts rather to a threatening or humiliating intrusion and is equivalent in one respect to interpreting a wish without taking into account the defense against it.

ego's synthesizing function over disruptive libidinal and aggressive impulses, threatening moral injunctions, restrictive defensive measures, and uncertain reality factors. Structurally, the empathic communication brings the object to a higher level of organization than has hitherto been the case. Through differentiation, synthesis, and verbalization a part of the unconscious is won over to preconscious and conscious organization. The ego is no longer as helpless and passive in its conflict with id, superego, and reality. It gains new concepts and connections with which to organize old, new, and future experience. Simultaneously, the implacability of the superego is moderated and instinctual drives released from repression. Ego functions expand in scope, permitting previously restricted experiences of mutuality, trust, and self-reliance—the foundations of useful and gratifying recognitions of the self in relation to others. Economically, such communication and participation, first of all, provide a catharsis. As in art and wit, energy is saved by organization and synthesis, and is then released in feelings of pleasure, relief, and accomplishment in both empathizer and object. The energy freed from conflict is available to the ego and superego for purposes of increased self-awareness and personal relationships.

#### IMPLICATIONS FOR TECHNIQUE

Resistance and transference must be seen to include attempts to block the therapist's empathy and to exploit lapses in it. Unempathic interpretations may actually result in the untimely or too intense release of unfamiliar feelings or may be overly intellectual and remote from any feelings. The patient may then feel he is being ignored, interrupted, criticized, and thwarted as regards further meaningful communication. His striving toward trust, independence, and initiative in the therapeutic relationship may be blocked for the moment. Previous feelings of hate, guilt, and isolation are revived. The therapist is accused, in effect, of acting out his narcissistic or defensive needs, of lacking confidence in himself and the patient, and of being

incapable of tolerating either further development in the transference and resistance or the patient's need to work toward understanding and control through new forms of action and experience. Intervention without empathy thus runs the risk of providing real, possibly powerful support to the patient's resistance and transference. It is just this type of intervention that the patient may be trying to provoke, for when the therapist is impatient, pedagogically authoritative or patronizingly reassuring, he confirms the patient's passive, masochistic, isolated feelings or other neurotic compromises, and relieves the insecurity attendant on their replacement by fresh explorations of inner and outer reality.

The therapist's appropriate silence and restraint under these provocative circumstances are not merely the enforcement of the rule of abstinence. Despite the patient's protests any response other than silence or restraint will be reacted to by the patient as an intolerant interruption of or interference with his need for independent exploration. If the therapist misunderstands these protests as correct criticism, a relapse, or a negative therapeutic reaction, he and the patient will become involved in a futile contest of mutual narcissistic and defensive needs. That the patient is both desirous of being free of the transference and resistant against relinquishing it, requires special vigilance against countertransference reactions that the patient will sense to be enticements toward regressive gratifications.

To fully define an intervention and to understand its impact we must look beyond its manifest content and explicate the empathic connotations of its verbal and nonverbal aspects.

### SUMMARY

Generative empathy is a sublimated creative act in personal relationships which combines the gratifications of intimate union with the recognition and enhancement of separateness and personal development of both persons involved. Such identification as is involved differs from the identifications which permanently modify the ego, for optimally it remains segregated

within the ego, suspendible, and available for contemplation and reality testing. In the end it enhances rather than replaces and impoverishes object relations. The further study of empathy promises to enrich understanding not only of the therapeutic process but of the development of the ego, of communication and reality testing in personal relationships, and of the general theory of adaptation (22).

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# The Selection of Candidates Applying for Psychoanalytic Training

Arnold Eisendorfer

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## THE SELECTION OF CANDIDATES APPLYING FOR PSYCHOANALYTIC TRAINING

BY ARNOLD EISENDORFER, M.D. (NEW YORK)

These observations are based on ten years of continuous membership in the Committee for Admissions of the New York Psychoanalytic Institute.

I have found this work to be most interesting, stimulating, and challenging to one's clinical acumen. At each meeting of the Committee, the written interviews of two or more different interviewers with the candidate are read and followed by intensive discussion.

The membership of this Committee is of utmost importance. It should be selected from senior members of the faculty who are sharp clinicians and who are dedicated psychoanalysts. The Committee should consist of varied types of personalities in order to avoid any stereotypy of approach to the applicants. Each meeting is a clinical conference in advanced psychopathology. The function of the Committee is to select from a wealth of applicants those who are believed to have sufficient psychoanalytic aptitude to merit being given the opportunity to become students. Although I am not entirely clear as to how we have been accomplishing this task, the quality and character of the student body individually and as a whole has improved progressively throughout the years.

I have also been a member of the Students' and the Graduation Committees throughout these years and, from that additional point of vantage, have seen the dramatic change for the better in our students' problems and our problem students. In 1946 the Students' Committee was burdened with a backlog of problem students that today would never have been seriously considered as applicants. It took us years to weed out the unfit. My work on the Students' Committee complemented my work on the Admissions Committee. It was a protracted follow-up that was most rewarding. One applies the lessons learned from failures that are presented to the Students' Committee to the work of selecting applicants in the Admissions Committee; and conversely, the lessons of the Admissions Committee are foreseen as problems which will beset the Students' Committee. This admission psychiatry is a specialized and thorough clinical evaluation—within its limitations—of the personality of



applicants from the point of view of aptitude for the study and practice of psychoanalysis.

Aptitude for psychoanalysis cannot be strictly defined because of its wide range. The subtle manner in which an applicant reveals himself, the selective specificity of his spontaneous productions, the degree of spontaneity are of utmost importance. The nature of thinking about his motivation poses questions: is there a genuine desire and curiosity about the unconscious and if so how has this been expressed; what degree of self-probing has he achieved; what degree of perception of inner conflicts has been attained? In other words, does the candidate manifest any signs of analytic *Verstand* or 'savvy' for the unconscious? To what degree has he tried to sense, perceive, assess, correlate, and evaluate his feelings? Does he have the potentialities for such contemplative introspection and the abiding patience it requires? Is he sufficiently articulate and cultured to be able to translate these feelings into contemporary thinking and understandable concepts? To what degree has the applicant awareness that his need to treat others stems from an inner need for self-therapy? Does the applicant seek analysis only for training in a technique? What is the nature of his conflicts; does he perceive that his anxiety or depression evolves from his inner conflicts?

Every applicant presents a social façade. The interviewer must be able to look behind this front and, more important, estimate the texture of the conflictual pathology it covers. Some of the smoothest, most refined façades have been found to conceal irreversible pathology beyond the possibility of psychoanalytic resolution.

Perhaps the core of psychoanalytic aptitude in the male resides in his psychologically accessible latent femininity and his correlated passivity. It is this component of his personality that contributes to his capacity to perceive his own unconscious and that of others. It permits him to wait and listen while the unconscious of the patient is striving to be born into consciousness. The aggressive masculine tendency 'to be doing' must be subordinated to this passive capacity to listen and understand.

Intuition, empathy, and identification play an important role in perceiving and assaying the nature of the unconscious processes in an applicant. Empathy between interviewer and candidate when based upon tangible factors, i.e., intelligence, clinical aptitude, etc., is self-explanatory. It is the empathy that develops during the in-

terview that is connected with the intangible, indefinable factors in the interview situation which it is necessary to perceive and evaluate. The degree of empathy between interviewer and applicant may be an important indicator of analytic potentiality in the candidate.

Empathy, in this instance, refers to the capacity for reciprocal identification between the participants in the interview, i.e., an ability to identify. It is engendered and facilitated when the aims, goals, and purposes of the applicant complement those of the interviewer, for instance, when the accord between them is based on common psychological bonds.

The interviewer perceives then in the applicant the capacity for developing those psychological ingredients abiding within himself which are essential among psychoanalysts. If this 'identifiability' is lacking, a discordant atmosphere emphasizes the absence of those essential qualities in the personality of the candidate. For these reasons it is important that more than one interviewer—preferably not less than three—interview the candidate in order that the applicant be given every opportunity to reveal his latent potentialities.

Such factors as overt psychopathology, perversions, overt homosexuality, and antisocial psychopathic acting out automatically eliminate a candidate. The presence of such symptomatology, even when accompanied by intellectual brilliance and intuitive finesse, exclude the basic stability required of a psychoanalytic physician.

Motivation for wanting personal analysis, when it can be ascertained, often yields important clues to personality structure and psychopathology. At best, it is the need of the physician first to cure himself. We must, however, seek to find for what this 'cure' is necessary. Few are the candidates whose scopophilic impulses are subordinated to a zealous desire to explore and understand the nature of the unconscious. This admirable quality, characteristic of the pioneers of psychoanalysis, now seems strangely lacking. I do not know why. I do know that a special type of character was a requisite for becoming attracted to analysis when the pressure of society was opposed to it, and before it became the Holy Grail of psychiatry and the intelligentsia. That something extra, that courage which seeks the truth in the face of whatever opposition is rare among candidates in this age of psychoanalytic affluence.

A not uncommon characteristic of a considerable number of candidates (about ten per cent) is a façade of normality. Such a candidate is impelled to present the picture of what I call 'the all-American normal'. This becomes a perplexing problem to solve during some interviews. If the candidate can respond to a suggestion that this is not what we are seeking, and if such a façade has been more or less consciously determined, to the degree that it has been so determined it is possible for a candidate to dispense with it and reveal himself. If, however, such a structure remains impermeable it denotes a marked lack of sensitivity, an incapacity to sense his own and the feelings of those about him, and eliminates him from further consideration.

A dogged determination to present himself as being normal, more often than not, serves as a veneer to conceal chronic pathology. Severe latent depression and schizophrenic processes are often thus disguised, and very characteristic in such candidates is the propensity to acting out which prevails as a substitute for sensing and perceiving. Individuals with this character are often drawn to psychoanalysis by an intense ambition that corresponds to a narcissistic omnipotence and delusions of grandeur. Two such students who could not be analyzed were dropped from student status. In both instances the significant data were contained in the admission interviews. An incapacity for abstraction, and inordinately concrete thinking together with a dearth of genuine curiosity to learn, made analysis well-nigh impossible. They were motivated by boundless narcissistic competitive ambition contaminated with magical thinking.

In summary, we may say that the acceptable candidate is a young physician who is a sound psychiatric clinician, whose emotional conflicts are within the sphere of reversible pathology, whose intelligence has that intangible capacity for intuitive apperception of unconscious processes which always includes a sincere interest in cultural pursuits and the humanities. As he is imaginative and sensitive of his own feelings, he is intuitive of the feelings of others, and he is sufficiently articulate that this awareness can be expressed in meaningful language. He is then analyzable and can be trained to analyze. His motivation stems from a genuine curiosity about his inner problems and those of others and their possible unconscious derivatives. He possesses that psychic fortitude which

manifests itself in a spirit of patient, contemplative investigation that enables him to know the significance of what he perceives, and gives him the courage to admit it when he does not know what is happening among the intricate problems which confront every analyst on the frontiers of the psyche.

First written as a letter to Dr. Bertram D. Lewin (July 2, 1957) at his request, I have been persuaded by him and others to modify for publication this brief distillation of my experience.

# A Note on Two Characteristics of Transference

Samuel R. Lehrman

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## A NOTE ON TWO CHARACTERISTICS OF TRANSFERENCE

BY SAMUEL R. LEHRMAN, M.D. (HEWLETT, NEW YORK)

Two remarkable characteristics of positive transference—its persistence in accordance with the timelessness of the primary process, and the sexuality deriving from its libidinal origins—are well illustrated in two clinical anecdotes.

After a lapse of twenty years, two former patients sought me out with the apparent expectation, like Rip Van Winkle, of an unchanged relationship. Although transference is a phenomenon which the patient may apply indiscriminately to various figures in his environment, it is noteworthy that certain transference relationships are characterized by a lasting devotion which is of theoretical and technical interest. Real events play significant parts in the development of such transferences.

The first patient, a woman, telephoned and asked if I had interned at a certain hospital during a certain year. She was disappointed that I did not recognize her name. As an intern on the obstetric service, I had delivered her of a boy twenty-two years earlier and had attended her about ten days. She called, she said, to know whether it '... was all right for this son to marry a girl who had a curvature of the spine'. She based her objection to the impending marriage on the possibility of hereditary defects among offspring resulting from this union. Her family doctor had encouraged her to call me. I am unaware that the patient knew I am now a psychiatrist; undoubtedly her doctor did. She was ambivalent about visiting me and, as an evaluation by telephone was impossible, I recommended that she accept the opinion of her family doctor. She seemed reassured, thanked me, and said that she would like some day to stop in and see me.

A similar incident was related to me by a gynecologist. A woman, who gave no evidence of neurosis, vividly recalled that she had been examined by him twenty-four years earlier. That women have a special relationship to their obstetricians can be frequently observed in psychoanalytic practice. A woman's transference to her obstetri-

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From The Long Island Jewish Hospital and Hillside Hospital, New York City.

cian or gynecologist is more like that to an analyst, usually differing from her relationship to her other doctors. One pregnant, multiparous hysteric in analysis often fantasied that the analyst was her obstetrician and the analytic office a delivery room. Another non-pregnant neurotic mother, as an expression of her sexual fantasies, frequently substituted the name of her gynecologist, whose surname also began with an L, for my name. In practice, the gynecologist presumably 'fixes' the patient's transference fantasies by actual genital contact, a form of somatic compliance. In psychoanalysis and in psychotherapy, the sexual cathexis occurs through frank verbalization and regression. Ordinarily neutral real events may thus become sexualized.

I have no personally observed material about the relationships of male patients to urologists and proctologists. A urologist has told me of his patients' tendencies to confide the most intimate details of their lives. He was also struck by a trend toward idolatrous testimonial letters which are suggestive of defenses against castration anxiety. The homosexual element in such relationships makes them more complicated.

My second patient was a man who waited all afternoon to see me. The vaguely familiar figure in the waiting room I first perceived as my office associate's patient. The man called my name and in somewhat pained surprise at my look of nonrecognition said, 'I'm Mike Blank'. I then remembered that he had been one of my patients in a state hospital, which I had left nineteen years previously. He was then a thirty-two-year-old paranoid schizophrenic who was periodically alcoholic. Although unschooled, he was well read and felt superior to other patients. Shortly before I left the hospital, he had presented me with a copy of Goethe's *Faust* which for therapeutic reasons I felt I should accept. His inscription was typically paranoid, predicting 'budding psychiatric genius' and 'textbook authorship'. It closed with an appreciation of my 'altimistic endeavors' toward his rehabilitation. To his signature he appended 'The poet-philosopher'.

His identification with Goethe merged with his grandiose projection displacement and identification with me. The homosexual transference was expressed in presenting me with a creation (baby) of the poet-philosopher. My acceptance increased the cathexis of the transference. The neologism is a wishful condensation of 'al-

truistic' and 'optimistic'. He visited me, without previous communication during nineteen years, because he felt that I was the only one to whom he could turn when he found himself in New York without work or money. He now had a thirteen-year-old daughter and wanted to return to his home several hundred miles away. I gave him the money and he quickly departed. After nineteen years, I paid him for the gift (child).

Perhaps it is this type of transference which gives rise to 'man's everlasting hope that love should go on in undisturbed serenity forever'. The chance factors which fix the transference seem to operate like the chance factors which determine the form of conversion or anxiety hysteria. The appropriate allusion to Rip Van Winkle's awakening after twenty years of sleep invites discussion of the orality in transference which is beyond the scope of this communication.



## Flatulent Phallus

Leon J. Saul

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## FLATULENT PHALLUS

BY LEON J. SAUL, M.D. (PHILADELPHIA)

The extreme fluidity and kaleidoscopic variability of the primary processes are now so familiar to analysts that there is no longer the surprised delight which years ago attended the discovery of a new or unusual form of symbolic representation. Occasionally, however, there appears in analytic material a symbolization of such nature and succinctness that it still deserves a short paragraph in our already voluminous literature.

An excellent young man, in the midst of working through his œdipal and sibling rivalries, dreamed of a motor boat which, though small and inexpensive, had a very large exhaust pipe standing vertically amidships next to the wheel. The associations were to other larger, more powerful, fancier craft which the patient envied, and to confessions of feelings of weakness and inadequacy compared with other men—father and brother figures. The consolation in the dream was the huge, vertical exhaust pipe. Associations to this evoked feelings and memories concerning the size of his phallus as a representation of power and potency. This led to his anal potency expressed in sound and power of expelling flatus, as compared years ago with that of other little boys.<sup>1</sup> The patient continued, 'As a small boy I felt that my penis was not powerful enough, but would be much more so if I could only pass my bowel movements through it instead of only urine'.

The clarity of this support of Freud's remarks about the cloaca in the symbolic fusion of rectum and urethra, and the representation in the dream of potency as flatus seem worthy of note.

<sup>1</sup> Cf. Mark Twain's *Conversation in the Time of Queen Elizabeth*.

## Reactions of a Man to Natural Death

Leon J. Saul

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## REACTIONS OF A MAN TO NATURAL DEATH

BY LEON J. SAUL, M.D. (PHILADELPHIA)

There are persons who suffer for months with the knowledge that they have a fatal illness. Perhaps if we knew more, we could help in some way to alleviate this form of psychic pain; hence this clinical note. A review of the literature, such as the recent contributions of Kurt Eissler and others, is not included.

The following observations were made a number of years ago on some of the psychological reactions of a man to the gradual approach of death from cancer. Having been a devoted physician, beloved by his patients, it is certain that he would have assented to the publication of these notes for whatever psychological interest they may have.

He was the youngest child of a large family and was so badly treated by his mother, who occasionally drank, that he left home in early adolescence. Through hard work he graduated from medical school when he was in his thirties. When he had established a general practice, he married an aristocratic young woman and was soon the father of a growing family. Handsome, brilliant, and of a dominating personality, he still lacked ease in his social relationships, for the early rejection, frustration, and struggle had left their marks. Dominating his family, restricting his children, he was at the same time excessively ambitious for them and also sentimentally dependent upon them, being moved to tears at every leave-taking. His old, repressed anger, mostly toward his mother, showed in his domination of women and also as a belligerent trend in his personality which kept him from pleasant associations with his colleagues. Owing no doubt to the anger from the maternal rejection, he was chronically more or less unhappy and tragic, and often contemplated suicide. It is more than likely that this early oral deprivation was also responsible for his large appetite and for his slightly exaggerated tendency to believe in the curative powers of a variety of foods. The oral history is of special interest because he died of a carcinoma of the stomach, after early actual oral deprivation followed in adult life by special attention to food. His mother's drinking has been mentioned. He had had epigastric pains for years and

at sixty-four, ten years before his death, had a cholecystectomy for gallstones. Until his last illness at seventy-four, although showing hypochondriacal tendencies, he maintained himself in rugged health, and on a farm, which was his hobby, he put many a young man to shame by his physical prowess. He did not hide his pride in his strength and sexual potency which belied his age.

The self-destructive tendencies became obvious when he neglected for over a year to heed the symptoms which he himself diagnosed as carcinoma of the stomach. After a gastrectomy with postoperative complications, which but for his remarkable resistance would have shattered his health completely, he emerged suddenly an old man. After a few weeks of rest he was back at his practice ('my patients need me'), and he gained strength until a recurrence of the carcinoma made it clear that all hope was gone. Then followed the reactions which it is the purpose of this note to describe.

His first reaction to his illness was a very matter-of-fact one. He had lived his threescore years and ten and everything after that is a bonus anyway, cheating the Reaper. On the other hand, he did not put his affairs in order until the very end and proceeded within the limits of his strength to behave as though he did not have a fatal disease. He would say, 'Now you know as well as I do that this is a recurrent inoperable cancer' and would converse on this basis. But at other times he would want another medical opinion, feeling that perhaps there had been a mistake and that something could be done. He made arrangements, for example, to turn in his automobile for a model he preferred, and he went ahead with other plans which would have been rational only if he were to live for a long time.

