

## The Analytic Situation: Topographic Considerations

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## THE ANALYTIC SITUATION: TOPOGRAPHIC CONSIDERATIONS

BY BERTRAM D. LEWIN, M.D. (NEW YORK)

For psychoanalysts there are three ways of formulating a psychological event: the dynamic, the economic (quantitative), and the topographic. The dynamic point of view, which considers motives, is the one most familiar. Psychoanalysis is called a 'dynamic psychology', and semantically tempered and slightly vitiated psychoanalysis is sometimes called dynamic psychology. Yet, even simple courses in dynamic psychology do not stick to a purely dynamic point of view, for they introduce ideas of intensity and cathexis, that is, energy and quantity. Topography usually comes rather short in such treatment. Topography, etymology shows, is a matter of place and whereabouts. The word comes from the Greek *topos*, which means place, which itself is compounded of two words *to* *pos*, 'the where'. In psychoanalytic explanations at different stages of development of the science, the 'places' that came into consideration were 1, in older theory, the systems conscious, preconscious, and unconscious; later 2, the id, the ego, and the superego. If then in a so-called dynamic psychology we introduce the idea of cathexis and of systems graded according to accessibility to consciousness, and if we use the id-ego-superego terminology, the 'dynamic' psychology actually becomes economic and topographic psychology too.

By topographic consideration, we mean that we are answering the question, Where?. Is an idea 'in' the conscious system or in the unconscious? Does an impulse 'arise' in the id, the ego, or the superego? And so on. If something is 'in' something else we are thinking spatially and can draw a diagram. Two familiar diagrams exist: the id-ego one, and the 'psychic apparatus' diagram in Chapter VII of *The Interpretation of Dreams*. Despite

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The first Lewis B. Hill Lecture of the Baltimore Psychoanalytic Society and Institute, February 7, 1959.

their simplicity, they have been used to demonstrate rather complex situations. It has long been evident that the id-ego diagram was modeled on those used in studies on aphasia. Freud's comparisons of the cerebral cortex and consciousness, of the little upside-down man along the fissure of Rolando and the bodily ego, etc., bring this home to readers. The picture of the superego in the diagram is like the *Hörkappe* in the aphasia scheme.

Freud tells us that the 'psychic apparatus' is modeled on an optical instrument—logically, for it is supposed to produce a 'dream picture'. A wish travels like a ray of light through a medium of memory traces. A moment's reflection tells us that a dream is necessarily made up completely of memory traces, even though some may be very recent and all immediate external stimuli or perceptions get turned into dream thoughts and dream images made up of memories.

Dreams can therefore be represented by another, simpler, diagram which would disregard some of the considerations detailed in Chapter VII. A dream can be represented, if one wishes, by a circle in which every point or element represents a *memory trace*. This corresponds to the familiar mathematical idea of a *set*; in this simple representation the dream is a *set*, the individual memory an *element*.

Mathematics defines a set *M* as 'a collection into a whole of definite well-distinguished objects, called the elements of *M*, of our perception or of our thoughts. . . . For example, the prime numbers between 1 and 100 constitute a set of 25 elements; the vertices of a square, a set of four elements; the points of a circle, a set of infinitely many elements. For a set, the order of succession of its elements shall not matter, provided that nothing is said to the contrary.'<sup>1</sup>

In an analogous way we may, if we wish, disregard the structural lines in the id-ego diagram and arrive at a simpler (circular) diagram, the elements of which have already been given the name in German of *Triebrepräsenzen*, that is, 'instinct representations'. These are ideas which represent instinct activi-

<sup>1</sup> Kramke, E.: *Theory of Sets*. New York: Dover Publications, Inc. 1950.

ties, and the simplified diagram is again a set of such elements. This leaves out much that is useful to us, but it is theoretically possible. It becomes static rather than dynamic.

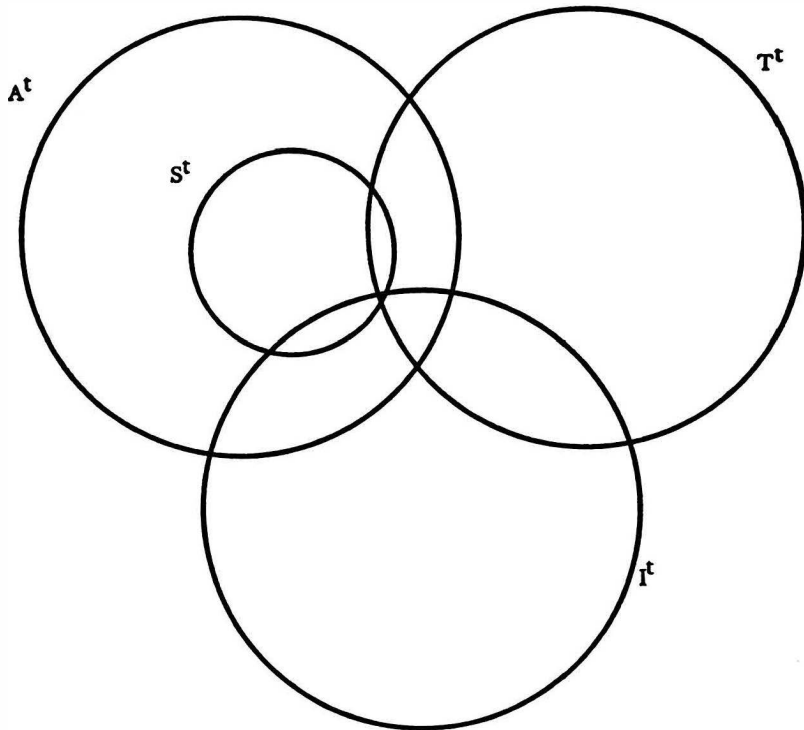
The few propositions from set-theory to be introduced here are very simple. Let us consider now the analytic situation. This can be defined loosely but adequately enough as what goes on 'on the couch', and its elements are well known. They are called, whether verbal or not, 'free associations'. Without realizing it, Ferenczi and Rank<sup>2</sup> have put us in the way of diagramming the analytic situation. They classify the ideas that arise on the couch into three categories, speaking of the corresponding situations: 1, the actual situation, 2, the transference situation, and 3, the infantile situation. At any given moment the analysand, directly or by interpretative inference, is thinking about what is going on currently in his environment, or about the psychoanalyst and their relationship, or about something in the past, especially in his infancy.

These terms are useful and widely employed. Apparently they are derived from *The Interpretation of Dreams*, not from Chapter VII but from preceding chapters where Freud lists the sources of dream thoughts: recent material including the 'day residues'—that is, the 'actual situation'—, ideas that come from the past, and, during the psychoanalytic procedure, to these would naturally be added the ideas specifically referring to the transference situation.

In accord with this, the total analytic situation shown in Figure 1 is represented by three intersecting circles: A the actual situation, T the transference situation, and I the infantile situation. These are not 'deep' terms theoretically, nor is this a deep theoretical diagram. The terms were introduced pragmatically; they arose from everyday psychoanalytic practice because they conveniently describe and classify the associations and events on the couch. At this level, classification is not 'depth psychology'.

<sup>2</sup> Ferenczi, Sandor and Rank, Otto: *The Development of Psychoanalysis*. New York and Washington: Nervous & Mental Disease Publishing Co., 1925.

Figure 1. The Analytic Situation



Legend: A, actual situation. T, transference situation.  
I, infantile situation. S, school situation.

The superscript "t" indicates that there is also a time-dimension,  
and that the diagram is a 'cross-section' in time.

Despite my use of their terminology I dissociate myself, through the 'intersections', from Rank's assumptions concerning the three classes of associations. Rank assumed that every element in an hour's associations without exception contained three references, one to each of the three categories, and he rather strained himself to prove that the Wolf-man's infantile

dream included references to Freud's consultation room—that the arrangement of the animals on the tree was derived from the arrangement of photographs hanging on the wall, that the window in the dream was the window in Freud's office, etc. Hence I suppose Rank would insist that there were not intersecting circles but that the three coincided. This seems too extreme and dubious to me and to most readers of Rank, but in diagramming we may make whichever assumption we find most useful. The assumption of intersecting circles enables us to make more useful diagrams.

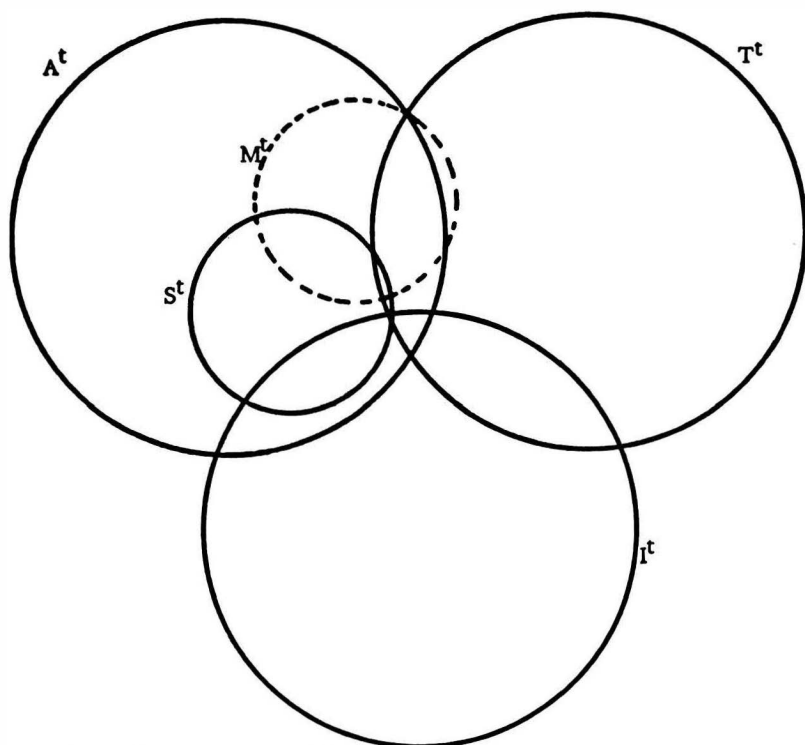
To show how one may use the diagram of Figure 1, I choose a familiar situation, namely, the school situation of the student in a psychoanalytic institute, represented in Figure 1 by the small broken circle marked S. The school situation is certainly part of the student-analysand's current or actual situation, as much so, say, as his domestic situation is part of his everyday life. In the present context then we represent by the small circle S, entirely within the larger circle A, that part of the actual situation which is the school situation and we call this the 'subset S in A'. Though entirely within A, it is shown in the figure as located in a part of A which cuts the other two sets, T and I, the transference and infantile situations, and for an obvious reason. For all ideas and associations and behavior refer to the fact that the student *is* a student and that he is in a school, or that he is in a student-teacher relation with his personal analyst, or that he was a schoolboy, and the like belong together.

There is a mathematical analogue to the singling out of the school situation in this way and differentiating it within the larger model. What we do here is called in set theory 'systematic definition', of which the simplest example would be the subset of even numbers within the larger set of all the ordinary natural numbers or integers. The systematic definition here is 'divisible by two', and this systematically defined subset of even integers would itself intersect other systematically defined subsets, such as the square numbers, which include some even numbers. The

subset S would quite analogously intersect with other subsets of its own kind.

For example (Figure 2), let another circle or subset in the actual situation be called—that is, systematically defined as—M, the money situation. The element ‘paying for institute courses’ would then be located in both S and M, and the intersection of S and M would contain this elemental event. I may use this simple example to demonstrate the meaning of the superscript ‘t’ in the diagram. The ‘t’ means there is a time dimension, which in turn means the following: as time goes on, the diagram

Figure 2. The Analytic Situation



Legends as before and M, money situation.

and the intersectional and general positional relationships change. As given, the diagram is general. The 't' is a variable, and if you drew a diagram for the first hour of treatment, another for the second, and so on to the 'nth' or last hour, you could indicate this by writing  $t_0, t_1, t_2, \dots t_n$  in the consecutive diagrams and you could build up a sort of three-dimensional snakelike figure. Or if you wished and thought it expedient, the 't' series could stand for the minutes in the same hour and you could build up a similar snake out of the fifty cross-sections. Here we shall consider that 't' refers to hours.

Suppose it is October 2 and that on October 1 the student received his first bill for the sessions. If October 2 is his 15th session, the proper designations on the diagram are:  $A^{t_{15}}, T^{t_{15}}, I^{t_{15}}$ , and, because of the bill,  $M^{t_{15}}$  could be the locus of many associations and probably  $M^{t_{15}}$  would have a large intersection with  $T^{t_{15}}$ . Many associations concerning the matter of paying the analyst should create this overlap. A week or so later M might conceivably not cut the T set; that is, on  $t = t_{22}$  the money associations might relate predominantly to domestic expenses or to other actual topics. Some other day, perhaps through constipation and the like, the money subset M would intersect more with the set I, the infantile situation.

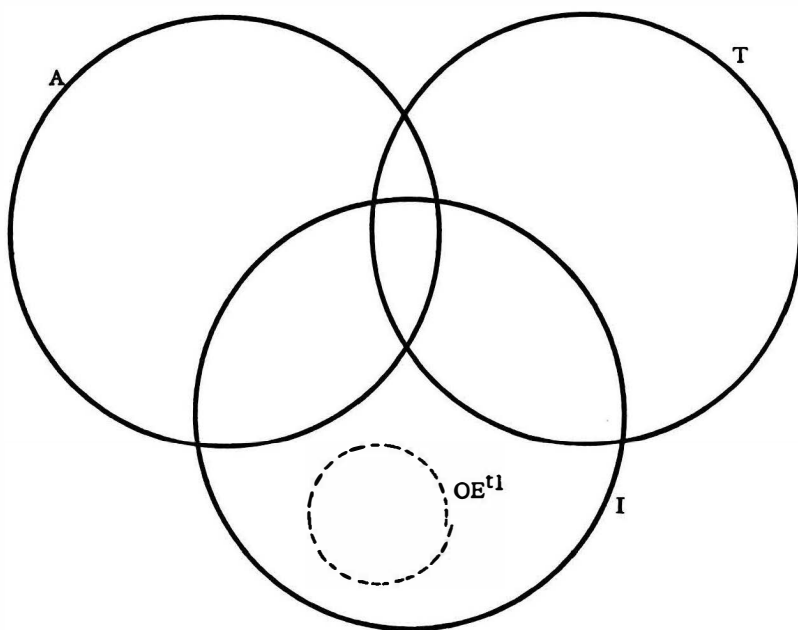
All these pictures and parodies have a point only if they clarify the student or the money problem. The most important idea in all this is the 'systematic definition' of the subsituation, which implies that there is good reason for supplying it with a name and that this reason is a pragmatic one. The idea of a defined system is like the old analytic idea of a 'complex', which presupposed a valid reason for combining certain ideas as elements. It is a heuristic construction (not a 'deep' one!) which helps the analyst organize his thoughts about analytic material. Freud's difference with Jung concerning the Electra complex was not over the existence of infantile femininity, but about the usefulness of the naming—more precisely, whether the name need be introduced as an *auxiliary* construction, like the dotted lines in a geometry problem. The terms *œdipus complex* and



castration complex have survived as denotations for auxiliary conceptual theorems when they are used in the solution of clinical or dream problems.

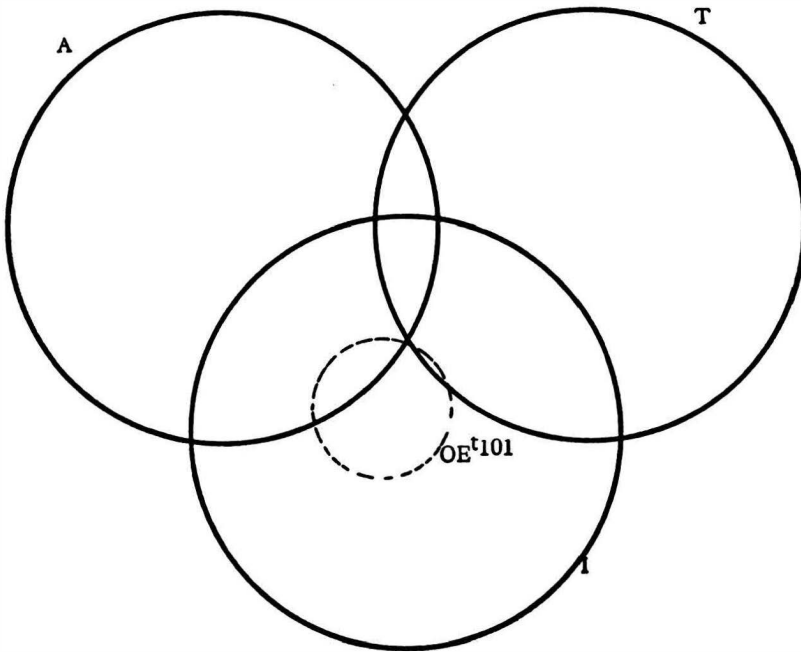
Figures 3 and 4 are diagrams of the analytic situation that show the position of such an unconscious complex. It is located by definition completely in I, the infantile situation; that is, OE is a subset of I. It is known too that associations connected with, say, the œdipus complex are also found which are at the same time elements of the actual or the transference situations. Hence in drawing in the subset OE in I, on some days it will be placed in the part of I which intersects one or both of the other sets A and T. From a geometrical point of view, the œdipus

Figure 3. Analytic Situation and OEdipus Complex



Legend as before, and OE, oedipus complex.  $t = t_1$  indicates the first analytic hour.

Figure 4. Analytic Situation and OEdipus Complex



Legends as before.  $t_{101}$  indicates the 101st hour of the analysis.

complex OE is represented by the same sort of circle as the student situation S, and for the same reason. It can be systematically defined as a subset, every one of its elements referring to this particular infantile situation.

The same applies to the other infantile situation that we term the castration complex. It too is mapped as lying entirely within the set I but with some elements in T and A, that is, in the intersections. Like the subsets S and M, it also may be given a superscript 't' to indicate a time dimension, and its position in the total analytic situation (the three circles of the diagram)

will differ from hour to hour, from minute to minute perhaps, etc. In one hour, presumably an early one in the analysis, say  $t = t_1$ , it will lie entirely in I. Later, at say  $t = t_{101}$ , it could lie entirely in the intersection of I and T. Worthy of remark is that just as the school situation can never completely leave A until graduation, and even when S is in T, it must still lie in the intersection, so the œdipus complex must always be located in I, and when it is 'in the transference' it too must be located in the intersection of I and T.

The phrase '*in the transference*' is such a natural and everyday phrase that it may not have struck one as a topographic formulation. The diagramming of the subsets within the three large sets points up this fact, for if we say something is in the transference now, whether it has entered from A or from I, we are giving an answer to the question, Where?, that is, a place or *topos*.

The term, 'dynamic interpretation', means that the motives behind a set of associations can be stated and the wishes or instincts specified. The statement that someone has incestuous intentions is such a dynamic interpretation. Now, it is generally appreciated, even when the designation is not used, that for such an interpretation to hit the mark it must also be topographically correct. A story which was told by the late Géza Róheim will bring this out.

In a remote island, a famous anthropologist sat reading a copy of Totem and Taboo, just sent him from Europe, learning to his amazement that 'every man wants to have sexual intercourse with his mother'. An exciting idea that demanded validation! So, clapping his hands he shouted to the nearest tribesman saying (in approximate translation), 'Hey, boy! Do you want to consummate the sexual act with your mother?' The man's face broke into a grin and he laughed and answered, 'Oh no! She's too old.' Here we have a dynamic interpretation that somehow missed fire because of a mistake about topography. Freud had placed the œdipus complex in the set I; the anthropologist unwittingly and the Pacific islander wittingly had

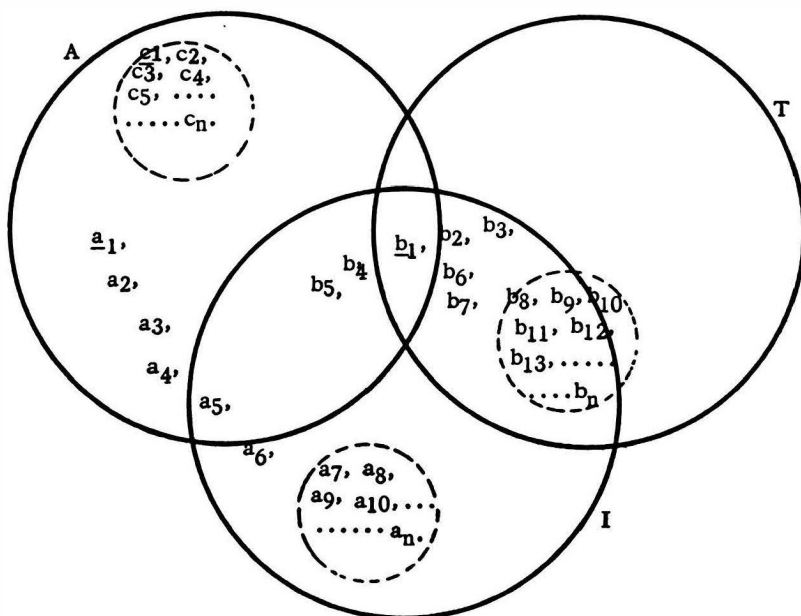
placed it in set A, and so the interpretation failed. Though it was dynamically correct, as understood and given it was topographically wrong. The story illustrates how false topography, falling in the general category of displacement, may be used as a defense and a resistance.

The practicing analyst knows many comparable situations from experience. The sophisticated student-psychiatrist is not shocked any more by the idea of unconscious incestuous and parricidal wishes, but he may blanch and tremble when he knocks over his analyst's ash tray, for that little 'transference acting-out' has intensity and a correlated sense of reality. Many persons thus discover in their analysis the proper topography of their unconscious wishes.

To return to the S subset, that of the student and school, let us suppose a resistance arises in the course of a training analysis. A student-analysand, with no previous difficulty of this kind, one day finds himself unable to understand any interpretation his analyst gives him. To enter for the moment the territory of clinical nosological terminology, he has developed a pseudo imbecility. The infantile roots for this are discovered and so are the transference purposes. Still, nothing changes. Then somehow he comes upon the idea that he has just started his first course of lectures in the psychoanalytic institute and that he is repeating some of his early experiences in elementary school—in other words, he has a school problem. He has made a topographic discovery. He has located the symptom. The 'associations' represented by it are, he sees, in the subset S and in the part of A that is intersected by the sets I and T.

Suppose that the analyst had not understood the resistance and had come up with the idea that this was simply a stupid fellow, and suppose that the same idea occurred to the student's supervisors and other teachers. They would then have misplaced the phenomena topographically. The stupidity would have been located in A, not specifically in S, and perhaps only after the analysand had ceased to be a student would he find that his intellectual inhibition was a result of its location. A subsequent

Figure 5. Types of Dream Associations.



Elements of all three subsets are associations. In subset a, associations start from a recent element, in b from an 'intense' element, in c the associations remain in the 'from above' category.

Small broken circles at the end of the train of associations ( $k_n$ ) represent ( $\dots a_n$ ) an infantile complex, ( $\dots b_n$ ) a transference fantasy, ( $\dots c_n$ ) a theme near waking thoughts, like Kekulé's dream and the benzene-ring associations.

analysis undertaken outside the school environment would be free of the annoying resistance. Experiences of this sort have been reported by Gitelson.<sup>3</sup> An analysand's statement was that his first analysis was used to 'get him through school', while the postgraduate analysis was for himself.

The circumscription of one part of the analytic situation as subset S, school situation, has a suggestive value, for it reminds

<sup>3</sup> Gitelson, Maxwell: *Therapeutic Problems in the Analysis of the 'Normal' Candidate*. Int. J. Psa., XXXV, 1954, Part 2.

us of many constant and particular things that we know about schools and school problems: reaction to school routines, to classrooms and classmates, to tests and examinations, etc. A particular feature of the psychoanalytic school situation is the heaping on to it of all blame for the long educational careers of present-day students.

The diagram also suggests that there may be other standard subset situations which can be systematically defined and studied intensively. Dr. Isakower, examining the diagrams, remarked that the situation of the low-fee clinic patient, which includes relatively specific features, would also be representable by a subset. It is indeed well known that Freud's advice concerning certain arrangements between analyst and patient referred to private practice and are difficult to establish when patients come through a clinic. The knowledge that they are low-fee patients, that their analysts are students and are 'being supervised', and the various effects of this social and economic position are relatively constant elements. Not recognized as such topographically, they can be misunderstood.

Figure 5 uses the three-circle or so-called Venn's diagram not for the analytic situation but for the representation of dream interpretation. During analysis, dream associations too arise either from A, T, or I. Indeed, as I remarked, it is probable that Rank and Ferenczi divided the analytic situation as they did by analogy with the dream.

Let us then call the diagram dream associations (not the manifest content!) and use it to illustrate Freud's advice concerning the analysis of dreams during analysis (Figure 5). He tells us one way to start is to select an element in the manifest content which is clearly connected with an event of the previous day or to ask the analysand to choose one of this sort as a starting point for his associations. In this case we should obtain the series  $\underline{a}$  in Figure 5. The first association  $\underline{a}_1$  is chosen because it is in the actual situation. Those that follow in the diagram,  $\underline{a}_2, \underline{a}_3, \dots, \underline{a}_n$ , are (arbitrarily) shown as leading to an infantile 'complex', where there should be many related associations. The

$\underline{a}$ 's form a subset, since they can be systematically defined as the 'associations that begin with  $\underline{a}_1$ '.

Another piece of advice given by Freud is to start the train of free associations from an element in the manifest content which is intense or striking, such as the most vivid element in the dream. This intensity is regarded as a sign of an accumulation of cathexis on the element; in other words, one may assume that the (manifest-dream) element is a condensation linked with memory traces from various parts of the psychic apparatus. In the diagram, this is shown as a series of associations leading off from  $\underline{b}_1$ . Here in a way, 'Rank's assumption' comes into its own in a special application, for it is assumed for the elements in the conjoint intersection of all three sets, A, T, and I, that they have acquired the cathexis from all three situations. Hence, each element, like  $\underline{b}_1$ , of the three-way intersection are 'Rankian' and stand for ideas in three sets. The diagram therefore shows the subsequent associations,  $b_2, b_3, \dots, b_n$ , as radiating from the first manifest element  $\underline{b}_1$  in three directions. After the train of thought goes out a certain way, the original  $\underline{b}_1$  is picked up again and a new train is started.