Another illustration of his partial denial of the reality was his wish to try a certain proprietary drug. He knew it to be entirely inefficacious and had always scorned it in his practice. Now he said that he knew of course it was probably valueless, but since nothing was to be lost he would try it. Secretly he gave his wife to understand that he placed high hopes in it. These are but two incidents chosen from many to show that the wish to live was strong enough to produce views of reality which were definitely delusional but which occurred side by side with the patient's usual sound attitudes and judgment. Really three attitudes were present: his sound judgment (that the drug was known to be valueless); his delusional be-

lief (that it would really cure him); a rationalization partaking of both (why not try it, it might be of use in certain cases).

Now that he was doomed by cancer his will to live was strong enough to produce wish-fulfilling delusions. Is it possible that the wish to live, like other strong wishes that cause symptoms, can in cases such as this be dealt with therapeutically so that its frustration is rendered less painful to the patient during the months of decline? In this case there was a strong fear of death, seemingly intensified by masochism. Perhaps the wish to live is only heightened sufficiently to produce delusional symptoms by some other condition, such as the fear of death.

Other wish-fulfilling manifestations also appeared. All his life he had been a confirmed atheist, sometimes even bitter against religion although this occasionally seemed to arise from efforts to fight off the desire to be religious. In his last few weeks he asked to see the local minister and got much consolation from their talk although previously he would have taken no stock in it and even at the time excused it as really due to his wish to do everything strictly in accordance with the conventions of the community. But at certain moments he confessed that he now believed in heaven and literally was joyful at the prospect of seeing his father there, and also his first child who had died in infancy.

His pride was terribly hurt by being ill, weak, and unattractive. He clung to his wife, calling her 'mother'. He was afraid that because of the repulsiveness of his condition people would turn from him and leave him alone, which he had often seen happen. Rather than go to a hospital he far preferred to stay in the country despite the serious inconveniences, for, to the very end, he derived great pleasure from nature. He especially feared being left to die alone and asked his wife to promise that she would be there and hold his hand, which she did. His fear and his longing to turn to his mother, as he had wished to do in childhood, and also his yearning for loving parents are evident.

### SUMMARY

A few descriptive observations are recorded of a more or less normal man with some mild paranoid trends in his personality who, at seventy-four, was faced for six months with death by cancer. He knew that he had fatal cancer and, simultaneously with this recognition

of inevitable reality, he also denied it. He embraced religion after lifelong atheism, believing that in heaven he would again see his father and his first child. Regressive elements were clear in his attitude toward his wife whom he called 'mother', and who he wished to hold his hand at the end. The question as to the possible value of psychotherapy in decreasing anxiety and psychic pain and increasing the resignation to the inevitable is raised. Individuals who know they have fatal illnesses might be spared some of their long psychological suffering if more clinical, psychopathological studies of such terminal illnesses were made.

## Leo Berman 1913–1958

Henry Wermer

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## LEO BERMAN

1913-1958

Doctor Leo Berman died at his home in Newton, Massachusetts, on December 27, 1958. Death came as a release from intense intractable pain. During his lengthy illness some of the characteristics for which we admired and loved him became even more pronounced. He was a man with a firm conviction in the use of reason and truth. He had a unique devotion to his family and an unfaltering dedication to his patients, his students, and to various professional organizations. Even though his strength was declining, he took an active part in the Educational Committee of the Boston Psychoanalytic Society. He was the intellectual and scientific leader of various research projects, especially in the area of psychoanalytic group psychology.

Leo Berman became a member of the Boston Psychoanalytic Society in 1945. He was appointed Training Analyst in 1952. He served on various committees of the Boston Society, and was Chairman of the Committee on Psychoanalytic Group Therapy of the American Psychoanalytic Association. He served as an editor of the Journal of the American Orthopsychiatric Association, and he has left a rich heritage of scientific publications which reflect the wide scope of his interests. He was a faculty member of the Harvard Medical School and held many important positions at various hospitals in the Boston area as a consultant in group psychotherapy.

A master in applying psychoanalytic concepts to group therapy, he devised a technique for group therapy which permitted its application to persons who sought knowledge of themselves for the sake of knowledge rather than for therapeutic purposes. This form of group work became, during the last few years, an important part of the learning experience of school teachers and educators from grammar school to graduate school level. Leo Berman's renown in this form of applied psychoanalysis spread wide and far, and school systems and colleges in distant parts of the country looked to him for advice; because of his interest in the mental health of the student and the advancement of knowledge concerning mental health among educators, he became Chairman of the Committee on the College Student of the Group for the Advancement of Psychiatry. He headed a unit on group work within the Department of Psychiatry at the Beth Israel Hospital in Boston.

Leo Berman remained first and last a psychoanalyst in practice and teaching. Justly proud of his skill as an analyst and as a teacher of the theory and technique of psychoanalysis, he was never smug. He was conscious of his superior ability, yet never condescending to those of lesser talents. Being dignified but not rigid, firm without a trace of the dictatorial and with a deep respect for the needs of his fellow men, he became an admirable leader of groups—in group therapy or in the everyday contact with his friends and colleagues.

He is survived by his wife, Dr. Jane Berman, and five children. What he gave them during his life through love and honesty will not make their mourning easier. Those of our profession who have known Leo Berman personally will share the mourning in a personal way. Those of us who have known him as a contributor to our science realize that we have suffered a grievous loss.

HENRY WERMER, M.D.

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A bar chart with the x-axis labeled 'Age' and the y-axis labeled 'Number of people'. The x-axis has four categories: 18-24, 25-34, 35-44, and 45-54. The y-axis has a scale from 0 to 100 in increments of 20. The bars represent the following values: 18-24 is 20, 25-34 is 40, 35-44 is 30, and 45-54 is 50.

Age	Number of people
18-24	20
25-34	40
35-44	30
45-54	50

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## BOOK REVIEWS

COLLECTED PAPERS. THROUGH PEDIATRICS TO PSYCHOANALYSIS. By D. W. Winnicott. New York: Basic Books, Inc. 1958. 350 pp.

The author purposes to show not only his present views and practices but also how he arrived at them through pediatrics. He succeeds admirably, and in an instructive and entertaining manner. Some informal autobiographical remarks are interspersed throughout this selection of psychoanalytic writings to make the book easy to read and stimulating.

The collection begins with two early (1931) papers derived from pediatric practice, *A Note on Normality and Anxiety*, and *Fidgetiness*, in which he discusses these common symptoms of childhood emotional disturbance. Illustrative case material is included. Here Dr. Winnicott reveals the sensitivity to the psychological problems and needs of his patients which soon drew him into analytic work.

The second part of the book contains several papers devoted to brief description, diagnosis, dynamic and genetic formulations with recommendations for management of the kinds of problems seen in a child guidance clinic or the consultation service of a pediatric department of a hospital, e.g., feeding problems and school difficulties. Of special interest is a nicely constructed 'set situation' using a right-angled shining tongue depressor at the edge of a table within easy reach of the child being held by the mother. Winnicott provides here a model for meticulous observation in a carefully controlled situation. From it he extracts a maximum of clinical information. Scattered throughout the discussions are the instructive remarks of a versatile and experienced therapist, well aware of what is possible and what is not in short-term therapy, and when analysis is or is not indicated.

The section continues with a paper, *Ocular Psychoneuroses of Childhood*, which discusses representative clinical varieties of eye symptoms. The effect on Winnicott of Melanie Klein's ideas and work begins to show in his paper, *Reparation in Respect of Mother's Organized Defense Against Depression*. In this, Winnicott describes the reactions of children to their mothers' depressions or neuroses. This paper is actually a prelude to the third part of the book which contains the bulk of the more strictly psychoanalytic

papers. Several papers in this third section, Pediatrics and Psychiatry, Psychoses and Child Care, The Antisocial Tendency, and Pediatrics and Childhood Neurosis would belong more properly in the second part of the book. The papers on The Manic Defense and The Depressive Position in Normal Emotional Development are elaborations of Melanie Klein's views on these subjects.

Finally, there is a sizable group of important and distinctively personal theoretical and clinical contributions dealing with aggression, transference and countertransference, and early object-relationships. Of these, Transitional Objects and Transitional Phenomena has already attracted wide interest and constitutes a fundamental study of the early stages of development of object relations. Here again, the author's ability to observe keenly and describe carefully enables him to make certain clinical distinctions regarding the use of first possessions of the child. He then uses these groupings as a basis for closely reasoned theoretical statements regarding ego development.

In these papers, there are certain individual hypotheses and formulations which the author develops. 1. Failure of the Environment: This is succinctly stated in his paper, Metapsychological and Clinical Aspects of Regression. 'In the early development of the human being the environment that behaves well enough (that makes good enough active adaptation) *enables personal growth to take place*. The self-processes then may continue active, in an unbroken line of living growth. If the environment behaves not well enough, then the individual is engaged in reactions to impingement, and the self-processes are interrupted. If this state of affairs reaches a quantitative limit the core of the self begins to get protected; there is a holdup, the self cannot make new progress unless and until the environment failure situation is corrected in the way I have described.' Thus Winnicott indicates the importance for the infant of the mother's adaptation to its needs, something which he details in the paper, Primary Maternal Preoccupation. 2. True Self versus False Self: 'With the true self protected there develops a false self built on a defense-compliance basis, the acceptance of reaction to impingement. The development of a false self is one of *the most successful defense organizations* designed for the protection of the true self's core, and its existence results in the sense of futility.'

As can be seen from the above quotations, there are certain

personal terms and definitions which require translation to fit into the framework of generally accepted psychoanalytic language and meaning. These are gradually introduced into the book so that the reader is soon able to grasp the intent of the author. In such a series of collected papers, some repetition and overlapping is bound to occur. This is not monotonous as additional facets of Winnicott's theses are progressively exposed and clarified. In sum, this is a challenging book which can be read with profit and enjoyment by all analysts.

ISIDOR BERNSTEIN (GREAT NECK, NEW YORK)

PSYCHOANALYSIS AND THE SOCIAL SCIENCES. VOLUME V. Edited by Warner Muensterberger, Ph.D., and Sidney Axelrad, D.S.Sc. New York: International Universities Press, Inc., 1958. 297 pp.

The eleven essays which comprise this volume are organized under three headings: Psychobiography, Communication, Anthropology and Religion.

In the section on Psychobiography, Philip Weissman's 'psychoanalytic study of a historical tragedy', (the assassination of Lincoln), is a brilliant demonstration of the way in which the psychoanalyst can help the historian understand the psychological basis of a historical event. A great deal of evidence is presented to buttress the author's opinion that 'John Wilkes Booth's delusion in which he perceived and hated Lincoln as a reigning king was derived from the denial of rage against his brother Edwin'.

Saul Rosenzweig discusses the relationship between Freud and Josef Popper-Lynkeus in the light of 'the idiocultural dimension of psychotherapy'. A translation of one of Popper-Lynkeus's stories in *Fantasies of a Realist* is added. The material discussed is very interesting and well presented. Yet Rosenzweig's contention that Popper-Lynkeus 'went in some of his thinking beyond Freud into areas that border on the so-called neo-freudian revision' seems to be based upon a rather contrived interpretation of Popper-Lynkeus. This reviewer also wonders whether Rosenzweig's *Idiocultural Coördinates of Psychotherapy* can legitimately be brought into any logical or psychological connection with the work of Popper-Lynkeus.

In *Goethe and Science, A Contribution to the Psychology of*

Goethe's Psychosis, K. R. Eissler presents a fascinating aspect of Goethe's biography: Goethe's endeavors to refute some of Newton's theories about colors and to replace them by a theory of his own. The story of Goethe's extremely negative attitude toward Newton (who had died twenty-two years prior to Goethe's birth) and the strange way in which Goethe overrated his own achievements in science is convincingly documented in a most scholarly manner. Eissler concludes that 'the remarkable feature surrounding this whole episode in Goethe's life, which can be labeled chromatology for short, is that it has the character of a paranoid psychosis' (p. 66). 'Now we know for certain', he says, 'that Goethe was not suffering from a psychosis in the sense in which that word is usually used when referring to a personality whose ego is in the grip of a psychosis. Goethe's psychosis must have been a partial psychosis' (pp. 66-67).

In a footnote Eissler defines 'partial psychosis' as 'a circumscribed area in the personality that has the structure of a psychosis, is well encapsulated, and tends to distort sporadically certain ego functions when they are called into play in its service'. Later he says '. . . Viewed in this way the diagnosis of schizophrenia, improbable as it may be, becomes conceivable' (p. 87). Eissler arrives at his diagnostic conclusions by way of historical reconstruction, by interpretation of some of Goethe's writings, and some reports of contemporaries. Aware of the limitations of this method, he states, '. . . This [Goethe's relationship to science] is so surprising and unusual that an attempt must be made to get closer to the problem it poses, even if it entails the risk that speculation will occasionally predominate over well-founded interpretation' (p. 52).

A detailed discussion of Eissler's argument would require more space than can be allotted to the review of an essay. One wonders whether the factors quoted by Eissler, with little reference to the totality of Goethe's life during the period under consideration, could warrant any psychiatric diagnosis; yet, even if one concludes that a diagnosis of 'partial psychosis' is justified, the question must be raised whether such a diagnosis has any scientific value. The 'problem of the relationship between psychosis and genius' (p. 51) is certainly an interesting one. It can, however, be discussed without introducing psychiatric diagnoses into biography.

It is interesting to note that recently a literary critic, Erich Heller,

also wrote of Goethe's relationship to science, with particular reference to his chromatology. In an essay, Goethe and the Scientific Truth,<sup>1</sup> Heller concluded that Goethe in his scientific work still remained the poet with his 'emphasis on the superiority of the inner vision against a spiritually barren external world'. This reviewer feels that a statement like Heller's is more significant than a diagnosis which unless it is based upon the diagnostic process with a living and present patient is bound to be problematic.

The essays presented under the heading, Communication, are not homogeneous. Judd Marmor's contribution, The Psychodynamics of Realistic Worry, is essentially a clinical paper, but the author's thesis 'that under certain circumstances worry performs a useful and necessary function in the service of a healthy ego' has implications for the understanding of social phenomena, as, for instance, of group behavior under conditions of particular stress. Irving L. Janis (Emotional Inoculation: Theory and Research on Effects of Preparatory Communications) presents a report on a research study. The investigators studied the relationship between surgical patients' preoperative, anticipatory fear and their post-operative behavior and attitudes. The results of this interesting study may have significance for the understanding of group behavior in situations where a group catastrophe, such as war, would replace the individual 'catastrophe', i.e., a surgical operation. From two of the papers (Gerhart D. Wiebe: Social Values and Ego Ideal, and Richard F. Sterba: Pictorial Advertising) a great deal of insight can be gained into the strength of primary process thinking in people who—as citizens or as prospective customers—might be expected to act rationally. Sterba sheds particular light upon the similarity between techniques used in advertising and the dream work, as when a brewery uses the word 'hops' next to the picture of a baby kangaroo in order to promote beer.

Brian A. Rowley's article, Psychology and Literary Criticism, contains a concise and penetrating analysis of the areas in which the literary critic can and should use psychoanalytic insight. While the author is definitely convinced of the value of such understanding, he reproaches psychoanalytic criticism for its 'tendency to reduce literature to its lowest common factor, which usually turns out to be the *œdipus complex*' (p. 210).

<sup>1</sup> Heller, Erich: *The Disinherited Mind*. New York: Farrar, Straus & Co. 1957.



The first of the papers in the section on Anthropology and Religion is a posthumously published essay by Géza Róheim (*The Western Tribes of Central Australia: Their Sexual Life*). The other two articles by Bychowski and Peto distinctly show Róheim's influence. The critical reader who attempts to digest and to evaluate these papers is faced with considerable difficulties. These authors base their theses on a tremendous multitude of factors such as anthropological observations, myths, and legends drawn from a variety of cultures, at times combined with current clinical observations. While as a rule it seems possible to follow the arguments of these scholarly writers, one often wonders whether there might not be just as many observations, and other pieces of evidence, which could contradict or even refute the very same conclusions. The conclusions themselves are presented in a terminology which leaves room for doubt. Róheim, for instance, states, 'The sexual life and potency of the Australian male is far more "normal" than the sexuality of the European male' (p. 244). He fails to state clearly what he considers 'normal'. Bychowski introduces the concept 'introjection' into the study of primitive cultures. According to him, 'by incorporating the parental imagoes the primitive ego is enriched by their superior power. Subsequently, in the process of externalization the ego divests itself of great parts of this power which then become incarnated in numinous beings' (p. 277). Whether or not the use of psychoanalytic concepts is likely to enlarge our knowledge about primitive people is at least questionable. The concept of introjection has not been completely clarified in psychoanalysis, in spite of many efforts, among them the efforts of Dr. Bychowski himself. If the use of such a concept is extended into an area far outside the clinical orbit, there seems to be a danger of increased confusion.

From an editors' note we learn that the title of the publication is to be changed to *The Psychoanalytic Study of Society*. It is to be hoped that with the change in title the editors will make an effort to clarify the methodology of the use of psychoanalytic concepts and psychoanalytic theory for the study of society. A promising beginning has been made by one of the editors, Sidney Axelrad, in his *Comments on Anthropology and the Study of Complex Cultures*, in Volume IV of this publication. About the present volume, it can be stated that it offers a great deal that is worth while reading

and some articles which essentially enlarge and deepen our understanding of society.

FRITZ SCHMIDL (SEATTLE)

THE ANALYSIS OF DREAMS. By Medard Boss, M.D. Translated by Arnold J. Pomeranz. New York: Philosophical Library, Inc., 1958. 223 pp.

When Dr. Boss published his book *Sinn und Gestalt der sexuellen Perversionen*,<sup>1</sup> in 1948, existential psychiatry was but little known in Europe and virtually unknown in the United States. Since then, existential philosophy and psychiatry have not only gained wide interest, but have also undergone considerable modifications. There are perhaps as many conceptions on existentialism today as there are authors. Boss himself seems to have developed into something of a purist among existentialists. In this work on dreams he emancipates himself even from Ludwig Binswanger, the foremost scientific exponent of existential psychiatry and phenomenology, with whom he so strongly identified heretofore. Thus he diverges from Binswanger's ideas on the dream because they involve the old assessment of dream phenomena as mere representations of the waking world.

In the preface, the author describes his book as 'an attempt to pave the way for the direct study of the dream phenomenon itself, by removing all the disguises and schemata of mental constructions of contemporary dream theories', and he adds: 'I shall not have failed completely in my task, if . . . I succeed in liberating the phenomenon of the dream from the psychological and anthropological point of view, hitherto adopted by those who have been studying dreams, and thus place it in its own light'.

It is obvious that this new framework cannot admit formulations based in some measure on the unconscious. Indeed, the author even discards as untenable the 'neoanalytic' theories of Schultz-Hencke, Fromm, and others, considering them to be essentially 'mechanistic' and not entirely divorced from the theory of instincts. He laments that the doctrines of Freud and Jung could only assume abstractions as the basis of dream formation; and 'one must lose all hope that the methods of natural science will ever lead to a discovery of the

<sup>1</sup> Reviewed in This QUARTERLY, XVII, 1948, pp. 105-107.

actual essence of dreams'. Stating that 'Jung, as no psychologist before him, clearly recognized the artificiality of the mental separation of human reality into psychic subject and isolated external objects' and 'exerted an extraordinary degree of mental effort toward philosophically bridging the gulf' between them, Boss concludes that this attempt was bound to fail because Jung (like Freud) had a natural science bias.

The 'natural-scientific point of view' appears to be the bugaboo in the existential philosophy of this author. Thus, in a sad and patronizing manner, he describes Freud as 'a child of his times' whose thinking was determined by 'technological science' and the positivism of 'Western metaphysics'. Only for a short time, Freud 'changed from a natural scientist into a scientist of the mind or . . . into a historian'. When he returned to the 'natural-scientific point of view', he lost interest in the immediately apprehended 'manifest' appearances of dreams, which from then on took second place 'after hypothetical, but generally valid . . . forces'. Boss vehemently attacks and rejects the theory of wish fulfilment and the notion of a moralistic dream censor, as reflecting the ontological bias of a technological and positivistic science. He asserts that Freud's definition of the manifest dream content as a façade represents a 'tacit admission of a difficulty in the causal conception', and that in his 'reconstructions of latent dream thoughts . . . Freud has opened wide the doors to arbitrariness and violence to the facts. A manifest dream image can apparently be reconstructed in any way that happens to suit the dream interpreter.' Even if it were true that instinctual wishes invariably appear in free associations to dream content, he argues, this would not prove the validity of Freud's theory, but merely would indicate that 'instinctual drives are, among others, always at work'. There is no reason why the structure of a particular dream should be the prototype for dreams in general.

To demonstrate his own method of dream analysis, Boss reports a dream of a thirty-two-year-old woman, 'mentally and physically healthy, [who] had a more than average intelligence and a great natural ability for introspection, and above all, an undeviating sense of truthfulness'. Since he uses this dream as a basis for extensive discussion and comparison between existential and classical dream analysis, it is summarized here.

**A STRANGE DREAM OF AN URN**

She was sitting with her husband and children at the very attractively set dinner table and, feeling very hungry, greedily ate a beefsteak with roast potatoes and a juicy lettuce. She reminded her husband that they had had exactly the same menu on the first day of their honeymoon. He confirmed it with a smile, adding: 'It was exactly a year ago'. She was not disturbed by this ridiculous assertion, though the children were sitting there; actually she had been married for ten years. She replied: 'I feel as if it had been only yesterday'. Thinking of those happy days and of her present happiness, she felt extremely fond of her husband and children and very close to them, especially to her eldest son. While he had originally been sitting at the opposite corner of the table, he now suddenly was right next to her, without any movement on his or anyone else's part. This did not appear strange, but quite reasonable. Suddenly there appeared colorful bridges, reminiscent of very bright rainbows, extending across the table between her and her family. A large golden urn hovered on these bridges and, particularly, near her favorite son.

Suddenly she wondered how long this happiness would last and what the future would hold. She imagined how the Russians might suddenly enter the house one night and kill them all. Just as quickly, she thought of turning the garage into a hiding place. Now she could actually see the Russians approaching, but with a great effort of will she dispelled these dark images. She was determined to feel only the happiness of the present and leave the future to God. Eagerly, she turned again to her husband and children and began to plan a drive for the afternoon.

Awakened by a knock at her door, she did not know where she was and could not decide which was real: the meal of which she had dreamt, or her bed.

The author selected this dream for two reasons: 'first because it came from a completely normal person, and secondly because it contains so many different events. The first circumstance protects us against the usual objection that the results of modern dream study are only valid for psychologically ill and abnormal persons, and the rich inner content of the dream promises an unusually large number of possible interconnections.' In his typically sarcastic fashion, he speculates about the pitfalls which this dream would offer to interpretations in terms of various theories. Thus, point by point, he discusses and criticizes what he imagines the psycho-analytic interpretation to be. Only a few of the most salient issues can be mentioned here. Boss argues at great length against the idea that this dream might represent an undisguised wish fulfilment because the dreamer had been hungry before falling asleep. Rather

naïvely, he maintains that in the dream phenomenon itself there is 'not the slightest trace of a wish, so its characterization as a dream of wish fulfilment can only be due to a later and uncritical conclusion of waking life. Our dreamer is supplied with food from the very start of her dream, and therefore does not need to wish it but only to eat it.' To derive the events of the dream from wishes of waking life would mean to apply an external point of view, which is contrary to existential principles. On the other hand, the whole episode of the Russian invasion is simply explained by the fact that the dreamer had thought of it intensely before falling asleep. This is a typical example of inconsistency in the author's thinking.

The so-called 'noncausal' approach to dream analysis, which Boss advocates, remains vague throughout the book. In fact he does use causal analysis of a sort. Thus, in speaking of dreams induced in five female subjects under hypnotic suggestion, he divides these subjects into two groups on the basis of personality differences and discusses their dreams in terms of these differences. Similarly, referring to dreams of a group of soldiers who had experienced the same explosion, he relates the differences in their dreams to personality factors as well as to the specific manner in which each soldier was affected by the explosion. This is a sound procedure, but one that is contrary to his stated position.

Equally inconsistent is his discussion of telepathic phenomena. By accepting their existence, he must implicitly accept a causal relationship between external influences and certain aspects of dream content. The reader is left wondering how Boss can reconcile this with his insistence on the nonprojective character of dream images. Incidentally, there seems to be some ambiguity in his use of the term projection. At some points it is used in a purely phenomenological sense as when the persons, animals, and objects encountered in dreams are experienced as being real and external to the dreamer. At other times, however, the term projection is used in a more technical sense.

But 'where ideas fail, a word comes opportunely into play', to speak with Goethe. Indeed, a few words seem to hold the clue and the magical formula whereby all misconceptions, discrepancies, and contradictions can find a happy solution. Why resort to unconscious processes? Such notions as secondary elaboration, condensation, displacement, day residue, and transference can easily be dispensed

with. 'The dreamer . . . is frequently, and intensely, in a very definite mood. Corresponding to this unequivocal mood, only those objects and people are allowed to enter the respective dream world whose essence and being correspond exactly to the behavior patterns in which the dreamer himself happens to be moving. Only for the perception of things and gestures appertaining to such a sphere is the dreamer himself open. Corresponding to his concentrated mood, the dreamer can enter into these realms of existence and behavior all the more vividly. . . .' Thus the phenomenological analysis examines the dream phenomena in their full content because 'in our dreams we are in just as real a material world as in our waking life. . .'.

The psychoanalytic theory of symbolism, not surprisingly, is made the central target of the author's criticism: 'Only because psychologists lost sight of the primordial and full content of the meaning of the bridge and urn, must they take the trouble to fetch the intrinsic characteristics of a thing from outside it. . . . But any talk of symbols is not only quite unnecessary, it is confusing. Whenever we stress the symbolic significance of a given thing we are tacitly assuming the existence of other, independent and unrelated objects consisting exclusively of an unknown nucleus, endowed with some perceptible properties. . . . The dream things must be accepted as things with their own and full meaning and content, just as they are felt to be within the immediate experiences of the dream.'

In her review of his earlier book, Dr. Warburg stated that Boss avoided the use of psychoanalytic terminology but evidently made full use of psychoanalytic knowledge in the presentation of clinical material. She also mentioned the fact that he ignored the recent developments of analytic ego psychology. Today he not only shuns analytic terminology, but at times displays an ignorance of basic concepts.

His approach to symbolism shows a tenacious scotomization. Discussing the symbols of the bridge and the urn, he takes issue with libidinal interpretations of these symbols, overlooking all other aspects and explanations offered by Freud and other analytic authors. Instead, he prefers to cite Heidegger's metaphorical reflections on the meaning of the bridge: '". . . The bridge *gathers* us, and in crossing it we are brought before the divine, whether

this fact be especially remembered and we openly offer *thanks* for it as in the figure of the bridge saint, or whether it be concealed or even pushed out of mind”’.

It is baffling how Boss refuses to admit that the pictorial image of the bridge in a dream can also represent the libidinal ‘mode of existence’, to use the vernacular of this book. This attitude is striking in his analysis of another bridge dream, reported to him by an engineer who came for treatment because of depression and sexual impotence. On three different occasions in the early phase of his treatment, this patient dreamt that he attempted to cross a bridge over a frontier river in one of his own machines. Each time, the bridge would break and only a fragment would stick out from the brink of the river. Boss here draws a metaphorical comparison between the broken bridge and the mutilated existence of the patient. There is no reference to a possible transference implication of the dream or to its symbolic meaning. Symbols, as we know, are expressions of the unconscious; but the unconscious is not compatible with the author’s concept of dream analysis.

‘A bridge and an urn’, states Boss, ‘were our evidence and our justification for considering current concepts of symbolism as illegitimate’. But to the mind of this reviewer, the bridge and the urn have led Dr. Boss to demonstrate most convincingly that his existential conception of the dream is nonclinical, unpsychological, and quasi-mystical. By stripping the dream of any theoretical and scientific explanations, he makes out of it what it used to be long ago; namely, a product of prophetic and divine inspiration. To him the mysterious and presaging premises of the dream appear to constitute the only therapeutic value. His whole conception of psychotherapy is shrouded in mysticism. The therapist is credited with a mystical power to achieve his results; for example:

‘... So much depends on a therapist’s own evaluation of what is human. If, for instance, he thinks of man as a libidinal apparatus striving toward pleasurable discharge of impulses, as psychoanalytic theory conceives him to be, then he will be well satisfied with a cure which enables his patients to adjust to their customary environment, and to find their pleasures in it. On the other hand, if the psychotherapist conceives of man’s essence as existence in Martin Heidegger’s sense, then he will speak of a complete cure only when his patients can see themselves, so to speak, as a light emanating

from the mystery of existence, in whose rays all things and fellow beings are allowed to appear and to develop according to their own nature.' Not without irony, the reader learns that 'the deeper and existential meaning of Freud's technical rules emerges only under the scrutiny of existential analysis. Their full significance is not apparent in psychoanalytic theory.'

PAUL FRIEDMAN (NEW YORK)

**THRILLS AND REGRESSIONS.** By Michael Balint, M.D. New York: International Universities Press, Inc., 1959. 148 pp.

This book is based on two of Balint's earlier papers, one of which described 'primary love' ('a relationship in which only one partner may have demands and claims'); the second, which attempted to describe two character traits by coining the terms 'philobat' ('one who enjoys thrills away from the safe earth in a world consisting of friendly expanses dotted more or less densely with dangerous and unpredictable objects . . . carefully avoiding hazardous contacts'), and 'ocnophil' ('one who clings to objects . . . and whose world consists of objects, separated by horrid empty spaces . . . cutting his sojourns in the empty spaces as short as possible').

Setting up these character types, the author proceeds to link their attitudes to conflicts in very early childhood relationships, following Ferenczi's suggestion that 'the relation to concrete particular objects is secondary to an overriding, more primitive relationship to the undifferentiated friendly expanses'.

Balint proposes that 'the friendly expanses', rather than 'the breast,' is the basis for the dream screen, terms which Lewin states with humor are synonyms.

The author believes that certain individuals develop an unrealistic negative attitude, or a similarly unrealistic positive attitude to 'the friendly expanses'. He records his indebtedness to Ferenczi, who opened for him 'the great possibilities of bio-analysis' and, although frequently using such terms as 'predepressive' and 'postdepressive' phases, he does not credit Melanie Klein, and also avoids any recognition of the quite considerable literature on ego psychology. Five pages from the end of the book, he first mentions the similarity of these types to Freud's anaclitic and narcissistic types, Fenichel's phobic and counterphobic types, or the anal-retentive and phallic-exhibitionistic types, which he dismisses as follows. 'In my opinion,



they represent secondary recathexes of earlier attitudes, and ought to be evaluated as such when interpreting these phenomena during analytic treatment.'

The style is nonscientific, fallacious, discursive, and at times naïve: 'Before embarking on the next stage of our journey, let us survey our itinerary hitherto as we see it from our present standpoint. We started at the fun fair, where we found an intriguing harmony and coöperation between the environment and the individual . . . which remained undisturbed even while the individual destroyed his environment. Of all psychoanalytic theories the theory of primary love is the only one that can explain this common observation.'

Carnivals that are nonprofit and altruistic are only part of an imaginary landscape in which the ocnophil clings and the philobat roams.

BRUCE RUDDICK (NEW YORK)

THE INTEGRATION OF BEHAVIOR. Volume III. The Reintegrative Process in a Psychoanalytic Treatment. By Thomas M. French, M.D. Chicago: University of Chicago Press, 1958. 484 pp.

This volume consists of theoretical exposition and attempts to apply it to the clinical case material reported. Here and there throughout the text and in a supplementary chapter the author responds to the sharp criticisms of the earlier volumes of the series,<sup>1</sup> taking note of the propriety of relating his theories to the work of others, but not grappling seriously with the issues raised.

Goals stated in the foreword are to understand 'how the treatment exerts its influence on the patient' from day to day, and 'how behavior is integrated by combination and coördination of more elementary reaction patterns' (p.v).

In French's 'modified traumatic theory' of neurosis, a trauma is 'any situation or event that more or less permanently interrupts the process of learning by experience' (p. 30). The ego's normal activity is integrative, becoming defensive only when necessary to prevent reactivation of a traumatic memory. Although at first we are told

<sup>1</sup> Vol. I, reviewed by Jacob A. Arlow, *This QUARTERLY*, XXII, 1953, pp. 268-271; Vol. II, reviewed by Richard Burnett, *This QUARTERLY*, XXIV, 1955, pp. 294-296; Vols. I and II, reviewed by Mark Kanzer, *J. Amer. Psch. Assn.*, II, 1954, pp. 526-531.

that treatment is directed toward reactivation and working through of the traumatic memory resulting in resumption of the learning process, it is later said that this reactivation is an 'inevitable *complication*', and that the trauma is looked for 'whenever the patient's behavior cannot be accounted for as a *natural reaction* to his present situation' (p. 379). Hopes, based on present opportunities and memories of past success and satisfaction, are the basis for rational behavior. They provide therapeutic incentive, and extend integrative capacity, thus facilitating resumption of learning. They should be given explicit recognition by the analyst as they emerge during treatment.

Therapy proceeds in a succession of 'neurotic cycles', each substituting one set of hopes and associated fears for another. The therapist may 'provoke' mobilization of conflict by frustration, or 'act in such a way' as to reduce fear and thus 'awaken' new hopes ('therapeutic mobilization'), that end in disillusionment (p. 40). Then a new cycle begins. This working through includes the development of adequate 'problem-solving insight' or 'practical know-how', the real therapeutic goal.

The 'common-sense' approach to the manifest content of dreams—treating it as if it were rational behavior—bears the burden of proof in the application of theory to the clinical material. It is said to be demonstrated here that 'details of the manifest dream radiate out in reaction to or as defenses against the focal conflict' (p. 383), and that 'what used to look like distortion of the dream thoughts at the behest of a dream censor now turns out to be a series of attempts by the integrative mechanism to adapt its "practical understanding" of the dreamer's conflict situation to the dreamer's inadequate and often fluctuating integrative capacity' (p. 158).

Perhaps it 'used to look' that way before the time when 'finally, a somewhat different conception of psychoanalysis began to dawn' on French—that 'a psychoanalyst should not think of himself as a technician, or of psychoanalysis as a technique'. Rather he should try to be a 'wise counselor'. He should view his patient's problems with 'comprehensive "problem-solving insight"', identify with the patient's ego and 'lend support' to its problem-solving efforts, and justify the patient's dependence on him by 'supplementing' his inadequate 'practical understanding' with the therapist's own 'better grasp' of the problems (pp. 378-379).

Freud's theory of the dream work's distortion by allusion, condensation, displacement, etc. is not disproven because it 'cannot be understood' in these terms by French. Of course it cannot be when the dreams are 'cold' and the associations vague and general, containing few memories from the day of the dream or the remote past. Under these conditions many interpretations can be made, but none can be documented. It becomes impossible to separate what may be a general principle of ego function in dreams from phenomena occurring only in a specific type of patient (e.g., the borderline patient reported) or peculiar to the conditions imposed by the attenuated technique (e.g., infrequent sessions). Consequently, many of French's constructions, though interesting and stimulating, remain in the realm of speculation.

Appreciating the magnitude of the author's effort, the reader will regret that the reward for his own great effort is not greater. With three down and two to go, French will be hard pressed to deliver the goods implicitly promised in this massive, five-volume project. So far, such grand purpose remains obscure.

RICHARD BURNETT (NEW YORK)

**SCHIZOPHRENIA: A REVIEW OF THE SYNDROME.** Edited by Leopold Bellak, M.D., with the collaboration of Paul K. Benedict, M.D. New York: Logos Press, 1958. 1010 pp.

Twelve years after his comprehensive book on dementia praecox, Bellak fulfilled his promise of publishing a sequel to that first volume. Despite his indefatigable energies, the ever-widening scope of the subject, together with the pressure of his own work, compelled him this time to enlist the assistance of a group of competent co-workers. Indeed, it is axiomatic that no investigator of schizophrenia can consider himself to be competent in all aspects of the problem.

This volume represents an excellent review of the schizophrenic syndrome. The latter conceptualization is preferred in keeping with the present state of our knowledge, which has taken us far from the original monolithic conception. Contributors survey specific aspects of the problem, such as the statistical, pathological, diagnostic and symptomatic, physiological, psychoanalytic, experimental psychological, and sociocultural. They also discuss the ex-

isting psychological, chemical, biological, and surgical forms of therapy.

Bellak makes a major contribution of particular interest to the psychoanalytically oriented psychiatrist. In the extensive opening chapter he presents a further elaboration of the unified theory of schizophrenia, based mainly on the psychoanalytic concept of ego weakness. While the latter may be of psychogenic as well as varied somatic etiology, symptomatology develops as a final common path of disturbances of the ego. In his development of this basic idea, Bellak emphasizes the need for psychotherapy and is critical of its omission. He expresses this in the pithy sentence: ' . . . one-shot treatment of schizophrenia by some organic means appears on this basis about as likely as learning a foreign language by injection'.

In collaboration with Blaustein, Bellak devotes a further most competent chapter to the psychoanalytic aspects of schizophrenia. Another chapter deals with general psychotherapy and group therapy, milieu therapy, social casework, work therapy, and other methods of psychological rehabilitation.

Throughout the volume, the presentation is distinguished by a completeness, clarity, and conciseness. The bibliography is ninety-two pages. Altogether this volume is a remarkable product of dedicated and scholarly effort.

GUSTAV BYCHOWSKI (NEW YORK)

PERSONALITY PATTERNS OF PSYCHIATRISTS. A STUDY OF METHODS FOR SELECTING RESIDENTS. By Robert R. Holt, Ph.D. and Lester Luborsky, Ph.D. in collaboration with William R. Morrow, Ph.D., David Rapaport, Ph.D. and Sibylle K. Escalona, Ph.D. Foreword by Robert P. Knight, M.D. New York: Basic Books, Inc., 1958. Vol. I, 386 pp., Vol. II, 400 pp.

The Menninger School of Psychiatry, organized in 1945, became the largest training center for psychiatry in this country. Early in its history, the research staff of the Menninger Foundation decided to take advantage of an opportunity to study procedures for selecting residents better to predetermine their fitness for psychiatric training. The last four of ten years have been devoted to analyzing the results of the research covering the first six years. The authors of these two volumes were in charge of the research study about

which they now report. Both are doctors of philosophy, not themselves psychiatrists.

The four hundred sixty-six physicians entering psychiatric training at Topeka underwent a systematic procedure of selection which was far-reaching in scope and depth. The authors describe the setting, the history, and the residents themselves and their way of training and working. Clinical studies followed the residents through psychiatric education and after residency. Follow-up studies show to a large extent the correctness of the predictions made.

The main text covers the research, its methods, findings, its predictions, and an analysis of errors. Of special interest is a survey of expert opinions on personality requirements for psychiatrists, psychotherapists, and psychoanalysts. Redlich's remark is quoted that the psychiatrist 'does not have to be a paragon of mental health'. Important is the capacity to tolerate stress of the therapeutic relationship without having to act, the ability to feel one's own affects without having to express them; a certain introspectiveness, sublimated voyeurism, grasp of cultural implications, and of the relativity of behavior. There should neither be too much nor too little anxiety, and an ability to win confidence and to remain understanding despite provocation; also a genuine interest in people and in listening to them, concern with human problems in their individual and universal aspects, tolerance, creativity, originality, imagination, and spontaneity.

Extroversion and therapeutic optimism are not necessary for the analyst. 'Overnormality' and manic overactive personalities, acting out, and counterphobic mechanisms are contraindications for psychoanalysts due to the nature of the therapeutic technique.