The  $\underline{c}$  associations belong to the thoughts which occur when one is associating in a way Freud characterized by the words '*vom oben*'. The starting point  $\underline{c}_1$  is an element in the manifest dream content, but all the associations  $c_2, c_3, \dots, c_n$ , are of the kind which have been called anagogic. The associations do not go deeply into the individual's life; they use the dream text as if it were a fable from which to draw a lesson. In this ancient tradition dreams are treated as messages or revelations. Freud has remarked that when dreams make this kind of sense they consist of ideas which the dreamer might just as well have entertained while he was awake for they are very near to consciousness. The famous dreams of Descartes, Kekulé, and Otto Loewi are also in this category.<sup>4</sup>

<sup>4</sup> Lewin, Bertram D.: *Dreams and the Uses of Regression*. New York: International Universities Press, 1958. (Freud Anniversary Lecture Series of the New York Psychoanalytic Institute.)

A more experienced mathematician might, I think, make more profound use of the diagrammatic method of presentation, might for example see other inferences to be made from the representation of other empirically grounded phenomena and procedures. A diagram can often be applied unexpectedly to phenomena for which it was not specifically constructed.

I should like to say a good word for the idea of 'systematic definition'. For me, this places such concepts as the student situation or the clinic-patient situation at a certain level of abstraction, one very near the empirical and pragmatic, and suggests that others of a like nature will be found that are worth systematizing and defining. It is also interesting that just as these can be considered subsets of the actual situation, with important technical intersections, so the obsolescent idea of 'complex' may be represented as a subset of the infantile situation. Again, it is possible that the idea of intensity, so far as this depends on displacement and condensation (topographic ideas), may be representable graphically in terms of intersections common to several sets. Chains of associations such as those represented in the series a, b, c of Figure 5 suggest that other phenomena in the analytic process or analytic theory may yield to ideas concerning ordered sets. Though such diagrams as these are static, once 'time' is taken into account a number of time-ordered serial sections come to approximate a dynamic continuum.

Meanwhile, this sort of mathematical presentation seems to me to have, besides entertainment, considerable value as a teaching device and as a semantic and conceptual clarifier.



## A Primal Horde Dream

Mortimer Ostow

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## A PRIMAL HORDE DREAM

BY MORTIMER OSTOW, M.D., MED.SC.D. (RIVERDALE, NEW YORK)

The following is the dream of a twenty-five-year-old Jew, three and a half weeks before his wedding.

I was in a large forest. It was fantastic looking. A bunch of us were camping out. We all had rifles. Suddenly a moose came walking into view in the distance. He had an unusually long set of horns. We all take aim and fire. It falls down. We skin it, cut it up—cut venison and eat it. Then we heard the sound of an axe. Someone was chopping down trees, left and right. What would be left of this magnificent forest? He came into our section. He was very large. We asked why he was chopping down the trees. He said that he hates trees and likes to chop them down. We asked whether he uses the wood. No, he just feels like chopping. The group was a mixed bunch of people, from school, from business, from camp, and so on. A guy from school said, 'If you chop down any more trees, I'll kill you'. This guy threw his axe at him. He ducks. The axe hit a tree and the tree falls down. This guy gets out his gun and shoots the wood chopper. All the people on the hunting expedition were Jewish.

His first thought, after relating the dream, was that the day before he had been laughing about all the city officials who were being forced to give up their limousines. Then he asked: 'Most Jews don't go hunting, do they? Why is that? Do they hold any animals sacred?'

[Who was the wood chopper?] 'A Nordic looking type; he looked like my friend S. I was planning to have dinner with him tonight in Yorkville (a neighborhood inhabited principally by people of German extraction). I enjoy German food; I don't know why. I ate venison in Germany twice, and once in Luchow's (a local German restaurant). Venison doesn't do anything to my stomach—no gas. I hardly ever eat salami because it makes me belch.' [Why do you dream about a moose?] 'I

laughed at a waiter yesterday because he didn't know what chocolate mousse was. I don't seem to be interested in this dream.'

The patient had been brought to analysis by his parents at the age of sixteen because he stammered and because he had secretly and systematically cut classes in one of his courses at school. After a year and a half of adolescent analysis the boy finished high school and, against my advice, decided to go to college in the Midwest. There he neglected his studies, was socially popular, and became seriously depressed. He failed in most of his courses, and at the end of the school year returned home and to analysis.

In the first part of this second period of analysis he was preoccupied with his desire to marry a non-Jewish girl, the daughter of a janitor. His parents were deeply troubled but he was scornful of their opposition. He left her when he discovered that she had been having an affair with another young man. After flirtations and affairs with other non-Jewish girls, both above and below him in social status, he was finally able to bring himself to court and win a girl acceptable in every way to his parents.

During the five years of the second period, his analysis progressed very slowly. As the manifestations of his competitive, sadistic hostility toward his father were recognized, they were suppressed but never well analyzed. The patient could not utilize his analysis for acquiring understanding. It served for him as a source of nourishing gratification and a means of warding off a relapse into melancholia. His sadistic competitiveness with his father he projected onto the latter, and he became so timid that he was unable to take any initiative in the work he did in his father's business. He was, in fact, a pleasant, friendly but ineffectual son of an active, ambitious, successful father. His timidity, his shortness of stature, his stammering, his failures at school all conspired to keep his self-esteem at a low level, and he lived a life of quiet bitterness and

disappointment in himself. Behind these feelings of inadequacy was his concern about his genital functioning.

At the time the dream occurred the patient was confronted with the following challenges. First, his fiancée had demanded that he terminate his analysis; neither he nor his parents were able to dissuade her and she finally shamed him into terminating it, though with tacit reservations. Second, he felt called upon to show more initiative and responsibility at work. Third, he had to obtain and furnish an apartment and to devise a budget within his means. Fourth, he was clearly worried about the adequacy of his sexual performance, though he stated that in their premarital relations he was more than adequate. In facing these problems he was, in turn, overconfident and timorous. The night previous to the dream he had had a dream which was interpreted as representing a wish to witness and intrude upon parental intercourse, and anxiety that the violence would become uncontrollable which he resolved by replacing his father, thus arresting the intercourse. In this defense the repressed wish to replace father sexually returns from the unconscious.

Let me elucidate some of the allusions in the dream and in the associations.

*A bunch of us.* This patient was an only child. He was openly resentful about being deprived by his parents of the companionship of siblings. In many of his dreams he was one of a large group of friends, and in his behavior his most persistent efforts were directed toward the acquisition of numbers of friends and admirers. He would hold them by offering affection, loyalty, and even money. He was prone to oppose his friends to his parents, being unduly appreciative of the former and unduly critical of the latter. It is this group of his contemporaries in the dream that represents the primal horde. On a number of occasions it appeared that his coeval companions were, in fantasy, reproductions of himself. These reproductions were created by his impregnating his mother, or other women who

probably represented his mother. His genital worries at puberty were not only about erectile and ejaculatory potency but also about his fertility.

*The moose.* He had had a phobia of large animals in childhood. He was frightened especially by motion pictures of dinosaurs and other fantastic prehistoric monsters. These represented the father, who was taller than the patient. The wood chopper too was very large. During the past several years the phobia had been quiescent because the patient was operating in a state of relatively low ego libido content. With the approaching marriage the level of ego libido increased and there had been some slight recurrence of the phobia.

*We skin it, cut it up, and eat it.* The patient's sadism was primarily oral. His first complaint had been of stammering. He had a sharp, nasty tongue, was prone to laugh at others, and had a mannerism which consisted of noisy biting and chewing.

*The sound of an axe.* Many of the patient's instinctual cues were auditory. He was easily startled and disturbed by sounds, and sounds often appeared in his dreams as indications of parental intercourse. By sublimation his auditory predilections had served to make him a self-taught but competent expert in recorded music. In the years of analysis there had been no conscious confirmation of repeated interpretive reconstructions that the sounds in many of his dreams were representations of the sounds of parental intercourse. He could acknowledge listening only to sounds of his parents' quarreling.

*He just feels like chopping.* The implication here is that the hunters threaten the wood chopper because the latter is destructive and sadistic. Having killed the moose and eaten it, they can condemn someone who destroys without purpose. This hypocrisy characterized moods of righteous indignation in which the patient often indulged.

*The people were Jewish.* This and the associations relating to Jews and Germans are central issues. The patient, at the age of five, had escaped from the Nazis who had overrun his native Poland and in the escape had suffered a number of harrowing

experiences, such as being strafed by a low-flying plane while riding in a hay wagon packed with other refugees, spending long nights in bomb shelters and railroad stations, and traveling from city to city making precarious travel connections. In this journey, which occupied almost a year, the patient traveled with his mother while the father went by another route and rejoined them later. There was a family story that the patient's non-Jewish nurse had been the friend of a Nazi who facilitated their escape.

When the family arrived in this country the boy was disappointed that he could not communicate with other children. He then set out to become more American than his parents and he never tired of disparaging them and their Polish friends. The parents were not especially observant in religious matters, but they were positive Jews. The boy's ambivalence toward his father often expressed itself in ambivalence toward Jews and in a tendency to associate with non-Jews and, as we have seen, to seek to marry non-Jewish girls.

*I was laughing yesterday.* The patient often expressed his bitter disappointment in himself and his resentment toward his successful father by mocking and laughing at others, especially his parents and their friends. Conversely he was most afraid of being laughed at. Notice that his association to the moose was laughing at the ignorant waiter. I have toyed with the notion that laughter is the human rudiment of what Lorenz (4) has called the 'triumph reaction', a stereotyped pattern which the animal exhibits after an intraspecific victory.

*Most Jews don't go hunting.* The patient knew very well that hunting is traditionally eschewed by Jews. He also knew that it was he, the Jew, who was hunted by the Nazis, and pursued and beaten by non-Jewish children in New York on his way home from Hebrew school.

*A Nordic looking type.* The sadistic father appears again in the dream, this time as a Nazi. The patient intends to share this meal with the Nazi father, his friend, S, and in so doing to become more Nazi himself, eating venison which he associates only

with Germans. Venison does not upset his stomach, while salami, a food commonly served in his home, does.

*I don't seem to be interested in this dream.* The patient knows that this dream touches his animal phobia, his sadism, his anger with his father, his identification with Nazis, and his ambivalence toward Jews including the analyst, and so he wishes to avoid analyzing it.

The dream quite evidently deals with the patient's father complex. He kills his father and consumes his father's flesh. By so doing he too becomes a powerful, sadistic, ruthless Nazi who does not shrink from hunting and killing. He had often said that he wished he could be unscrupulous. He moreover acquires an impressive set of genitals, beautiful and massive in appearance, appallingly powerful and lethal. In primitive animal sacrifice the skin, horns, or a mask of the slain animal were donned by the worshipper (7). In this way the patient becomes able to meet his challenges: first, by identifying with father and analyst he can dispense with further analysis; second, by virtue of the same identification he becomes a successful business man; third, he becomes financially and sexually potent so that he need have no fears of his approaching marriage.

The defenses against his cannibalistic wishes should be noted. The killer is anonymous. All of the members of the hunting party shot, but whose shot killed is not evident. The wood chopper is killed by an unknown person. As noted the other members of the horde are reproductions of himself. The defense, then, lies in the regenerative splitting of the self-image, in which the repudiated fragment of the self seems to have become dissociated and different from the observing self (2, 6). It is like the child who defends itself against an accusation by saying, 'It wasn't I, it was my hand'; or, more humorously, 'It was my shadow'. The patient's sadism is projected onto the father: not he, the patient, is a wanton murderer, the giant wood chopper is. Finally, the second killing is performed in self-defense.

I surmise that it was the patient's hesitance to achieve this

father identification heretofore which kept him timid and inactive. He hesitated to achieve it because the identification could take place only by means of the fantasy of cannibalistic incorporation. The anticipatory guilt and low self-esteem kept ego libido at a low level so there was no ambition and little activity. His interests were shallow and determined solely by the craving for substitutive gratification of a nourishing kind—superficial friendships with people who flattered him, occasional drinking to excess, long hours of solitary listening to music. Now the small successes he did obtain, the encouragement of his fiancée, his parents and friends, the challenge of the approaching marriage, and, at least to some extent, the analysis all combined to encourage him once more to essay the transition from passivity and inertia to active manliness; however, this was not an unmixed blessing. First, it is not unlikely that since the guilt for this step is not resolved, but merely deferred, it may ultimately crush him once more. Second, the hostile identification with the father, if I judge correctly from his past experience and from our failure to analyze it well, will not rest content with the sublimations of business and marital success but will eventuate in naked, excessive challenges and provocations directed against the father and others. Third, the patient's identification with a sadistic image of the father will tend to encourage a sadistic attitude toward his wife. A fourth, related threat to the marriage lies in the tendency toward sexual infidelity because of his resentment of his mother for not favoring him over his father, at least not consistently (he had spent almost a year traveling alone with her from the age of five and then had had to relinquish her when the father rejoined them); also because of his œdipal guilt. For these reasons, although the analysis terminated on a symptomatic upswing, further difficulty might well be anticipated.

Many of the meaningful elements of the dream remain unelucidated, but the exigencies of the analysis precluded further work with this dream. What, for example, is the meaning of the forest and of the chopping? Is the latter an act of castration,



or is it a rape of the mother which the patient witnesses? The patient's attitude toward his mother and other women was consistently sadistic, and in adolescence he was given to 'mashing', that is, vigorously jostling women in trains, buses, and elevators. Or is it both? What determined the selection of the moose as the representative of the father in the dream? And so on.

### DISCUSSION

Drawing upon his readings in the history of religion, especially Robertson Smith's (7) account of animal sacrifice, upon Darwin's (1) theory of the primal horde, and upon his own clinical observations, Freud (2) proposed that in man's prehistory a significant event took place which shaped the family, community, and religious life of mankind thereafter. Robertson Smith's study of ancient Semitic religions persuaded him that the act of animal sacrifice was an act in which the worshippers, as a group sharing communal responsibility, killed and consumed the totem animal who represented or *was* the god. By eating him alive or almost alive, the worshippers acquired his power. The guilt for this murder of the god is expiated in a ritual way, and the consumption of the sacrificial animal is the occasion for a festival. Darwin proposed, on the basis of his observations and those of others of the life of the higher anthropoids, that in primitive states men traveled in groups or 'hordes', consisting of a father, one or more maternal females, and a group of young. Freud had observed clinically that the animal which the phobic child feared represented the father and, following Abraham, that in the event of object loss the individual wishes unconsciously to retrieve the lost object by eating him and so identifying with him.

Relying upon these several sources, Freud proposed the hypothesis that early man existed in those father-centered hordes suggested by Darwin. Prototypically there came a time in each such horde when the brothers banded together, slew the father, and, in a magical effort to identify with him, consumed his flesh.

To prevent internecine strife all the women of the horde were declared taboo. Having consumed the father, the brothers were overcome with remorse, and found him once more represented by an animal who became the sacred, totem animal of the group. Once a year the brothers renewed the bond with the father by means of a ritual killing and consumption of the totem animal. The ritual provides for communal guilt for the murder so that no individual is held responsible, and for magical expiation and mourning. The mourning rites having been completed, the brothers feasted on the carcass and left the feast with renewed vitality.

My patient's dream is presented because it illustrates, in both manifest and latent content, several features of Freud's conjecture. We see the horde in the forest, the totem animal, the slaughter performed with avoidance of individual responsibility, the eating of the freshly killed flesh. The father appears in two versions, as a giant and as an animal. It was common in religions in which the anthropomorphic god had replaced the animal god to find both represented together as companions, as substitutes, or with the former killing the latter. In the course of eating, the son acquires the strength and sadism of the father and can then do without him. When the dream was first recited to me, I had the impression that the sound of the axe in the forest ominously foreshadowed retribution for the totem murder. It would have been characteristic of this patient to cower before the giant. Presumably the consumption of the father's flesh, and the collective anonymity, gave him courage to challenge and kill the avenging revenant.

It is instructive to compare this dream with the dream of father murder described by Nunberg (5). In both cases we find the father represented by or associated with an animal; in both dreams the brothers band together but it is the dreamer's brother, not the dreamer, who is the actual murderer; eating the body of the victim is represented in both instances.

The patient related the dream to his religion by specifying that the members of the horde consisted of only the Jews of his

acquaintance, and by asking why Jews do not hunt and whether they have sacred animals. One is reminded here of Freud's suggestion in *Totem and Taboo*, and in *Moses and Monotheism*, that the theme of father murder, and guilt therefor, runs through Biblical Judaism; and that Christ saved his adherents from retribution by allowing himself to be killed. My patient, suffering guilt for murderous wishes toward his father, often entertained unconscious fantasies that he would expiate his guilt by dying, then being reborn as the Christ, the story of whose resurrection fascinated him. Shortly before the dream reported here the patient had had a dream which indicated that his child would be Christ. Freud noted that by expiating the murder of the father with his own death, Christ ultimately supplanted the father god (return of the repressed). One of the roots of Christian anti-Semitism, said Freud, is the Christian's resentment that the Jews will not let them forget the guilt for the patricide.

The incest theme implicit in the context of this dream has no representation in the manifest content nor in the associations to it. The only possible referents are the suggestive relation between the sounds of threatening retribution and the primal scene, and the fact that no women appear in the dream. The taboo against incest and the exclusion of the women follow the patricide to prevent fratricide.

The occurrence of such a complex fantasy in so stereotyped a form reveals once more the powerful constitutional component of unconscious determining fantasies. Encountering the father complex, the son responds with a predetermined fantasy, portions of which become visible to the analyst as they escape repression into dream, sublimation, acting out, or neurotic symptom. Freud went further and proposed that the fantasy became a portion of each individual's constitutional endowment by virtue of the fact that at an early stage of human prehistory such events occurred. Although he was aware of the difficulties standing in the way of this theory he preferred it to the theory that if these events did occur any time in the history of man-

kind it was because of constitutionally provided, determining fantasies.

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## A Study of a Perversion and an Attendant Character Disorder

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## A STUDY OF A PERVERSION AND AN ATTENDANT CHARACTER DISORDER

BY Z. ALEXANDER AARONS, M.D. (BERKELEY, CALIFORNIA)

A patient presenting himself for treatment as a Ph.D. from a foreign university was practicing psychotherapy and had ambitions to become a lay analyst. The training he had was questionable and his connections were with dubious 'analytic' groups. He stated that he had been in analysis with a well-known psychiatrist who had recently died. He wanted to return to graduate school to obtain a degree in psychology because his doctorate was in a nonrelated field. He was afraid of returning to school because he was unsure of his ability to pass examinations as the result of a 'writing block'. This proved to mean that he could not write anything that was his own. Whenever he had to do any writing, he plagiarized, and at school he had 'copied' from other students.

His intimate relationships were with women who supported him financially. When he had to face supporting one of his former wives and her child he revealed to her that he was unfaithful, knowing that she would then divorce him. When he began treatment he was married to his fifth wife, one upon whom he could rely for financial support. He became tense and anxious whenever she wanted consolation or wished to be 'treated like a baby'. He became very anxious when she expressed the desire to have a child and was relieved when she resumed her studies instead.

His wife's resumption of her studies coincided with the beginning of my summer vacation. Three weeks later the patient wrote me stating that he had got into a 'mess' about which he gave no clue in the letter. When analysis was resumed he told me he had been arrested with a prostitute and taken to a police station. He escaped prosecution, he said, by having been intimidated into testifying against her. He need not have testified against the girl. He could have corroborated her story that he

was a friend and that there had been no monetary transaction between them; but he was much too frightened. He knew in fact that he was courting danger when he picked up the prostitute. He had seen a police patrol car near by and sensed that the girl was being watched. After the court hearing, he felt guilty about betraying the girl and he gave the defense lawyer twenty dollars for her. For several days he was afraid to leave his apartment, fearing retaliation from the girl's procurer.

The patient spoke freely about his infidelities, his addiction to pornographic literature, indulgence in masturbation, and sado-masochistic sexual practices. He described belonging to a small group whose members indulged in sexual parties of three. The husband was a spectator while the other man had sexual intercourse with the wife. The patient usually first whipped the woman with a strap. In these situations he was potent, although in his affairs with women in the past he had sometimes been impotent and often had premature ejaculations.

The patient acquiesced in his first wife's promiscuity with other men which she sought for money and petty favors, and at times he encouraged her affairs for some material gain. He made two histrionic suicidal attempts with sublethal doses of barbiturates, both under circumstances in which he knew he would be rescued. Each of these attempts occurred after his first two wives left him. When he came into treatment he was habituated to small doses of barbiturates which he obtained by appropriating the samples addressed to physicians in the building in which he resided.

The patient stated that he was frequently seized with anxiety in his work and that this was his reason for seeking treatment. Once he consulted a psychiatrist about a difficult patient and was greatly relieved when he was advised to refer the case to someone else.

After a session in which he realized how untenable his professional situation was, he telephoned in great distress and said it was necessary for him to see me again that day. When he arrived he said he had to 'come clean', and if he waited until his next

appointment he might not go through with it. He said he had lied to me about having a Ph.D.; in fact he had never completed his college work; also, he had not been in analysis with the psychiatrist with whom he had said he had been in treatment. After this confession he felt considerably relieved.

At the next session, he related the following dream.

I was with you. You had opened your files to go over my Mosaic Test with me. There were vivid streaks of yellow on the test, and there were some red colors vaguely seen around the yellow.

He then told me about a party at his home a few days before his confession when a psychiatrist friend was describing some recent work that had been done on the Mosaic Test. It was said that this test could reveal one's personality. Later that evening he showed his friend some pieces of sculpture. One that attracted particular attention was a two-headed figure. The thought occurred to him that he should not have shown this piece. The file reminded him of the hospitalization following his last suicidal attempt. He was worried that his brief stay in a mental institution would become known. He said that the yellow color meant violence, entirely neglecting the red. When reminded of the latter he corrected himself, saying that his suicidal attempts and his fears of thunder storms were yellow streaks of cowardice in him. The red, he said, stood for his self-destructiveness. He commented, 'Perhaps it is better to look red and violent than yellow and cowardly'.

This dream gave a clue to the patient's urgency to confess. The two-headed sculpture was the key. The unconscious fear was that he was 'two-headed', a psychotic 'split personality'. The confession that he was a fraud served as a defense against revealing something else that he feared much more, and as a distraction from the fear of something he did not want to reveal to himself. The patient was trying to convince me that a transgression was more interesting than a malignant defect. The impostor is a master in creating such diversions.

As a sequel to the dream, and a confirmation of the inter-



pretation, the patient said that if at the first interview I had required a Rorschach test he was determined not to go into treatment with me. At one time he had been interested in graphology, he added, but he always evaded submitting any specimen of his own handwriting. To write anything himself would be his undoing.

There is little doubt that the patient's fear of psychosis was a derivative of his deeply rooted castration anxiety, equivalent to an expression of his incapacity and impotence. With his first wife he was acutely aware of his impotence. In introducing this subject he said '*dementia praecox*' instead of '*ejaculatio praecox*'.

In the same hour he spoke of having felt somewhat depressed and of taking some benzedrine because he had to participate in a seminar. He thought he did well in the discussion but felt he could not have done so had he not relied on the drug. In this seminar, as in others, he found himself talking as I do and using some of my expressions. His associations then turned to a time in his boyhood when he was cowardly and afraid of being beaten by boys. When he could not evade fights he would resort to such 'tricks'—when his assailant ran at him—as falling down to cause the boy to stumble over him, or running around the boy to dodge the blow. He would never fight because he was certain he would be beaten.

The patient's parents had both died before he reached manhood. His father was an unsuccessful engineer who depended upon a wealthy brother for financial aid. He was away from home for long periods of time, carrying on his work in another country. A policeman boarded with the family for many years during the patient's childhood. This man was the mother's consort in the father's absence and acted as the head of the household. The mother was a self-indulgent woman who tried to maintain a standard of living above the family's means. During her long illness the patient had to lie to local merchants in order to obtain credit for drugs and groceries. An episode in his child-

hood that made a lasting impression on him was when his father was accused by an uncle of the misappropriation of certain funds. After the death of his parents the patient felt he had no one to answer to any longer and could be as irresponsible as he wished.

His awareness of his impotent helplessness was revealed in the anxiety which overcame him whenever he had to face responsibility of any kind. The thought of working for anything gave him a feeling of physical exhaustion. He could never bring himself to read through a book. In desperation, he would find ways to forge or plagiarize. To gain entrance into a graduate school, he considered writing a university for the credentials of a deceased cousin of his age who had the same first and last names.

He had been at his wit's end when his wife tried to persuade him to consent to her becoming pregnant, and erectile impotence or premature ejaculation recurred. To seek another woman to support him he knew would be a rash move. During these deliberations he dreamed of tickling a little salamander emerging from a hole. Suddenly the animal emerged as a monstrous dragon and he awoke terribly frightened.

He occasionally engaged in homosexual relationships, masturbation was habitual, and his fantasies stimulated by pornographic pictures were always sado-masochistic. In relations with prostitutes he inflicted severe pain on the woman and then demanded that she chastise him with a relatively mild whipping. The sado-masochistic sexual foreplay was prolonged even when it terminated in coitus. He had no inclination to commit these sado-masochistic acts in his relationship with his wife.

Throughout childhood the patient often got into bed with his mother. He would press his penis against her thighs and bestow 'love bites' on her breast. When he was about six there was a housemaid who allowed him to finger her genital. He remembered the special pleasure he experienced in smelling the odor.

One day the patient related that the previous day he had seen a mother spank her child for running into the street. His first

reaction was intense anger and an impulse 'to kick her in the crotch'. This feeling gave way to a desire 'to be in the little boy's place'. In his anger against his own mother he would, he said, strike her on the abdomen. He then recalled with considerable emotion a forgotten incident when, because his mother was unable to restrain him, she called in the boarder (her paramour) who gave him a thrashing on his buttocks. This was described with excitement, but the memory was of having been very fearful at the time. The incident—and the patient's sexual sado-masochism—suggests that his intent in striking the woman was to provoke a beating from a man. The mild punishment he sought from the prostitutes he had severely beaten corresponded only to his conscious wish. In regard to his unconscious wish, his own father failed him. He was a mild-mannered man who occasionally slapped the patient when he was naughty. An uncle was more accommodating. When the patient once landed in jail, the uncle beat him for stupidly allowing himself to be apprehended by the police. The patient felt pleased that his uncle cared enough about him to beat him.

The patient's arrest by the police when he was with a prostitute was better understood by his reaction to witnessing a spanking on the street which prompted the recall of the incident of being thrashed by his mother's lover. His awareness that he was courting danger (a beating from the police), and notifying me that he was 'in a mess', together with the panic at the police station were manifestations of anxiety connected with a compulsion to act out the childhood incident of being beaten by his mother's policeman-paramour.

As Loewenstein states (9), the trauma in such situations should not be underestimated. 'A very well-known clinical fact common to many cases of perversion has not been sufficiently taken into account in psychoanalytic writings; namely, that the patients themselves describe the origin of their perversion as being linked to a particular, specific scene in childhood. We have learned in analysis to take such a remark by the patient seriously and to look for an explanation. One might explain it by referring to the fact that all sexual development proceeds

silently or unconsciously for a while, until it becomes conscious as a finished product. But while this unquestionably is so, it would not explain why these specific memories of sexual scenes should be so much more frequent among perverts than among neurotics. We know, moreover, that they most often are screen memories standing for more significant events. It must be assumed that these remembered scenes allude to traumatic events. Greenacre has recently brought this to our attention by stressing the importance of traumatic overstimulation in certain cases of fetishism or severe neuroses. In masochism one must think, more specifically, of traumatic events which involve a mixture of prohibition, seduction, and reassurance.'

At the time the patient's wife wanted to become pregnant and he was unable to have an erection, he had dreams in which he had emissions which he felt as 'flowing like urine'. In his associations he had the fantasy of the desirability of being a woman; he would then be free of responsibility, be taken care of by a husband, and have nothing to worry about. He recalled episodes during adolescence of masturbating with his penis hidden between his thighs, pretending to be a girl.

Freud (5) maintained that among males who have the fantasy of being beaten, the person who administers the beating is always a woman. He wrote: 'The fantasy which has as its content being beaten by the mother, and which is conscious or can become so, is not a primary one. It possesses a preceding stage which is invariably *unconscious* and has as its content: "I am being beaten by my father". . . . In the male fantasy . . . the being beaten also stands for being loved (in a genital sense), though this has been debased to a lower level owing to regression. So the original form of the unconscious male fantasy was not the provisional one that we have hitherto given: "I am being beaten by my father", but rather: "I am loved by my father". The fantasy has been transformed by the processes with which we are familiar into the conscious fantasy: "I am being beaten by my mother". The boy's beating fantasy is therefore *passive* from the very beginning, and is derived from a feminine attitude toward his father. . . . The boy evades his homosexu-

ality by repressing and remodeling his unconscious fantasy; and the remarkable thing about his later conscious fantasy is that it has for its content a feminine attitude without a homosexual object choice.'

During analysis an event occurred which the patient tried to conceal from me. For several days he felt very anxious and had a bout of diarrhea. He related the following dream.

I was in a rickshaw with the bars extending from behind instead of in front, and I was being pushed by an Arab. A man was shooting from a window, first aiming at the Arab, then turning the gun on me. I felt the shots pounding on my body. The man in the window was furiously asking to whom I had given my gun.

The patient then confessed that he had suppressed telling me about having visited a Turkish bath. He had allowed the attendant who massaged him to perform fellatio on him. He felt embarrassed that he would have to tell me, and this deterred him from a repetition of the experience. He described his passive enjoyment in being 'worked over'. He recalled an incident from a time when he was serving in the French Foreign Legion. He had exhibited his penis to a group of Arab women. The outraged women shrieked, attracting the attention of their men who shot at him as he ran for safety into the barracks. He knew of course that the Arab women were closely guarded by their men. He felt that I was the man in the dream who was shooting at him because I 'disapproved' of what he had done. I was also, he said, the Arab in the dream who reminded him too of the attendant at the Turkish bath.

The meaning of the patient's association to provocation by means of exhibitionism is evident. The dream expresses his passive feminine wish toward me. I am represented as being jealous ('furious') because he gave his penis to someone else—further confirmation of the patient's passive feminine sexual wish. The main point is that he 'attacked' the Arab women to incur the wrath of their men.

In his imposture, which included both the pretense and the confession, the patient was acting out the two stages of the

traumatic childhood incident. We may consider that the acts of imposture were the sadistic provocation. To be apprehended was the masochistic defeat which he had reason to fear as unavoidable because it was equivalent to his unconscious homosexual craving; hence the anxiety during the perpetration of his imposture, stemming from an inner realization that he would inevitably contrive to be found out.

One of his ulterior motives for seeking treatment was to obtain 'protection'. This was an admission of impotence although it had some realistic justification. The patient could say that he had been analyzed by a bona fide analyst, and this would be some kind of an 'open sesame' for his therapeutic aspirations. In spite of making it very clear to him at the outset that I could serve in no way except as his analyst for the treatment of his emotional problem, it would have been naïve to believe that he accepted my statement. Impostor that he was, he could still make whatever claims he felt necessary. What was most important, however, was his attempt to involve me in his imposture and to have me become someone with whom he could identify.

The matter came to a head when he showed me an application form for membership in a psychotherapists' association. In it he was asked to give the name of his analyst and to have the analyst write a letter confirming that he was in analysis for a given period of time. In the light of the patient's problem such a letter from me would have meant that I sanctioned, aided, and abetted his fraudulence. I was in effect being asked by the patient on what side of the superego struggle I would ally myself. I would not only have helped him make his imposture 'ego-syntonic', but I would have confirmed his impotence by agreeing that he had no resort except forgery.

In an hour following one he had missed, the patient said he did not come because he could not face me with what he had done. Before telling me what it was, he said he had thought of inventing a story about a physical illness. What he did not want to confess was that he had sexual intercourse with one of his clinic patients. He was afraid that she would let it be known at the clinic and he would have to resign. He added that it was

not entirely a pleasurable experience. He knew she had vaginismus and the only pleasure he derived was from hurting her. His real fear of telling me the truth was that I might feel it was evident by his action that he was not fit to be a therapist; furthermore, after what he did I might decide to discontinue his analysis. He reminded me that he always had to get into a mess to get out of a situation. Incidentally, he had also sadistically attacked a woman in order to be beaten and rendered impotent by a man.

This patient's sadistic sexual behavior toward the prostitute (mother) and his tendency to reveal himself as an impostor were requests for a beating. There were then two aspects of his wish to be beaten: one was the regressive desire to be made love to by his father, the other was his defense against the castration inherent in this wish. By confessing he was submitting himself to me for a reprimand in lieu of a much greater punishment, viz., castration.

There are degrees of imposture based upon the extent to which the superego is compromised under the impact of anxiety. There are neurotic situations involving a superego conflict, as distinguished from those cases of imposture, usually criminal, which do not appear for treatment as, for instance, the person who has no sense of wrongdoing or, if he does, is not at all bothered about it. Perhaps if such a person could be subjected to an analysis, deeply rooted anxieties would be discovered which had been warded off at the expense of superego development. Such a person would have no anxiety attendant upon a misdeed, or at best he would be wary when a policeman was around. Thomas Mann's confidence man, Felix Krull, had no feelings of guilt whatsoever. He had only contempt for those who called him a liar because they were incapable of understanding his æsthetic needs.

Greenacre (6, 7, 8) has made a distinction between the 'true' impostor and the 'neurotic' impostor. The latter is disturbed by his imposture, whereas the former is not. The true impostor is under greater strain, has more anxiety when he is *not* involved

in an imposture. Imposture for him is a distraction from his state of imperfection when he is himself, which he cannot face without feeling impotent and castrated. Greenacre furthermore points out that the involvement of others is a *sine qua non* of imposture. The one whom the impostor personifies is not someone with whom he simply wishes to identify, but someone whose potency he must appropriate as he has none of his own. The impostor is in quest of an ego. As Greenacre puts it, imposture becomes an attempt to perpetuate the impostor's 'illusory phallus'. The case here presented, I believe, was a mixture of the two types, and probably there was more of the 'neurotic' type than the 'true' type. There is little doubt that the patient's conscious motivation in the beginning was to use the analysis to further the ends of his imposture, but a none too well hidden wish was to alleviate the constant torment of his anxiety about his inadequacy and his fear of his compulsion to betray himself in the perpetration of his frauds.

This patient's impotence and perversions were certainly conditioned by, if not directly a result of the sexual intimacies permitted by his mother. The threat of this incestuous sexual relationship led to profound regression and a reversal of his œdipus. The consequent deep regression was anal sado-masochistic. The elaboration of the equation *ejaculatio praecox* = *dementia praecox* goes beyond castration = psychosis. It involves the sadistic destruction of the mother and anal assault by the father which entails not only castration but transformation into a woman. By being two-headed (like his statue), that is, by clinging to his fraudulent pseudogenital masculinity by imposture, he could obtain a sufficient variety of repetitive, partial, substitutive, infantile gratifications without resorting to acting out the ultimate psychotic fantasy.

#### DISCUSSION

The material presented is from the uncompleted analysis of a patient since deceased. Certain features of this case were similar to Abraham's classical case (1) in which the imposture was predicated upon the patient's unconscious idea of himself as an



outcast from his family, and to some of the cases of delinquency that Aichhorn (2) wrote about wherein failure of processes of identification resulted in an inability to subjugate instinctual drives. Helene Deutsch (3) reported the case of an impostor whose identification with the father was disrupted in childhood. The excessive indulgence of his demands by his mother reinforced his passivity. The result was a marked disparity between the patient's capabilities and his narcissistic overestimation of himself. Kurt Eissler (4) cites the case of a delinquent he believed incurable because he had a sexual relationship with his stepmother. The father did not chastise him but bent all his efforts to get the son into treatment.

There has been little psychoanalytic investigation of this type of disorder, no doubt because such people seldom seek treatment. In presenting this case the intention is to investigate the connection between a sado-masochistic perversion and a type of defense characterized by imposture. The question of whether such a patient would be sufficiently motivated to make a change in his mode of life would depend upon whether his anxiety truly represented an ego-superego conflict. There is a further question as to whether the patient's secondary gain from his mode of life could offset his untenable position and the fear of being revealed.

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# The Face-Genital Equation

# Nathan Roth

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## THE FACE-GENITAL EQUATION

BY NATHAN ROTH, M.D. (NEW YORK)

The equating of parts of the face, as the nose or the mouth, with the genitals of both sexes, is a familiar concept in psychoanalysis. Freud (5, p. 387) remarked on such displacements very early in *The Interpretation of Dreams*, and psychiatrists and neurologists of a few decades ago (10) contributed to our knowledge of the subject in their researches on the body schema. Leon Saul (11) has recorded the case of a man whose dreams frankly expressed the connection between the vagina and the nose, which is commonly known as representing the phallus. The use of such symbolic representation in the interpretation of dreams is familiar enough, and its role in the production of various neurotic symptoms is well understood.

Less familiar is the representation in the unconscious of the entire face as a symbol of genitals. This has numerous determinants, the most important one being its expressive and mimetic functions which serve a purpose closely related to the sexual function of the genitals—the display and release of feelings, and the discharge of libidinal tensions. Indeed, the facial musculature and the genitals are the only two organ systems which have these among their primary functions. The limited psychoanalytic examination of this topic has elucidated the syndrome of erythrophobia (1). There is no psychoanalytic exploration of facial expression comparable in its thoroughness to that of Charles Darwin (2) almost one hundred years ago. Fenichel (3, p. 318) stated that ‘one particular emotional function’ has not been ‘investigated sufficiently by psychoanalysis: the mimetic expression of feelings and emotions’. The greatest step in this direction was made by Ernst Kris (7).

A young woman who was being psychoanalyzed because of her fear of getting married reported a dream.

I see a full page advertisement of nightgowns in *The New York Times*, consisting of about fifteen beautiful girls, models,

lying side by side in a bed, with the lower parts of their bodies covered so that they reveal the upper portions of nightgowns which are for sale. While all the girls are beautiful, their faces are exactly alike except for the woman in the center of the group, who is my fiancé's mother. As I consider my future mother-in-law to be old, ugly, and sick, I wonder how she got her picture in the paper, until it occurs to me that she knows a man, important in her son's business, who has the influence to get her picture in the paper.

The patient was postponing the date of her marriage because of her dread of pregnancy. This immediately became apparent in the dream. The row of beautiful young women reminded her of infants as they are seen through the glass window of a hospital nursery. The beautiful women in the newspaper, displaying nightgowns, are an allusion to the wedding announcement she hopes for, and the influential man is the analyst who is to make this possible.

That the girls' faces are exactly alike except one, refers to the patient's inability to display her feelings by her facial expression. To conceal from her future husband her dread of marriage which she felt would cause him to leave her, she had long since adopted a fixed, empty, and unvarying smile. The monotony of faces in the dream is intended to conceal the central, 'ugly' feeling of her dread of pregnancy. Whenever her fiancé questioned whether and when she would marry him, she simply refused to give him any clue to her thoughts and feelings on the subject.

The fixity of her facial expression, which was unconsciously determined and consciously rationalized, closely corresponded to her sexuality. Dreading the possibility of pregnancy, she used every ruse to avoid intercourse with her fiancé. She wished she could menstruate continuously until the menopause. During intercourse, she was completely anesthetic although at first she felt a vaginal response to sexual overtures provided her fiancé did not insist on consummating the act. Later she could become sexually aroused only if she masturbated. Of this she was much

ashamed, and it was represented in her dream by the ugly, sick mother. The genitals in the dream are blank like her face, and this correspondence was very disagreeable to her.

A male patient was ashamed to expose his genitals in locker rooms. He believed that his sexual fear of women caused his genitals to contract and thus appear abnormally small.

His face was habitually devoid of expression. Whenever an interpretation surprised him by its aptness or cleverness, it brought an involuntary smile to his face which he promptly took pains to remove. He was determined not to weep during an analytic session. He lamented that he could not as easily conceal the effect that his emotions caused in the appearance of his genitals.

During intercourse with a prostitute he was infuriated that she seemed to enjoy the experience, and he told her to stop smiling.

A young woman, with a severe illness bordering on psychosis, had the following dream.

I am examining my own genitals as I wake from a second sleep. My neck is double-jointed to permit this examination. Instead of finding three openings in a vertical series, they are arranged transversely. There is a central, large opening which is the vagina, and there are smaller openings on either side which are like the openings from which snake venom is extruded. As I look at this, I become sexually aroused. The genitals then turn into the face of a woman, the vagina becoming a smiling mouth. It is, however, not an attractive face, reminding me, especially the mouth, of the masks of Comedy and Tragedy seen in theaters.

Because there are physiological as well as psychological determinants of the face-genital equivalence, it is not always correct to think of the unconscious representation of the genitals by the face as a symbolic relationship. Both are biological mechanisms for relieving tensions through the discharge of instinctual ex-

citement. Under these circumstances the face and genitals must be in close, unconscious relationship with each other, since each can serve as an auxiliary device for the other in this one respect. Sexual strivings which are hidden by repression or suppression are most easily betrayed—by a return of the repressed or a relaxation of vigilance—by the face which is the most consistently exposed and closely observed part of the body.

The fear of orgasm is sometimes connected in female patients with a fear of allowing the sexual partner to observe her facial expression which is conceived of as being ugly during orgasm. Orgasm is then a lack of control which will reveal the various reasons why she should be rejected by her sexual partner. She seeks also to be protected from observing in the partner his anticipated reaction of horror and rejection. Frigidity in the woman is intended to have the alloplastic effect of freezing the partner's face into immobility, a feature of hysterical conversion symptoms (9).

An interesting example of this phenomenon is seen in the case of a young woman who suffered from intense vaginismus and dyspareunia whenever she tried to have intercourse with a man whom she respected, and who might then consider her unworthy of marriage. After one such experience she dreamed that her teeth were tightly clenched, and her lips pursed yet open, so that if her sexual partner attempted to put his tongue in her mouth its ingress would be blocked by her teeth. Her unwillingness to respond to him sexually was her self-protective refusal to put into his mouth the words by which he could reject her.

Kris (8, p. 314) says that 'The expression of the human countenance and its play of feature have a mysterious power. They play a decisive role in the contact between man and man, always confronting us with the riddle: what is the relation between man's appearance and his personality?'. Because some patients fear that their facial expressions reveal the nature of their genital strivings and masturbatory fantasies the play of facial mimicry is disturbed when these strivings and fantasies threaten to emerge from repression.

Kris (8, p. 328) adds that the smile in certain works of art 'is nothing else than a pathognomic expression of mental activity'. The smile sometimes 'expresses no more than: "here is some psychic activity taking place"'. This is exemplified by the response elicited by a man who asked his wife, after she had repeatedly refused to have intercourse, how she could tolerate such prolonged abstinence. She did not reply but merely smiled, which the husband found enigmatic and annoying. She had told him some days earlier that she had taken to masturbation, and there can be little doubt that her smile indicated she was thinking of this.

Klein (4) reports of a patient that 'His giving up masturbation had led to motor discharge along other lines, these being . . . pulling faces, blinking and eye-rubbing, excessive mobility in the most diverse forms, games, and finally the tic. . . . It appeared, moreover, that the tic [was] not merely an equivalent of masturbation but that masturbation fantasies [were] also bound up with it. The analytic exploration and dissolution of the tic only became possible after the most searching analysis of the masturbation fantasies. . . .'

In his account of typical dreams, Freud (5, p. 243) considers the dream of being naked as a dream of exhibitionism, and comments that the onlookers in the dream may have 'solemn and stiff expressions of face'. It is well known that some exhibitionists gain their gratification through producing shock and surprise in the onlooker. The stolid faces of the spectators in dreams probably contribute an important component to the fulfilment of the dream wish. Patients who have this typical dream are generally apprehensive lest their sexual excitement be detected at inappropriate times and in embarrassing places. The dream fulfils the wish that, even were they to exhibit themselves in the nude, they would not betray their sexual arousal and so would not cause consternation among others. One patient, shortly after relating such a typical dream, said that she rarely dared to look at the analyst's face for fear of detecting a change in his expression; if he were to look unusually happy on any particular day, she would conclude that he had just

experienced sexual satisfaction. Correspondingly, she was convinced her face revealed that she masturbated.

According to Greenacre (6, p. 616), 'The body areas which are the most significant in comparing and contrasting and establishing individual recognition of the body self, and that of others, are the *face* and the *genitals*'. A related point is made by Fenichel (3, p. 424) who says, 'In normal and neurotic individuals, the facial expression is a decisive way of expressing feelings toward objects. If, however, object relationships are lost, the facial expression, too, loses its purpose and full character. It becomes "empty", enigmatic, and represents only a faint remainder.' In other words, the degree of establishment of one's own identity, and the nature of one's relationships with objects are revealed by facial expressions, or their absence.

Failures in establishing personal identity and object relationships impair ego functioning. This is alluded to by Kris (8, pp. 328, 338) when he comments on the 'special relation between smiling and laughing: it [smiling] expresses *moderate* joy, a controllable quantity; it stands as evidence of the triumph of the ego. . . . For we may connect the capacity to organize and shape the pathognomic-motor process with the most archaic function of the ego, with its task as an apparatus for inhibition.' Lack of facial expression is an important indication of loss of ego autonomy. Patients who become aware of this symptom quickly become preoccupied with it. The attempt to correct the facial expression, in an effort to gain ego autonomy, may fruitlessly exhaust all of a patient's reparative efforts (7, pp. 128-150). In this connection Freud (5, pp. 90-91) says, 'The analogy between dreams and psychoses is only fully appreciated when it is seen to extend to the details of expressive movement and to particular characteristics of facial expression'.

Facial expressions are meant to have a direct effect on the objects at whom they are directed. Schilder (12, p. 62) says, 'movements of expression have once been directed against the world . . . just as there are voluntary actions now'. Expressive gestures traverse and obliterate space between subject and ob-



ject, and establish a contact as direct as tactile approximation. Hysterical conversions are thus, in this sense, regressive expressions regularly intended to have an effect upon important objects (9).

The face-genital equation makes conspicuously clear some otherwise concealed libidinal elements in object relationships. This topic could be almost limitlessly extended in application, as it has direct relevance to such psychoanalytic subjects as ego autonomy, the outbreak of neurosis and psychosis, the relation of unconscious conflict to creative effort, and many others. It is necessary to be content at this point with the demonstration of this unconscious relationship, its determinants, and some of its implications for psychoanalysis.

### SUMMARY

The close, unconscious relationship between the face and the genitals is physiologically and psychologically determined by their having in common certain biological functions which serve to express feelings and release instinctual tensions. Clinical instances are given, its value as a diagnostic symptom noted, and its relevance to the pathology of object relationships, ego autonomy, and the establishment of personal identity is outlined.

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# A Clinical Note on the Ego Meaning of Certain Dreams of Flying

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## A CLINICAL NOTE ON THE EGO MEANING OF CERTAIN DREAMS OF FLYING

BY LEON J. SAUL, M.D. AND BURTON A. FLEMING, M.D.

(PHILADELPHIA)

In the light of developing knowledge of ego psychology, it is perhaps justifiable to note the ego meaning which certain dreams of flying may have. That they often have a sexual meaning was pointed out long ago by Freud (2, p. 138), who noted that an airplane being able to elevate itself in defiance of gravity makes it appropriate as a phallic symbol in dreams. He referred also to the regressive sexual pleasure in dreams of flying oneself, unaided, which he regarded as typical repetition of the pleasurable sensations derived by the passive child who was tossed and caught by an adult (3, pp. 271-272).

Bond (1) amply demonstrated how often the airplane, as an unconscious, powerful phallus, and the sensation of flight, as a denial of the castration complex, lead to the conscious exultation experienced by pilots when they fly, and their psychological dependence on it.<sup>1</sup> Flight, he points out, may be unconsciously equated with intercourse and, like incestuous wishes in the œdipal situation, be fraught with danger. In the same vein Gatto observes that the basic universal fear of flying 'is merely another expression, whether fully instinctive or partially learned, of the fear of death, injury, or mutilation' (4, p. 1099). Like Freud, Bond also recognized the regressive aspects attached to flying in the unconscious, particularly in flying personnel who were not actually pilots. The important point here is the pleasure derived from being passively dependent on the pilot and the aircraft, which are endowed with a magic omnipotence. This same sense of omnipotence may also be utilized as a defense against the anxiety evoked by being forced into a position of passivity in a highly dangerous situation.

We wish to call attention to some dreams of flying in which

<sup>1</sup> Cf. also Hersey, John: *The War Lover*. New York: Alfred A. Knopf, 1959.

the sexual meaning was relatively unimportant compared with the ego meaning of release and freedom (5).

In one such instance the patient had been struggling with an anxiety about her parents, so strong that for several years it had been impossible for her to bring herself to make a trip to visit them although she much wanted to do this because of their advanced age. What she struggled against was the fear of the childhood pattern of dependence upon them, hostile rebellion against them, and consequent guilt. While ostensibly encouraging her to be independent, they had actually exerted and continued to exert—even now when the patient was far from home, married, and with children of her own—strong pressure to bind her to them and keep her dependent and subservient. As this whole emotional constellation toward her parents, which underlay her anxiety about visiting them, was worked through, she decided one week end to take the plunge, mustered her husband and children together, and made the trip. The actual time with her parents was brief, lasting only several hours, but it was successful in that she remained in control of her emotions. She returned feeling greatly relieved, believing that because she had handled this situation she could probably handle any other. That night she dreamed that she was flying. Her spontaneous associations to the flying in the dream were her feelings of being unburdened, of being liberated, of a 'wonderful sense of freedom'. Throughout her very severe neurosis there had been no disturbance in her sexual relationship with her husband.

A second patient, a young man, was making an adequate adaptation to reality but unconsciously protested with anger against the burden of responsibility imposed by his job and by his large family. He dreamed:

I was taking a flight as a co-pilot, against regulations, in which I would get to pilot the plane. Before the flight I was anxious, but this feeling gave way to serenity and peacefulness when we actually became airborne. The flight was momentarily marred by a close brush with treetops and telephone wires, forcing the

pilot to pull up sharply to avoid collision. This resulted in going into a spin, but my anxiety abated when I observed that this was a controlled maneuver, confidently executed by the pilot of the plane.

In his associations, the idea of flying emphasized the regressive wish to return to the pleasures of the 'carefree' latency period. Flying was characterized as pleasant because 'all of the problems and hazards are the pilot's responsibility, and as a passenger you give yourself over into his hands. . . . It means being above the congestion and hustle and bustle below. It is a means of effortless travel.' There is evident, of course, the struggle between the more mature aspects of the ego and the regressive wish, accounting, with the hostility, for the anxiety. There is also protest against the dependency; the patient was going to pilot the airplane himself, utilizing muscular activity and skill as a denial of helplessness and passivity.

The patient had a second dream the same night which represented the further success of the protest—this dream was of skiing admirably. Here the protest is more active, muscular activity with exhibitionistic features combined with the pleasurable aspect of a 'soaring sensation' and the passive dependence on gravity for power. The operation of the 'fight-flight' mechanism is evident in this dream pair; fight is connoted by the anxiety from hostility and guilt, while flight is quite literal in both dreams.