A short summary of the authors' recommendations for the selection procedures in analytic institutes is of interest. The final decision for accepting or rejecting candidates should be made by a multidisciplinary committee. Best results are achieved by finding interviewers and testers who have an intuitive flair for selecting candidates. A well-rounded battery of psychological tests should be complemented by three psychiatric interviewers and testers who should be trained through a systematic feedback of the results of their predictions. Qualification and disqualification of applicants should also be discussed in detail when a decision cannot be made. Scholastic excellence in medical school is not a special recommenda-

tion. Applicants beyond the middle thirties should be estimated with special caution. An applicant with a verbal I.Q. below the superior range should be admitted only after special consideration. A careful evaluation of an applicant's past performance in psychiatric work is one of the most useful predictions of later success. Volume II is intended to be read in conjunction with Volume I, rather than in sequence.

These two volumes are the work of pioneers. As such, their tests may not give ultimate answers, but their work is a careful attempt to initiate research about a systematic job—analysis for psychiatrists. A definite 'profile' of the psychiatrist, the psychotherapist, and the psychoanalyst does not emerge, and this in itself is reassuring. It takes all kinds of people to make psychiatry and psychoanalysis what it was and what it is.

MARTIN GROTJAHN (BEVERLY HILLS)

PSYCHOLOGY OF PERSONALITY: SIX MODERN APPROACHES. Edited by J. L. McCary, Ph.D. New York: Grove Press, Inc., n.d. 383 pp.

There is a temptation in reviewing this paper-bound book to take cover from reporting its collective impact by focusing on its separate contents, for it is written by the six participants in a symposium on personality held at the University of Houston in 1954. Each was asked to state his position in the terminology and organization best suited to his own theoretical approach. The methodological differences of the statistician, the culturalist, and the psychoanalyst as depicted are such that the smattering of familiarity which these essays offer will more than likely have the effect of tachistoscopic exposures.

A valiant attempt is made by David McClelland in the final chapter to close ranks. Similarly the introduction maintains that the various dichotomous combinations beginning with biological and ranging to societal are breaking down; yet the view of each approach is so closely delimited that with the exception of a few cross-references by name only, hardly a pseudopod is extended from one field toward another.

Psychoanalysis is spoken for by Leopold Bellak. It is a sixty page exposition of theory, subtitled *Notes Toward a Systematic Text-book of Psychoanalysis*.

The section on trait psychology best typifies the scholarship of the book. As represented by the attempts to measure the patterns of co-varying behavior elements, it is described by one of its leading exponents, Raymond Cattell. He stresses the need for a methodology of measurement that will deal with structures and processes. The logic of correlation and factor analysis is sketched in its mathematical habitat. As an approach which can at present define its established source traits as well as drive patterns, it appears to have a limitless mass of data to refine, and to have great potential.

Issues and paradoxes in perception-motivation research are the field of George Klein. He complains of the lack of investigation of more complex cognitive processes since this aspect of psychology has attracted more man-hours of work than any other in recent years. Margaret Mead deals with the cross-cultural approach to the study of personality. Nevitt Sanford uses his previous work with the authoritarian personality to demonstrate one method by which to negotiate the labyrinth between unconscious impulse and defense to complex social behavior. It is novel though unsystematic.

When all is said, there is much of value for the young scientist in these pages.

GERALD HILL (SAN FRANCISCO)

**THE INEFFECTIVE SOLDIER. LESSONS FOR MANAGEMENT AND THE NATION.**

Volume I, *The Lost Divisions*, 225 pp.; Volume II, *Breakdown and Recovery*, 284 pp.; Volume III, *Patterns of Performance*, 340 pp. By Eli Ginzberg, et al. New York: Columbia University Press, 1959.

The Ineffective Soldier is a three-volume study of 'manpower material'—its uses, management, and waste—on the basis of extensive statistical analyses of emotionally and mentally disturbed soldiers and veterans of World War II. Conducted by Eli Ginzberg and associates, it is a Conservation of Human Resources Project initiated at Columbia University by General Eisenhower in 1950. Emphasis is placed not only on 'lessons for the nation' but also on 'lessons for management', and the project is financed by an impressive array of leading industrial organizations.

The result might well be called the personnel manager's view of the emotionally and mentally disturbed soldier. The clinical aspects are meagerly outlined; the stress is on effective and ineffective per-

formance. The spotlight is thus directed to the one man in seven who was a 'failure' in the armed forces as compared to the young American who, faced with the challenge of war, performed well. There follow such findings as the discovery that effectiveness increased with education, with urban upbringing, with marital and social stability, and with general morale and efficiency of command. After discharge, readjustment was speeded by disability compensation, education and training benefits, and, above all, by the prospects of full employment.

Possibly something is left out of the picture that the nation and management are invited to consider. The ineffective soldier that emerges from these statistics seems to present the predominant features of an uneducated and drifting farm hand who, with Veterans Administration assistance, has become a skilled driver of tractors since the war. The misplaced and unhappy man of superior ability who did not break down finds no representation in these statistics, and constitutes perhaps the more vital problem in the intricate task of utilizing effectively the resources of manpower both for industry and the nation.

Among the rather ineffective soldiers, we might gather from these pages, was the psychiatrist. There seems to be some inconsistency and peculiar shading in the 'image' that emerges. His handicaps in performing professionally and the degree to which he was ignored in the screening of inductees are well described, yet the resultant defects of screening result in criticisms of psychiatry. The authors' passion for statistics was not communicated to their press agent, who reports that 'despite' the opinion of the psychiatrist, a man's performance is only in part determined by his emotional stability. The military psychiatrist, in the reminiscences of at least one of them, was no such impractical babe in arms, and his ability to distinguish between emotional stability and performance was constantly tested by the pressures of the military to dispose of inept and troublesome soldiers through neuropsychiatric channels.

The statistical approach again fails the authors in their assertion that 'some' psychiatrists did indeed become excellent staff officers, but in that case it was because of 'individual strength' and not because of (or even in spite of?) past professional training. This one instance in which military efficiency was not improved by education seems worthy of more comment or research.



It is true of course that the clinical element must be put in perspective in evaluating the effective use of manpower. Yet the insights that the psychiatrist had and has to contribute are not limited to the clinic—as is attested by previous writings on the subject by Ginzberg himself. The lessons for all concerned might have been more useful if the concept of mental functioning, in its subtler ramifications, had been developed more fully in these volumes. Perhaps there might even have been space for a graph to show that effective performance in the army increased in proportion to the degree of psychiatric guidance made available to the military establishment.

MARK KANZER (NEW YORK)

DISCUSSIONS ON CHILD DEVELOPMENT. Volume III. A Consideration of the Biological, Psychological, and Cultural Approaches to the Understanding of Human Development and Behavior. Edited by J. M. Tanner and Bärbel Inhelder. (The Proceedings of the Third Meeting of the World Health Organization Study Group on the Psychobiological Development of the Child, Geneva 1955.) New York: International Universities Press, Inc., 1958. 223 pp.

In this third meeting, the World Health Organization Study Group deals with two topics: the development of sex differences and the development of ego identity. The publication of the proceedings consists, as have the previous volumes, solely of verbatim transcripts of the meeting.

In the opening presentation, Margaret Mead examines anthropological data which might shed light on the occurrence of universal differences between the development and behavior of the sexes, 'however differently these may be patterned and institutionalized in different societies'. In general, she chooses a number of 'extreme' cases which on the surface would seem to illustrate the culturally determined aspects of such differences. Although she concedes parenthetically her belief that some universal (i.e., innately determined) differences do occur—for example, that the greater proportion of the 'strongest work' is done by men and that men's work is more highly valued—here, too, she points up striking variations. In many instances she seems to sacrifice underlying significance to external

appearance and one might wonder to what extent she integrates in her thinking the psychoanalytic concepts to which she refers.

Erik Erikson carries on the discussion of sex differences in his report on the play constructions of twelve-year-old boys and girls. He stresses that these are reflected in spatial relationships: girls are prone to construct open interiors without any, or with merely low, enclosures and to emphasize the vestibular access to the interior; boys point up the external, erectable, and mobile. Girls' themes are predominantly the intrusion into interiors of mischievous or dangerous male creatures, and boys' themes center around policemen who arrest dangerous motion, and around a downward trend which counteracts excessive height. Erikson demonstrates with clarity the richness of children's communications through play, and many of his observations are highly perceptive. However, some of his symbolic interpretations, such as his statement that constructions set close to a wall reveal a need for a dependent mother relationship, are not entirely convincing, and it might even be said that they seem unwarrantably generalized.

The discussion of the development of ego identity centers upon two presentations, both by Erikson: one is his familiar theory of 'identity diffusion'; the second, the *psychosocial* development of children. In both Erikson again reveals his gift for sensitive observation and his ability for complex and abundantly developed formulations. 'Identity diffusion' apparently occurs when the adolescent cannot achieve a feeling that what he means to others agrees largely with what he feels himself to be; and here Erikson stresses the importance of the cultural factors that make this possible. Although he gives recognition to the fact that past problems may interfere with this process, and that the sense of identity is a sense of inner continuity and sameness in development, one may perceive an overemphasis on the cultural and the present, to the neglect of the past. In addition, his stated conception of the etiology of the sense of identity appears to lack full appreciation of the profundity and variety of experience. Erikson next constructs an elaborate psychosocial chart to delineate the stages in the development of the sense of identity. He points out that all of these psychosocial stages are intrinsically related to the psychoanalytic theory of the basic drives of the ego, but that 'the mere presentation of the stages will preclude a detailed discussion of this interrelationship'! Although

he does in some measure link these stages to psychosexual development, remarking, for example, that his stage of 'autonomy versus shame and doubt' is probably related to anality and to muscular development, it seems to me that, in fact, he creates an artificial dichotomy between psychosocial and psychosexual to the neglect of the latter.

If we are looking for new information to add to present knowledge of child development, the main presentations of these proceedings are somewhat disappointing. Possibly the most valuable suggestions may be found in the contributions of the other participating members and guests who represent the biological as well as the psychoanalytic and psychological disciplines. Many of their comments and questions are pertinent and illuminating, and lead to lines of inquiry that might well be fruitful.

MARJORIE HARLEY (NEW YORK)

**CHILD-CENTERED GROUP GUIDANCE OF PARENTS.** By S. R. Slavson. New York: International Universities Press, Inc., 1958. 333 pp.

With well presented illustrative case material, Slavson demonstrates how group guidance can ameliorate relationships between parents and children. He attempts a clear distinction between group therapy and group guidance, with criteria for each, and the difference in the dynamics operating within the group, and the personal results. Group guidance is suitable only for parents whose difficulties with their children are cultural (acceptance of the wrong stereotypes in child rearing and misunderstanding of the parental role). Group guidance is not effective with parental difficulties due to neurotic involvement and acting out. Thus individuals with serious intrapsychic difficulties have to be excluded. Consequently, only relatively 'healthy and normal' parents with—to paraphrase Slavson—a strong latent pleasure principle that needs activation are suited for group guidance.

Slavson says that to be a successful parent one has to learn the skills of parenthood. He believes that these skills cannot be mastered didactically or through psychoanalysis, but only by experience provided by discussion in a group of parents. The aim of the child-centered guidance group is to develop in the participants an understanding of and empathy with children's needs, skill in handling

these needs, and a recognition of the concomitants of maturational stages. If this is achieved the pathogenic factors in the home are reduced.

In examining the dynamics of group guidance of parents, Slavson is rather superficial. He employs such cultural concepts as 'universalization', 'mutuality', 'buttressing parental instincts', etc. Transference is limited to the oedipus, pregenital factors ignored. The reviewer is struck by the fact that Slavson seems not to know that many of the changes which occur in the parents are in the nature of transference cures.

RUTH F. LAX (NEW YORK)

READINGS IN GENERAL PSYCHOLOGY. Edited by Paul Halmos and Alan Iliffe. New York: Philosophical Library, Inc., 1959. 251 pp.

Having taught college courses in general psychology, this reviewer appreciates the need for 'supplementary textbooks' that make original papers easily accessible to students. Of the several such books which are available, these Readings seem to be the least satisfactory.

Unusually important papers, whether recent or classical, are completely ignored, as is the history of psychology. Even more perplexing are the reasons governing the choice of any particular paper (or topic). The subjects include an introduction to electroencephalography, localization in the cerebral cortex, intelligence tests, normality, child care, ethics, status and role, instincts, and so on.

Eschewing the 'broad-shallow' approach which they find characteristic of most introductory texts, the editors 'have chosen to show a closer and more detailed view of a limited number of topics'. Unfortunately, and despite the eminence of some contributors, the result is a narrow and shallow book which is neither an introductory text nor a significant collection of supplementary readings.

With the exception of a paper by Ernest Jones, all the articles were written in the past five or six years, and most were originally published elsewhere. What could have been a survey of recent psychological thought in Britain is in general so simplistic or so arbitrarily circumscribed as to be irrelevant to professional psychologists.

S. H. POSINSKY (NEW YORK)

**THE SILENT LANGUAGE.** By Edward T. Hall. New York: Doubleday and Co., Inc., 1959. 240 pp.

The Silent Language is the communication among peoples of different cultures or subcultures. As a former officer of the State Department, and an anthropological specialist in the training of Americans for foreign service or business, Hall is eminently qualified to know how disastrous this wordless communication can be.

Beginning with the introductory paragraphs, however, this book moves in several directions at once and on different levels of abstraction. It is partly a theory of culture which derives from biology, a theory of communication, linguistics, and the psychiatry of Harry Stack Sullivan. It is also a jet-age treatise on etiquette, and an oblique discussion of the less than phenomenal success of the foreign-aid program. As might be expected, the fault has no connection with officialdom, or with complex impersonal forces, but with the chauvinistic American citizen who is greatly ethnocentric, behaves badly when abroad, etc.

One wonders if the anthropologists' interest in these matters is dictated by a sense of national or personal mission, or merely by the desire to stave off technological unemployment. At any rate, problems of global complexity are here discussed with a glibness that would be inappropriate in a kindergarten teacher.

Writing for the layman and the scientist alike, Hall feels 'very strongly that we must recognize and understand the cultural process'. This admirable but trite admonition augurs the future appearance of books on 'How To Anthropologize Yourself'. Worse, the author's approach (and he is not alone among American anthropologists) tends, despite occasional disclaimers, to mislead the average reader about the possibility of readily understanding, let alone controlling, the cultural process, while the principle of indeterminacy is a luxury which a young science must forego.

The most interesting parts of the book deal in a superficial manner with the influence of cultural concepts of time and space on individual behavior. This thesis has been propounded before and is worthy of further investigation by anthropologists and psychologists. Unfortunately, the author flits between a dull jargon and a folksy vernacular, either of which is irritating by itself. It has been some years since this reviewer has encountered so much reification

and anthropomorphism per printed page: thus, 'culture does' many things but 'hides much more than it reveals'; 'society offers us'; 'space speaks'; 'time talks' interminably, and in a 'silent language'; yet it can also 'shout the truth where words lie'.

S. H. POSINSKY (NEW YORK)

GROUP PROCESSES. Transactions of the Fourth Conference October 13, 14, 15 and 16, 1957. Edited by Bertram Schaffner, M.D. New York: Josiah Macy, Jr. Foundation, 1959. 266 pp.

An analyst will not be quite the same after reading this book. He will have followed Konrad Lorenz through the life history of a flock of wild geese, each goose complete with name and family gossip. He will have learned from Arthur Mirsky that ducks and chickens cannot be made diabetic, but geese can.

Robert Lifton studied schizophrenics in Japan. George Bateson tried to decide 'who decides in a relationship what sort of relationship this is going to be?'. It seems that this may best be studied by watching otters at play. Sol Kramer and Konrad Lorenz compared notes about homosexuality among cockroaches with that of free-living ganders. Howard Liddell and Lorenz compared their dreams about animals which gave a peculiarly colored insight into transference and countertransference phenomena. Margaret Mead relates astonishing facts about the training of English pleasure horses, which are applied with phenomenal success to teaching mathematics to children. All these discussions are truly upsetting for the analyst since the observations relate to utterly different ways of seeing, hearing, and interpreting from any he has ever known.

In his most important paper, *The Role of Aggression in Group Formation*, Konrad Lorenz reports about his geese, their triumph ceremony, their families, their sexuality, their perversions, their predictable incestuous behavior in relation to different degrees of domestication, their otherwise lifelong monogamy, and, most bewildering, the meaning of deritualization and imprinting. The discussion in which Erik Erikson participated, often struggling to keep abreast of birds, fish, and mammals, nevertheless brings out the startling fact that you can remove the forebrain of a fish and it will still eat, remain a quite normal fish except that it ceases to react to the swarm, and it ceases to have a schooling response. This qualifies it as an absolute

and unchallenged leader of the swarm. A chicken wired for brooding and alarm reaction will not respond when both electrodes are turned on simultaneously; it will show a delayed, but vastly increased reaction when both electrodes are turned off instead of on. The female stickleback (a fish) can feel fear and sexual excitement simultaneously. A male can feel only one or the other. The weaker animal in almost any social rank order assumes the feminine attitude toward its stronger competitor.

A careful editing by Bertram Schaffner makes the book highly readable. There is no summary and there are no conclusions to relieve the puzzlement of the reader who is left to draw his own conclusions. This usually leads to a second or third reading of this remarkable small volume. The contributions of Fritz Redl and Alex Bavelas about games, play, and group interactions are on an equally high level with those of Konrad Lorenz.

MARTIN GROTJAHN (BEVERLY HILLS)

PSYCHOSOCIAL PROBLEMS OF COLLEGE MEN. Edited by Bryant M. Wedge, M.D. New Haven: Yale University Press, 1958. 291 pp.

Editorial excellence is the hallmark of this new volume written by the staff of the Division of Student Mental Health of Yale University. The editor in his lead-off chapter explains how his interest in the age period of roughly seventeen to twenty-two years was activated by recent ego theory. Prior to the advances epitomized by Erikson's concepts of 'psychosocial moratoria' and identity, it had been held that the personality was well formed before this age period and that later events were mainly an expression or an unfolding of what had previously been molded and fixed. The new emphasis encourages the scrutiny of the processes of personality reorganization that may be determined by such significant experiences as matriculation in college, and the course of the ensuing interaction with the individual.

The years twelve to seventeen are commonly recognized as a period during which there is a resurgence of instinctual drives that strains the controls of the ego and necessitates much counterca-thesis. Much less is known about the tasks of the ego during the period referred to in this volume as the 'ephebic' period. It is the

consensus of these authors that among college students the ego is considerably more powerful in apposition to the instincts but has to toil harder to bring itself in relation to social reality. The processes of self-definition and of identity require the coalescence of multifarious impulses, roles, values, and interests. The effects of a particular college experience upon such a hierarchical psychosocial consolidation is here described from macroscopic statistical and environmental surveys to microscopic studies at the instinctual level of individual males. The chapters are organized from the 'outside in', from the social milieu to the internal structure of the personality.

Each college has its own character, too, which acts as a specific reagent upon the individual student. From the superrigidity of nearly totally structured schedules and codes of behavior in some to the 'progressive' institutions with practically no rules at all, a prospective student has a choice of radically differing experiences. Students or their parents are drawn to colleges to which are ascribed desirable anthropomorphic qualities. As Yale men are the subjects of this volume, Yale University is clinically examined.

Chapters are addressed to such problems as satisfaction and the college experience, academic 'underachievers', leaving college for emotional reasons, competitive ability in athletics, fear of homosexuality, identity diffusion, the relationship of intellectual achievement to the processes of identification, the clientele of the college mental hygiene clinic, treatment of idiosyncratic adaptation, group psychotherapy, and the borderline patient in college.

The variety of integrative solutions available to students within colleges is surprisingly large. Psychotherapy can be opportunistic and maneuvering; significantly favorable results can often be gained by brief therapies. Many students are able to utilize what the college offers without professional aid and experiment with new modes of adaptation. The college community is far more often an integrative influence than one which breeds psychopathology.

The quality of the writing of the group is uneven; some chapters are very much better than others. The book is nevertheless an evocative and important contribution to a subject that has been little systematically studied.