That the dynamics of the transference should reflect this struggle between passive-receptive-dependent wishes and the more mature protest is to be expected. Actually the circumstances are quite similar: the analyst is represented as the pilot and the flight of the airplane depicts the analysis itself. In so far as the analysis is represented by airplane flight, one can see the degree to which the patient accepts a passive-dependent relation to the 'pilot' or the degree to which he feels involved with the 'pilot' in the actual task of conducting the 'flight'. A less overt theme is competitiveness. This was alluded to in the first dream in the idea of who will pilot the plane, and in asso-

ciations to the second dream about the patient having skied competitively.

No doubt since everyone has strong sexual feelings with infantile as well as mature content, all unconscious productions can be expected to have sexual meaning. The point of this note is to suggest that, in addition, and in certain cases more central and prominent, there may be an ego meaning which must also be understood.

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## An Unusual Case of Fugue and Orality

Karl Easton

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## AN UNUSUAL CASE OF FUGUE AND ORALITY

BY KARL EASTON, M.D. (NEW YORK)

Alex, a Puerto Rican boy of Caucasian type, was fifteen years of age when he was admitted to the hospital for observation and treatment after being suspended from school with a diagnosis of schizophrenia. He seriously entertained thoughts that he was a werewolf although he was not fully convinced of this. His behavior in school had been bizarre. He had on occasion inserted wax monster teeth in his mouth and had imitated a werewolf by making clawlike gesticulations with his fingers while howling, snorting, and growling like a wolf. On a few occasions he had stealthily crept up on unsuspecting pupils and tried to choke them. At these times teachers had observed a faraway, glazed appearance in his eyes, and there seemed to be a disturbance in consciousness. It was described by observers as delirium. These attacks of wolflike behavior could be aborted by a firm command by his teacher, such as, 'Snap out of it, Alex!'. During lucid periods he was generally quiet, introspective, and depressed. At other times, however, he was silly, made incessant jokes, asked irrelevant questions, talked expansively, and was disturbing in the classroom.

Since the age of ten he had experienced terrifying nightmares in color, the most vivid of which had been dreams of a werewolf attacking him. These nightmares were intensely lifelike. Alex would actually feel the pain and see the blood spurting from wounds in his neck after the wolf's attack. He would awaken in terror, often to find that he had bitten his fingers and sometimes his toes during the dream. He also dreamt of dinosaurs attacking him. (In waking life he was interested in paleontology, archeology, and ancient history.) His mother revealed the fact, of which he had no recollection, that for a few years, beginning

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when he was five, he had fearfully climbed into her bed, stating in tears that he had dreamt that a dog was chasing him. (He was always fond of dogs.)

He was the oldest child, conceived soon after a three-months miscarriage, of parents who insisted they had desired his birth. His mother suckled him for three months until the family left Puerto Rico for New York and her milk 'dried up'.

Early motor development was normal. He was uneventfully bowel trained by two years and was not enuretic after the age of three. When he was one and a half years of age his brother was born, and thirteen months after this birth his sister was born. His mother remembered that Alex was a fearful and timid child. As a toddler he seldom left her side, and the births of his brother and sister seemed to make him more dependent on his mother. When he was six years old he developed acute rheumatic fever and was sent to a cardiac convalescent home for one year where he was homesick and depressed, but was somewhat comforted by loving and caring for various farm animals at the institution. He suffered no permanent cardiac damage.

Severe physical illnesses, the burdens of bringing up three children, and an impossible relation with her husband made Alex's mother chronically depressed. When Alex was eight years old she attempted suicide by barbiturates, for which she was briefly hospitalized on the psychiatric ward of a municipal hospital. Alex constantly feared for her life. He believed that her death would be followed by his destruction in a hostile, predatory world. His irresponsible father seldom was at home because he was continuously involved in extramarital adventures and was a merchant seaman who spent many months each year at sea. After family arguments he signed on for additional voyages. When Alex was ten, his father, after a particularly violent quarrel with his wife over an extramarital affair in which he had fathered a child, left the household and was not seen for two years. Alex longed for a protector and was not satisfied by his father, who treated him more like a brother

than a son. He sometimes told Alex he wanted to be his friend, to which Alex answered, 'I don't need a friend. I need a father.'

Throughout his childhood and adolescence Alex, despite his superior strength, always lost fights with his younger brother. With other children he was passive and submissive, causing them to pick on him. He found it hard to defend himself. Sports involving physical contact he hated and diligently avoided.

Three days after his admission to the hospital for psychiatric observation, Alex demonstrated his wolflike behavior. He was playing cards with other patients and because of unfamiliarity with the game (and also probably because of a masochistic wish for punishment), he made a series of foolish mistakes, whereupon his partner suddenly lost patience and began ridiculing him. Alex reacted with passivity and silence. After a few minutes, however, he suddenly developed severe anxiety with all its physiological concomitants: his skin turned pale and his hands began to shake and his heart to race. Suddenly this panic gave way to a peculiar state of altered consciousness, his eyes clouded and became glazed with a faraway expression, and muscular movements became slower. He seemed oblivious of his surroundings and did not respond when spoken to, and his face became distorted. He began slowly to circle the room, very much like a predatory animal stalking prey, howling, snorting, and growling like a wolf. At one point he got on all fours and bit the leg of a chair. This fuguelike state ended when he was placed in bed and given a sedative. He fell asleep, but an episode of somnambulism followed. Slowly and methodically rising from bed, he lit a match and placed it against the wall as if trying to ignite the wall. Upon awakening the following morning he had no recollection of the preceding events, but said:

I dreamt that the wolf was stalking me in the forest. I started running as fast as I could. The wolf was right behind me. I was a goner, but then I saw a deserted log cabin, and I ran in and locked the door. I thought I was safe but I soon realized I was not, because the wolf started to break in anyway. I knew he

would soon get in and eat me up so I decided to set fire to the cabin and burn the wolf too. I gathered up some papers and set fire to them.

The somnambulistic episode apparently coincided with the lighting of the fire in the dream.

Alex was generally fearful throughout his hospitalization. He tried indiscriminately to make friends with other patients on the ward, but these attempts were awkward and more often than not he received rebuffs rather than friendliness. Often lonely, depressed, and chronically paranoid, he believed the world to be a dangerous place where only unfriendly and hostile people live. On occasions he exhibited hypomanic behavior and was expansive, jolly, hyperactive, and mildly euphoric.

Intensive insight therapy was conducted about five times a week during his hospitalization. Passive masochistic fantasies of being eaten predominated in his communications during periods of depression, whereas active, sadistic, aggressive fantasies of eating were most prominent when he was hypomanic. Alex frequently spoke of himself as coiled up in his mother's stomach, safe and protected after she had devoured him. He had daydreams of being eaten by people he met. These thoughts were ego-alien and roused his anxiety. Even more disturbing to Alex were frequent fantasies in which he pictured himself attacking, biting, and tearing people's heads off with his jaws. These thoughts were preconscious and readily available to consciousness during the sessions, but were generally suppressed and did not emerge during the rest of the day. As therapy progressed, however, his tolerance of these fantasies increased and they became ego-syntonic. In more lucid periods he often sorrowfully complained of his dreadful loneliness. 'All I want out of life is for people to love me', he would state.

Neurological and encephalographic examinations performed in the hospital were normal. Rorschach and Thematic Apperception Tests were replete with oral fantasies, the most prominent theme being the passive wish to be eaten.

During the period of hospitalization he experienced five dissociative reactions in which he acted like a wolf. In all cases an acute attack of anxiety precipitated by a rejection, rebuff, or ridicule immediately preceded the attack. A 'total push' program of individual psychotherapy, thorazine, occupational therapy, and group psychotherapy finally succeeded in lessening his anxiety, improving his functioning, and ridding him of his fugues.

Shortly after being discharged from the hospital ward, Alex revealed that three weeks before his admission he had been homosexually seduced by his uncle and had been a passive participant in anal intercourse. This experience was followed by severe guilt, as shown by his taking so long to reveal the incident. Outside of the hospital he had remissions and exacerbations, but remained free of altered states of consciousness and somnambulism. He continued to have nightmares, some of which are reported below, illustrating the malignant processes at work.

1. I dreamt the world was abandoned because the Frankenstein monster was coming. I was the only person in the world. Suddenly I heard the monster coming after me. He broke the door down and attacked. I grabbed its arm and gave it a big jerk, and it came right off, but it started growing right back. He started to rip out my insides. Then I woke up. I was dizzy. I touched my stomach to see if my insides were still there.

2. A giant grasshopper was coming after me. I ran away but it caught me and bit my leg off. I pulled its eye out. Then it began to eat me up. I woke up with the feeling that I had been eaten by the grasshopper and was inside his stomach.

3. I went into a store and stole a pair of dungarees by hiding it under my big coat. The man behind the counter caught me. I said, 'I didn't take anything, sir'. He hit me on my backside with a baseball bat and called the police. I was sent to prison.

4. I had a contagious skin disease. I had to go to a plastic surgeon for needles and to have the skin cut off my body at some places and transferred to the diseased part. I was in the

operating room and they started placing a mask over my mouth to give me ether. I got scared and tried to pull it off, when I woke up.

5. I spilled some water on the floor. My mother got mad and hit me with a mop handle.

6. I saw a puppy on the street and wanted to steal it. When I grabbed his leg it came right off his body. I was surprised. I got scared and began running home to my mother. The police started chasing me and I was caught. They brought me to court where the Judge sentenced me to prison.

The manifest content of the dreams was replete with symbolic expressions of castration fears and wishes, masochistic and passive homosexual wishes, masturbatory guilt, and oral conflicts. Most striking was the mood-feeling of the dreams which showed a feeling of impending doom and disaster.

Only once did the werewolf motif recur while he was in treatment after his hospitalization. This followed a fist fight with his brother in which he was beaten and humiliated. Alex brooded about his defeat in silent rage and pleasurably fantasied that he was a werewolf. He would then, he thought, be able to tear his brother apart.

The period of observation and treatment came to an abrupt and untimely end when an acute anxiety attack, precipitated by the summer vacation of his psychiatrist, necessitated emergency hospitalization. He was admitted to the psychiatric division of a municipal hospital and subsequently transferred to a state mental institution where, at the time of the writing of this paper, he continues to be a patient.

## DISCUSSION

The bizarre and protean nature of this patient's symptoms is not easy to explain. However, it is clear that he was suffering from a schizophrenic disorder and could express rather easily thoughts that would normally be unconscious. His ego was soft and friable and under the sway of predominantly oral instinc-

tual drives. As a result he was in a continual state of anxiety. His ego was hard pressed in its attempts to maintain equilibrium and remain in contact with reality.

Intense castration anxiety, specifically demonstrated by the dreams and by his behavior, facilitated oral regression and inhibited healthy aggressive competitive strivings. He exhibited latent homosexuality with masochism and chronic paranoia. It is likely that this paranoia was based on orality rather than genitality. The equation 'I love him—he loves me—he hates me' was probably of less etiological significance than his perception that people were hostile because of the discrepancy between his enormous need to be loved and reality. It is as if he said, 'If people do not love me they must hate me'. The resulting frustration caused hostility, which was accompanied by depression and led to still further oral regression. Episodes of hypomanic behavior served temporarily to deny his chronic depression, loneliness, and despair.

His overwhelming need for love from the environment resulted not only from chronic anxiety over separation from his mother, but also from the ever-present wish for a loving father. Passive homosexual and masochistic impulses, given expression in behavior and in dreams, represented this need to be loved by father. As stated by Freud,<sup>1</sup> in fantasy, being beaten is equivalent to being loved and, in the male, the beating fantasy originates from a passive and feminine orientation toward the father. Wishes for passive love gained partial gratification both in the ridicule Alex provoked from the people around him and in his dreams of being beaten (for example, the dream of his mother's hitting him with a mop handle and the dream of the man behind the counter hitting him on the backside with a baseball bat).

Still another determinant of the oral regression and masochism in this boy was his inhibiting, unconscious belief that normal aggressiveness is equivalent to violence. He sadistically fantasied that to compete with others must be to destroy them.

<sup>1</sup> Freud: *A Child is Being Beaten* (1919). Coll. Papers, II.

The sadistic conception of his own impulses and the impulses of others, as well as the castration motif, is graphically illustrated by his dreams of pulling off the monster's arm, or having a grasshopper bite off his leg.

Intolerable and overwhelming anxiety precipitated in Alex a state of psychological shock associated with sudden regression and flight from reality; his states of dissociation were temporary psychotic defense reactions against this anxiety. Solomon<sup>2</sup> has reported the fugue experienced by a four-year-old boy under the influence of sudden and acute anxiety. This child was driving through a forest with his family when an unexpected, severe scolding by his father caused him to lose consciousness. After quickly recovering, he said to his mother, 'I was just lost in a forest. A lion was coming after me to eat me.' Solomon writes: 'His defense was the reflex development of a trancelike state in which he had a fantasy which enabled him to master his anxiety'. Solomon suggests that the fugue and associated fantasy were restitutive, like 'what happens in an electric circuit when the current carries too heavy a load and a fuse is blown'.

Alex's intense preoccupation with eating and being eaten is reminiscent of Lewin's oral triad<sup>3</sup>—the wish to eat, to be eaten, and to go to sleep. According to Lewin these three wishes represent the infant's reactions in nursing. At the breast it has fantasies of being devoured by its mother as well as of devouring her breast and her person. Sleep follows satiation and is equated with death. Lewin suggests that elations and certain trance states may be equivalents of sleep: 'An easy transition leads from the rapt, inwardly attentive ecstatic states to the trance and to states more nearly resembling sleep. Indeed, the words *trance* and *ecstasy* were often used interchangeably. Trances, transports, and ecstasies have been called dreamlike,

<sup>2</sup> Solomon, Joseph C.: *Fugue in a Four-Year Old*. This *QUARTETLY*, XXVII, 1958, pp. 101-103.

<sup>3</sup> Lewin, Bertram D.: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950, pp. 129-165.



and all three words suggest a type of partial sleep or somnambulist equivalent.'

Perhaps, then, the dissociative reactions of Alex were equivalents of sleep. Certainly the vivid oral fantasies of eating and being eaten dominated his productions, and on at least one occasion a fugue was shortly followed by an episode of somnambulism. Furthermore sleep is a regressive phenomenon which represents safety and freedom from anxiety such as always preceded Alex's dissociated states.

Why did Alex choose a werewolf for his dreams and fugues? Undoubtedly he had read comic books and had seen movies about the werewolf. The intense oral sadism and ravenous cannibalism of the werewolf suited his oral fantasies. The oral drives represented by wolflike behavior could be discharged in a fugue state after the impoverished ego retreated under the influence of anxiety.

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## EGO INTEGRATION, TRAUMA, AND INSIGHT

BY WILLIAM F. MURPHY, M.D. (BOSTON)

When ordinarily we speak of a person's character we are referring to the way he reacts to various persons and things around him. Relationships of the ego with the body image duplicate in many respects patterns of reaction with the outer world of persons and things, and similar patterns that the ego has developed with the inner world of self-images and introjects. They are, as a rule, unconscious. Some of these patterns we call neurotic not only because they are defenses against anxiety and depression but especially because they do not work well and are antagonistic in the long run to the welfare of the individual in his relationship to himself and society, and are isolated from the main stream of his life's endeavors. Such configurations affect all spheres of relationship of the ego and appear clinically to arise in connection with the exposure to and mastery of trauma by means of controlling the influx of stimuli.

An individual, for example, who in his infancy was involved in traumatic situations in which feelings of fear, helplessness, and rage resulting from a loss of control predominated—as in some cases of premature toilet training—may later show extreme concern about losing control of himself, of his body, or of persons around him. In all his activities with objects, in sports, hobbies, and work, the aim of control is uppermost in his mind. Conscious anxious need to master and control in the areas of things, his body, and self-images, in a primary sense, may help to ward off, deny, or screen intense anxiety associated with the revival or the resolution of the trauma. These consciously anxious feelings, in a secondary sense, may ward off more intense anxiety in a more highly cathected and less conscious area of personal relationships over which voluntary con-

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trol is more limited. Oppositely, conscious mild anxiety about control of personal relations may act as a defense against more intense and uncontrollable anxiety in regard to the image of oneself or one's identity, one's body or one's possessions.

The various components of a pattern appear in a relatively stable, sequential order, which has the function of binding and mastering trauma by discharging and regulating the distribution of affect among the various areas to which the ego relates, especially, if not exclusively, in time. The individual whose marriage or work relationships with persons are poor may strive to repair them indirectly by developing hobbies, thus gaining a temporary respite from being overwhelmed. Conversely, the person with an incurable disease may transfer his unhappy relationship with his body onto things or persons in the outer world. In any case it can be clinically demonstrated that the patterns appearing in one sphere of ego activity tend to be duplicated to a large extent in all the other spheres, with varying degrees of affect and consciousness investing each sphere.

The use of one area to isolate, deny, and screen another area is well known, especially in the neuroses and psychoses (7). Actually this type of defense is a valuable function in most people's everyday life. In structure, such ego relationship patterns resemble a Rorschach blot which can be divided into major and minor components that have some unity among themselves and reflect the major and minor traumas to which the individual has been exposed. They are complex and unique in each individual, both with respect to their genesis and dynamics. A change in conscious awareness of the relationship between the ego and various objects in one sphere, of relationship or the emergence into consciousness of a pattern of relationship that has become shifted from one sphere to another, is ordinarily defined in terms of displacement, projection, and introjection. In any case the pattern of relationship is the important element and not the objects to which it relates. This pattern is autonomous and tends to remain essentially stable. This is implied in our awareness that one uses and projects or introjects only the

various objects that are needed to maintain the expression of a pattern.

Another way of stating this is that the ego attempts to integrate its activities in terms of the maintenance of certain continuous and definitively structured patterns of relationship of itself in both its conscious and unconscious aspects with the inner world of body images, self-images, introjected objects and persons, and with the outer world of objects and persons. These patterns of relationship are complex variables which the ego regulates and maintains by means of the selection and integration of sensory data. How the ego can be conceived of as both the cause and the result of the integration process has been considered in a previous paper (8). Here we are concerned with some of the conscious and unconscious mechanisms by which the ego maintains and regulates the structural stability of those patterns of relationship which eventually lead to the conditions which we are called upon to treat.

It has been demonstrated repeatedly that all our perceptions are in reality apperceptions; i.e., an object is always perceived in terms of previously integrated multiple perceptual experiences. The complexity of the unconscious process of comparison that takes place in the sphere of the apperceptive ego is difficult to exaggerate. A consideration of the symbolic process (2) in its developmental aspects leads to the conclusion that the perceived object must eventually be related by the apperceptive ego not only to similar objects but also to persons, images of the self and the body in the past, present, and anticipated future, and in an affectively pleasant as well as an unpleasant context. This is in accord with the concept that our principal task in psychoanalysis consists of the untangling of a complex series of introjected and projected patterns of relationship in a manner that permits their integration in a more conscious manner that is more under control.

Although verbal material can be used to demonstrate the relationships, the patterns of relationship themselves are mainly affective in nature. While they are essentially similar they differ

somewhat because of the nature of the infantile trauma to which they owe their origin and the limitations imposed by the nature of the objects used in their expression and development. An example from a recorded initial interview makes this clearer.

### CASE I

A salesman complained that he was afraid to eat because of the 'aftereffects'. The food would 'come up'. He was afraid to look at food. Specifically he feared 'hard pieces of meat'. Fear of the 'aftereffects' of a 'hard piece of meat' coming up, as a pattern, thus referred both to objects in the outside world and to his body. The symptom began when his wife developed diabetes during her first pregnancy. To him this meant that some 'internal organ' in her body had been damaged by the baby. During a second pregnancy, she had a diabetic coma and almost died. He feared that his two boys, especially when they were crying or running around with food or 'sharp, penetrating things' in their mouths, might choke and die. His fears led him to eat strained or baby foods and soups because, he said, bulk or hard foods 'murdered' him. His wife would have liked to have a girl but was told that another child would kill her or would be born 'deformed'. Fears of intercourse and pregnancy led him to use two condoms and to withdraw during intercourse. He nevertheless longed for his wife to be pregnant; he might then have sexual relations with her without fear. Secretly, he too wanted a girl. He had always longed for a little sister. His mother also had trouble with her organs. Her 'stomach or womb' had 'dropped' after the birth of a little girl who died shortly after birth. Telling this gave him a violent headache. He never could talk with his mother about sex. He was a mother's boy, afraid of girls, of getting engaged and married. Mother did not approve. She not only 'wore the pants' in his household, 'she wore two pairs'. She beat him 'murderously'. His weak father neglected him and he had always longed for his attentions.

In this interview, bodily symptoms and relations to objects (food) led to personal relationships with sexual and aggressive overtones, both in the past and present. The patterns concerned pregnancy, damaged organs, baby girls, intercourse, murder, feminine identification, and castration. Anxieties over someone being killed by incorporating a hard piece of meat were the nucleus of the pattern, and referable to all spheres.

Through a gradual conscious integration of these relationships of the ego in various spheres we strengthen it and make it more capable of withstanding the vicissitudes of life to the limits of its constitutional endowments. In this sense, the term 'weak ego' can be considered as a poorly integrated or dissociated ego. During an analysis, a concentration of the conscious portion of the ego upon relationships in one area, such as the body image or personal relationships, is usually made as a defense against the acquisition of painful insights concerning relationships in other areas. This obviously is an aspect of the mechanism of denial and displacement.

In psychoanalysis, the process of working through requires a conscious recognition and integration by the ego of all spheres or areas in each neurotic pattern of behavior. Inherent in this is the hope that a reconciliation may be arranged between various contradictory elements in each pattern of behavior in the following major spheres of activity of the ego: 1, the past, present, and expected future; 2, the inner world of introjects, self-images and body images, and the outer world of things and persons; 3, such qualitative elements pertaining to the above as the good or satisfying versus the bad or frustrating elements, the preverbal and prelogical versus the adult verbal and logical thought processes, erotic versus aggressive, and genital versus pregenital elements—that is, part and whole relationships in all the above elements.

These major spheres of relationship of the ego, for the sake of simplicity, might be called the temporal sphere, the object sphere, and the qualitative sphere. Together they constitute the psychotherapeutic field. They have a reciprocal relationship

among themselves which is of great importance from the point of view of the relation of insight to conscious awareness and the process of integration, as well as the effects of various traumas and the impact of the transference and the psychotherapeutic reality situation. A change effected in any one pattern of relationship, such as by disease, therapeutic insight, or a love affair, affects all of the related spheres of relationship for a length of time, dependent upon many factors discussed in detail by Freud in *Analysis Terminable and Interminable*.

A patient may, for example, respond to a current situation as a trauma because of a past trauma. His responses have repercussions that affect not only future responses but modify the nature of the past trauma itself. In this way, a trauma may grow and change by the process of accretion, or it may be resolved. Another way of expressing this point of view in modern electronic terminology is to say that there is a feedback between the various spheres of relationship which allows external realities to have stabilizing effects or the opposite kind. Were it not for this, therapy would not be possible. That a past trauma can be altered at all is due to the fact that from the point of view of analysis the patient's past is subjective.

At the beginning of an analysis the various spheres of relationship of the ego are usually separated in consciousness, i.e., dissociated. A conscious awareness of a repetitive pattern of relationship in respect to any sphere is usually absent, and there is seldom if ever a recognition that more than one sphere of relationship is involved. This dissociation is traumatic in origin and is maintained through a cathexis of energy which appears in the form of some affective redistribution or discharge when released by the integration of material during the analytic session. When dissociation is no longer necessary from the point of view of the ego defense mechanisms, a portion of this energy may become available for the maintenance of better ego integration. In this sense, a strong ego can be considered among other things as one in which the various patterns and aspects of its relationships with the inner and outer worlds, and other



spheres of relationship that have been mentioned, are potentially conscious and well integrated in terms of their genesis and dynamics. The awareness of a pattern is a minor form of insight which implies some integration of the past with the present and anticipated future. This is the first step in an analysis which theoretically cannot be considered finished until the interrelationship of most of the various spheres of the ego's relationships in respect to the neurotic patterns has been made conscious, along with a certain quantity and quality of affect associated with what is called conviction. All this is implied in the process of working through, although seldom completely accomplished. It would seem that conviction and depth of insight in many respects are directly proportional to the number of spheres of ego activity that are integrated. This brings us to the relation of integration to the mastery of trauma and the control of the expression of the affects.

The relationship of trauma to the body image and to patterns of intersensory perception have been discussed in some detail elsewhere (8).

Affects in normal patterns of behavior are ordinarily mobile and distributed in such a manner that only well-controlled and easily tolerated amounts appear consciously in connection with the sphere of activity that is best suited for their expressions. In a neurotic pattern anxiety and depression, based directly or indirectly on unmastered traumas and the need for denial and dissociation, appear to interfere with the control, mobility, and distribution of affects to the degree that a certain sphere of the ego's relationship becomes overburdened with the task of their expression and control in a manner for which it is not well-adapted. The sphere chosen for this occasion is determined in a manner akin to what Felix Deutsch has termed conditional dispositional fusion (1). This term was originally applied to the development of an organ neurosis and refers to the fusion of intersensory perceptions attached to a body part with events of traumatic psychic significance. It is obvious that the concept is applicable to a sphere of relationship as well as an organ; thus,

if we ignore constitutional factors, the history and nature of various traumas determine the main sphere or spheres of ego relationship in a neurotic pattern.

The concept of trauma is a relative one in the sense that any perceptual event that the organism feels the necessity of mastering by such primitive methods as dissociation and denial is traumatic until mastery has been achieved. The neurotic perceptual behavioral and affective patterns of relationship can be readily compared with debts that are paid over a long period of time with interest, in the form of anticipatory anxiety and proneness to further traumatization that in some cases keeps the individual enslaved and a victim of psychic usury.