**THE WORLD OF DREAMS.** By Henri Bergson. New York: Philosophical Library, Inc., 1958. 58 pp.

Henri Bergson's (1859-1941) short essay on dreams is an interesting addition to the psychoanalyst's library. The philosopher described dreams as the direct link between sensation and memory. His studies of duration and movement had provided him with a broad basis for his theory. He surmised that dreams are constructed around what had been seen, said, or done. The elaboration he attributed to memory images collected and preserved since early childhood and involving 'the innermost depths of the unconscious'. Bergson gave this lecture on the 26th of March 1901, but made no direct reference in it to Freud's *The Interpretation of Dreams*. Wade Baskin has written an informative introduction to this small volume.

MARTIN GROTJAHN (BEVERLY HILLS)

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

Edwin F. Alston

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## ABSTRACTS

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

**The Psychoanalysis of a Severe Obsessive-Compulsive Neurosis.** William G. Niederland. Pp. 83-93.

Niederland presents an artist-patient's 'pictorialized record of his analysis'. The patient was born with a congenital torticollis. His father died when he was five years old, and until the time of his analysis he had always been dependent upon charity in one form or another. When he entered analysis, he suffered from compulsive washing rituals, anal-sadistic and murderous fantasies, and some paranoid tendencies. The patient gradually improved during analysis and more than five years after analysis remained free of the presenting symptoms. About two years after analysis he presented the analyst with a series of pictures illustrating diverse transference reactions. Some of these are reproduced in this paper, dramatically illustrating genetic and psychodynamic aspects of the patient's psychopathology as manifested in the transference reaction.

**Fingernails.** George Devereux. Pp. 94-96.

Devereux reviews some anthropological data showing that various cultures attribute special significance to parts of the body such as fingernails, hair, and exuviae. These parts differ from most other parts of the body; they may be classed with the penis and sensory organs, having in common a uniqueness which contrasts with the undifferentiated mass of flesh comprising most of the body. It is suggested that the special attributes ascribed to unique but insignificant parts such as the fingernails may represent a cathexis extended from the highly cathected unique organs of sex and sensation.

**A Historical Survey of Psychoanalytic Ego Psychology.** David Rapaport. Pp. 105-120.

Rapaport presents a concise survey of psychoanalytic ego psychology as the foundation for a more systematic study of ego psychology which must include a more precise definition of the ego as well as a full listing of ego functions. Four phases of the development of ego psychology are described: Freud's prepsychoanalytic theories; the development of psychoanalysis proper, ending in 1923; the development of Freud's ego psychology, beginning with the publication of *The Ego and the Id*, and extending to 1937; the crucial writings of Anna Freud, Erikson, Horney, Kardiner, and Sullivan, extending to the present day. An extensive bibliography is appended.

**Summary of Scientific Meeting on Anti-Semitism.** Daniel Silverman. Pp. 132-137.

This paper can be recommended as a rather exhaustive discussion of anti-Semitism from a psychoanalytic point of view. The discussion is based on a paper by Dr. Blaise A. Pasquarelli, *Some Unexplored Sources of Anti-Semitism*, and includes extensive remarks by Sloane, Marcovitz, and Waelder.

EDWIN F. ALSTON

**Psychiatric Quarterly.** XXXII, 1958.

**A Psychoanalytic Approach to Schizophrenic Anxiety.** Hyman S. Barahal. Pp. 85-93.

The author maintains that, contrary to the opinion held by some psychoanalysts, the schizophrenic patient defends himself by his schizophrenic reaction against repressed unconscious impulses. It is best to think of schizophrenia as a defense against anxiety rather than as a nosological category. He quotes Fromm-Reichmann to disagree with her: 'The schizophrenic patient himself, as a rule, is aware of the content meaning of what he communicates about his inner experience in his private world, no matter how cryptic his communications may sound to the listener'. Barahal believes that the ego of the psychotic has to defend itself against the unconscious by a global distortion of reality. When assessing prognosis, one should be governed by an assessment of ego strength and weakness rather than by diagnosis. The various defensive attitudes of the extremely vulnerable patient should be countered by appropriate reassuring attitudes on the part of the therapist. Ego interpretations should not be made until insight is gained into the affects guarded against.

**Values and Goals in Psychotherapy.** Melitta Schmideberg. Pp. 233-265.

Psychoanalysis lacks an adequate etiological theory of the neuroses, and without this there can be no scientific treatment or evaluation of treatment. Etiological theory must explain satisfactorily both the typical features of neurotic syndromes and the individual differences; explain why one individual falls ill and another, under similar circumstances, remains healthy; explain factors underlying spontaneous recovery; show how to prevent neuroses, except in so far as they are due to constitutional factors; and cure neurotics or explain why it fails to do so. Neither the increase in length of training nor the prolongation of the patient's analysis seems to have increased the incidence of cure. Since we have adduced no thorough proof of the therapeutic superiority of our method, we have no right to be dogmatic either toward our patients or our nonanalytic colleagues as to the superiority of our technique or to maintain rigidly some of the rules of analysis such as the prohibition against making decisions during the analysis. Greater therapeutic freedom should be the right of the individual analyst as the need may arise. We must gather new observations, experiment with new methods, try to describe them in new terms, and build new theories. We have to re-examine many of the ideas that we have long held such as the value of insight or of lengthy treatment in the resolution of the conflict. The present tendency toward anarchy in psychotherapy is partly due to the lack of adequate knowledge of etiology and to many preconceived and probably unsubstantiated views concerning therapy, and also very essentially to a confusion of values and aims of therapy.

Dr. Schmideberg paints a picture somewhat exaggerated but well worthy of examination by complacent psychoanalysts, if such there still be.

**Psychotherapy With a Schizophrenic Woman.** J. L. Cameron and A. Esterson. Pp. 304-317.

The authors describe the resolution of a schizophrenic illness in a female patient, forty-one years of age, by psychotherapy. The junior author was therapist and the senior acted as supervisor. The procedure was influenced by Eissler's comment that techniques employed in therapy with schizophrenics have one common denominator: the use of primary process as a therapeutic tool. The authors used a therapy in which the forceful methods of Rosen's 'direct therapy' were combined with implicit offers of maternal kindness, understanding, and help, designed to lead the patient from an 'oral phase' through an 'anal phase' into a 'genital phase',—a therapy that encouraged maturation.

**Chronic Mental Hospital Dependency as a Character Defense.** Joseph Downing. Pp. 489-499.

The author suggests that the experience of continuous hospitalization may be assimilated into the patient's defenses against anxiety in such a way as to motivate him to remain in the institution. A return to the outer world is seen as a threat to the lower level of ego integration achieved in the hospital. The ego secures three gains from hospitalization. 1. Relief from anxiety resulting from failure of the ego to control instinctual impulses. The hospital provides external controls. 2. Secondary gain or the regressive instinctual gratification resulting from being sick. 3. Ego satisfaction from becoming an accepted member of a social organization. Psychotic behavior may be exhibited as a defense against being returned to the outer world. The institution is a refuge for the weak ego unable to master the stresses of the real world. The patient must be made aware of the defense. Therapy must seek to convert dependency on the hospital into a general confidence that help in the real world will be available if needed. Adjustment to the outside world must be made as a better substitute for the hospital.

**Psychoanalysis, Modern Art, and the Modern World.** Herbert Hendin. Pp. 522-531.

A neurotic patient is an excellent indicator of the social stresses in our culture. The analyst thus has a singular advantage in evaluating these stresses. Hendin discusses the psychosexual pressures he sees in his practice. There is competition for success based on creative initiative. Success depends on the individual's capacity to fit smoothly into the hierarchic structure of pre-existing large organizations; the individual may therefore feel relatively small and impotent.

The artist mirrors cultural change. The mechanization and atomization of our age, the conflict over organization versus chaos, structure versus form, is seen in modern art. Competitive pressure and pressure to conform have led the artist to rebellion in individualism and egocentricity. Fantasy has attained increased artistic importance. Subordination of representation of the object to form, line, color, and decoration may be viewed as part of an effort to deal with elements seemingly more permanent than the values put on individuality. Psychoanalysis itself has had an impact on art. Its focus on motivation has stimulated an attitude toward life that expresses dissatisfaction with acceptance of surface appearances

and seeks to look deeper. It has also led to an attitude that could be called moral relativism. Modern art reflects the same pressures as are revealed to the analyst in his daily contacts with the patient.

**The Clinical Formulation of Specific Parent-Child Psychodynamics.** Marvin I. Shapiro. Pp. 554-564.

This is another paper on the role of the parent's unconscious fantasy in causing the child's psychopathology. The parent's neurotic conflicts, continuing to press for resolution, become stirred up by some aspect of the child's development and make the parent act unrealistically or inappropriately toward the child. It is the author's opinion that intensive treatment of the parent is not always necessary to help him become aware of his participation in the child's disturbance. Often the parent can be made to realize with relatively little effort that the child is reflecting motives and impulses that are completely opposite to the ideals and values that the parent has consciously labored to produce in the child. Through this paradox the parent becomes aware that the child is acting out an unconscious opposite wish of the parent.

In the author's experience, examination of parent and child by the same therapist is useful, since this gives a better picture of the pathological relationship. The unconscious conflicts of the parent are not deeply explored. The interview is focused upon the current conflict of the parent. Practically it is not possible nor is it actually always advisable to offer analysis to the parent in order to uncover the specific conflict that produces the child's disturbance. In selected families, in which the parents have relatively stable egos, the technique advocated can be very helpful.

JOSEPH BIERNOFF

**American Journal of Psychiatry.** CXIV, 1957.

**Perception and Interpersonal Relations.** Hadley Cantril. Pp. 119-127.

Cantril reviews some recent experiments showing how a percept is related to personality. The stereoscope, a promising instrument, presents two differing photographs simultaneously so that a different portrait is presented to each eye. In the final percept, yet another single face is seen. The reported percept varies from subject to subject. The two photographs compete for dominance in an interesting way. The subject's interests largely determine which of the paired photographs will dominate. Other devices such as prisms and mirrors have been helpful in presenting live subjects as paired stimuli. Here too the individual's emotional 'set' determines the final percept. The distorted room method for studying perceptual reactions is also discussed. A study of married couples and children showed that the relationships between the subjects markedly influenced what they saw. These experiments verify analytic discoveries concerning perception and its relation to the ego.

**Narcotic Bondage. A General Theory of the Dependence on Narcotic Drugs.** Sandoz Rado. Pp. 165-171.

Rado revises his theory of narcotic addiction and rephrases his original reports in terms of adaptational psychodynamics. He considers drug dependence to be

caused by a miscarriage of repair, transforming realistic self-government into narcotic self-government. Regression from the 'tested self' to the 'primordial self' takes place. Thus infantile magic is revived. Narcotic pleasure leads to elation and a craving for elation which veil a basic narcotic delusion of grandeur. The patient then abandons his enlightened hedonic responses based on delayed reward, and infantile immediate reward is sought through drugs.

**Studies in Human Ecology. Factors Relevant to the Occurrence of Bodily Illness and Disturbances in Mood, Thought, and Behavior in Three Homogeneous Population Groups.** Lawrence E. Hinkle, Jr., et al. Pp. 212-220.

Study of two thousand nine hundred twenty-four persons shows that illnesses appear in clusters; periods of good health alternate with periods of illness. Physical hardship, change of climate, toxic or infectious agents are of little significance. It is only occasionally that an infectious agent is by itself responsible for an illness. Effects of the life situation are the most important factors producing illness. Physical illness is most commonly related to emotional stress. What is innocuous to one person may be noxious to another.

**Sensory Deprivation. A Review.** Philip Solomon, et al. Pp. 357-363.

Sensory deprivation, however caused, impairs the organism's normal pattern of response, even to the point of hallucination and delusion. Constant sensory stimulus is necessary for normal functioning.

**Some Psychiatric Notes on the Andrea Doria Disaster.** Paul Friedman and Louis Linn. Pp. 426-432.

The authors were passengers on the liner that picked up survivors of the Andrea Doria. They report an initial shock in which the survivors acted as if under sedation. In this stage, emotional regression to a childlike helplessness and dependency was common. Adequate leadership for these shocked people was an important aid in their recovery. In the recovery phase, pressure of speech developed and the victims showed a compulsive need to talk repetitively about their experiences. Many of the victims and passengers on the rescuing ship as well as on the Andrea Doria showed stereotyped prejudices. For example, the sailors of the Andrea Doria were assumed to be guilty of poor seamanship and therefore responsible for the collision. Such opinions were expressed even before the facts of the disaster were known. The prejudice was based upon the idea that Italians are poor sailors as compared with Swedish sailors. Some victims experienced loss of sense of identity; rapid re-establishment of identity is necessary to minimize amnesia and regression. Simply recording name, address, and next of kin was helpful. The loss of the passport, symbol of identity, was particularly important to immigrants. The authors criticize the principle of women and children first. Separating a child from both parents was traumatic and the authors recommend that if the mother is lost, the father should accompany the child. The passengers on the rescuing liner were not much depressed by the event. Episodes of perceptual distortion were reported in which the rescue was variously but incorrectly interpreted. One man actually thought the rescue scene looked like a water carnival.

**Analysis of 1955-1956 Population Fall in New York State Mental Hospitals in First Year of Large-Scale Use of Tranquilizing Drugs.** Henry Brill and Robert E. Patton. Pp. 509-517.

Before the introduction of the tranquilizer drugs reserpine and chlorpromazine, there was a yearly average increase of two thousand patients in the New York State mental hospitals. In 1955-1956, the hospital population showed a decrease of five hundred patients. There was an actual increase in the number of discharges as well as a decrease in the rate of return. Management of patients was made much easier as evidenced by a reduction of seventy-five per cent in the number of patients under restraint.

**A Method for Studying the Organization of the Time Experience.** J. S. Kafka. Pp. 546-553.

Kafka presents an experimental method for studying one of the ego functions, the sense of time, under varying laboratory conditions. He shows a small light to subjects in a dark room and tells them that the light will be moved, first at random and then so as to form letters and sentences. A period of darkness precedes each period during which the light is moved. The subjects are not told that they will be asked to estimate the duration of the two light periods and the two dark periods. The subjects in general thought the dark periods longer, probably because of the diminution of stimuli. Some subjects underestimated and others overestimated the duration of the various periods.

ROBERT DICKENS

**American Journal of Psychiatry.** CXIV, 1958.

**School Phobia: A Study in the Communication of Anxiety.** Leon Eisenberg. Pp. 712-718.

School phobia is a special case of separation anxiety, in which the focus is on mother and child. 'The contradiction between words and behavior in the transactions between mother and child is the catalytic agent in generating separation anxiety.'

**A Study of Cases of Schizophrenia Treated by 'Direct Analysis'.** William A. Horwitz, Phillip Polatin, Lawrence C. Kolb, and Paul H. Hoch. Pp. 780-783.

This article presents a ten-year study of nineteen patients from Dr. John Rosen's original thirty-seven cases treated by 'Direct Analysis'. Twelve patients were readmitted to psychiatric hospitals for a total of twenty-nine readmissions.

The authors believe that the claim of high degree of recovery of schizophrenics through 'Direct Analysis' remains unproved.

**Characteristics of an Acute Confusional State in College Students.** Helen B. Carlson. Pp. 900-909.

Carlson describes an acute confusional syndrome in college students. It is similar to an acute schizophrenic reaction, but is transient and reversible. 'The regression that takes place is not accompanied by ego fragmentation.' Recovery occurs when the patient finds someone on whom to lean.



**The Relation of Childhood Behavior Problems to Adult Psychiatric Status: A 30-year Follow-up Study of 150 Subjects.** Patricia O'Neal and Lee N. Robins. Pp. 961-969.

One hundred and fifty patients seen at the St. Louis Municipal Psychiatric Clinic between 1924 and 1929 are compared with one hundred control subjects from the St. Louis Public School system. The authors find the problems for which children are originally seen psychiatrically are frequently forerunners or initial symptoms of disease which may be severe and lifelong.

LAURENCE LOEB

**Psychosomatic Medicine.** XX, 1958.

**Role of a Vicarious Object in the Adaptation to Object Loss.** William A. Greene, Jr. Pp. 344-350.

One hundred fifty patients with leukemia or lymphoma manifested a characteristic adaptation to object loss. The nature of the mechanism rather than its connection with leukemia is the subject of this report. The adaptation to object loss takes place in two phases. In the first phase the person maintains his own personality relatively intact, but also assumes the role of the lost object: for example, he becomes 'both father and mother'. In the second phase, another person who has suffered the same loss becomes the vicarious object. The grief is then displaced to the vicarious object, toward whom the person is protective and comforting, profiting through identification with the vicarious object. If this process breaks down, through loss of the vicarious object, some persons develop leukemia. These proxy mechanisms have not been properly appreciated for several reasons. These patients are seldom seen as psychiatric problems, and their ministrations to the vicarious objects are frequently medically useful. Also there has been a preoccupation with the resemblance to mourning and melancholia. Moreover the adaptive quality of the mechanism may afford valuable sublimations.

Proxy mechanisms may be used in successful resolution of grief and so not be considered pathological. As operative within a family these mechanisms may have a synergistic relation to other processes of mourning and so help to maintain the family.

**Responses to Sensory Stimulation in Certain Psychosomatic Disorders.** Joseph G. Kepecs, Milton Robin, Clare Munro. Pp. 351-365.

This experiment was undertaken to find out whether, and how, particular sensory modalities are connected with particular psychosomatic illnesses. Patients with four diseases, asthma, atopic dermatitis, rheumatoid arthritis, and hypertension, were stimulated in three ways: by stroking the forehead with cotton wool; by holding the arm horizontal for one minute; and by the odor from a mixture of jasmine and skatole. Skin sensitivity, proprioception, and smell were thus stimulated. After each stimulation the subject was asked to draw a picture. Inquiry was then made about the picture and its connection to the stimulus. The responses to inquiry were rated on a six-point affectivity scale and classified

according to content: dependency and passivity (oral); cleanliness—uncleanliness (anal); and romance, sex, perfume, adornment (genital). The response of greatest intensity was to the stimulus most closely related to the subject's illness, except that hypertensives showed no such specific response. In the other diseases, both the conscious perception of the stimulus and the preconscious emotional effect are increased, though the latter increase is more pronounced.

From the content analysis of the productions, asthmatics were found to have anal conflicts aroused by the smell test. The patients with dermatitis responded to skin stimulation with passive-dependent responses, and the arthritics to muscle stimulation also with passive-dependent responses.

**Some Considerations in Biological Research in Schizophrenia.** John D. Benjamin. Pp. 427-445.

In this comprehensive review, Benjamin's remarks on *The Effects of Attitudes and Convictions Upon Research Design and Research Findings* (his subtitle) are of greatest interest.

Studies of neuropathology, pathological morphology of the endocrines, and physiology of schizophrenia are not necessarily of etiological significance. Pedigree and twin studies have established that genetic factors play some important role in the etiology of some schizophrenias. These studies raise the question of the importance of genetic factors alone in the production of 'process' schizophrenia and of certain experiences in 'reactive' schizophrenia. Can hereditary factors be traced in ego functions or in the organization of primary drives?

Electroencephalograms of schizophrenics are fairly consistently found to be abnormal. Recent endocrinological studies show some initial promise, especially in determining the psychophysiology of schizophrenic regression; however the experimental psychoses differ in important elements from clinical schizophrenia. Working from the idea that the adrenals are involved in schizophrenia, and that mescaline and adrenaline are structurally similar, a metabolic derivative of nor-adrenaline has been postulated as the causative agent in schizophrenia. Adrenochrome is found to be hallucinogenic, but is not found *in vivo*. The investigations of serotonin hold greater promise, since it is a known brain metabolite. While the role of serotonin in schizophrenia is in doubt, abnormal indole derivatives have been found in the urine of schizophrenics. Blood substances in schizophrenia are under intensive investigation.

The complexities of psychiatric research require that the problem be adequately conceptualized within available knowledge. The eradication of psychophobia in biologists and biophobia in psychiatrists depends on the psychiatrist's capacity to understand and deal with the motivations of both attitudes.