In the case of an organ neurosis, the psychic portion of the psychosomatic fusion is traumatic in nature and the fusion has as its main function the binding and mastery of the traumatic event. Although fusions of psychic events and organ sensations are occurring continually, only certain ones can be maintained and found useful by the ego for expressive and defensive purposes in relation to a trauma. The concept of conditional dispositional fusion is of double importance as it stresses both the origin and the role of the environment in the maintenance of the fusions that are part of a neurotic pattern. In any neurosis, abortive and transient forms of psychosomatic disease are usually found. Whether or not these will develop into a full-fledged psychosomatic disease process is dependent upon the time, nature, and strength of the original trauma and the fusions that accompany it. In psychosomatic disease states the fusion of an important or severe trauma with somatic processes probably occurs principally at two stages in ego development: 1, before awareness of the self concept has developed, or before the fifteenth month (10); 2, at the phallic aggressive level of ego development. The first trauma leads to the overburdening of the body ego relationship sphere as at this age there is a minimum of relationships to persons and images of the self which of necessity develop together. This can be considered a narcissistic defense. The second is of impor-

tance because of the narcissistic value of the phallus at this period and its pragmatic value in the discharge of tension. Clinical material showing this has been previously presented (9). The family neurosis appears to play the deciding role in determining the final outcome and is effective in the development of the total picture, at least throughout the latency period.

## CASE II

A thirty-year-old phobic and obsessional woman was obsessively preoccupied with fears she would lose control of herself and scream. There were also social anxieties, migrainous headache, vaginal anesthesia, compulsive masturbation, epigastric cramps, and difficulties with eating.

The traumatic patterns could be traced in detail. As a first-born child, she was given every attention but kept on a rigid feeding schedule and the violence of her screaming between feedings was a family legend. Toilet training was begun at six months and marked by screaming tantrums, accidents, and a further undermining of her confidence in her mother and in her ability to control her body. At three, the main trauma appeared in the form of bilateral ear infections which led to the piercing of her eardrums without anesthesia while being held by her parents. The shock and rage and her screaming were so intense that for forty-eight hours it was feared she would have a convulsion. This event was followed by hospitalization and a bilateral mastoidectomy with painful complications that led to anorexia, a fixation on the head area, and a prolonged convalescence away from home. Previous to the operation she had been petted and adored by her mother. Directly afterwards she received much attention because she was wasting away. In the eyes of her vain mother, her looks were ruined by the operative scars and her shaven head. A baby brother, who was born while she was away, soon became the mother's chief interest. When she returned home, a premature self-sufficiency soon appeared with occasional spells of screaming, masturbation, violent headaches, and a mild bulimia. Throughout her life, con-

trol and achievement were continually stressed by both parents who shunned any physical expression of tenderness and sentiment, expressing their approval only by gifts.

During analysis this patient substituted control of her weight and eating for control of regressive and anxiety-laden masturbatory fantasies concerning herself and others of both sexes and at all levels, the oral aggressive being the most prominent. In the area of her body image loss of control was related to violent headaches and stomach-aches accompanied by sado-masochistic sexual and aggressive fantasies concerning rape, childbirth, murder, and castration. In the area of self-images she saw herself, like her mother, as a 'phony' who was cold and unlovable. She called herself a 'slob' and a 'cold potato' and felt essentially she could not control her identifications with various aspects of a defective child-mother relationship which revolved about the themes of loneliness and abandonment, hate and longing. This relationship was projected onto others by whom she felt influenced. She could not control her feelings for these people which, to her, was tantamount to going insane which meant losing control of sexual and aggressive impulses.

Her personal relationships were marked by a hunger for love and friends, but her relations in all of them were like those with her parents—shallow, inconsistent, distrustful, and unsatisfactory. She always feared they would get out of control, that someone would be hurt, and she was easily made to feel inadequate. Although she was very proper in her behavior, her aggressive rivalry caused her to have fantasies of affairs with married men, and a longing for intimacy, confession, forgiveness, and reconciliation with their wives. In this area loss of control was perceived as social ostracism and, especially, abandonment by her parents.

In connection with objects, she was perpetually hungry for presents, clothes, and things of all description, and went on numerous buying sprees where she lost control of herself, and tested her mother who had to pay her bills. These sprees were paralleled in the area of her body image by what she called

orgies of eating and masturbating. In all areas there were episodic losses of control, compulsive in nature and accompanied by headache or abdominal pains, panic, and the revival of the traumatic focus. The main trauma had concerned the head area at age three. All the other traumas had been organized around this one, the overwhelming stimulation of the sensory organs involved during this period, and the loss of control which occurred when her eardrums were pierced. The importance of eating and the head area had been maintained by repeated illnesses, operations, and attention by the mother to these areas. The traumas were a response to and a screen for a defective emotional relationship with her siblings and parents, above all the mother.

The role of trauma in organizing the reactions of an individual to the various situations encountered during his life has been discussed by Greenacre (5). This case material is mentioned mainly for the purpose of bringing out the following maneuvers on the part of the patient by which she was able to construct her defenses in depth and avoid, in the analytic situation, the anxiety-laden threat of a revival of the main traumatic pattern. Dissociation, denial, displacement, and isolation were the chief defenses. When she discussed her symptoms in the present, they were isolated from their sources in the past in the manner that is familiar to all analysts. More important, however, when her body and possessions were her chief verbalized concern, the majority of her more intense anxieties were concerned with hidden relations to persons who were introjections or projections of the mother-child relationship. When she appeared concerned with her self-images, she generalized and avoided specific personal activities which illustrated her behavior with people. When persons were her chief anxiety, the major portion of her affect often appeared tied to her intraego activities, including her body image. In each case the manifest pattern of relationships defended the patient from the affect-laden recognition of a similar pattern in other areas.

In each sphere of ego activity, the antithetical nature of the ego defenses can often be demonstrated. A manifest concern with the good or pleasurable hides and denies a greater concern with the painful or bad. The same applies to sexuality and aggression, and there are areas within areas where the antithetical nature of the defenses is obvious. When a patient is concerned with pregenital fantasies, the larger portion of the affect often appears to reside in genital frustrations. Frequently the opposite occurs in these two spheres of relationship. The ego of the second patient not only organized each sphere of its relationships in a pattern that was determined by the nature of the trauma, but a defense against revival of the trauma was provided by a type of dissociation manifested by a conscious awareness of only one area of relationship at a time and one that at the moment was of secondary significance. Repeatedly in analytic sessions she would bring in painful bodily complaints patterned in a manner that led to painful personal relationships. As in the case of Dora (4), these bodily symptoms were often the result of identification with some individual whose situational pattern was similar to her own. The patient's history of screaming from her earliest years in connection with feeding and sphincter control was corroborated by her mother. From the time of her head operation at three, she had definite anxieties concerning doctors, sickness, and being away from home; however, the majority of her anxiety attacks and nightmares appeared only around the time of the births of her siblings. In them, the traumatic themes associated with head operations, birth, and castration were fused. The latent content of her anxiety dreams during her analysis revolved about a basic mistrust of herself and her parents, and their relationship in all its aspects. By means of projection and introjection she was constantly trying to resolve a primitive ambivalent and sado-masochistic relationship with her primary identifications (6) which had ultimately prevented her from resolving her oedipal and sibling rivalries. A family neurosis, which affected all the siblings, prevented the resolution of her difficulties and acted as a culture medium for them.

### CASE III

A man of forty, who was being analyzed for chronic failure in his work and in his love life and for attacks of anxiety and depression, was, among other things, a fetishist who tied himself up with rope and writhed around on the floor trying to escape. At the same time he masturbated to the point of orgasm by rubbing his penis against the floor. In the accompanying fantasies he was tied up by a man who was going to attack him sexually in the anus.

The traumatic pattern was related to a series of incidents connected with the fact that he had been an only child and a mother's boy, spoiled by her and alienated from his father. As a child he often slept with his mother. Occasionally, in her sleep, she had thrown a leg over him, pinning him down and arousing him sexually. She had, from the first few months following his birth, frequently used enemas and suppositories to regulate his bowels. During these times the father held him, and from age four to nine literally forced him to take enemas. Another trauma in connection with being tied up related especially to the father who had often held him tightly between his legs while he spanked him. The father had also held him and wiped his anus until he was eight years old. During the latency period he had often been tied up by other boys, and from puberty he did it himself. A relationship with ropes served as a substitute for a sexualized, traumatic, and inadequate relationship with his parents and later with other persons, mainly men. The ropes were a punishment as well as a restraint utilized in connection with his bad pregenital oral and anal as well as his genital œdipal strivings in connection with both parents.

Following the deaths of both parents, he married a girl who reminded him of his mother and who lived in a home exactly like the one of his childhood. In his relationship with people he was ingratiating and repressed. Occasionally he would lose control of himself to the extent of having a temper tantrum and then feel infantile and ashamed. At times his rage at peo-

ple, especially women, was murderous and suppressed with difficulty. When he tied himself up he writhed, shouted, swore, and was safely able to feel intensely. With people he felt that his feelings were 'all part of an act'. He realized the nature and strength of his anal homosexual impulses and was repelled by them. He also suspected his capacity for a murderous hatred of his motherly wife, and on some occasions had been conscious of an impulse to kill her. His self-hatred caused him at times to have suicidal feelings in which he fantasied that some day he would tie himself up for the last time with a rope around his neck.

In respect to his body he felt weak, small, and impotent and out of control. He longed for muscular control and exercised with bar bells because only when his muscles felt stiff and hard could he feel safe from attack and castration. When he strained against his chains, he felt strong, intact, and protected. The similarity of his relationship to his bonds, parents, and ego controls is apparent.

Concerning self-images, he felt he could never be loved or admired as a man unless he was a strong person who could endure torture, and when chained thought of himself as suffering horrible tortures, mainly to his anus. He devised different ways of tying himself up that were very uncomfortable. These always involved his genitals. He identified his body with the paternal phallus. He dreaded above all showing people he was a spoiled little boy who could not control his temper or his tears.

His relationships with things were characteristic. His cars always had inadequate brakes or controls and his possessions were always in need of repair. He felt cheated when he bought them, and frequently he discarded expensive articles in connection with his hobbies after despairing over his inability to fix them.

It is of interest that these three patients, who are not at all atypical, were able to discuss their problems in a single area, such as their personal relationships, with little show of affect.



In the last case reported, as in the previous one, the main affect was at such times usually attached to other areas, for instance, to things, self-images, and especially to the body image, and to a degree that was poorly tolerated. It was only after the affectively charged area of the moment was found and cultivated by verbal and emotional development that these patients became 'ripe' for a confrontation with the similarity of their relationship patterns in time and character, and with people and themselves as well as with things and body parts. When this material was integrated in terms of the sexualized need for and fear of being tied up, the affect of the male patient then attached to the body, thing, or self became blended with that attached to personal relationships and was greatly increased in quantity as well as enriched in quality.

Denial as a defense does more than disclaim the external world. It can instead disclaim the internal world and essentially relates to the transfer of a massive pattern of affect from one sphere to another. It is assisted in this process by the equally primitive mechanism of dissociation. Ordinarily, when the patterns of behavior in two or more major spheres of relationships of the ego are integrated, affect is released and redistributed and insight appears as a by-product. The affect released and insight obtained also appear to be proportional to the number of spheres of activity that can be consciously integrated. It can also be observed that changes produced in one sphere are duplicated in all spheres of the ego's relationships. In the analytic situation this refers especially to changes in the transference relationship.

The antithetical nature of ego defenses can be observed functioning in each separate sphere. Thus, in the sphere of the body image sight may defend against hearing, and vice versa. This has been illustrated in detail in a previous paper (8).

The problem of the determination of a pattern of behavior in any one sphere is usually obscured by the same mental mechanisms that operate in dream formation, especially the displacement of affect and important relationship patterns onto

apparent minor objects and situations. Another complication originates in the fact that communication becomes difficult when the expression of affect occurs principally in relation to the body image, as in psychosomatic disease; or is primitively expressed, as in epileptic seizures; or reaches a very high level, as in various panic states. At times the expression of affect itself reaches such an intensity that it becomes another traumatic event, adding its complications to those experienced previously.

It is well known that massive discharges of affect as a rule are not productive of any lasting change in symptoms or character in the neurotic, inasmuch as they usually interfere with the integrative process. In cases where communication is not impossible, a deliberate effort can be made to distribute the affect in time and in other spheres of the ego's relationships. In such cases this type of integration process distributes affect to the extent that its release can be tolerated.

Insight produced by integration and the abolition of denial and dissociative defenses enhances the ability of the ego to shift affect in a fluid manner that allows it to be more easily and more quickly distributed among all the spheres of the ego's relationship and in this manner kept within tolerable limits. In this is implied an improvement in inner communications, a lack of rigidity, and the development of an increased awareness of the relationship of the inner and outer worlds and various spheres of activity of the ego.

In differentiating these defenses, it would appear that displacement and repression operate as first-line defense mechanisms for the distribution of affect. Dissociation and denial appear to operate as more primitive, massive, pathological, and subsidiary types of defense, antedating displacement, repression, and suppression. Repression and suppression, in turn, are related by a series of intermediate states on a par with various states of consciousness. The organizing effects of a trauma might be considered in terms of the organization process as an important aspect of the process of mastery of the trauma by the ego; however, the nature of the event that is selected to be

traumatic must be considered. The problem of what constitutes a trauma is by no means a simple one. If constitutional elements are ignored, it can be readily observed that the dispositional and expository elements of a trauma are unique with each individual, at least following the earliest years of life. In adult analyses various traumatic events that have occurred appear to have fused and reciprocally modified each other. As we observe the various traumas in the life of the neurotic individual, it appears that most traumas are not so much the cause of a neurosis as an associated part of it. Essentially they appear to be manifestations of a loss or the anticipation of a loss of a vital good parent-child relationship that are useful in warding off a severe depression.<sup>1</sup>

Various traumas shape and organize the clinical material but the ego is not a passive victim of them, either singly or fused together. They also can be thought of as useful dramatic events that come as a climax to a whole series of ego deflating occurrences which have accumulated over a variable length of time. A trauma thus serves the essential function of bolstering and maintaining the mechanisms of denial and dissociation. Preceding a traumatic event there is a hidden and variable period of preparation during which the individual becomes susceptible. During this period there is a growing preconscious awareness of depressive feelings over some vital internal loss. The traumatic event allows the individual to exploit fully the defensive possibilities of the various mental mechanisms and spheres of relationship of the ego. Attention is at first focused upon the outer world and the present. For this to be done usefully, the traumatic event must be so structured that it can readily fit the pattern of the inner loss. The question, 'what is a traumatic loss for an individual?', ultimately can be reduced to 'what is the principal sphere of relationship used by this ego to maintain its psychic equilibrium?'. This may be either persons, prestige, things, body parts, or ideals. I believe a distinction should be made between the primary traumas that are an essen-

<sup>1</sup> The defensive role of the trauma has been elaborated in *A Note on Trauma and Ego Psychology*. (To be published.)

tial part of the development of the ego and superego and the secondary traumas that appear in the histories of all neuroses. The former, which have been discussed elsewhere (8), are responsible to a large degree for the structure of the latter. Secondary traumas occur after the full development of instinctual patterns and are picked for the occasion. The organizing effects in these cases precede the trauma, which itself becomes organized.

### SUMMARY

Integration refers to the process by which developmental patterns of relationship of the ego with the inner and outer worlds, in their genetic and dynamic significance, are compared and consciously linked together in a manner that permits a more effective control of environmental stimuli, mainly through the use of the mechanisms of displacement and repression, a lessening of the need for denial and dissociative defenses, and a more equitable and tolerable distribution of affect. To a large extent insight is a by-product of this integration and a reflection of an awareness of its existence. In the neurotic certain developmental patterns in all spheres of the relationships of the ego are based upon unmastered traumatic events, which give rise to characteristic dissociative defenses associated with denial where one or more spheres of the ego's activities become overburdened with the role of discharging affect. Certain antithetical relationships among these areas are important from the point of view of ego defense mechanisms and the therapeutic process. A distinction has been made between primary and secondary traumatic events. The former accompany the development of the ego and superego. The latter occur after full instinctual development. They have a defensive function which assists the denial of an inner loss from the past by allowing the ego to focus attention on an outer loss in the present.

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## Science and Psychoanalysis. Volume I. Integrative Studies. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1958. 201 pp.

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## BOOK REVIEWS

SCIENCE AND PSYCHOANALYSIS. VOLUME I. INTEGRATIVE STUDIES. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1958. 201 pp.

It has been said that a new idea in science has at best a life of about thirty years. It has also been said that psychoanalysis has the means to avoid its own destruction. No science can be static and eternal. Psychoanalysis develops by the rejuvenating effect of the introduction of new ideas into the basic structure. The Academy of Psychoanalysis was organized to further this purpose which is a laudable one regardless of the outcome. This book constitutes, in the main, scientific papers given and discussed at the second of the yearly meetings of the Academy in Chicago on May 12, 1957. The papers are more important for the clarification of the issues involved than for any contribution leading to their solution.

The first part, *An Interdisciplinary Survey of Psychoanalysis*, consists of papers which plead for closer joint or complementary studies with allied sciences.

In *The Biological Roots of Psychoanalysis*, David Rioch reviews briefly a number of recent biological experimental studies on the problems of purpose, integration, cognitive-conative correlations, and methods and criteria for investigating symbolic behavior. He correlates these with the findings of psychoanalysis. He points out the difficulties inherent in the study of human beings as compared with the lower animals because of the greater capacity of the human for symbolic behavior and integration, and because of the limitations of the reporting technique.

Riese, in *The Pre-freudian Origins of Psychoanalysis*, discusses the historical precursors to psychoanalytic theory and practice with emphasis on Greek Hippocratic concepts showing their similarities and differences. Freud's thoughts were essentially rooted in the experimental and evolutionistic empiricism of Western science.

Devereux discusses *The Anthropological Roots of Psychoanalysis*. Of the various possible meanings of the assigned topic, he chooses the role of the life outlook of the Viennese middle class and of anthropological data in the development of psychoanalysis. Psycho-

analysis has contributed greatly to anthropology. He deplores that the reverse has not been true. Anthropologists should not discard psychoanalytic concepts because they are derived from studies of the individual and therefore do not apply to the largest context of culture. Basic analytic principles require no modification. The two frames of reference yield different but compatible interpretations.

Ruesch, in *Communication Difficulties Among Psychiatrists*, notes that psychotherapists are expected to be experts in knowledge of and skill in communication. Unfortunately, they show precious little of this in the attempts at mutual understanding among the members of the various schools. To a large extent it is because true causal theories which will withstand operational tests have been few. The psychiatrist is often one who by his nature finds it difficult to communicate in heterogeneous groups. In addition, the degree of conformity imposed by rigid organizations and cultural structures hampers the freedom necessary for exploration of other ideas. Toward the goal of better understanding, greater emphasis should be placed on the study of communication, especially in its non-verbal forms.

Weigert, in *Problems of Communication in Psychotherapy*, discusses the application of the newer concepts of communication, especially as expounded by Ruesch and his co-workers, to the intricacies of the analytic situation. The application of these concepts to Frieda Fromm-Reichmann's technique in the treatment of schizophrenia is briefly reviewed.

Miller makes a plea in *Psychoanalysis and Systems Theory* for the development of a new theory of the mind for the better integration of the known facts on which more careful and precise observations directed to refining that theory can be made. He feels that what we are now doing is amassing a chaotic and disorganized mass of information in support of an outmoded model. He discusses Freud's three attempts at formulating a theory, none of which satisfied him. Also outlined are the more recent ventures in theoretical model formation which borrow concepts from modern neurophysiological thinking, electronics, cybernetics, information theory, and system theory. In an excellent table, he compares the similarities and differences of these various formulations.

Grinker's *A Philosophical Appraisal of Psychoanalysis* gives the historical reasons for his view that psychoanalysis has become sepa-



rated from the biological sciences and has neglected scientific principles. As a closed system, it cannot communicate with other scientific disciplines and develop a modern scientific philosophy. It can only remain a belief.

The second section is a discussion of the topics outlined above. Robert Heath criticizes Dr. Rioch for overemphasizing the shortcomings of the reporting technique as an investigative tool. Ehrenwald, in discussing Riese's paper, adds a few minor historical notes which deal with cultural ideas about the unconscious. He criticizes Riese for not paying more attention to the unconscious determinants and conflicts which influenced the inception and course of psychoanalysis, as a proper historian of the psychoanalytic movement should.

Kardiner disagrees with Devereux that basic psychoanalytic theory requires no modification. Kardiner wants to stress the role played by culture rather than drives. Analytic theory needs modification in order to make possible comparisons between the different frames of reference supplied by different scientific disciplines.

A final chapter, Closing Comments, presents the rebuttals. Rioch explains that he was misunderstood by Heath. The difficulty of studying the behavior of humans from their speech lies not in their failure to try to say what they mean but rather in the nature of language itself. Language is not a tool separate from the thing which is being studied. We still do not know the parameters and dimensions of this means of studying human behavior.

Riese points out to Ehrenwald that he was attempting to trace the historical development of notions about the unconscious as an individual, not a collective experience, and so omitted historical data pertaining to the latter.

Devereux refuses to accept the criticisms of his point of view since he is well known as a disbeliever in such things as Lamarckism and the death instinct theory. Kardiner fails to differentiate between methods and theories. Devereux was referring to the consistent application of the psychoanalytic method and frame of reference by means of the choice of facts pertaining to it, and not to any specific psychoanalytic theory. Other disciplines should study the same phenomena from their frames of reference. Their insights should be complementary.

Part three is a humorous dissertation on music with literary and cultural references liberally sprinkled with psychoanalyse by the president of the Academy, Dr. Jules H. Masserman, delivered as a dinner address.

Part four is a description by Dr. Janet MacKenzie Rioch, past president, of the history, concepts, purposes, and goals of the Academy of Psychoanalysis.

JOSEPH BIERNOFF (SAN FRANCISCO)

**PSYCHOANALYSIS, SCIENTIFIC METHOD, AND PHILOSOPHY. A Symposium of the Second Annual New York University Institute of Philosophy, held in New York, March 28-29, 1958. Edited by Sidney Hook. New York: New York University Press, 1959. 370 pp.**

The psychoanalytic practitioner may leave this book safely unread on the bookshelf; but the scientist who studies the basic principles of mental functioning and the method of their investigation will read it with benefit. He will soon realize that psychoanalysis and philosophy are still far apart, and that a long time of preparation is still needed before simple and relevant discussion may be started.

This is, perhaps, the first time in the United States that a group of distinguished psychoanalysts has met with a group of equally eminent philosophers in a critical interchange of views on the scientific status of psychoanalysis. The most calloused veteran of conventions has not witnessed anything of such outstanding quality combined with such great misunderstanding; such serious attempts to communicate combined with such painful ignorance; such unexpected clarification with such unnecessary defensiveness; such open-mindedness with such dogmatic insistence among some of the participants.

Heinz Hartmann opens with a resumé of psychoanalysis and scientific method. He is followed by Ernest Nagel who concludes with the verdict 'not proven'. Lawrence Kubie presents the clearest exposé of methods, past, present, and future, starting with *The Doctrine of Immaculate Perception*. Abram Kardiner gives his point of view which is discussed by Ernest van den Haag in an essay, *Psychoanalysis and Its Discontents*. Morris Lazrowitz, Donald C. Williams, and Antony Flew focus on the more philosophical issues.

Lazerowitz presents a serious study which seems to become lost in a heated and often sarcastic discussion.

The second half of the book consists of commentaries presented after the meeting. Outstanding is Gail Kennedy's essay on psychoanalysis as a protoscience. Her concluding remarks are: 'It is easy, then, to conclude that Freud's metapsychology is "unscientific", but could he have founded psychoanalysis without it?'

Surprising support for psychoanalysis is given by the Professor Emeritus from Harvard, Percy W. Bridgman, who is a physicist. Sidney Hook invented an amusing story of inquiry which he directed, among many others, to Ernst Kris, Sandor Rado, and Gregory Zilboorg, about 'a hypothetical child without œdipus complex'. His thinking in this inquiry unintentionally shows the fallacy of his reasoning; also the courage of our analytic colleagues who ventured into these discussions.

Jacob A. Arlow acts as model of the well-mannered analyst who shows exemplary behavior in enemy territory. He assumes a simple, direct, informative job of teaching and then summarizes: '. . . it should be acknowledged that psychoanalysis is not an esoteric cult in which the analyst foists upon gullible neurotic patients a preconceived mumbo-jumbo inherited from Freud. Psychoanalytic therapy is a meticulously painstaking investigation into human mental processes. It is by no means a perfect experimental tool but it is, nevertheless, a rational and objective procedure, governed by strict methodological considerations and operating within accepted canons of the scientific method.'

What profit can there be in discussing the œdipus complex with people who are able to prove conclusively to themselves that the existence of an œdipus complex among men is, philosophically speaking, an untenable concept?

MARTIN GROTJAHN (BEVERLY HILLS)

HUMAN POTENTIALITIES. By Gardner Murphy. New York: Basic Books, Inc., 1958. 340 pp.

One of the many paradoxes of this book is that it rouses the spirit like a militant hymn tune, yet it is not emotionally tinged but a logical juxtaposition of scientific observations. Though its bold originality and lucidity typify the author, it could hardly have been

written without the work of many other people. We glimpse the author surveying the lonely crowd with Riesman, gazing on to the end of time with Stapledon, following animal drives and the learning process with Holt, comparing art and visual experience with Arnheim, and experimenting in the paranormal with Carrington.

Most striking is the paradox with which the book opens. The author lists some of our present perils, cold war, possible hot war, 'seething new nationalism over half the world, almost universal problems of poverty and disease, . . . the struggle for power . . . [and] great instability in each momentary power aggregation'. Yet despite these threats, he points out, according to historical precedent, 'in and through the crises of today, and tomorrow . . . potentialities may find fulfilment. . . . Potentialities are not just incompleteness, but radically new kinds of human nature, and bearing the relation of acorn to oak tree . . . of ovum to adult.' And in conclusion, 'Human potentialities are given by the action of what sleeps within us upon the unformed potentialities of the world'.