**Experimental Investigation of the Specificity of Attitude Hypothesis in Psychosomatic Disease.** David T. Graham, John A. Stern, George Winokur. Pp. 446-457.

To test the theory that typical attitudes are associated with urticaria and Raynaud's disease, twenty-four young men were hypnotized and subjected to sustained attitude suggestion while the skin temperature was recorded. The

'urticaria attitude', seeing oneself mistreated without wishing to take action, was accompanied by rise in skin temperature. The 'Raynaud's attitude', seeing oneself mistreated with desire for direct hostile action, was accompanied by fall in skin temperature.

**Ego Mechanisms in Three Pulmonary Tuberculosis Patients.** Alfred Flarsheim. Pp. 475-503.

Three women in psychotherapy were studied in an attempt to determine the connections between ego depletion and repletion and respiratory symptoms. Each woman had had pulmonary tuberculosis years previously which was arrested, but various respiratory symptoms remained: chronic bronchitis, cough with hemoptysis, bronchial wheezing with hemoptysis. Physical and emotional symptoms developed with the loss of self-esteem either through the loss of a critical relationship or through personally unacceptable behavior. The loss of self-esteem was considered to be ego depletion, psychological exhaustion. With the fulfilment of the ego ideal, energy is again available for the maintenance of psychological and physiological homeostases.

JAMES RICHARD PREST

*Psychiatry*. XXI, 1958.

The first issue of this volume, pages 1-70, is dedicated to the memory of Frieda Fromm-Reichmann.

**Basic Problems in the Psychotherapy of Schizophrenia.** Frieda Fromm-Reichmann. Pp. 1-6.

This posthumous paper presents an unusually clear condensation of the author's clinical experience and theoretical contributions. The symptoms of schizophrenia are overdetermined. For example, Fromm-Reichmann notes three interpretations of the fear of closeness so typical of schizophrenia: 1, her own thesis that the fear of closeness is directly due to the patient's fear of his own overwhelming hostility; 2, Bak's suggestion that the schizophrenic's weak ego organization is threatened by closeness; and 3, the older view that the schizophrenic is unable to give and receive love because he did not learn to love when he was very young. 'The old psychoanalytic rule of delaying interpretation until the psychotherapist is sure that he has found the one and only meaning of a patient's communication is, therefore, incorrect in the treatment of schizophrenia. It may also be incorrect in the treatment of the neuroses. . . . [The psychotherapist] should be resigned to the multiplicity of meanings inherent in most schizophrenic communications, and to the inevitable fact that he is lucky if he grasps one aspect of a cryptic schizophrenic verbalization. If he does he may offer his interpretation whenever he thinks it will be helpful to the patient. . . . One is just as little likely to understand the meaning of all facets of a patient's symptoms and communications as to understand all the elements of a dream.'

Fromm-Reichmann also emphasizes the development of countertransference problems in the treatment of schizophrenics as more severe than those in other patients. 'These problems deserve special attention. . . . In work with the psy-

chotic, the psychiatrist is not only a participant observer and a therapeutic agent, as he is in the treatment of the neurotic, but he is also to a greater degree a representative of, and a bridge to, a better reality, the experiencing of which has been previously denied to the patient.' Fromm-Reichmann's clinical examples are characteristically very instructive.

**Schizophrenia and the Family. Theodore Lidz. Pp. 21-28.**

Lidz presents a cogent summary of the clinical and theoretical results of his and his co-workers' continuing research on families of schizophrenics based on the (at least partially proved) hypothesis that the family provides major determinants of schizophrenic reactions. Lidz defines his psychoanalytic orientation toward the problems of schizophrenia and the social psychology of the family. While he does not reject the validity of neurophysiological and biochemical research on schizophrenia, he presents evidence that the theories emanating from these fields are far more speculative than those of his group and other workers who study the whole patient in his total performance. '... The critical characteristic of schizophrenia lies in the aberrant symbolic processes—in the distortion of perceptory meaning and logic... a condition in which the patient escapes from an intolerable world and his insoluble conflicts by altering his internal representation of reality. . . . Unless one understands that man is endowed with two heritages, a genetic inheritance and a cultural heritage, one can never understand him or his physiological functioning correctly.'

Lidz presents abundant clinical evidence that the family provides the primary and decisive schooling in irrationality as well as abnormal stresses which preclude adequate ego integration, reality testing, and the formation of basically favorable attitudes toward self and others. This paper is a fine complement to Fromm-Reichmann's.

**The Hospital as a Therapeutic Instrument. Robert A. Cohen. Pp. 29-36.**

Cohen gives his impressions of the trend in British psychiatric hospitals to establish the 'open-door' policy, which means not only abolition of closed wards but also creation of a hospital-wide therapeutic atmosphere and mutual acceptance by the hospital and the community. The aim is 'to see the patient in the community as early as possible, to keep him there as long as possible, and in those cases in which major therapeutic intervention proves necessary, to return him to the community as soon as possible'. The impressive results obtained at the Mapperly Hospital are described. This hospital is quite comparable to the smaller state hospitals in the United States; it is the regional mental hospital for the city and county of Nottingham. It is seventy-seven years old, located within the city limits, and has approximately eleven hundred beds. Although it receives all patients from the area, regardless of the nature or extent of their illness, it has been a completely open hospital without any locked doors for five years. Only one committed patient was admitted in 1956; he came from prison and was admitted by the court. In 1929 every patient was committed, and most of the wards were locked. During 1956, one thousand three hundred sixty patients were discharged as recovered or improved (this out of a total of one thousand five hundred fifty-four admissions). Relatively small numbers

received insulin or electric shock treatments, and the tranquilizing drugs were used in markedly smaller amounts than is customary in the United States. This program is carried out by thirteen physicians who, in addition to their hospital work, spend half their time in various clinics outside Mapperly Hospital. Specific and instructive examples of staff and patient morale are provided and some of the implications of the success of the open-door policy for psychiatry in the United States are discussed.

**Developmental Obesity and Schizophrenia.** Hilde Bruch. Pp. 65-70.

As a result of many years of research into the psychological problems of the obese, Bruch is convinced that 'different types of obesity are associated with different psychiatric illnesses'. In this paper she presents cases to support the hypothesis that a certain type of obesity marks a potential schizophrenic development. 'In such cases the excess weight may function as an equivalent for a protection against schizophrenic illness.' The obesity 'may have a positive value in the maintenance of a precarious adjustment'. It is particularly dangerous in these cases for the physician to attack the weight problem directly, for example, with the use of anorexogenic drugs.

**Legal Justice and Mental Health.** Vilhelm Aubert. Pp. 101-113.

True integration of the legal and psychiatric professions requires the solution of 'important value conflicts in modern Western culture concerning the handling of human problems'. For example, the psychiatrist functions implicitly with a philosophy and set of assumptions traditional to natural science; the lawyer and judge are consciously and unconsciously motivated by the nonscientific nature of the law. A worker in applied science is responsible for the future consequences of the application of his knowledge. The lawyer, especially the judge, is free from such responsibility provided his decision is correctly adapted to the past history of the case. As far as the ideology of the community at large is concerned, 'it is easy to see why a shift of emphasis from "sin" to "illness" is a prerequisite to the introduction of scientific and personal reactions to human conflicts' as replacements for the traditional impersonal and talion concepts of the law. Aubert's training in the law, sociology, and the behavioral sciences is reflected in his development of these themes.

**School Desegregation—Some Psychiatric Implications.** Viola W. Bernard. Pp. 149-150.

Those psychoanalysts who have little or no direct experience with the psychological problems of school segregation and desegregation will find this a valuable introduction to the subject.

**Patterns of Parent-Child Interaction in a Disaster.** Earle Silber, Stewart E. Perry, and Donald A. Bloch. Pp. 159-168.

This paper is a part of the authors' monograph, *The Child and His Family in Disaster*. Vicksburg, Mississippi, was struck by a tornado in 1953 with considerable loss of life, including the death of several children in a motion picture house full of children. The study was initiated by the psychiatrists one week

after the tornado. Three facets of the parent-child reaction were investigated. 1, The reaction of the parent with the child at the time of the impact; 2, communication between parent and child about the disaster; and 3, the parent's responses to the child's behavior following the disaster. While intrapsychic conflicts are important determinants of severe disturbances produced by external stress, the authors believe their evidence points to 'the forces within the family social system' and the role of the individual in that system as significant etiologic factors in individual psychopathology. Psychoanalytic and sociological frames of reference need not be so competitive, but they should also not be forced prematurely into an integrated point of view.

**Effects of Severe Crippling on the Development of a Group of Children.** Ednita P. Bernabeu. Pp. 169-194.

Seven girls and one boy hospitalized for treatment of severe paralytic sequelae of poliomyelitis were psychoanalytically studied and treated for eighteen months. The eight case reports are presented. General and theoretical psychiatric and psychoanalytic considerations, repeatedly utilizing the clinical data, are then developed. Of particular interest is the frequent demonstration of three interacting sets of psychopathological determinants: 1, the child's predisposition, including psychosexual phase vulnerability; 2, parents' psychopathology; and 3, severe stresses directly attributable to the crippling,—for example, frustration of need for motility and disturbances of body image. This is a valuable contribution to our understanding of the psychic problems of the physically handicapped.

H. ROBERT BLANK

**International Journal of Group Psychotherapy.** VIII, 1958.

**Some Theoretical Concepts Underlying the Relationship Between Individual and Group Psychotherapies.** (With discussions by S. H. Foulkes, Martin Grotjahn, James E. Shea, and S. R. Slavson.) Lawrence S. Kubie. Pp. 3-43.

If therapeutic groups do not break barriers between unconscious, preconscious, and conscious by superseding archaic superegos, their chief function is as an introduction to individual psychotherapy. Group interaction often reveals unconscious processes which individuals cannot tolerate facing in a group. When they can, insight does not always result in clinical improvement, though the group association may permit some improvement to appear. The author asks: 1. How does the splintering of transference which occurs in groups influence a member's ability to communicate painful material and to relive early identifications? 2. Does the sharing of unconscious fantasies increase resistance and induce multiple identifications? 3. At what level does communication take place?

**Group Psychotherapy With Asthmatic Patients.** H. I. Clapham and A. B. Sclare. Pp. 44-54.

Six asthmatic patients met weekly for a year with two therapists. At first they were guarded and lacked insight, but gradually they became able to discuss matters of emotional importance. All of them revealed similar difficulties in relations with others, emotional conflicts, and neurotic symptoms and attitudes.

They achieved better adaptation to reality and there was a lessening of asthmatic attacks.

**The Nature of Therapeutic Interaction of Patients in Groups.** Hendrik Lindt. Pp. 55-69.

Citing seven years of continuous group therapy in a veterans' hospital, the author stresses the ways in which members of a group help their fellows, showing diagnostic acuity and therapeutic tact. The improvement each experiences appears only after some libidinal investment and after multiple identifications with other members. Indications are given for determining when the group leader should relinquish some of his authority.

**Advantages of Multiple Therapists in a Group of Severely Acting-Out Adolescent Boys.** Arthur I. Kassoff. Pp. 70-75.

Three years ago the director of a clinic started a therapeutic group for boys between ages twelve and sixteen, all delinquent or unable to stay in foster homes. Eight to twelve of these boys met for activity for two hours once a week, joining or leaving the group as circumstances dictated. The members were so destructive and sought attention in such provocative fashion that additional therapists were added to set effective limits to play. At first accepted as extensions of the senior therapists, the assistants soon offered support and a wider range of adult behavior to which the boys could react. The presence of multiple therapists in such a group is essential, but any differences between them must be worked out before they can work effectively together.

**On Being Rather Than Doing in Group Psychotherapy.** Lewis B. Hill. Pp. 115-122.

Negative reactions of patients to therapists may be due as much to the therapist's personality as to the transference. A useful therapist is one emotionally sensitive to a wide variety of signals from the patient and yet objective about what he perceives. Anxiety in the therapist keeps him from awareness of facts or psychic phenomena in his patients, but serves as a valuable indication of stagnation or harmful processes in therapy. A therapist may be threatened by disillusionment in his own powers of healing, or may try magically to help himself through his work with others. He may need to keep the patient sick so as to dominate him, or he may feel threatened by the patient's infantile sexuality or by his frankness in pointing up the therapist's weaknesses—especially in the case of schizophrenics. The author quotes Kaufman, 'The qualification for a psychoanalyst is that he should have had a neurosis', and concludes that a successful therapist expresses benevolence rather than his defenses in treatment.

**The Effectiveness of Activity Group Therapy with Chronically Regressed Adult Schizophrenics.** John H. Beard, Victor Goertzel, and Arthur J. Pearce. Pp. 123-136.

For four years twenty male patients from custodial wards, aged sixteen to sixty-four but most under thirty, who showed regression and who had been

intractable to any shock therapy, were treated in groups. Patients were added singly at two-month intervals after it had been ascertained that symptomatic behavior would not hamper the relationship with the therapist or group activity. By utilizing and expanding the healthy portions of their personalities, the behavior of the members began to approximate more closely that of their normal peers. Several of the members were able to leave the hospital and secure employment.

**Group Psychotherapy With Mentally Defective Adolescents and Adults.** Rudolph Kaldeck. Pp. 185-192.

Many mental defectives are more incapacitated by emotional difficulties than by intellectual deficit, and association in a group is more helpful to them than insight. For these reasons a group therapy program for more than one hundred patients was established in a large state school for more than thirty months. A permissive, yet repressive, inspirational approach was used and resulted in betterment of the individual patients and of the attitude of the institution toward therapy.

**Therapeutic Implications of Analytic Group Psychotherapy of Religious Personnel.** Margaretta K. Bowers, Bernard Berkowitz, and Sylvia Brecher. Pp. 243-256.

Twelve clergymen worked in group therapy for from one to four years with two therapists. The authors concluded that 'analytically oriented group therapy presents an excellent technique for the analysis of magical omnipotent thinking of severe authoritarian attitudes among people whose professional life provides a socially acceptable façade for these attitudes. The peer group relationship enables them to overcome the essential loneliness of their set-apartness and problems of revolt against authority.'

**Group Therapy and the Institutionalized Delinquent.** Robert Shellow, Jack L. Ward, and Seymour Rubinfeld. Pp. 265-275.

This paper describes group therapy with institutionalized adolescents whose grandiose and exhibitionistic tendencies were too strong to allow them to be handled as in the groups described by Ackerman. At first the members were united only in avoiding the therapist and finding a basis for discussion. They approached the therapist in an assaultive or manipulative fashion, then accused him, as an officer, of mistreatment and of responsibility for their mishaps, and deluged him with requests for privileges. One value of such therapy is that it affords the delinquents an expression of hostility: by attacking their fellows, they by-pass the immobilizing fear of direct retaliation by authority. In this world, the adult males are jailers, paternal figures with only restricting, punitive attitudes. The members of the group, from twelve to twenty years old, were closer to the motor expression of their overwhelming impulses but had less social control than their peers. The therapist attempted to have them accept him as a limited, fallible human being.

In the first stages of resistance, the group tried to avoid acknowledging their need to relate to adults. Distrust of the therapist appeared in aloof politeness



and gossip. The 'sleepers' in the group avoided him by indifference, the 'con men' by talk. Hostility was shown by criticism of other officers, followed by assertions of the members' manhood. Afterward came demands for special privileges and attempts to elicit parental concern and to force the therapist to set limits. Though the attacks of members on the role of the therapist in the group provoked a difficult and critical situation, it did imply a willingness to approach the therapist and a desire to help. A successful outcome is the beginning of ambivalence followed by positive feelings for the therapist, and the admission of a sense of weakness and anxiety.

Many of the setbacks encountered in this work can be traced to the fact that the institution makes the boys submit to controls outside themselves and causes them to project responsibility for their actions on the institution, which contrasts to the demand of the therapist that the boys 'figure things out' for themselves.

Though this study is not yet complete, the group members have been found to respond in the following ways: 1, with positive transference to the therapist, adopting his values and working openly with him; 2, by attacking the therapist but making a better relation to adult males, resisting destruction of the group, and showing greater control in withstanding delinquent impulses (these members tend to act out and resist insight); 3, by attempting to manipulate or 'con' the therapist and leaving the group spontaneously, often because their intense passive needs are not gratified; 4, by the psychopaths, embedded in a delinquent system, leaving because they cannot control the group.

**A Thematic Analysis of an Outpatient Psychotherapy Group.** Alvin E. Winder and Marvin Hersko. Pp. 293-301.

Eight psychoneurotic veterans of World War II were seen for one-hour sessions for a year. The two co-therapists noted the orderly and repeated emergence of these themes: 1, hostility to authority figures; 2, hostility to peers; 3, warmth to authority figures; 4, warmth to peers; 5, expression of need for help; 6, fear of loss of self-control; 7, responsibility for self and others; 8, jealousy; 9, recognition of dependency.

GERALDINE PEDERSON-KRAG

**British Journal of Medical Psychology.** XXXI, 1958.

**Guilt and the Control of Pleasure in Schizoid Personalities.** Don D. Jackson. Pp. 124-130.

Jackson regards masturbation and masturbation guilt as aspects of the relationship of mother and child. More specifically, he views masturbation in the light of the struggle over autonomy which takes place between a certain type of schizoid child and its mother. Masturbation, by giving the child a means of controlling its object relationships in fantasy, permits it some feeling of autonomy. This exercise of autonomy threatens the mother, but she cannot acknowledge her need for complete control of object relationship, so she must rationalize her opposition to masturbation by citing God, sin, or insanity. The child compliantly feels guilty in order to reinstate the maternal authority which its exer-

cise of autonomy has threatened. Since the child urgently needs to preserve its mother's authority, its guilt is adaptational.

**The Uses of Freudian Theory in Psychiatry.** Edward Glover. Pp. 143-152.

Glover stresses the importance to the psychiatrist of a theoretical frame of reference. Recent increases in the scope of clinical psychiatry, which now concerns itself with far more than the treatment of the classical mental disorders, necessitate a frame of reference broad enough to encompass normal as well as abnormal mental phenomena. It is an advantage of Freud's theory that psychoanalytic structural concepts permit assessment of mental processes in terms of constitutional (id), developmental (ego and superego), and precipitating factors. The importance of any group of factors can be weighed in terms of the action of the other groups. The concept of the id is useful in understanding the relation between extramental phenomena, such as endocrine disorders and drug action, and the mental apparatus. Such phenomena can be thought of as operating through the id, and as being subject, like other id contents, to the central mental apparatus. The concept of the ego permits a structural approach to the understanding of personality development, and, through the concepts of fixation and regression, provides a series of measures along a developmental scale of disordered function. The concept of the superego gives due emphasis to the enormous importance of guilt in mental development, and brings mental theory into close relationship with the phenomena of conflict and suffering.

Glover suggests a plan for research: the problem, for example the nature of the sense of reality, is approached metapsychologically by applying a series of dynamic, structural, and economic criteria to its evaluation. Adoption of a theory of mind involves difficulties. Interpretation of data is a subjective technique subject to error, statistical units are poorly defined, and data must remain descriptive. The training analysis as a device for reducing subjective error is open to the criticism of indoctrination. Psychiatrists must fall back on the 'ultimate safeguards of an inexact science': clear psychobiological thinking, integrity of judgment, and concern with the clinical data of observation.

**Objective Observations of Personality Development in Early Infancy.** H. R. Schaffer. Pp. 174-183.

Observations of seventy-six infants showed two distinct patterns of reaction to hospitalization in infancy. The first, called the 'global syndrome', usually observed in the infant under seven months of age, is characterized by the infant's extreme preoccupation with its environment upon return home. Typically, it scans its surroundings with a blank or anxious look. It does not seem to recognize familiar objects, and ignores or avoids the advances of members of its family. Disturbances of feeding and sleep are often noted. In the infant over seven months of age, the 'overdependent syndrome' is commonly found. This infant reacts to separation from its mother with fretting. After returning home from the hospital, it clings to its mother, fears strangers, and may avoid other members of the family. Before the middle of the first year of life, the infant is in what Piaget calls a state of 'adualism'; that is, there is no distinction between self and environment, and objects have no existence independent of the

infant's present perceptual field. Appearance of the global syndrome depends upon this nondifferentiation of self and perceptual field. Normally, the infant experiences sufficient environmental variations to keep its perceptual field in a relatively 'fluid' state. The hospitalized infant, however, experiences a monotony of environment which causes its perceptual field to become 'set'. On its return home, the 'set' perceptual field disintegrates. This stress may cause somatic disturbance. The overdependent syndrome can occur only after the infant becomes capable of distinguishing self from objects, and of recognizing permanence of objects; only when it can experience the existence of a mother figure can it respond to separation from her. There is no evidence of a gradually strengthening child-mother relationship: once recognition of separate objects has developed, the attachment to a specific mother figure appears at once and in its full intensity.