The delineation of a potential is delicate as it can only be seen in terms of its fulfilment when it is no longer potential but actual. The author therefore explores the matrix in which these seeds of the future may be found and hints at or hopes for their occurrence. This matrix contains the 'three human natures': the first, concomitant to physiology and the product of evolution; the second, the reaction to culture; and the third, 'the creative thrust of understanding'. As for the first, mutations and economic improvements are changing it today. What may they not, with ever-increasing acceleration, evolve tomorrow? The answer can only be found in the development of a new science of individuality.

Such metamorphoses due to 'the vastness of the range of unused hereditary potentialities' and technology, though important and far reaching, are not however the main theme of the book. The significant potential is that man can think in new ways about old situations, and to use a physical metaphor, create a new dimension of thought. This can only occur when an assumption is abandoned. When, for instance, the Greeks stopped considering that material matters were the concern only of slaves, 'a geyserlike jet of new ideas was liberated'; when it was no longer believed that 'refractory human nature can be pounded willy-nilly into a shape demanded

by society', education was reformed. Relinquish the notion that intrapsychic conflict and tension are inevitable, and psychotherapy becomes possible. Liquidate the idea that man is inaccessible to scientific study and unheard-of disciplines, and conceptualizations appear.

With this the reader can agree happily. How obvious are the unnecessary and obstructing assumptions in other people's thinking! What about our own? We have acquired our knowledge and frame of reference only by effort, sometimes painful and demanding sacrifices, and we feel justified in putting a 'No Trespassing' sign on them. But this book implies that we should examine our mental possessions for what is redundant and outmoded, though discarding may be even more painful and strenuous than the acquisition was.

The author offers the reader ample rewards for such sacrifice. There is 'no end to the knowledge and resultant action forced upon him when our Pandora's box has been opened'. He sketches a museum of the future which would express and exemplify this multiplicity. The reader is then faced with the task of choosing from the myriad possibilities that science will offer society. But is he justified in mapping the unknown way his descendants will tread? Should 'A and B put their heads together to decide what C must do to D'? To answer this, the author makes wide excursions into the fields of determinism, the similarity and difference of processes occurring within and outside man, the boundaries of self, man's interdependence with the cosmos, 'the sovereign power of love', and curiosity, among others.

This timely book is a sign of the times. It seems that enjoyment of what has passed or is happening now is increasingly a luxury. The future is crowding us as never before. We must seek straws to show us where the stream of life is tending, and fancy crossing our bridges before we come to them. In former days even a philosopher like Bacon, with a similar purpose, could only say 'I do but sound the trumpet. I may not enter the battle.' We can thank our stars that have matched us with the means to scan all dimensions in time and space, and leaders, like this author, to show us how to use these means.

GERALDINE PEDERSON-KRAG (NEW YORK)

TABOO. By Franz Steiner. With a preface by E. E. Evans-Pritchard. New York: Philosophical Library, Inc., 1956. 154 pp.

This is a compact and learned little book. Dr. Steiner gives a history of the use of the word 'taboo' in ethnographic literature, sketching the cultural contexts involved. He then reviews and criticizes various theoretical positions, explicit and implicit. He concludes that all of the things that have been discussed under the rubric of 'taboo' cannot be seen in terms of a single problem; '... taboo is an element of all those situations in which attitudes to values are expressed in terms of danger behavior . . . '.

The chapter on Wundt ('the German counterpart of the English mid-Victorians') and Freud will probably be of greatest interest to the readers of this journal. Steiner eschews any criticism of Freud on psychological grounds, dealing only with matters that are 'believed or assumed to have some bearing on sociological generalizations'. He feels that Freud's consideration of the ethnographic materials stresses only two points: the difference between, and distinctiveness of, fright and horror, and the automatic nature of the taboo sanction. Steiner sees 'a certain arbitrariness' in this following of 'the best tradition' of the Victorian intellectuals.

There follows an acute criticism of the four points that Freud found in common between taboo customs and the symptoms of obsessional neurosis. The absence of offered motivation is not an acceptable criterion, for, if it were, 'the by-laws of a railway company would be closer to taboo than parental orders'. As a rule, motives are not assigned in cultures. 'This is an elementary observation, which no theory of drives can invalidate.' Second, the evidence does not support Freud's assumption of 'internal necessity' except in so far as all culture is internalized. Third, Freud's concept of 'morbid contagion concepts' confounds, from the ethnographic standpoint, two categories of things with two different sets of abstractions. Fourth, Freud's assertion that taboos give rise to injunctions for the performance of ceremonial acts begs the question. Cultural studies indicate that the chain of events often starts from the reverse direction.

Finally, Steiner calls attention to many points in Freud's argument that are demonstrably incorrect from the ethnographic data.

A central issue is the following:

There is never a situation in social life, primitive or otherwise, where this alternative obtains between what Radcliffe-Brown calls 'ritual' sanctions and I prefer to call 'psychological' ones on the one hand and, on the other, organized punitive activities in which men do what taboo failed to do, watch to see whether taboo works or not, etc. No such situation exists. None has been recorded by Freud.

In spite of the invalidity of many of Freud's statements about the cultural process and the sheer irrelevance—from the anthropological point of view—of some of his remarks, he has much to say that must command the respect of the cultural anthropologist.

Steiner's style (as may be seen from the passage above) as well as his thought is sometimes elliptic and 'constricted'. Nevertheless, this book is valuable both for its scrupulous collation of ethnographic and historical materials and for the penetrating nature of Steiner's interpretations and critical analyses.

CLYDE KLUCKHOHN (CAMBRIDGE, MASS.)

**FREUD: THE MIND OF THE MORALIST.** By Philip Rieff. New York: The Viking Press, Inc., 1959. 397 pp.

In spite of Freud's statement that he had not really been interested in medicine, and that his real and original love had been the philosophical approach to man's state, he was nevertheless a physician, and his method and theory grew out of therapeutic aspirations. His psychoanalytic substrate was biology—even up to his final theory of the instincts.

This volume is one of several<sup>1</sup> which have recently appeared aiming at a critique of Freud and psychoanalysis from the standpoint not only of the validity of the body of theory itself, but also from the standpoint of cultural change, morals, and the varying philosophies which grew out of the struggles incident to historical change. These are critiques by humanist scholars, not psychoanalysts, versed in the historical development of ideas, culture, and religion. It is remarkable how much these critiques are occupied with problems of religion. The specific avowed intent of the book under review is to study Freud's moral position and personal bias as reflected in the theory and directions of theory of psychoanalysis.

<sup>1</sup> See, for example, Brown, Norman O.: *Life Against Death. The Psychoanalytical Meaning of History*. Middletown, Conn.: Wesleyan University Press, 1959.

The author has an immense gift for understanding and paraphrasing Freud's clinical intentions as well as his theoretical propositions. Rieff gives Freud credit for being the most important cultural influence of our time, and for being the chief contributor to the emergence of 'psychological' man, succeeding the 'political' and 'religious' (Christian) man. Neither politics nor Christianity have solved human problems. Rieff then goes on to a number of important assessments. His principal criticisms are that Freud's biological orientation and reductionist approach have leveled everything human to the instincts of love and aggression; that this has reduced Freud to an unwonted pessimism about the future and the limitations of human nature; that psychoanalysis reduces all humanity to a dreary sameness; that psychoanalysis completely disregards individual differences, is blind to the matter of making choices (free will?), and that it does not recognize the innate goodness of man. There are also some personal assessments of Freud which are well taken: Freud's Judaic monotheistic bias; his adoption of Catholic Christianity as a model for study of religion; his assumption that religious belief is essentially passive and his neglect of the many instances in which religious and rebellious convictions were one and the same; his neglect of Protestantism; his contempt for women. All these are traced in the body of Freud's writings.

While many of Rieff's comments are sharply pointed and illuminating, he is nevertheless guilty of certain distortions. Rieff accuses Freud of ignoring conscious man with his various personality functions operating in their own right without reference to the past or to the instincts. Particularly, he accuses Freud of neglecting the function of perception. It is astonishing that Rieff, who quotes so liberally from *The Interpretation of Dreams* to find evidence for the dreary sameness or paradoxes of universal symbols, overlooks the long discussions of perception and consciousness, organizations of great complexity and functions in their own right, and other papers, particularly *The Note on the Mystic Writing Pad*. This area of psychoanalytic theory is precisely the point at which psychoanalysis shows the greatest promise of being integrated into a general psychology. The experimental psychologists are validating psychoanalytic theory of perception and demonstrating that this very function of perception, which Rieff takes as a thing in itself



varies with personality types and that perception itself serves unconscious defensive and selective functions.

There are other errors of commission and omission, such as the statement that 'the unconscious is a defense against a repressive culture'; the assumption that conscience and superego are identical; the neglect of the ego ideal. Rieff barely credits psychoanalysis with any comprehension of the ego. He treats psychoanalysis as though it were simply the report of an id-superego contest. He elucidates the various vicissitudes of the transference relationship, and then turns about and accuses psychoanalysis of fostering what it sets out to cure: intellectualization in treatment, childish faith in the analyst, forgetting that these very elements in turn are subjected to analysis and to reason. To cap the climax, Rieff accuses Freud of adopting a new faith: reason.

The author praises Freud for his scientific approach, but demurs at carrying the freudian reductionism beyond a certain point. In this respect he prefers Jung, who he says takes a definite stand, to Freud. In freudian psychoanalysis there can be no stand, no decision, all is reduced to the instincts. Rieff repeatedly attacks the genetic attitude; he insists psychology must be approached through the social process, even though he criticizes the neo-freudians who 'sociologize' mental processes. Rieff quotes Freud at great length to the effect that love is the great educator, using this to indicate that Freud, with all his rational scientific pretensions, was simply setting up a new variety of religious experience. Rieff fails to see that Freud is discussing the victory of libido over aggression and that this conflict is analyzable. In analysis, reason, not faith, is the victor. Rieff charges that Freud's morality colors psychoanalysis, but psychoanalysis neglects the moral man. At the end, he defines psychoanalysis as a moral science. To this reviewer it would be more accurately defined as a science of morals.

This is a provocative book, sharpening for the psychoanalyst certain aspects of Freud's personality and also the relationship of psychoanalysis to the great movements in politics, economics, and religion. The writing displays much knowledge of history, philosophy, religion, and vocabulary. Rarely are so many esoteric words printed within the covers of a single book.

SIDNEY TARACHOW (NEW YORK)

THE TEACHING AND LEARNING OF PSYCHOTHERAPY. By Rudolf Ekstein, Ph.D. and Robert S. Wallerstein, M.D. New York: Basic Books, Inc., 1958. 334 pp.

This book is dedicated to the students, alumni, and faculty of the Menninger School of Psychiatry, and it should properly be reviewed as representing an approach to the problem of teaching and learning of psychotherapy within that setting. Its seventeen chapters and extensive bibliography stress the theme of the title: the pedagogics of psychotherapy as it involves the complex staff of a large mental hospital.

The authors devote themselves essentially to the process of supervision as a method of training in psychotherapeutic skills. The last section discusses such technical problems as the utilization of recordings, the evaluation and selection of residents, and gives a guide to the literature. Those general considerations and problems which arise in the training program of a large psychiatric institution are described in the first two chapters. This is discussed succinctly and its elaboration emphasizes with considerable lucidity the varied complications resulting from the interplay between the hospital administrator, the supervisor of training, the student and the patient. These individuals are represented as standing in a relationship of dependent variables to each other. The two middle sections of the book, *The Beginning Phase* and *The Learning Process*, are, with the exception of a chapter on the psychology of emergencies, devoted to the process of the student's clinical supervision. Several illustrative clinical cases are included.

The reviewer is disappointed in the authors' concept of the process of supervision, particularly as they seem not only to condone but to defend the dual role of teacher and therapist assigned to the supervisor. Needless to say supervision cannot take the place of the student's therapeutic experience, and this, of course, refers to his personal analysis. The adage, 'no one can serve two masters' applies to the supervisor of psychotherapy, and all psychoanalytic training institutes have fully recognized this fact. I should like in this context to quote the authors in Chapter IX, *Problems about Learning*.

'Our own experience is, however, that in order to do certain types of psychotherapy (not psychoanalysis) personal therapy is not an essential concomitant or prerequisite—except in such cases as

those just referred to [severe neurotic disturbances]. The supervisory process itself undertakes to offer help with the learning problems and the problems about learning as they unfold, and is predicated upon the capacity of the individual supervised to make effective alterations in his professional self, without significantly changing his personal self. The two are not necessarily parallel.'

Contradicting the above statement the authors state in the chapter, Supervision vs. Psychotherapy: 'It is our opinion, then, that the personal psychotherapeutic experience is, with but a few exceptions, essential for the psychotherapeutic practitioner, and should be highly recommended to him. . . . But we favor a recommendation instead of a requirement, since the development of training patterns has not yet yielded sufficient experience to back up our impressions with reliable statistics.' And they add, 'The personal supervision of the psychotherapist-to-be should not compete with his personal therapeutic experience. Neither experience is to take the place of the other.'

Such divergencies of opinion are difficult to assimilate. While no ideal solution of these problems has been achieved, this significant point should have had greater elaboration and clarification.

The book is the result of much arduous study and thought for which the authors are to be highly commended and, with the reservations noted above, this work is recommended to all psychiatrists and institutions devoted to the development of a training program in psychotherapy.

MAX O. WOLFE (DETROIT, MICHIGAN)

**THE CENTRAL NERVOUS SYSTEM AND BEHAVIOR.** Transactions of the First Conference February 23-26, 1958. Edited by Mary A. B. Brazier, Ph.D. New York: Josiah Macy, Jr. Foundation, 1959. 450 pp.

The Josiah Macy, Jr. and National Science Foundations sponsored this distinguished conference in which thirty eminent American representatives of the basic and clinical sciences participated. This volume is a stimulating but heavy verbatim account of the four-day conclave which traces the development of neurophysiology in Russia and surveys current American contributions to the phenomenon of conditioned learning.

To abstract the already highly condensed content presents an insuperable task. The format of the transactions, with a minimum of structure and extremely active interchange between excellent and informed minds, is invigorating and enviable. Psychoanalysis could utilize this technique with profit. As a chronicle of neurophysiology, this report is nothing short of exciting. Roughly the first half reports the development of the science in Russia, and reads with a majestic historical sweep. The second half covers post-Pavlovian developments, focusing on central nervous system correlates of conditioned learning, on which prodigious amounts of work are proceeding in numerous laboratories. Here especially one finds tantalizing clues bearing on the problems of instinctual and ego functioning, such as symbolization, pleasure and pain, instinct versus learning, memory traces, separation from object, association, and many others.

Pavlov promulgated a concept of first and second systems of signals (pantomime and verbal language being one expression), whose relatedness to Freud's primary and secondary process concept is evident. The history of these theories and their possible antecedents should be known. One is struck repeatedly by the comparison Pavlov invites with Freud (even to their appearance in advanced age) and a fascinating comparative character study could be made.

The assiduous rejection of Freud's name is amusing, especially as one detects the return of the suppressed: *transfer*, *association*, *interpretation*, *analysis*, and *motivation* have all become useful terms in neurophysiological parlance. More serious is the almost uniform desperate avoidance of the subjective *psychic* event, in the name of objectivism and science. This would be quite legitimate perhaps were these men solely occupied in elucidating the, say, chemical or electrical happenings in brain functioning. However, as one reads, the conviction grows that this illustrious succession of gifted scientists is as passionately interested in unlocking the secrets of total behavior (belied in the title) as any psychologist, but bound by a rigid tradition and individual defenses to attempt this without the use of a psychology. They seem fated to struggle and pursue their Muse in a cul-de-sac.

Yakovlev, in a tour de force extending over seven pages, gives a brilliant if recondite conceptual model of vertebrate brain anatomy and function, which makes up in respectability whatever it may

lack in virtue. At very least this section, and the whole volume for that matter, will restore any sagging sense of dignity with which the analytic reader may be troubled. Neurology somehow has this capacity, just as a study of the unconscious can make one feel sullied. Be that as it may, if his (and other) ideas are a distillate from essentially independent lines of inquiry, then *psychoanalysts* and *neurophysiologists* have something to talk together about, and the gap between organic and psychic events in the central nervous system becomes a shade less infinite.

This volume is so rich that it cannot be read without adding to one's depth of perspective, humility, understanding, and sense of identity with the human sciences.

WILLIAM S. HOROWITZ (BEVERLY HILLS)

STUTTERING: A SYMPOSIUM. Edited by Jon Eisenson. New York: Harper & Bros., 1958. 402 pp.

The causes of stuttering advocated by the six expert contributors to this symposium range from psychological to organic, and the therapies from psychoanalysis to conditioning. Much emphasis is placed by some writers on the decisive importance of the parents' response to the mild stutter most children at some time manifest. One contributor thinks stuttering is probably akin to epilepsy. Peter Glauber, at the other extreme, totally fails to mention the possibility of an organic factor. One's theory of stuttering seems, in fact, to be like one's idea of God: personal, more or less dogmatic, unsatisfactory to others. Probably the best sections in the book are those by Eisenson, who argues for a 'perseverative' theory of stuttering, and Van Riper, who with candor and humor describes year-by-year his revisions of theory and therapy,—a self-appraisal as much needed in speech therapy as in psychotherapy. Van Riper achieved no definitive answers but he provides a model for which psychiatry might be grateful.

What to do for a stuttering patient? The book offers much to think about, to quarrel with, and to enjoy; but the answer is not here or, probably, anywhere else in the present state of our knowledge.

G. D.

LANGUAGE AND PSYCHOLOGY. By Samuel Reiss. New York: Philosophical Library, Inc., 1959, 299 pp.

This volume is one of several by this author on the relation between words and their meanings and on the meaning of meaning. Its point of departure and essential conclusion are that the fundamental nature of words and the tie that links them with their range of meanings is a problem not so much of linguistics but of psychology. Accordingly, the crucial phenomena for study are not discrete, objective symbols and their historical vicissitudes, but rather the creation of vocabulary seen as reflection of thought processes. That the latter turns out to be almost wholly what amounts to the psychology of the primary process within the unconscious would not be surprising coming from a psychoanalytic author; but coming as this study does from a nonanalytic one, it is pleasantly surprising and useful as well.

The method of demonstrating the linking of the language creating process with the thought process—the phoneto-semantic tie—consists of a series of discussions grouped around clusters of related simple words, or phoneto-semantic variants. To be more exact, these are long lists of simple words of spoken language followed by a large range of definitions of their meanings. Forty-six of them deal with English words and fifteen with Japanese, the latter demonstrating the relevance of the same psychological processes for all languages. The existence of so many different languages and dialects is accounted for by the concept of ‘sound preferences’ selected by different communities of people. For the purpose of this study, however, the nature of this internal development or ‘inwardness’ of language creation is not investigated.

Perhaps the most far-reaching conclusion from the word cluster discussions is the idea-associating activity, its nature and extent. The author differentiates his conception of association of ideas from that inherent in such well-known processes as learning and ‘conditioning’. According to the scope of his conception, idea-associating activity is a fundamental characteristic of the human thought process itself.

Turning from the general conclusion to more specific aspects, the following seem noteworthy. Word clusters are linked with idea associations, the former revolving about the latter. There is about the

components in each word cluster a general quality and a dynamic flow rather than a specific, sharply differentiated, and independent relationship. In other words, they are phonetically highly interrelated action sounds. A given word is best thought of as one 'value' among a vaguely delimited number of other values of a 'word variable'. Single words are essentially unpretentious, short, snappy sounds expressive of striking or dynamic action. In this they reflect a characteristic of the thought process itself which expresses itself through the use of words. Simple dynamic sounds are psychologically associated with a dynamic action of some kind. This is the source of any native word and, according to the author, there is no other origin. Furthermore, although the different types of perceiving may be physiologically different, from the standpoint of the language creating process they all have the unifying trait of the activity of striking something or being struck by something. Most significant is the fact that a simple physical action can be translated into a figurative or metaphorical expression. Thus, the metaphorical transfer of meaning provides the mechanism by which the knowing, sensing or perceiving aspects are linked to the simple, concretely striking word-sounds. It is the same 'metaphorical' thinking which accounts for the practically unpredictable transitions from one connotation of striking or meaning to another. However, even much less than the words, the meanings do not constitute a discretely denumerable set of variables.

In addition to the concept of fluidity, the possible scope and variety of meanings that may be associated with a simple sound is further characterized by the broad, imaginative, and 'poetic' quality of the word-to-meaning linkage. That is another way of saying that the linkage has an emotive or feeling quality that is perceived as possessed in common by any of the different specific actions or objects that the word may denote.

Besides being felt as simple action sounds, words are also experienced as imitative or onomatopoeic. This resemblance of imitation is not physical but psychological; hence it is that in all languages the imitative origin is experienced in the same way as in English, albeit within the above-mentioned group preference for certain sound patterns. The process of sound-to-meaning linkage is furthermore effected by a process for the most part unconscious, in which the quality of the sound of the word as psychologically ex-

perienced is 'assimilated' to a quality of the action linked with the sound.

Another fundamental 'given' in language creation is part of what the author calls the human condition itself, namely, that communication must depend on the assumption that the communicants are capable of 'attuning' to each other by virtue of their possession of a common mentality. He seems to be approaching here the freudian concept of archaic heritage, particularly the inherited disposition to certain thought processes or ideas on a par with the instinctual disposition. On the other hand, the fact that the human individual is a closely integrated member of a sociobiological group, sharing a common human mentality, is made accountable for the conventional limitations in the phoneto-semantic realm.

The correspondence between a word and its meaning must be viewed in psychological rather than in formal, mathematical, or mechanical terms. The author equates this with qualities of the personal or subjective, and concludes that there is no way of fully grasping one's meaning or intent other than by a 'sympathetic' understanding. He also makes the point that words do not exhaustively define meanings, merely allude to them, serving as hints to the full meaning intended. Because it is difficult to grasp the abstractness of the notion of idea behind words, he believes that linguists see the problem of language as primarily that of word sounds themselves, whose 'laws of change', for example, they seek to establish. He considers that such a linguistic science, while it may have all the external appearance and dressing of a science, can only constitute a pseudo science since it fails to take into account the all-important concept of meaning in itself. I believe this criticism applies to the current vogue of the so-called psycholinguistic measurements, and it strikes me as very apt.

The question 'Do we always think in images?' is answered in the affirmative. The same imagery thinking that is associated with the thought process in general is linked with any simple word. Thus any word is associated with some image in the mind of the speaker or the hearer. To be more exact, the author does not imply that ideas or thoughts are synonymous with images, but only that the thought process operates in conjunction with images. He further believes that thought in itself is imageless or wordless or, in general, asymbolic.



The author states that his method of applying language study for uncovering the association of thoughts is, 'after a fashion, analogous to Freud's use of his word association method' for uncovering the unconscious complexes of his patients. We may perhaps regard this reversal of facts as a parapraxis. Other freudian resemblances are his reference to unconscious thinking as 'instinctive' thinking akin to other race and self-preservative functions. This fact was mentioned also in connection with the idea of archaic heritage. A more specific instance of resemblance is his demonstration from a range of words within which the 'hollowing out' idea is merged with the 'bulging out' idea, thus coinciding with Freud's observation that some words have double and antithetic meanings.

The author concludes by stressing three fundamental phenomena and one or two implications. First, language and thinking are inevitably anthropomorphic. When language is related to the physical world, it denotes not objects but ideas in relation to objects; ideas that refer the particular experience perception to the total experience. It is inevitable that an element of feeling or emotion reflects the effect of what is observed on the observer himself. There seem to be no exceptions to this. Thus, despite some recent references to the contrary, one must conclude that the idea with which the physicist, for example, works cannot be of a kind of intelligibility different from that of the conceptions expressible in the common language. No science, physical or mental, can actually be objective in the sense of freedom from intrusion of this human element. This is another way of restating his belief in the 'all metaphor' character of language.

Second, the concept of association of ideas is fundamental for the concept of an idea itself, no idea existing in independence of other ideas. Therefore, it seems that the essence of thought itself is the perception of relationships or of associations between ideas. Ideas possess no independence of their own as individual self-contained entities, but only in relation to a background of idea associations of vaguely delimited scope. The concept of independent words linked with independent meanings should be replaced by that of word variants linked with meaning variants.

Third, the process of idea-associating activity is characterized as an intense, predominantly unconscious primary activity, existing apart from any language utilized to express it, and though associated with

physical language, it is in no sense identified with it or contained in it. An idea can be expressed through the physical entity of word sounds. But a meaning or an idea is something of which the words can only give the intent; it exists only in minds and is conveyable only to minds. Meaning is not something which can be 'objectified', 'depersonalized', or 'dehumanized'; it derives its sole significance only in relation to some mind. This is the author's conceptualization of the realm of the purely psychological or mental. Despite some of the philosophical terminology, it is obvious that his views cleave very closely to the psychoanalytic lines of thought.

Of special relevance for analysts is the author's dialectic in relation to what he calls the current positivist *Weltanschauung*, which finds expression in the physical and social sciences, linguistics, psychology (in its extreme form as behaviorism), biology, logic, philosophy, and even 'semantics' itself. The positivist outlook is the very opposite of the author's, placing all emphasis on the concrete symbol, conferring upon it a more real existence, effectively identifying the meaning with the symbol. It is the author's conviction that the problem of meaning as it is met in every science and every art is precisely the one which is itself not amenable to a positivist treatment. As an illustration, he makes a most telling argument against the application of 'information theory'. He shows how this tool of engineering, originally concerned with improving designs of communications systems, has been adopted for finding meaning in language through statistical and mathematical calculations applied to the formal arrangement of symbols. He concludes that this method offers no insight into the process of language creation or the range of the meaning of words.

The reviewer takes special notice of the cogency of this part of the discussion because he has been following a recent trend of applying this approach to language analysis in psychiatric interviews, especially in studies evaluating the therapeutic process. Another implication stems from the fact that the unconscious has its own assumptions and logical implications. As a consequence these may underlie certain physical theories. However, the formal expression of these theories may well contradict the underlying, unconscious assumptions. The author concludes that there is therefore a need for a

deeper study of the logical and psychological components of concepts relating to reality.

This author deserves much credit for his profound conclusions and diverse applications of them to many departments of science and life. Beginning with clusters of words and the range of their meanings, he derives from their study a broad general view of what is the mental or, as analysts would say, the unconscious realm. It is gratifying to discover in this study substantial agreement with certain fundamental psychoanalytic findings and concepts, despite the fact that the author did not explicitly point to these, and despite the fact also that ultimately the most authentic proof of the veracity of psychoanalytic or any other scientific findings must come from a scrupulous repetition of the special techniques of this particular discipline.

The author fights valiantly and convincingly with his dialectic sword against formidable enemies—the so-called scientific positivists—especially in the field of linguistics. He has made a good start. From the point of view of the analysts, however, who have fought the same battle and presumably successfully, he stands really at the barest skeleton of the foundation of a very necessary structure, a foundation they have already constructed. But rather than point smugly at the author, I would like to present a question that seems inevitable: Why is it, language being the tool of the analyst—his daily bread, so to speak—that analysts have not moved beyond a mere few building blocks of their own toward a more substantial contribution to a psychoanalytic linguistics? We have quite a few germinal ideas which have not been sufficiently cultivated as, for example, some of Freud's concepts on regression in aphasia; the parallel of speech and ego development; Sperber's contribution on the relation of sexual events to the development of language; Kubie's body symbolization and the development of language; the contributions of Lewin and Bunker in relation to body-phallus and voice-phallus equations respectively; Fisher's work in relation to perception; the many contributions to the psychopathology of functional and organic disorders of speech. For those who think that these fallow areas need tilling, Reiss's study should prove an inspiration.

I. PETER GLAUBER (NEW YORK)

**EMOTIONAL PROBLEMS OF ADOLESCENTS.** By J. Roswell Gallagher, M.D. and Herbert I. Harris, M.D. New York: Oxford University Press, 1958. 174 pp.

This book is addressed to those who are responsible for the education of adolescents.

It discusses in well-organized sequence the areas of adolescent life in which normal and pathological disturbances occur, both on first sight often indistinguishable. The normalcy of aberrant behavior during this period is stressed and the sources of tension are described. The material is organized in terms of clinical psychopathology, which is evident from the chapter headings: Sex, Rebellion and Dependence, The Severe Disorders, Anxiety States, Psychosomatic Disorders, Homesickness, Stealing and Other Anti-Social Behavior. An excellent discussion is given of the Pitfalls of Testing. A suggestive reading list is appended.

A book on adolescence which dispenses altogether with psychoanalytic terminology, and still conveys its essence as far as it is communicable in a popular exposition, is heartily welcome. It seems, however, that 'family' and 'group' life deserves more attention than they are given in this book; also, the various stages of adolescence should have been more explicitly emphasized. Genetic explanations are, furthermore, too oversimplified. It seems to be an unwarranted reassurance that unconscious conflicts can be resolved if only the adolescent 'puts into words' what weighs so heavily on his mind.

This book nevertheless conveys a helpful, sensible attitude toward adolescents. Without creating alarm, it presents an enlightened awareness of deviate tendencies which often find benefit from professional intervention. The book is recommended as a competent, unfanciful, and highly readable guide to the age of adolescence.

PETER BLOS (NEW YORK)

**LONGITUDINAL STUDIES OF CHILD PERSONALITY.** Abstracts with Index. By Alan A. Stone, M.D. and Gloria Cochrane Onqué, M.D. Cambridge, Mass.: Harvard University Press, 1959. 314 pp.

As part of the research project directed by Ernst Kris and Milton J. E. Senn at Yale University Child Study Center, two then undergraduate medical students made a survey of the literature on longi-

tudinal studies of personality development and behavior. Doctors Stone and Onqué first reviewed articles appearing in the *Journal of Genetic Psychology*, the *American Journal of Orthopsychiatry*, *Child Development*, *Child Development Monographs*, *Genetic Psychology Monographs*, *Monographs of the Society for Research in Child Development*, and *Enfance*. Next, they reviewed all relevant articles described in *Psychological Abstracts* and *Child Development Abstracts*. Theirs was a prodigious labor. All in all, they reviewed almost one thousand books and articles of which nearly three hundred are abstracted in this book. The abstracts are arranged alphabetically by author and include setting, subjects, time span, methods of observation and testings, findings, and, in many instances, author's interpretations. Most are brief but some abstracts are relatively detailed. The period covered is from about 1925 to 1955. The index combines subject and author.

This is a comprehensive bibliographic review of this particular field of work and will be of considerable value as a reference for all those engaged in studies of personality development.

ISIDOR BERNSTEIN (GREAT NECK, N. Y.)

## Journal of the American Psychoanalytic Association. III, 1955.

Barbara Young

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## ABSTRACTS

**Journal of the American Psychoanalytic Association. III, 1955.**

### **Intuitive Processes in the Psychotherapy of Schizophrenics.**

This group of papers, relating to factors that promote or inhibit the analyst's intuitive awareness, comes out of a research project at Chestnut Lodge under the direction of Dr. Fromm-Reichmann.

**The 'Intuitive Process' and Its Relation to Work With Schizophrenics.** Alberta B. Szalita-Pemow. Pp. 7-18.

Szalita-Pemow defines the 'intuitive process' as understanding which erupts 'ready-to-use' into the conscious mind. It differs from other thinking in the rapidity of connections and the availability of channels of communication. The use of visual images accounts for the rapidity. The schizophrenic patient thinks with dreamlike associations but the channels of communication with realistic thinking are confused. The therapist makes a relation with the patient on two levels: he must follow the dreamlike thinking and, at the same time, reflect upon it. His anxiety is understandable, but if it is great, it interferes with his intuitive abilities.

**Dependency Processes in the Psychotherapy of Schizophrenia.** Harold F. Searles. Pp. 19-66.

This is a most interesting paper. Its usefulness in understanding and handling therapeutically feelings of dependency and related defenses extends far beyond work with schizophrenics, for it is equally illuminating as these problems occur in 'borderline' and neurotic patients. The schizophrenic seeks another person to gratify totally his needs, both psychological and physiological; he gives nothing in return. Such a need produces tremendous anxiety and guilt and brings about numerous defensive measures. Searles discusses the various reasons for the anxiety and for the manifestations of the dependency problem in treatment; but this abstractor believes that only intuition can guide the therapist to pertinent use of these suggestions. The author indicates that intuition is severely hampered when the therapist has to deny his own need for dependency. His emphasis on the importance of the guilt always associated in the schizophrenic with feelings of dependency is most useful. He believes the therapist's task is not to make up to the patient for past deprivations, but rather to help the patient arrive at a full and guilt-free awareness of his need for dependency. Searles discusses the ideas of various therapists with regard to the use of gratification. He advocates moderation in gratifying wishes for dependency, and places emphasis upon the patient's anxiety about closeness and the need for firmness on the part of the therapist.

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**Some Problems in Communication With Schizophrenic Patients.** Donald L. Burnham. Pp. 67-81.

Burnham indicates the variety of things communicated to him by a patient whose words were unintelligible. This occurred when he stopped thinking he must translate the language and began to listen more broadly to the total communication.

**Clinical Significance of Intuitive Processes of the Psychoanalyst.** Frieda Fromm-Reichmann. Pp. 82-88.

Fromm-Reichmann sums up the conclusions of this preliminary report on the research project. 'First, that intuitive processes are essentially the same as other thinking processes, and there is nothing magical or mysterious about them; second, that the working of the intuitive processes in the analyst who treats schizophrenics may be looked upon as a function of the analyst's countertransference and his clear awareness of the realistic and transferred elements in the doctor-patient relationship; third, that severe anxiety in the analyst and his defenses against it constitute a serious source of interference, mild anxiety a potential source of stimulation of the successful operation of the analyst's intuitive processes and their therapeutic validity.'

**The Therapeutic Process in the Treatment of Schizophrenia.** Edward D. Hoedemaker. Pp. 89-109.

It is of interest to have Hoedemaker's working concepts and techniques in treating schizophrenics in juxtaposition with the Chestnut Lodge research project papers above. Their ideas are not necessarily mutually exclusive; no doubt the Chestnut Lodge group work toward creating healthy identifications in the patient, and Hoedemaker works toward understanding processes of dependency. But by implication the techniques sound different. Apparently Hoedemaker is active, often making decisions for the patient. The Chestnut Lodge group emphasize understanding, though this comes about by interaction with the analyst as a real person.

Hoedemaker believes that the schizophrenic is ill chiefly because of the presence of overwhelmingly pathological identifications from the earliest years which cause paralysis of such ego functions as reality testing, and bring about regression to oral levels of functioning. He works toward creating new identifications leading to a new superego-like structure. He discusses one patient in detail, showing how she created a situation many times that caused the therapist to react aggressively toward her, incorporated this aggressive act, and then showed ability to handle a similar situation in the real world. This patient's mother responded to any interest the patient expressed in anything by ignoring it, killing her off in effect. The patient's archaic superego could not contain its aggression and 'killed off' the ego in the same fashion. The patient's ego was hungry to observe and incorporate some other person's way of meeting as many divergent situations as possible.



**Gogol: A Study on Wit and Paranoia.** Mark Kanzer. Pp. 110-125.

The interplay between a paranoid individual and a discontented social group is traced in the career of this Russian writer. Common symbols gave outlet to repressed individual forces and political forces. Each type of force served to weaken preconscious controls and discharge unconscious drives for the other. When this brought about a relaxation of Gogol's defenses he abandoned wit and proclaimed himself a political leader in megalomaniac fashion. The public therefore quickly dropped him and he became openly psychotic.

**The Ego, the Body, and Pain.** Thomas S. Szasz. Pp. 177-200.

Szasz clearly states his conception of pain as an affect and his belief that our concept of the mental apparatus must be modified, and the concept of the ego extended, to bring fuller understanding of what pain is and how it relates to ego functioning. The classical picture of the mental apparatus as superego, ego, and id leaves the position of the body ambiguous. The theoretical framework of object relations, in which the ego is thought of as in interaction with some other system or object, be it breast, mother, superego, or image, permits us to imagine the ego relating to the body also as an object.

The author compares the adult ego's relation to anxiety and its relation to pain. Anxiety is a signal to the ego of danger, originally and fundamentally of danger of loss of an object. Pain is a signal to the ego of danger of damage to or loss of part of the body. Thus the ego relates to the body as an object as well as to other people.

Szasz believes that in the early period before differentiation between ego and nonego, between self and objects, the affect felt is undifferentiated pain and anxiety. In the second stage (four to nine months) when the infant begins to know self from mother, pain begins to be felt in relation to the body and anxiety toward other objects. With maturation, the affects of anxiety and pain acquire many overdetermined meanings.

The distinction between 'organic' and 'psychogenic' pain is meaningless when we consider pain in terms of the relation of the ego to the body; all pain 'refers' to the body. Only as the judgment of an observer in considering the source of the pain do the above terms have meaning. 'Organic' and 'psychogenic' pain correspond to 'objective' and 'neurotic' anxiety, these latter also being observed judgments.

**Hypnoid State, Repression, Abreaction, and Recollection.** Hans W. Loewald. Pp. 201-210.

Loewald postulates that the hypnoid state, a concept used early by Freud to explain the origins of hysteria, and later discarded for his theory of childhood sexual trauma, actually still has pertinence in our present thinking. The hypnoid state was considered to be a pathological state of awareness or feeling (such as terror or twilight dream state) obtaining in the child when a traumatic event makes impossible direct discharge of feeling and 'associative absorption' of the experience alongside other experiences.

Loewald believes that Freud uses the same concept with different words in his later theory when he considers that it is the 'infantile condition of the

psychic functions' existing at the time of the sexual experience that subsequently, as a memory trace, exercises pathological influence. In maturity a sexual stimulation is influenced by this memory trace and is still experienced as something the psychic functions and sexual system cannot cope with. The trauma occurs not so much at the time of the early sexual experience as later, when the psychic and sexual apparatuses are more mature. Then this memory trace, reactivated, acts as a fresh, more severe experience and brings about repression. The analytic task is to transform these unconscious memory traces into recollections, to remove them from the realm of unconscious somatic response and to integrate them with other experiences. Two forces must be overcome: the defensive resistance of the ego and the strong pull of the unconscious memory trace (repetition compulsion). Loewald writes that '... abreaction through recollections, affective discharge, and verbalization is beyond and deeper than the undoing of repression, a lifting of unconscious processes (unconscious memory traces) onto a higher level of integration, a transformation of primary into secondary process'. Then the experience is associatively absorbed and ranged alongside other experiences.

**The Reconstruction of a Traumatic Childhood Event in a Case of Derealization.** Victor H. Rosen. Pp. 211-221.

Rosen succinctly presents material pertinent to the reconstruction of a traumatic event during the treatment,—which must have been a complicated and unusual psychotherapeutic undertaking,—of a professional man with marked feelings of derealization bordering on schizophrenia. Rather than feeling anxious, he had bizarre bodily sensations and often needed to deny reality. Reality was forced upon him when the doctor discontinued treatment because he did not pay his bills. After work resumed it was brought out that at age three he had witnessed his mother's attempted suicide by hanging. He cried dramatically at the recollection. There was steady progress in treatment thereafter.

The author believes that repression was not available to the patient as a child and adult, partly because the event had been denied by his parents, so that he defended himself against intense affect by the more primitive identification with the hanging mother. 'It is the repetition of this traumatically fixed defensive pattern which would be responsible for turning current threatening affects into somatic sensations, with the partial loss of object cathexes, which is experienced with each recurrence as the symptom complex of derealization.'

Rosen closes with a brief general discussion of reconstruction, suggesting that the phase of psychic development in the child as well as the neurosis of the significant parent at the time of the event influences the means of defense employed. This patient was at age three in a transitional state of ego development, when he was separating fantasy from reality. This, plus his parents' denial of the reality, influenced his choice of identification and derealization as defenses.

**On Obsessive Thoughts.** George Gero and David L. Rubinfine. Pp. 222-243.

The authors' thesis is that the obsessive fear of killing a child is the outcome of an unconscious masturbatory fantasy. In a rather loosely organized fashion they present clinical evidence, primarily from one woman patient, interspersed

with references to Freud's ideas and other theoretical assumptions and conclusions. At times when fantasies, sexual sensations and impulses all must be repressed, this patient felt a nameless agitation and restlessness, whereupon the impulse to hurt a child would appear. The content of the fantasy seemed to show that she was identifying herself with both parents. In a narcissistic condensation she wanted to hurt and be hurt at the same time; to play the male and female roles simultaneously. She wanted to hit a boy on the head; she was the boy as well as the aggressor; the hurting or killing had a special phallic sexual meaning and represented a sado-masochistic fantasy in a displaced and disguised form. Ordinarily only partial repression was necessary and she could permit some fantasy or feeling within her awareness. But when events reactivated the unconscious oedipal fantasies with their genital anxieties and superego prohibitions, complete repression became necessary and the obsessive symptom appeared.

**Forepleasure: Its Use for Defensive Purposes.** Ralph R. Greenson. Pp. 244-254.

Dr. Mary O. Hawkins has remarked that in the masturbation fantasies of adolescents can be found the fundamental elements of their neuroses, but that one does not usually hear these fantasies until treatment is almost completed. Perhaps the same is true of forepleasure fantasies and activities in adults. Greenson indicates that the analyst learns from these fantasies not only the fate of the infantile instinctual components and their relation to end pleasure, genitality, and orgasm, but also the various defensive maneuvers in operation against the instinctual drives. Forepleasure activities vary tremendously but if they lead to satisfying mutual orgasms Greenson considers them normal. He discusses briefly a number of pathological patterns of forepleasure, nicely illustrated with case material, and concludes that frequently forepleasure activities are used to enact a fantasy which has the purpose of denying or counteracting some frightening aspect of sexuality. The fantasy distracts from the sexual act, and the greater the amount of fantasy the less the object and the self are cathected.

**A Problem in Psychoanalytic Technique.** Frederic G. Worden. Pp. 255-279.

Worden gives a detailed report of analytic work with a 'borderline' patient, illustrating in particular the problems of interpretation when little observing ego is present. His preliminary discussion is thought-provoking; it relates to the problem of introducing parameters into the classical analytic procedure while working with patients with defective ego functioning. The young woman patient was extremely difficult to treat. Because of the chaotic and stormy course of her life and of the analysis, Worden, finding his interpretations ineffective, used various parameters. When he was finally able to aim his interpretations so that they facilitated and supported her ego's capacity to observe and collaborate analytically at the level of secondary process thinking, there was a dramatic change in the course of her analysis and life. Her erratic behavior and lack of reality testing were found to operate as defenses against intense guilt which she had to avoid feeling and knowing about. Worden then directed his interpretations systematically to this defensive activity. He believes that he assisted her in

a psychosynthesis which she was not capable of alone, but indicates that his initial appraisal of the degree of ego defect was exaggerated and seems to imply that the parameters he had used were not necessary.

The abstractor wonders if Worden is not being a little unfair to himself. Perhaps some of the parameters were used in desperation and were unwise, but would this type of later interpretation have been so effective if he had not initially given to this disturbed patient more of himself than a classical approach permits?

**The Concept of Anxiety in Relation to the Development of Psychoanalysis.** Elizabeth R. Zetzel. Pp. 369-388.

The author briefly scans Freud's progressing concepts of anxiety and illustrates how both the earlier, more physiologically oriented ideas and the later ones, stressing the role of anxiety in the functioning of the psychic apparatus, are being confirmed and elaborated in recent analytic, physiological, and sociological studies. The turning point in Freud's thinking about anxiety appears in the final chapter of *The Interpretation of Dreams* (1900), in which he still explicitly speaks of anxiety as transformed sexual energy but indirectly implies the operation of anxiety in the ego as a signal for defense (in discussing the motive power of dream censorship). In *Inhibition, Symptom, and Anxiety* (1926), he expresses his final, dual concept of anxiety: the primary anxiety of being overwhelmed by helplessness in massive stimulation, and secondary anxiety as a signal produced by the ego. He changed from thinking of repression as the source of anxiety to thinking of anxiety as the cause of repression.

Zetzel discusses various recent ideas. 1. Aggression can be the source of anxiety, especially in schizophrenics, psychosomatic patients, or depressives. 2. Internal dangers arise from objects inside the self as well as from instincts. 3. Experiencing overstimulation or extreme frustration in the early months of life causes primitive discharge anxiety and impairs development of ego integration. 4. Signal anxiety is an integral feature in psychic development. The capacity to tolerate anxiety is essential for healthy character. 5. 'Anxiety makes for repression, repression causes frustration, frustration may represent an inner danger, and this causes more anxiety' (a concept stated by Schur).

**On the Psychoanalytic Theory of Anxiety: A Statement of a Unitary Theory.** Leo Rangell. Pp. 389-414.

In discussing recent theoretical views concerning anxiety, Rangell mentions the divergent views as to the existence of an 'actual' neurosis, or the automatic production of anxiety. He cites various views concerning the early origins of anxiety but believes that the basic question about whether anxiety as such exists in the precursors of the ego remains unanswered.

The author proposes that the 'actual' neurosis, or state of being dammed-up, is a valid entity but that the production of 'automatic' anxiety without ego participation does not follow from this. In the traumatic situation it is the affect of 'unpleasure' that is automatic; anxiety appears as a reaction to danger (for instance, the danger that the state of helplessness will get worse) just as in signal anxiety. He believes that in neither the unpleasure of the traumatic state nor in signal anxiety can the term 'automatic' (in the sense of 'having no psycho-

logical meaning') be used. Conversely, 'automatic' in the sense of 'occurring involuntarily and passively' applies to both. The ego does not produce anxiety, but perceives it, and then uses it actively as a signal. Rangell's unitary theory is: 'Damping-up of instinctual energy is an economic-dynamic condition of unpleasure, and anxiety a specific reaction to the danger which this (or any other condition of danger) entails'. He fits his concept into the theory of affects. He indicates that the progression from experiencing helplessness to signal anxiety occurs with increased ego control, and speculates concerning an innate, instinctive source of defensive affective energy.

**A Dualistic Viewpoint on Anxiety.** Joachim Flescher. Pp. 415-446.

In a rather long discussion, the author explains his differences with Freud's theories of anxiety and presents arguments for his 'dualistic' theory. In Flescher's hypothesis, 'dual' is based on the fact that instinctual and emotional manifestations are alloys of erotic and aggressive drives and their derivatives. ('Dualistic' hence implies something different from the use of 'unitary' by Dr. Rangell in the preceding article.) Flescher conceives of anxiety as a discharge reaction to a dangerous situation which is prevented from motor expression, and believes that it is aggressive in origin even when sexual impulses are involved, for frustration of the sexual wish leads to defusion of the libidinal and aggressive drives. Physiologically, anxiety has more in common with rage and fear than with libido; it is a physically atrophied aggressive reaction aimed at eliminating the danger. The aggression is directed against reality or its internalized substitute, but the child's fear of retaliation from the parents or superego, based on its own aggressive wishes, keeps it from direct expression. The energies of the nonmaterialized aggressive action are used by the ego for repression. Therefore anxiety and countercastration are both of aggressive origin.

**The Basic Fear.** Gert Heilbrunn. Pp. 447-466.

The author gives examples of cannibalism in animals and of its presence in the past of all civilizations. He believes that the infant's anxiety-preparedness at birth is due to an inherited fear of being eaten, and that the fear of passive oral destruction is basic and recurs in all traumatic situations.

**Christmas 'Neurosis'.** L. Bryce Boyer. Pp. 467-488.

Boyer discusses four patients who became depressed at Christmas. Each craved complete oral satisfaction from the mother. The newborn Christ represented the rival sibling (or father). Is Christianity so popular in the Western world because its legend of Christ as having no father is appealing to the wish to be the permanent primary object of the mother's love, to be united with her?

**Panel on Termination of Training Analysis.**

In these papers the four analysts are in agreement concerning the complications in didactic analyses but each discusses a different aspect of meeting the difficulties. There is great value in such an interchange of ideas, for analysts differ as do their patients.

**Termination of the Training Analysis Within the Framework of Present-Day Institutes.** Rudolf Ekstein. Pp. 600-614.

Ekstein reviews opinions on the complications in termination caused by the fact that the training analyst is a decisive person in the life of a candidate. The training analysis should be a thorough classical one which not only frees the candidate from his neurotic illness but also permits his achievement of maximum insight and maturity, so that he may use himself creatively in a disciplined, skilful, artistic, and empathic fashion. He must be capable of constant self-reanalysis. The training relationship makes this achievement more complicated. Most analysts believe that contact outside analytic sessions should be kept to a minimum during treatment and for some time thereafter to permit adequate opportunity for 'mourning'. The increase in size of institutes, with training committees making the decisions, adds to the complexity of the problem. Ekstein believes that if the analyst can function as part of the group and accept a minimum of basic common standards despite his individual views he can offer the candidate a stable situation in which analysis and termination may proceed.

**A Contribution to the Problem of Termination of Training Analysis.** Therese Benedek. Pp. 615-629.

In contrast to the frequent statement that a candidate's problems in his supervised analytic work (or an analyst's problems with his patients) are due to insufficient personal analysis, Benedek believes that at times the countertransference of the training analyst may cause an irresolvable transference neurosis in the training analysand. The goal of the training analysis is unique. The analyst must learn to meet stressful psychic situations at his job; he must learn to use his unconscious in a dependable manner in his work; his personality must be prepared for the process of interminable analysis, the fate as well as the equipment of the psychoanalyst.

The candidate's degree of neurosis and his ability to use his personality as a psychoanalytic tool have little correlation. The amount of analysis necessary in each area of the personality varies considerably. Formal training may interfere or confuse the therapeutic effect of the analysis. Personal analysis hinders the learning of self-analysis in supervised work. Benedek suggests dividing the analysis into two phases. The preparatory phase acquaints the candidate with the unconscious and enables the instructor to determine if he should continue his training (by Freud's criteria); it is continued till the candidate is emotionally ready to conduct psychoanalysis under supervision. He then stops, pursues his training, and integrates a postanalytic personality. The second phase of analysis tests the adequacy of self-analysis and gives opportunity to work through conflicts unresolved or activated by supervised work. It may be short or long depending on how much therapeutic work remains to be done.

**Special Problems in Connection with Termination of Training Analyses.** Edith Weigert. Pp. 630-640.

With an increased number of candidates coming to analysis to satisfy educational rather than therapeutic needs, the analysis often becomes analysis of an

asymptomatic character. Often experience in training (classes and supervision) arouses anxieties and brings defenses into focus, facilitating the analytic process. But a training analysis is educational, and in this sense interminable.

Weigert stresses the importance of the analyst's working through his countertransference feelings. Dissolution of the transference resistance brings about firmer integration of the patient's personality and a greater frankness and clarity in free associations. Also the potential countertransference reactions of the analyst subside and he feels freer from anxiety and more spontaneous. Weigert seems to agree with Balint that training analyses necessarily become longer as we seek to activate the negative transference to bring to attention destructive pregenital impulses with concomitant dependency. Termination is indicated when the analysand dares to relinquish a dependent identification for a mutually respectful differentiation, when anxieties about loss and incorporation, and unrealistic concern about success or failure, can be transcended. Both analysand and analyst reach the point of collaborative truthfulness. Weigert uses Balint's term 'research analysis'. A research analysis emphasizes the common goal of analyst and analysand to strive for the ideals of scientific truth as well as for freedom from unconscious anxieties and conflicts.

**Problems of Termination of the Training Analysis.** Emanuel Windholz. Pp. 641-650.

The manner in which the candidate works through the specific characteristic of a didactic analysis,—the identifying with the 'professional activity' of the analyst,—is the determining factor in his success as an analyst. Working by identification at first is necessary in all candidates but the degree to which it can be supplanted by the use of sublimation determines the success of the analysis. In some instances this push toward a sublimation beyond the candidate's capacity can be a professional hazard. Windholz discusses in detail the need of at times admitting failure, acknowledging 'humaneness'. However, doing so introduces complications, including the analyst's alleviation of his own guilt. Greater knowledge of the dynamics of the specific sublimations necessary for analytic work should help in the selection of candidates. Identification with the analyst in his work (with his 'neutral attitude' in interpretations) plays a role in the 'ego transformations' of the candidate, and increases the capacity of his ego to tolerate derivatives of unconscious impulses in himself and in his patients.