JOSEPH WEISS

*Revista de Psicoanálisis*. XV, 1958.

**Symposium on Child Analysis. No. 1 and 2.**

This issue contains seventeen of the thirty-one papers presented at the Symposium on Child Analysis in Argentina. Vera Campo discusses the introduction of a traumatic element during a play therapy hour in a child almost three years old. The child developed intense terror on seeing a bed. This led the analyst to understand the meaning of the child's night terrors, which were the acting out of a sadistic primal scene with anal and urethral elements. Letting the child see the bed was an example of a method of quick diagnosis now under study. Simultaneous therapy of twin brothers by Elena Evelson showed fundamental difficulties caused by the special kind of sibling relationship. Magic, omnipotent control was used between the two, eliminating guilt feelings and death wishes. An oedipal triangle existed in their fantasies, one being thought of as male and the other as female. The simultaneous analysis was discontinued once Evelson was able to achieve characterological changes in the boys. In *Mourning and Its Relationship to Learning*, Sara G. de Jarast describes an eight-year-old child with learning difficulties due to intense death wishes. There was ambivalent use of introjection, with strong sense of guilt, resulting from an intense oral fixation. The treatment consisted of working through the mourning period, and the patient was able to overcome the learning difficulties.

In a provocative paper, Edgardo H. Rolla describes the similarity in character, content, type of presentation, and transference relationship existing in the simultaneous analysis of a father and son. The father may have decided to bring the son for treatment because of these similarities between them. E. Jarast describes the prenatal psychic elements as very archaic experiences which are felt as active situations in the relationship between mother and child. At birth there is a rupture of the functional unit, id-ego. When, in later years, the ego is not capable of satisfying the genital demands, it may regress to this relationship of id and ego, which is then perceived as ideal, offering magical omnipotent gratification. This archaic mechanism of the ego will be cathected and actively experienced postnatally. The author compares this to what occurs in

dreams in which the day residues are dramatized and charged with feelings pertaining to previous stages of life.

David Liberman discusses the reaction of the patient to interpretations relative to the patient's family. If there is a family neurosis in a collective sense, interpretations are distorted and thus rendered useless because these patients are acting out the interpretations in the part they play in the family neurosis. These patients therefore fulfil the role assigned to them in their adaptation to the group. The stability of the family depends in these cases on the need for each of its members to remain within his fixed role.

This abstractor finds the clinical evidence in most of the papers hardly convincing, perhaps because the articles are so short. The authors belong to the school of Melanie Klein, and many of their interpretations are therefore directly based on the symbolism of the children's acts, whether or not there are connecting links between the symbols and what is symbolized. This of course lessens the clarity and precision of their descriptions.

**Communication and Its Relation to Social Approaches.** Edgardo H. Rolla. Pp. 244-260.

Rolla examines in a very interesting way the parallel between analytic communication and the patient's social behavior. In both, communication takes place through verbal and nonverbal similarities. For example, a social climber's way of handling people in the outside world may be compared to the patient's behavior and communications in the transference. In both situations the patient aims to maneuver others,—persons he meets or the analyst,—through verbal and nonverbal communication. The oral triad is apparent in both situations. The social techniques and the analytic communications of various types of personality are described.

**Magic Aspects of the Transference and the Countertransference.** Leon Grinberg. Pp. 347-368.

Psychoanalysis can become full of magic if the analyst loses track of the mechanisms of identification, introjection, and projection involved in the countertransference. The author has been unable to find any papers on the direct or indirect influence of ideas of omnipotence and magic as they appear in the countertransference feelings and fantasies. Grinberg offers clinical demonstration of his ideas, especially of what he calls 'projection identification and projection counteridentification'.

**Transferential Autism: Narcissism, the Echo's Myth, and Narcissus.** David Liberman. Pp. 369-385.

Certain attitudes in patients tend to destroy the therapeutic meanings of any interpretation. These patients have great difficulty in preserving a proper balance of their narcissism. If the analyst is not aware of this, the patient remains within the boundaries of social distortions. The author substantiates his remarks clinically and by using the myth of Narcissus.

GABRIEL DE LA VEGA

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**Revista Psiquiatrica Peruana. I, 1957.**

**Observations on Psychoanalysis Today.** Francisco Alarco. Pp. 28-38.

The development of psychoanalysis is described with erudition. From the time of Freud until today this science has made great strides. The existence of so-called 'schools' does not detract from this advancement. The author examines with special lucidity the contributions to the problems of ego psychology and transference.

GABRIEL DE LA VEGA

**Revista Psiquiatrica Peruana. II, 1958.**

**On Therapy: Technique in a Case of Schizophrenia.** Oscar Valdivia Ponce. Pp. 239-251.

Because schizophrenic processes are not yet fully understood, new techniques of therapy are constantly tried. For short-term therapy certain short cuts based on analytic understanding are useful. Ponce recommends concentrating on 'the transference psychosis' and the intense anxiety. The patient is now and then made to face the unconscious impulses which overwhelm his ego. Without 'the transference psychosis' the patient's ego synthesis would not be possible.

GABRIEL DE LA VEGA

## Meetings of the New York Psychoanalytic Society

Archibald Gaulocher

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 28, 1958. ON SADISM, MASOCHISM, AND AGGRESSION: THEIR ROLE IN SYMPTOM-FORMATION. George Gero, M.D.

The author points out the difficulty in distinguishing which of the dual drives, sexual or aggressive, causes conflict, and notes that etiological distinction is especially difficult with respect to the sado-masochistic and aggressive drives. It is the theme of this paper that sado-masochistic components of the sexual drive can be fully understood only in the framework of the phallic phase, the œdipal situation, and the bisexual organization. Sadism and masochism appear in the child's unconscious sexual fantasies and masturbation. In such sexual fantasies the sexual act is typically cruel, painful, bloody, yet an exciting and pleasurable event. The mythology of the child depicts the father as the cruel attacker, the mother as the victim. The genital sensations of the child increase in intensity and become clearly differentiated in the phallic phase. During this phase and the œdipal period the drive patterns of the individual are reorganized. The sadistic acts are identified with the male role, the masochistic with the woman's role. It is suggested that sado-masochistic fantasies in the phallic phase are of phallic nature, and are associated with fantasies of injury to the genital organs, the penis or its female equivalent, the clitoris. Under pressure of guilt or anxiety, regressively, anal or oral drives may conceal the phallic sadistic fantasies.

The element of pain in sado-masochistic fantasies has to be viewed in a broader concept. In the child's mind, to suffer pain is the sexual destiny of women, but the child, through sensations in his or her genitals, senses that that pain is connected with intense pleasure. Whenever in fantasy or behavior pain is a conscious goal, the unconscious yearning is for pleasure. Repression of the pleasure function of the genitals, because of œdipal guilt, results in a distortion of the sexual concept. In women, pain activates the fear of genital injury, and with regression to the phallic phase sado-masochistic fantasies appear. This may lead to frigidity and increased penis envy. In men, the fear of hurting women increases the pressure of œdipal guilt and may lead to severe paralysis of active masculine genital function.

Considering the dualistic instinct theory, and the operational concepts of fusion and defusion of two instinctual forces, sadism and masochism are considered the expression of the sexual instinct and not the result of a fusion of aggression and libido.

Clinical material is cited substantiating the role of the sado-masochistic phallic phase, where guilt is replaced by neurotic suffering, the œdipus is disguised, and fantasies of cruel sexual attacks occur without conscious sexual content. The obsessive fear of killing a child is cited as an example in which the child is a symbolic representation of the genitals. Obsessive, self-injurious fears, in which the impulse is turned against the self, express the same fantasy as the fear of killing a child, but in different disguise. Such obsessive thoughts may be the expression of a phallic masochistic fantasy, an identification with the mother or her genitals. In evaluating the relative effects of sexual and aggressive

drives, the author states that in fantasies of the sado-masochistic phallic phase, aggressive drives and sexual drives may be dealt with by the same defense mechanism of turning against the self. While in some instances the two drives occur simultaneously, they need not fuse, and their destinies may remain separated. Whereas aggression, rage, and anger appear openly, the sexual drive remains repressed.

The author concludes that if one considers sadism a fusion of the aggressive and sexual drive, one would have to postulate a defusion of the two drives. If, on the other hand, sadism is considered an aspect of the sexual drive, the viewpoint of this paper, its role in conflict and symptoms has to be followed separately from the vicissitudes of the aggressive drive. Of the two, the sexual drive is the more decisive. Only the sexual drive seems able to propel the tremendous variety of symbolic displacement and disguises which serve as stimuli to symptom-formation. The aggressive drive does not have an analogous quality; furthermore the sado-masochistic drive patterns of the phallic phase seem to be especially important in the role of symptom-formation.

DISCUSSION: Dr. Robert Bak thought that the paper was an attempt to understand pathological phenomena purely on the basis of sexuality without really applying the dual instinct theory. Sado-masochism thus becomes the core of the oedipal constellation and phallic phase. Safeguarding of the object does not seem to play a role in this formulation. Much depends on definition and classification of phenomena. Thus if sadism and masochism are classified as belonging purely to the sexual drive, many aspects of the problem are eliminated.

Dr. Rudolph Loewenstein noted that the pathogenic role of aggression is much wider and not always due exclusively to its connection with sadism and masochism, citing as an example symptoms based on a reaction-formation against aggression, or neuroses based essentially on the fear of the death of a loved person. This does not mean that sado-masochistic fantasies are absent in such cases, but they do not explain the whole of the conflict between aggression and libido, connected with sado-masochism or independent of it. The nuclear significance of parricide and incest does not essentially reside in the pregenital, sado-masochistic wishes which may color these fantasies at times. The concept of fusion and defusion in connection with the dual drive theory is important, and sexuality and aggression are both present simultaneously in various forms and in various connections with one another. In some cases of sexual murder the act of killing is propelled by the sexual drive. On the other hand, some manifestations of sexuality are propelled by aggression, e.g., when sexual intercourse results from a wish to possess, to humiliate or deprive another person. Is it not always true that by tracing back certain aggressions, genetically, one will find sado-masochism? One may find aggression which is not yet sexualized, representing a preoedipal stage in its maturational development. If one considers sadism and masochism as elementary entities without connections with aggression, one would be led to describe masochistic tendencies in a man as feminine and sadistic tendencies in a woman as masculine, and all the intricacies of early development would be lost. There is an advantage in using a pragmatic classification which enables us to describe similar phenomena in both men



and women. What distinguishes them from one another are the modes of development, but the elements from which they develop are identical. Both masochism and sadism are found in women as well as in men.

Dr. Joseph Krimsley felt it was necessary to isolate the drives in order to study them. One observes regularly the oscillation between sexual and aggressive material in analysis, and usually the strength of repression of the sexual drive is greater than the aggressive drive in neurosis.

Dr. Heinz Hartmann observed that it is important for analysis to adhere to Freud's concept of aggression as an independent and basic drive. Considering the clinical and theoretical aspects of analysis, it is a matter of defining aggression and sexuality. A second aspect of the broader concept of aggression, as formulated by Freud and not implicit in Dr. Gero's paper, is the fact that for the economics of aggression, the formation and function of the superego are of paramount importance. Aggression appears to be far more important in symptom-formation than the author seems to make it. The economics of aggression are involved in the defense mechanisms and countertransference and are very important in conflict and symptom-formation.

Dr. Edith Jacobson understood Dr. Gero to mean that the drive in the phallic sado-masochistic phase is purely sexual whatever the specific fantasy may be, and that the content of these sado-masochistic fantasies and impulses is produced by the child's misinterpretation of reality and not by the nature of its drives. The primal scene is interpreted as a fight, but the child simultaneously is aroused sexually; so that what appears to be aggressive is not really aggressive, but sexual. Dr. Gero, she said, has disconnected in some way aggression from the sexual drive, and in his formulation, irrespective of whether the sado-masochistic fantasies are clearly destructive, they have nothing to do with aggression. She agreed that the oedipus complex is the nuclear conflict, but though it is true that oedipal material may appear in regressive disguise, one cannot deny the findings of Melanie Klein and of Abraham regarding sadistic fantasies and the severe ambivalence of the preoedipal child. As to the concept that aggression and sexuality have different pathways of discharge, Dr. Jacobson disagreed. The motor apparatus plays a role in the discharge of both libido and aggression.

Dr. Victor Rosen felt that the discussion did not distinguish between a leading fantasy with motivational drive quality and instinctual drives that are erected as hypothetical substructures underlying the formation of fantasies. To reverse the process and utilize clinical phenomena to give a picture of the quality of the hypothetical forces which we have evolved as explanations is logically untenable.

Dr. Emanuel Klein cited a case in which the mother spanked her daughter in anger, and discovered that the spanking was accompanied by a peculiar excitement as the result of an unconscious sadistic fantasy. The initial rage reaction without outlet triggered the sadistic or masochistic excitement. Dr. Klein felt that Dr. Gero's thesis remained partial and did not explain more complex situations.

Dr. Gero agreed that he underestimated the importance of the aggressive instinct in symptom-formation, but said he deliberately overemphasized the vicissitudes of the sexual drive in symptom-formation because he felt that it leads to very fruitful conclusions. As for the dualistic theory, he felt that the

study of the repressive process in its double aspect seems more fruitful regarding symptom-formation than the study of fusion and defusion of the two instincts. Repression is more closely connected with the sexual instinct than with aggression. He re-emphasized that clinical observation and reconstruction lead to his formulation that, during the phallic phase, sadism and masochism acquire a new meaning.

ARCHIBALD GAULOCHER

November 25, 1958. FURTHER OBSERVATIONS ON THE POETZL PHENOMENON—A STUDY OF DAY RESIDUES. Charles Fisher, M.D.

This further work of Dr. Fisher, using the experimental technique of the Poetzl phenomenon, investigates the relationship between perception and primary and secondary thought processes as they become apparent in the dream work. The method of the experiment consisted of tachistoscopic exposure of the subliminally exposed picture of a snake, and a supraliminally exposed vase decorated with a swastika. Following the exposure the patients' dreams, associations, and drawings were examined. An effort was then made to follow the vicissitudes of these percepts in the formation of dreams.

The first experiment strongly supported the thesis that the vase and swastika had been incorporated into the dream, as evidenced by a series of references to Jews. One patient's dream suggested that the subliminally perceived snake was represented by kidneys which, when pictorially represented, strongly suggested the male genitals. It was concluded that the subliminally perceived snake appeared in the manifest content of the dream as the kidneys with a piece of fat, and was associated with the most highly charged latent dream content, close to the id. The swastika stimulus appeared in the dream in a less distorted fashion, arousing trains of thought relating to Jews, anti-Semitism, etc. Neither stimulus picture appeared directly in the dream images. It is interesting to speculate what effect the stimulus pictures had on forming the latent content of the dream.

From a second similar experiment, the vase was consciously represented in the patient's later drawings. The snake finally appeared in the drawings, but had been represented in a distorted manner in the dream. As in the first experiment, the subliminally perceived snake was closely related to the unconscious drive in the dream. The swastika, in contrast, activated more preconscious trains of thought in the dream. The nature of the stimuli may have influenced the male-female latent content of the dream.

These and other experiments led to the following conclusions. The focal percept (supraliminal exposure of the vase and swastika) activated trains of thought closer to the secondary process. These thoughts were generally verbal, preconscious, and rational. Because the percepts have registered consciously, they repel new associations; there has been time for further elaboration in the context of the secondary process, and they are therefore less suitable for primary process transformation. Tentatively it was suggested that these percepts were more often related to ego and defensive aspects of the dream. Possibly they are used as 'elements of the dream in the neighborhood of the wish fulfilment', which then proved to be derivatives of distressing thoughts contrary to the wish.

Because of the fluidity and complexity of the events which affect the memory traces, this is not always true. In contrast to the vicissitudes of the supraliminal percept, the subliminally perceived representation, because it never reaches consciousness, is free of secondary process elaboration. This may make it more available for cathexis with id energies and primary process transformation. It is suggested that the memory trace which allows for ready fragmentation, condensation, and displacement is less stable. The memory trace seems to appear in the dream as an indirect derivative and this is often presented in a visual form. Finally it may be that this subliminal percept is used for the expression of the central wish fulfilment, and is associated with greater sensory intensity in the dream. The chief day residue, the experimental situation, was not represented directly in the dream. Rather the visual stimuli, both subliminal and supraliminal, became the 'contemporary and indifferent stimuli'.

DISCUSSION: Dr. Otto Isakower contrasted Poetzl's experiments with Dr. Fisher's, pointing out that the images presented by Dr. Fisher to the patient were more constrictive and coercive than the visual images in the original experiments of Poetzl. He thought that the subliminally perceived snake was a foreign body with which the ego dealt by expulsion or repudiation. This is borne out by the prominent use of projective mechanisms in the dreams. These he believed represented an exteriorization of an implant, and were not autochthonous. He raised the question: Does the dreamer deal with his own homosexual problem, or is the homosexual nature of the latent dream content an appropriate response to the aggression implied in the experimental situation? Is the conflict intrapsychic or interpsychic?

Dr. Robert Holt pointed out that in order to comprehend the nature of subliminal stimulus it is necessary to refer to the concept of the stimulus barrier. Monotonous, unimportant repetitive stimuli probably do not register as memory traces. Partially perceived stimuli when important (as they are made by the transference in the experimental situation) are likely to stimulate all possible channels of registration. The relationship of the patient-experimentor stimulates registration; so also does the nature of the stimulus (the snake). Dealing with the main theme of the paper—that subliminally perceived stimuli are more subject to primary process transformation in the service of id drives, and are less stable memory traces—Dr. Holt pointed out that in fact these memory traces must be quite stable, as shown by their later recovery during the imagery experiments. He questioned the idea that the central point of sensory intensity in the dream focused on the subliminally registered snake percept. He wondered if this could not be explained by the fact that the stimulus was a snake, rather than that it was subliminal. He also felt it was important to clarify the point of maximum sensory intensity. This and other more rigid controls are desirable during further studies.

Dr. Charles Brenner pointed out that the chief day residue, the experimental situation, had been presented in the manifest dream content, and illustrated this in the three dreams presented. He also pointed out that there seemed to be no clear evidence of the differing vicissitudes of supraliminally and subliminally perceived stimuli. Both were used by the dreamer for id and ego purposes in the dream.

Dr. Max Schur voiced the opinion that it would be impossible to separate the 'chief day residue' in the experimental situation from the visual stimuli presented. They both make a single and integrated experience. Dr. Mortimer Ostow suggested that the subliminally perceived stimulus registers on the archaic ego nucleus which has a lower threshold, whereas the supraliminally perceived stimulus registers on the more mature aspects of the ego, leading to a concept of a two-phase apperception process. Dr. Klein suggested that the role of secondary elaboration in reporting the dream has to be taken into account in interpreting dream reports.

WALTER STEWART

January 13, 1959. ON THE SELF-ROCKING OF INFANTS. Sylvia Brody, Ph.D.

Three types of rocking—normative, repetitious, and exciting—are described. Normative rocking consists of bouncing or dancing movements which appear spontaneously in most infants. Frequently it appears either immediately prior to or just after some new achievement in balance, such as sitting, crawling, or walking. Often it is intentionally encouraged in social situations. Repetitious rocking is self-initiated, monotonous, may endure for moments or minutes, on casual inspection seems to have no social function, and often leads to sleep. The exciting kind of rocking is rapid, energetic, and fatiguing. The infant is usually completely engrossed in the action and seems to be beyond external influence for the time being. It is with the latter two types of rocking that this paper concerns itself.

The author advances several hypotheses. First, rocking occurs in infants whose object cathexis for the mother is disproportionately intense. Secondly, these infants have had a relatively greater kinesthetic stimulation and more or less restricted stimulation in other modalities. Third, stereotypic rocking occurs in states of tension and represents the infant's effort to re-establish bodily contact with the mother. Detailed observations of two infants are reported in support of these hypotheses. In both cases the mothers were conscientious and efficient and could not in any ordinary sense be said to have deprived or neglected their babies. However, whereas tactile and kinesthetic contacts were especially available to the infant there were relatively fewer opportunities provided by these mothers for social communication or for play with material objects. Both mothers sought to impose early self-sufficiency on the infants, and there was frequent affective withdrawal if not actual physical absence. The rocking of these infants is regarded as a futile attempt to re-establish past states in which relief of tension was associated with closer contact with the mother. It is suggested that this may occur by a primitive 'identification' with the longed-for movement of the approaching mother or by a transformation of passive experience of being moved by and with her into an active experience that contains similar kinesthetic sensations. It is interesting to observe that when the mother is sufficiently near, small movements may actually establish contact with her. If infantile rocking is a measure of primitive identification with the approaching mother, the type and intensity of rocking an infant might be an indicator of the type of its identification at any particular phase of development. If, for instance, the infant can reaccept the mother after an absence, and is free to

cathect her with libido, the identification is fluid and adaptive and probably of a hysterical type. Where, however, rocking is maintained in the affective presence of the mother, one can surmise that the identification is of a narcissistic kind. This would lend theoretical support to Annemarie Weil's clinical observation that rocking which is maintained in the presence of the mother is of a more malignant type than that which occurs only in her absence.

The author's final hypothesis is that certain patterns of rhythmic activity that appear in later life are genetically related to the dynamics of infantile rocking. Facts from the analysis of an eighteen-year-old girl who had a lifelong ambition to be a ballet dancer are presented in support of this hypothesis.

DISCUSSION: Dr. Edith Jacobson pointed out that rocking, whether active or passive, must correspond to some very primitive primary and basic needs on the part of the child for gratifying libidinous discharge patterned after the intra-uterine existence. It must also correspond in some way to the mother's need of the child. Often it appears to have a masturbatory quality. Dr. Andrew Peto saw in Dr. Brody's hypotheses corroboration of some of his own observations. Acceptance of her hypotheses, he pointed out, must lead to the assumption that in the seventh month of life there is already a long history of ego structuralization. It would seem that very archaic forms of thinking and internal object representation can be expressed by the infant through movements of the body.

Dr. Judith Kestenberg pointed out that in the cases presented it was the mother who was instrumental in providing specific relief and not the rocking. Relief had become associated with contact with the mother and fused with the infant's own way of achieving relief, namely rocking. The rocking reaction is a phase-specific one. One can observe in normal children a phase-specific rocking which occurs regularly in the transitory phases during which antigravity movement complexes are learned. It is a kind of practice in equilibrium without the expected traversing of space to follow. The focus is on retaining the center of gravity within the body rather than on the periphery of the body. It is known that up to two years of age, infants use labyrinthine-righting reflexes, after which time they are abolished. Possibly where visual stimuli are restricted other components of equilibrium become emphasized. Even pathological rocking often ceases in the third year of life. Dr. Kestenberg enumerated four factors which operate in the prolonging of the transitory rocking of infants. First, a constitutional vestibular kinesthetic responsiveness whereby play with gravity and antigravity becomes a source of great enjoyment. Second, the opposite factor of special vestibular sensitivity. Third, the restriction of other stimuli used in the achievement of equilibrium with the compensatory overuse of rhythmic motions to attain balance. Four, the environmental habituation of the kinesthetic and vestibular-sensory modalities.

Dr. Annemarie Weil made it clear that she used the term 'malignant' to indicate a more narcissistic development. She had found clinically that it was a malignant sign if a reasonably well-cared-for child continued violent rocking movements while in the presence of the mother. Dr. Melitta Sperling saw rocking as a regressive phenomenon aimed at re-establishing prenatal and preobject conditions. Dr. Leo Spiegel pointed out that in some cultures the reaction of

adults to loss of an important object was to encircle oneself and rock. He saw this as a kind of duplication of infantile rocking and with a similar purpose. Dr. Bela Mittelman was of the opinion that rocking had constitutional, genetic determinants and that it is only when these motor patterns get entangled in serious psychological problems that pathology follows.

In closing, Dr. Brody repeated that what she had sought to answer was why some infants continue to rock and others do not. The answer for her lay in the combination of a special kind of affective withdrawal on the part of the mother plus a specific pattern of stimulation.

MERL M. JACKEL

January 27, 1959. SELF, SELF-FEELING, AND PERCEPTION. Leo A. Spiegel, M.D.

Self and self-representation are considered as being identical; there is no 'self' in the sense of an independent entity which is manifested in self-representations. There are, rather, certain representations which the ego constructs. These representations are the body, and states such as hunger, thirst, breathing, tension, movement, etc. The unified totality of these narcissistic representations constitute the self. Self-feeling is used synonymously with personal identity and feelings of identity, and these differ basically from the self in that 'self-feeling is an "ultimate", not further describable clinical fact whereas the self is not a clinical fact at all; in psychoanalysis it is a concept'.

Clinically, disturbances of self-feeling may be conveniently divided into two groups: disturbance in the feeling of personal identity, and disturbance in the feeling of reality of one's own person. These include patients with a chronically defective sense of identity, those who develop such disturbances under special conditions, cases of multiple personality, fugue states, *déjà vu*, *jamais vu*, and depersonalization. In individuals who do not suffer from any of these disorders, the feeling of personal identity is taken for granted by them.

Analytic studies of disturbances in self-feeling, and allied feelings related to reality, have taken two trends. The first emphasizes the defensive function of such symptoms as depersonalization and feelings of unreality. The second approaches the problem from a libidinal-economic point of view related to massive retraction of cathexes from object representations. Spiegel finds neither entirely satisfactory. It is insufficient to correlate directly feelings of reality with the quantity of cathexis. Retraction of cathexis is a frequent phenomenon and not always accompanied by feelings of unreality or depersonalization. It would seem necessary, in keeping with Hartmann's suggestion, to interpose between the withdrawal of cathexis into the ego and the ultimate clinical phenomenon some interference with those ego functions which subserve the maintenance of the feeling of reality. To the defensive function, therefore, needs to be added ego psychological considerations pertaining to the perceptual aspects of these symptoms. Spiegel, as does Hartmann, clearly differentiates the ego from the self. The former refers to a psychic system, whereas the latter refers to one's own person in contradistinction to an object. The opposite of object cathexis is not ego cathexis, but cathexis of one's own person.

What then is the function of the self? Here Spiegel draws upon certain observations in the field of perception which correspond to the well-known Gestalt

formulation that all perception depends on the framework. The selection of the frame of reference by the individual is automatic and beyond conscious control. The author then applies the concept of the frame of reference, so important in perception of the external world to the self and to the world of inner reality. The self as a frame of reference develops with the beginning of mental life and the accumulation of memory traces in the form of mental representations of varying tension and discharge states succeeding each other. The pooling function establishes an average representation for these states which, as a result, now possesses permanence and continuity in time. Normal self-feeling is based upon a constant ratio between the cathexis of a single or small group of self-representations and the cathexis of the self as a whole.

Two further conditions affect the sense of self. The first is the steadiness of the frame of reference and the second is the steadiness of self-representation. Rapid oscillation of either disturbs internal perception and consequently the sense of personal identity. Disturbances arising from masturbation commonly give evidence of such oscillation. It arises from the fact that hypercathetized representations of a body part tend to be perceived as objects. This connection of intense cathexis to object quality may be conducive to a rapid oscillation between self-representation and object feeling and can in this way contribute to alterations in a sense of personal identity. Two clinical examples are presented in which the masturbatory act was motivated by a need to re-enforce a fragile sense of self.

The author applies his concepts to Jacobson's findings in depersonalization. She regards depersonalization as 'the pathological result of the conflict within the ego, between the part that has accepted and the part that attempts to undo undesirable identifications'. Spiegel feels that there needs to be added to this a linkage with the perceptual process to account for the specific perceptual quality of depersonalization. If the concept of the self as a frame of reference for perception of single mental or physical states is accepted, then the intrasystemic conflict described by Jacobson would lay the groundwork for such a linkage with perception. The conflict between pregenital and genital self-representations which she describes would thus impose on the ego two different frames of reference with a consequent disturbance of self-perception.

**DISCUSSION:** Dr. Heinz Hartmann drew attention to the danger of confusing a descriptive phenomenological approach with a metapsychological one. If the self is considered as an additional system of the mental apparatus, to be added to the ego, id, and superego, a state of confusion arises since these can be defined by their functions but the self cannot. He was of the opinion that one could no more equate self with self-representation than one could equate object with object-representation. In the phenomena of pooling and the establishment of a frame of reference, Hartmann sees the synthetic function of the ego functioning at two different points. It comes into play first in the pooling and then in the answer to the question whether certain tensions between the individual experience and the average self-experience lead to conflict. It is not only a matter of the relationship of an immediate self-representation to a more or less constant one but, conceivably under various circumstances, the yardstick itself may change.

Dr. Edith Jacobson did not share Spiegel's opinion that withdrawal of cathexis is a common phenomenon. She felt this was certainly not true of the pathological type that leads to feelings of unreality. Also she suggested that between the decathexis and the feelings of unreality one must insert the possibility of changes in the proportions not only of neutralized versus deneutralized energy, but also of destructive versus libidinal energy. This applies too to Spiegel's comments on the hypercathexis of parts of the self resulting in those parts being treated as objects. Here Jacobson stressed the role of aggression. As for the oscillation between object cathexis and narcissistic cathexis in normal intercourse, she felt that we were still clinging to the former concept that object cathexis occurs at the expense of narcissism and vice versa. Normal intercourse requires a strong narcissistic cathexis of the whole self and of the genital, and an equally strong object cathexis. Where one exists at the expense of the other, it can be taken as evidence of a disturbance. Jacobson sees the self as a concept based on clinical observation just as any other concept in analysis is.

Dr. Charles Fisher introduced the term 'self-constancy' as opposed to 'object constancy' and 'perceptual constancy', the last referring to the establishment of permanent inanimate objects in the external world in a space-time organization. He did not believe that the oscillations described by Spiegel were in themselves sufficient to bring about changes in the sense of identity. Rather he saw such disturbances arising as the result of complex interactions between self and object representations involving fusions of the kind that Jacobson has written about. Disruptions in the sense of identity may depend upon mutual interrelationships and vicissitudes of self, object, and perceptual constancy. He agreed with Jacobson that aggressive drives may play a special role in disturbances of identity.

Dr. Rudolph Loewenstein cited the example of patients who have been greatly improved by analysis and yet lose the ability to differentiate between their previous suffering and how they feel afterwards. To them the new self is now the normal state. He suggested that Spiegel's concept of the self could be used for further exploration of such phenomena as disturbances in body image as well as phenomena described by Erikson, who viewed problems of ego identity mainly in terms of its relationship to social structure.

In conclusion, Spiegel said that the feeling of identity is the common pathway for innumerable influences which need to be defined or eliminated. All the interactions between the various substructures of the personality play a role. The relationship between identification and the sense of identity—far from being identical—may be antithetical.

MERL M. JACKEL

February 10, 1959. THE MASOCHISTIC CHARACTER: GENESIS AND TREATMENT. Charles Brenner, M.D.

The views of Freud elaborated by later authors relative to masochism are briefly reviewed. Formulations concerning the genesis of masochistic character traits and their place in psychic functioning are presented. There is a discussion of the problems involved in the treatment of these patients.



It is useful to view these problems in the following way. Masochism is a normal component of the human personality, e.g., the part it plays in superego formation and functioning. A need for, or a fear of punishment (castration) in the formation and functioning of the superego is of great significance in most cases. Taking the oedipal strivings of a boy as a clinical example, the need or fear of punishment is a defense to avoid the fantasied castration which then is linked with passive, feminine oedipal strivings. The difference between the normal and the masochistic character is one of degree. Masochistic tendencies are part of every individual's mental life. They exist with many sorts of neurotic symptoms, and with a variety of character disturbances. A clinical example is given in which alcoholism was specifically masochistic. Drinking bouts produced suffering and helplessness which led to being loved and gratified by the father. Another patient was terrified by his unconscious wish to be beaten, tormented, and castrated by a man, a wish which had given rise to a phobia that brought him to treatment. The author suggests that infantile factors may increase or diminish individual tendencies toward masochistic character formation, rather than act as a cause for the development of masochistic phenomena in later life.

The universality of masochism is based on the compulsion to repeat a state of primary masochism. Traumatic episodes invariably result in some degree of masochism in the child's psychic functioning. In practice, masochistic fantasies and character traits are always associated with sadistic ones. The term 'sado-masochistic' is more appropriate than 'masochistic'. Masochistic character traits and fantasies have a multiple function, and are multiply determined. This multiple function is best expressed in terms of co-existing tendencies of the ego, superego, and id, graphically illustrated by the author with a clinical example. Though there are similarities in the functions and genesis of masochistic traits and fantasies from case to case, there are also differences. Masochistic character traits and fantasies are a legacy of infantile sexual conflicts, principally of oedipal conflicts in most cases. They are thus related to the principal subjective dangers of early childhood, which typically are the dangers of losses of object and love, and of castration. The importance of each of these dangers as a motivation of defense is variable in each masochistic patient.

The analysis of masochistic character traits is no different in principle from any other character analysis. The special difficulties presented by such analysis lie in the handling of the sado-masochistic transference relationship and of the related negative therapeutic reaction. Two clinical excerpts are given to illustrate that a considerable degree of masochism does not necessarily preclude good therapeutic progress in analysis and that the degree of therapeutic success, or the rate of progress achieved in the analysis of a masochistic patient, is not simply a function of the severity of the patient's masochism. Like any other transference relationship which serves the function of resistance, a sado-masochistic transference may or may not be analyzable. If a suitably objective attitude is maintained and if the analyst persists in analyzing the patient's reactions rather than reacting to them in any other way, a successful result is attainable more often than appears to be generally recognized.

DISCUSSION: Two of the discussants, Dr. Leo Eidelberg and Dr. Isidor Bernstein took issue with the author's proposition that a certain degree of masochism is normal. Dr. Eidelberg emphasized that a person who reacts to the strictures of his superego is not a masochist. Sexualization of the superego interferes with normal self-criticism. The moral masochist enjoys the punishment, which has become a final aim, and thus he has no reason to improve, nor to be successful. The normal person accepts justifiable punishment from the superego and from the world and tries to change himself. Dr. Bernstein affirmed that normalcy indicates a less instinctualized relationship between the superego and the ego. He agreed with the nuclear importance of the oedipal conflict in the genesis of normal masochism, and added that masochistic behavior may be a defense against latent depression, due to early object loss. Negative therapeutic reactions in these patients represent their struggle against the emergence of the childhood depression. The author's comprehensive approach, he felt, might deter us from the continued search to determine specific pathogenicity for the development of the masochistic character.

Dr. Anita Bell observed that in development we have also to give attention to vicissitudes of drive, rather than view the problem solely from the point of view of structure. She agreed with the universality of masochism, but stressed that individual pregenital problems make necessary a certain degree of technical flexibility in working through these problems in the transference.

Dr. Victor Rosen disagreed that the negative therapeutic reaction is merely a variant of masochism when it is persistent, recurrent, and intractable. It represents rather a serious disturbance of reality testing. This, technically, has to be approached differently from the approach to masochism which is a secondary result of a hysterical symptom, or is part of an obsessional neurosis. Dr. Leo Spiegel expressed the opinion that the maneuvering of masochistic patients for concessions from the analyst is a response to the threatened emergence of genital wishes. This, he believes, is related to the sexualization of the superego and represents a kind of freezing of a certain intermediate aspect in the resolution of the oedipus complex. Dr. Simon Weyl offered a comment on one of the clinical examples presented in which a patient's alcoholism followed competition with the father. This represented, he believed, self-punishment, associated with the depression that was linked with the alcoholic bout.

Dr. Brenner, in answering the questions raised, expressed the opinion that unpleasure does not have to be self-provoked to be sexually gratifying to a masochist. Clinically, he felt, it is more valuable to emphasize similarities rather than differences, that is, if one views the differences as quantitative rather than qualitative. He noted also that since many analysts are of the opinion that masochism is a normal part of feminine psychic organization and functioning, then it is ubiquitous and applies as well to the male as to the female. He added that the negative therapeutic reactions that appear in masochistic patients are to be treated, and it should not be assumed that all negative therapeutic reactions are necessarily related to masochism.

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**MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK**

February 16, 1959. SOME TECHNICAL ASPECTS CONCERNING THE ANALYSIS OF OBSESSIVE-COMPULSIVE PATIENTS. William G. Niederland, M.D.

Many technical difficulties in the treatment of patients with severe obsessional neuroses are created by the copiousness of communication, the ruminative type of association, the meticulous and narrative mode of describing daily activities and of elaborating intellectually on them, as well as the sometimes rapidly emerging depressive or paranoid substructure for which the obsessional ritualistic system is a defense. Most of these difficulties are not insurmountable if we pay particular attention to the analysis of the transference, particularly the negative.

Three clinical examples are presented to illustrate these points. In each, the obsessional elaboration was interrupted by an interpretation of the patient's anxiety within the transference. In the third case the emergence of a paranoid delusional system *in statu nascendi* was interrupted and analyzed through interpretation of the transference, permitting successful continuation of the analysis to its conclusion by standard technique. In each case emphasis was placed on ferreting out and analyzing the negative transference. Another technical procedure, briefly discussed, and found particularly useful in some cases of obsessional neurosis, is the analysis of sounds (preverbal or nonverbal) emitted by the patient. A case is presented to illustrate the condensation of thoughts and feelings expressed in a single sound.

DISCUSSION: Dr. Arthur Sternberg felt that in the third case the remarkable recovery had been aided not only by ferreting out the negative transference but also by the active participation of the analyst, which had helped the patient's reality testing and secondary process thinking. Dr. Gustav Bychowski similarly felt that an admirable flexibility and active participation by the psychoanalyst had greatly aided the patient. He stressed that in cases of delusion-formation prior to the development of transference, parameters must be introduced. He added that the analysis of gestures and movements can have great value, as can the analysis of nonverbal sounds. Dr. Jan Frank pointed out that all psychoanalysis is, or should be, based on classical technique, but that Freud would have no objection to the introduction of parameters. He regarded the proper use of admonition, advice, pointing out reality, etc., as belonging to standard technique. In hard-driven obsessional patients, interpretation of the negative transference can precipitate the avalanche of schizophrenic decompensation. He felt that Dr. Niederland had very skilfully avoided making such an interpretation at a time of decompensation in the third case. Dr. Sylvan Keiser stressed that the value of the paper was its encouragement to sharpen and deepen our understanding of basic principles, and that it in no way opposed innovations or improvements.

In conclusion, Dr. Niederland stated that the interpretation of the patient's fear of an aggression from the analyst, prior to the interpretation of the patient's aggression toward the analyst (and the projection thereof), should not be considered a departure from standard technique, but an 'ego interpretation' preceding an 'id interpretation'.

RICHARD B. DROOZ

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At the Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY, held in Atlantic City on May 2 and 3, 1959, the following took office: Eric D. Wittkower, M.D., President; Morton F. Reiser, M.D., President-elect; Eugene Meyer, M.D., Secretary-Treasurer. Elected to Council positions were: George L. Engel, M.D., David A. Hamburg, M.D., and David R. Hawkins, M.D. The Seventeenth Annual Meeting of the American Psychosomatic Society will be held on March 26 and 27, 1960, in Montreal, Canada.