**Setting a Termination Date—An Impetus to Analysis.** Martin H. Orens. Pp. 651-665.

A woman with depressive symptoms after the birth of her first child was unable, when she began treatment, to follow classical procedures. Before the termination date was set, the analysis was chiefly concerned with penis envy, fear of sadistic wishes, and other phallic matters. Setting a date for ending brought forth the powerful anal sado-masochistic material and the deeper wish to be reunited with the mother. The analysis meant to her, at bottom, the longed-for union, by perpetual pregnancy, with mother.

**The Selection of Candidates for Psychoanalytic Training.** Robert R. Holt and Lester Luborsky. Pp. 666-681.

The authors present suggestions for selecting psychoanalytic candidates, derived from a study of psychiatric residents at the Menninger School of Psychiatry. Predictions from interviews alone proved to be slightly better than chance predictions. If the interviews are supplemented by a battery of tests, their predictive value is greater. One error in interviews and tests alike is to overemphasize the pathology and pay too little attention to the strengths and the history of previous functioning. Results of stress interviews may be misleading, for a person's functioning in a passive, reactive relation to a threatening authority may be very different from his reaction to being in control as is usual in his work. A battery of tests should be used, and administered by people who, by experience, have proved to be good interpreters of function in psychiatrists. Holt and Luborsky offer suggestions for keeping simple records of interview impressions during the candidate's training to check the validity of selection techniques.

BARBARA YOUNG

**Bulletin of the Menninger Clinic.** XXII, 1958.

**The Fear of Death.** C. W. Wahl. Pp. 214-223.

The study of the fear of death and its unconscious meanings is easier in children than in adults. The fear of death is a precepal manifestation which precedes castration anxiety and is not altogether explicable as a derivative of it. The sense of infantile impotence of the child functions paradoxically to ward off fear of death by denial of personal vulnerability, but it also leads the child to take responsibility for its annihilating thoughts toward others. Only later does the child develop magical and verbal means of undoing its death wishes toward beloved and hated objects, and become fearful of its own death as retaliation for its death wishes. If frustrations are intensified in the precepal period, death wishes are intensified, and fear of retaliation and death anxiety are commensurately increased. Children need enlightenment not only as to whence they come but also as to whither they go, in order to avoid deep repression of the fear of death which is then heavily and expensively symbolized.

KURT O. SCHLESINGER

**American Journal of Orthopsychiatry.** XXVII, 1957.

**A Special Therapeutic Technique for Certain Developmental Disorders in Prelateny Children.** Augusta Alpert. Pp. 256-269.

Fixated children were given a 'second infancy' with a 'corrective identification'. To a three-and-one-half-year-old girl with delayed development a special teacher, with analytic understanding, gave a 'constant, consistent need-satisfying relationship'. This allowed her to make a corrective identification to build up and strengthen her ego functions. An anacletic relationship was established, the child operating on a primitive level, satisfying her old needs and reworking her infancy. After this she made multiple incorporative identifications with other children. The teacher acted as the voice of reality and it appears that she also



acted for the child as a protective barrier against stimuli. The author considers this a specific treatment for impairment of the capacities for identification and for object relations. This treatment is most effective for ego disturbances and can be utilized as a preparation for analysis but is not very effective in treating drive disturbances.

**Treatment of Severely Emotionally Traumatized Young Children in a Foster Home Setting.** Lillian K. Kaplan and Lilly L. Turitz. Pp. 271-285.

Nine children who were psychotic or had very severe character disorders were placed individually in carefully selected foster homes. The children received psychiatric treatment and casework was done with both foster parents and biological parents. It was necessary to treat the biological parents to help them to create a stable hierarchy of adults surrounding the child. The agency learned that if this is not done psychotherapy of the child fails. This technique was effective for these children and presented many advantages over residential treatment, for a foster home has a normal family atmosphere and a hospital does not; foster care avoids both the trauma of long-time hospitalization and the rehabilitation required after it.

**School Phobia. Workshop, 1955. 3. Discussion.** Adelaide M. Johnson. Pp. 307-309.

Johnson's lucid discussion reviews the genesis and flowering of school phobia. The child's mother regresses and incorporates into the regression her child, with remobilization of an unresolved mutually ambivalent dependency. The mother's dependencies are recognized and appreciated by the child. Collaborative treatment of parents and child is indicated, the treatment of the parents being the more important. Johnson advises analysis rather than efforts to relieve tensions or other special techniques.

**Follow-up Studies of Shy, Withdrawn Children. II. Relative Incidence of Schizophrenia.** Carmen Miller Michael, Don P. Morris, and Eleanor Soroker. Pp. 331-337.

A twenty-six-year follow-up of six hundred and six children in the Dallas Child Guidance Clinic in Texas indicates that there was no adequate justification for the assertion that children who are shy and withdrawn are more likely to develop schizophrenia than other children.

**Values and Some Technical Problems of Psychotherapy.** Mildred Burgum. Pp. 338-348.

The author's thesis is that values play an important role in psychotherapy and that the therapist cannot function outside his background and personality. One of the therapist's jobs is to help the patient join value and action and consequence. Part of therapy is clarification of the nature of the patient's value distortions to enable him to take appropriate action. Inappropriate action contains a distortion in the perception of reality involving failure of values. The therapist must disengage himself from the neurosis of the patient rather than surrender his criteria of values.

Burgum considers that the concept of the castrating woman represents a derogatory value judgment against certain types of women with failure to understand the causes of their compensatory aggressiveness. The 'particular quality of derision and hatred for the dominant or overpossessive woman is testimony to the resentment against the protest of the downtrodden invariably characteristic of privileged status'.

The author concludes that the use of value judgments in psychotherapy does not necessarily involve an authoritarian approach but can be merely part of appraisal of reality.

**Case Study of a Thirteen-Year-Old Fire-Setter.** Leonard Siegel. Pp. 396-410.

A mother and her thirteen-year-old son had been living in a symbiotic union, the boy acting out the mother's problems for her. The course of the doctor's relationship with the boy was remarkably like that of his relationship with the boy's mother even though there was no direct communication between them during that time. Siegel believes that his findings are in agreement with those of Johnson and Szurek: parents find vicarious gratification through the child's acting out. In this case both mother and child re-created in the hospital the kinds of relationships which had characterized an earlier epoch in their lives.

**Some Applications of Psychoanalytic Insights to the Socialization of Children.** Adelaide M. Johnson and Mary E. Giffin. Pp. 462-474.

This scholarly paper has an excellent historical review of psychoanalysis as applied to education and childbearing. Its major thesis is that behavior is the result of instinctual forces operating mutually and interchangeably with environmental forces and that in a given culture certain impulsive acts must be absolutely forbidden; certain limits are essential for proper child rearing and education. Adaptation to cultural forces depends on the adaptation of the primary family unit. Children need privacy for sleep and use of the bathroom because they must nurture their independent strivings. In regard to habit training, the authors point out that we have little information on the latitude of training practices available to relaxed comfortable mothers. They think there is great need for validation of psychoanalytic concepts.

KENNETH H. GORDON, JR.

**Journal of the Hillside Hospital.** VII, 1958.

**Linguistic Observations on Beating Fantasies.** William G. Niederland. Pp. 202-207.

In this sequel to an earlier article, Niederland examines beating fantasies as they are expressed in auditory and linguistic terms. He points to the close association of father with certain sounds, such as thundering or booming. He then demonstrates how idiomatic expressions in many languages tend to coalesce the acts of beating and loving, for example, in English, to 'knock up' a woman. He also finds certain linkages between the hand as executor and the hand as procreator. He concludes his article with an analysis of Balaam and his speaking ass,

which offers an interesting confirmation of analytic findings in that the earlier rabbinical version of the Balaam story sounds much like the sado-masochistic fantasies of patients with beating fantasies.

DAVID HARVEY POWELSON

**Journal of the Hillside Hospital.** VIII, 1959.

**Sandor Lorand Number.**

**Opening Moves in Psychotherapy.** Michael Balint. Pp. 9-20.

Balint discusses psychotherapy for general practitioners, with emphasis on understanding the patient's communication, on evaluating feelings aroused in the therapist, and on the importance of correlating the patient's and therapist's views of the illness.

**Notes on Some Religious Rites and Ceremonies.** Sandor S. Feldman. Pp. 36-41.

The deep meaning of rituals has gradually been hidden by superficial interpretations and rationalizations. That the deeper meaning is known to some people who observe the rituals is revealed by analysis. Most persons explain the rite of circumcision as having sanitary advantage, instead of seeing the deeper meaning of a compromise between father and son whereby only the foreskin is removed as a substitute for castration. Feldman offers examples of the use of religious rituals for defensive purposes in neurosis and shows the psychogenesis of religious ceremonies in which the ceremonial design offers both gratification of the forbidden impulse and a method for its prohibition.

**Treatment Approach to Acting-Out Character Disorders.** Jan Frank. Pp. 42-53.

Frank discusses some of the sociopsychological factors influencing the increase in behavior disorders. He points out the difficulty in neutralization of aggressive and libidinous system derivatives and the predominance of the infantile part of the ego. The main technical problem is to achieve better motivation by making ego-dystonic what is ego-syntonic. Self-destructive activity is prohibited by 'therapeutic intervention' and later by transference interpretation. The therapist cannot use a 'neutrally passive' position and must be able to display his emotions.

Two cases are described. Both patients experienced loss of a parent at puberty. The effect of such a loss on the adolescent ego and character development is emphasized.

**Notes on the Early Stages in the Development of Stuttering.** I. Peter Glauber. Pp. 54-64.

Glauber discusses the role of constitution or inheritance in the development of stuttering in the light of recent genetic studies and observations of early ego development. Stuttering is an ego defect or a narcissistic disorder, the stutter a symptom of the return of an early ego state. Some of the phenomena of stuttering are restitutive, as are some of the symptoms in schizophrenia.

**The Recollection of the Forgotten Dream.** Mark Kanzer. Pp. 74-85.

The stimulus for the recollection of 'forgotten' dreams frequently bears a relation to the content of the dream. Dreams are often recollected while the patient performs automatic acts which themselves are residue of early learning experience. '[Recollection] while urinating flushes the dream out or remembering while dressing suggests that the dream is an article of clothing which the patient dons for the analyst's inspection but under which he conceals himself.'

**Further Remarks on River Symbolism.** William G. Niederland. Pp. 109-114.

Niederland gives three examples of river symbolism, one clinical, one historical, and one from contemporary literature. They reveal relations to birth, sibling rivalry, sexual exploration, and urethral and oedipal conflicts.

**A Study of the Daydream Illustrating Some Aspects of Ego Functioning.** Sidney Rubin. Pp. 115-130.

The occurrence of daydreams as part of the association to dreams provides an opportunity for the study of the daydream and ego functioning. Ego regression resulting in a daydream is an adaptive device to attain control over a threatened break-through of unacceptable content not adequately handled by the dream. In formation of the daydream more neutralization of unconscious cathexis occurs at the preconscious-conscious censorship barrier than occurred at the unconscious-preconscious barrier in the dream. Generally the daydream follows the same laws as the night dream, the night dream being more closely related to the unconscious and the daydream to the preconscious. Rubin also discusses the theory of perception and the concept of 'binding'.

**Equivalents of Depression in Children.** Melitta Sperling. Pp. 138-148.

Depression in childhood, frequently overlooked because of the absence of the depressive affect, is often represented by somatic manifestations similar to those accompanying severe adult depressions such as anorexia, insomnia, pruritis, migrainous headaches, and motor retardation. In the cases reported two or more of these somatic manifestations were present to a marked degree. A depression in a four-month-old infant resulted from the infant's rejection as a result of being conceived in an extramarital affair. Resolution of the depression occurred with treatment of the mother. A two-year-old girl had attacks of paroxysmal tachycardia, severe anorexia, sleep disturbance, animal phobias, and withdrawal in response to the birth of a brother whom the mother preferred. The mother also projected the 'weak' part of herself onto the daughter. Somatic manifestations rather than depressive affect occur because the child is unable to tolerate painful sensations and impulses without immediate release, and the 'acting out' of impulses and emotions without awareness is possible only through the body. Conflicts about love objects can be experienced as conflicts about food, and fear of losing a love object makes sleeping difficult. Recognition of these somatic manifestations as evidence of depression in childhood can lead to early treatment and perhaps prevention of some adult depressions.

**Thought Control and Creativity.** Otto E. Sperling. Pp. 149-161.

Sperling discusses thought control and its influence on creativity including the effect of overt pressures from totalitarian states, more subtle pressures of democratic society, and social, familial, and parental pressures on the individual. Individual differences exist in submission or resistance to thought control. A case analyzed for inhibition of creativity is described.

**Hysterical Spells.** Max M. Stern. Pp. 162-175.

Stern describes hysterical spells in a twenty-nine-year-old woman, with emphasis on the concept of pavor nocturnus as representative of infantile oedipal traumas. This concept helps us to understand hysterical spells.

STANLEY OSHER

**Psychosomatic Medicine.** XXI, 1959.**The Beard as an Expression of Bodily Feelings in a Schizophrenic.** Edgar C. Stuntz. Pp. 28-33.

Striking cyclic changes in ego function occurred in a young male schizophrenic during outpatient psychotherapy involving periodic change of therapists. Utilizing a schema of Szasz the author illustrates the use of the beard as part of the body to which cathexes, withdrawn from external objects, are transferred in clearly demarcated steps under the stress of forming and breaking a relationship to a new therapist. The case is described during the course of one such six-month cycle.

**Stress and the Precipitation of Acute Intermittent Porphyria.** Elliot D. Luby; J. Garth Ware; Rita Senf; Charles E. Frohman. Pp. 34-39.

These authors studied porphobilinogen excretions and subjective psychological data in relatives of patients with porphyria, a nonsex-linked hereditary metabolic defect. Porphobilinogen excretion and subjective distress reactions correlate well with each other and with the emotional stress caused by illness in a relative who is acutely ill with a disease to which the subjects themselves may also be prone. The authors do not suggest a psychogenic causality as such, but adduce data to show that a pre-existent metabolic defect may be raised to clinical levels by psychic stress.

**The Cognitive Consequences of Early Sensory Deprivation.** Jerome S. Bruner. Pp. 89-95.

Bruner outlines the historical perspectives in physics, psychology, and neurophysiology that have restricted and shaped theoretical attempts to define perceptual and cognitive processes. Individuals develop 'strategic evaluative techniques' through early sensory experience. Though no experimental data show us why, it is clear that sensory deprivation early in life seriously and probably permanently impairs later perceptive-cognitive-adaptive processes. Wide variations in individual response to experimental isolation suggest that capacity to adapt to environments of differing mode and intensity of stimulus results from learned 'strategies of evaluation'. The individual totals of such strategies and their adaptive concomitants necessarily correlate with personality.

**Correlations of Verbal and Nonverbal Communication in Interviews Elicited by the Associative Anamnesis.** Felix Deutsch. Pp. 123-130.

Patients were seen in successive interviews by a motherly woman psychiatrist, a male psychiatrist of the patient's age, and an older male psychiatrist. Recorded interviews were studied with parallel notations of postural and other nonverbal communications in an attempt to extend the accuracy of the evaluations. Clear-cut differences in verbal and nonverbal material occurred between interviewers, readily attributable to the transference role played by each. Evaluation of the nonverbal communications is supported by the verbal material and can be validated by comparative study of the three interviews. Nonverbal expressions are largely unconsciously determined; they express somatically transformed instinctual drives. The differences in nonverbal expression with three interviewers whom the patient sees quite differently, and the correlation of material from all three interviews, support the validity of utilizing nonverbal communications in the initial interview.

**Extensions of Theory Concerning Body Image and Body Reactivity.** Seymour Fisher. Pp. 142-149.

Speculative and yet provocatively original, this paper presents a schema for further research. (Fisher has previously published studies on body image, body physiological reactivity sectors and gradients, and the development of right-left body-side reactivity with respect to sexual identity and role.) Any successfully mastered social experience or process of learning may be assigned to a body sector and serves as a landmark or signal of such previous mastery. It is postulated that such somatic landmarks may respond to the need for reassurance in the face of stress and may become, paradoxically, the source of reassurance as to past mastery though the source of current painful symptoms. In support of this thesis, Seitz's experiments in hypnotically abolishing psychosomatic symptoms are quoted, with emphasis on the replacement of such abolished symptoms by others in the same somatic sector (interior or exterior, right or left). Fisher suggests that the specificity of psychosomatic symptoms can be understood readily in the light of such reactivity landmarks representing earlier mastery. The specific assignment of such reactivity to particular parts of the body is itself probably necessary in the development of identity and accounts for the emergence of the specific symptom under a stress which threatens the ego.

Even without satisfactory neurophysiological explanations of the mechanisms necessary to support the postulates, further research seems justified.

IVAN C. HEISLER

**Psychiatry.** XXI, 1958.

**Social Structure and the Development of Personality—Freud's Contribution to the Integration of Psychology and Sociology.** Talcott Parsons. Pp. 321-340.

As a result of overemphasis on biological considerations, Freud's major contributions to the integration of psychology and sociology have been relatively

ignored. Actually Freud's concepts of internalization converged remarkably with the independent and nearly contemporaneous views of the sociologists Durkheim, Cooley, and Mead. The theory of object relations is the link between development of personality structure and the structure and functioning of social systems. Parsons develops this theme incisively, stressing the interpenetration rather than interdependence of personality and society. He finds little difficulty in articulating psychoanalytic concepts with his important sociological contributions.

**Cultural Thought Models in Primitive and Modern Psychiatric Theories.** George Devereux. Pp. 359-374.

Psychiatric and psychoanalytic theories or theoretical trends are often unconsciously determined by cultural thought models rather than by scientific thinking. Creative scientific thinking cannot be culture-bound. The psychiatrist's class identifications, status seeking, and particularly his craving for the respectability of the physical sciences, render him vulnerable to culturally-determined biases. After presenting several historical and cross-cultural examples, Devereux analyzes three modern psychiatric theories: 1, the criterion of adjustment as a gauge of sanity; 2, the organic etiology of mental disorders; and 3, the death instinct.

Convincing evidence is marshaled to reveal their genesis in cultural thought models (the validity of the theories is irrelevant to the subject). The recent preoccupation of many psychoanalysts with the occult, supernatural, and formal religions, and the recrudescence of Jungian psychoanalysis, are similarly interpreted as manifestations of a serious reculturalization of psychiatry and psychoanalysis.

This paper is unreservedly recommended for psychoanalysts and other workers in the behavioral and social sciences.

**Projective Test Responses of Prisoners of War Following Repatriation.** Margaret Thaler Singer and Edgar H. Schein. Pp. 375-385.

The authors, a psychologist and a social psychologist, studied American soldiers who had been imprisoned in North Korean camps, with the aim of finding psychological criteria which could differentiate the collaborators from the resisters. Although there were consistent differences between the two groups in background, education, and perhaps intelligence, they could not be differentiated by any typology of personality. The most striking finding was the resemblance between the collaborators and active resisters in test results and background factors.

H. ROBERT BLANK

**Psychiatry.** XXII, 1959.

**Loneliness.** Frieda Fromm-Reichmann. Pp. 1-16.<sup>1</sup>

The investigation of the psychodynamics of loneliness has long been neglected; this essay documents its importance. Fromm-Reichmann differentiates 'real' loneliness (schizophrenic or schizophrenogenic loneliness) from culturally-determined loneliness, from the 'constructive loneliness' of the creative individual, and from

<sup>1</sup> This paper, in draft form at the author's death, was completed by Mrs. Virginia Gunst and the staff of the journal.

that of the mourner who has suffered an object loss. Real loneliness is overwhelmingly painful, disintegrative, and paralyzing. It represents a blocking of the fundamental need for personal intimacy, and it originates in pathological object relations in infancy and early childhood. Psychotherapeutically it is difficult to discern real loneliness because the patient cannot communicate it verbally and is frequently unaware of it, and because the more prominent symptoms of hostility and anxiety mask it. These views are related to the work of Spitz on anaclitic depression, Lilly and others on experimental sensory deprivation, the existentialists, and several creative writers. The psychoanalyst will find much of this stimulating and provocative, some of it equivocal and ambiguous.

**The Dynamics of the Psychotherapeutic Relationship: Determinants and Effects of the Therapist's Influence.** Jerome D. Frank. Pp. 17-39.

An attempt is made to define systematically the unknowns in the therapeutic relationship, particularly the unconscious influences of the therapist's theories, ideology, and interpretations on the patient. The therapeutic relationship is shown to have striking similarities to the methods used by Chinese experts in thought control. The author concludes that we know little of scientific value about the causes of psychotherapeutic and psychoanalytic success and failure, and he outlines several promising lines of research. The psychoanalytic reader will find most valuable Frank's survey of psychoanalytic, experimental psychological, psychiatric, and psychosomatic contributions to the subject.

**The Management of Hysteroid Acting-Out Patients in a Training Clinic.** David W. Allen and Marietta Houston. Pp. 41-49.

The authors, supervising psychiatric residents in an outpatient clinic, frequently found the inexperienced psychotherapist having great difficulties with a well-defined clinical type, the female Don Juan. She is a charming, seductive woman whose history reveals repeated seductive, followed by castrative, behavior with men. This acting out is continued into the treatment situation, the resident being often unaware of his being exploited, manipulated, and defeated in his efforts. Instructive examples are presented in which the supervisor clarifies the situation for the helpless resident, who then is better able to cope with the patient's acting out and really help her.

**Impressions from the Fourth International Congress of Psychotherapy (Barcelona, September 1-6, 1958).** Franz Alexander. Pp. 89-95.

The central topic of the Congress was the influence of existential philosophy on psychotherapy. For the psychoanalyst unfamiliar with existentialism, Alexander's report will serve as an excellent introduction. Those familiar with the subject will find the vignettes of the leading personalities in the existential hierarchy most interesting. A brief but lucid critique of existential philosophy from the standpoint of psychoanalysis is provided, which demonstrates among other things how little the existential 'analysts' realize that Freud fifty years ago had defined most of their basic concepts in much clearer terms than they now use.

H. ROBERT BLANK



*The Journal of Mental Science*. CIV, 1958.

**The Neurotic Process as the Focus of Physiological and Psychoanalytic Research.** Lawrence S. Kubie. Pp. 518-536.

Kubie views the 'partisan acrimony' of the 'organophobic analysts' and the 'psychophobic neurophysiologists' as a manifestation of a defense against self-knowledge. Logical lapses of both camps include: 1, failure to describe the critical step which initiates the process of falling ill; 2, failure to distinguish the initial step from the complex chain reaction which follows; and 3, failure to ask what transient cross section of the continuously evolving neurotic process (with its geometrically progressive secondary and tertiary feedback effects) may be defined as a specific type of neurosis with a consistent etiology and outcome. Kubie emphasizes that the neurotic potential is inherent in every human being by virtue of the tripartite organization of the mind into symbol-forming systems, —the conscious, preconscious, and unconscious; and that the neurotic process depends upon many variables in the interplay of these systems before the neurotic state is reached. Forces, solely psychological or a combination of psychological and organic, which predetermine the automatic repetition of an act, irrespective of any considerations, are said to be neurogenic and the act neurotic.

Kubie points out the need for basic research into the organic and psychological determinants of repetitive phenomena: for instance, their release and suppression by pharmacological agents, the origins and influence of the 'central emotional position', and the problem of 'trigger mechanisms'.

Distortions of preconscious functions are the essence of the neurotic process. This distortion depends primarily on dissociation of affect from initial stimulus or dissociation of symbol from initial meaning. Kubie believes that analysts and neurophysiologists alike have neglected investigation of the central role of the preconscious system in the processing of all perceptual and conceptual mentation. When unconscious factors predominate, resultant patterns of behavior are rigid and repetitive. Conversely, when conscious and preconscious factors predominate, behavior is flexibly responsive to external experience. The critical question in both the neurotic and creative processes is what psychophysiological constants or variables are determinants at any given moment.

DAVID W. ALLEN

**Suicidal Behavior in Depressive Illness: A Study of Etiological Factors in Suicide.** H. J. Walton. Pp. 884-891.

Two hundred twenty-three patients with clinical diagnosis of depression requiring hospitalization were divided into categories of suicidal and nonsuicidal and further studied. Considered were three hypotheses of suicidal behavior. It is correlated with: 1, loss of a parent in childhood; 2, social isolation; 3, social degeneration. Social isolation and degeneration did not differentiate the suicidal from the nonsuicidal group, but loss of a parent in childhood was significantly associated with suicidal behavior in depressive illness.

KURT O. SCHLESINGER

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**Revista Uruguaya de Psicoanálisis. II, 1958.**

**Notes On Lay Analysis.** Willy Baranger. Pp. 387-405.

A psychoanalysis is, in essence, a dialogue. The patient's freedom of expression is sought, and the analyst limits himself to facilitating the patient's expression. The interpretations are always in 'the bipersonal realm of the transference-countertransference area'. The patient is handled as a person, not as a disease. Should a medical general practitioner without analytic training use psychoanalysis? The answer is obviously no. Being a physician does not of itself give one understanding of psychoanalytic processes. Analytic training has become longer and longer; so has medical training. Proper analytic therapy thus is becoming harder to obtain in most communities.

GABRIEL DE LA VEGA

**Joshua M. Perman**

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 24, 1959. THE PSYCHOLOGICAL CONSEQUENCES OF PHYSICAL ILLNESS IN THE FIRST THREE YEARS OF LIFE. Anita I. Bell, M.D.

Some asthmatic disturbances have their origin in very early respiratory experiences. These experiences are revived during toilet training, through memory traces that associate inspiration and expiration with anal function and may profoundly affect anal development. The existence of a brief preoral phase, the respiratory phase, is postulated. Respiration, sucking, and defecating utilize rhythmic contractile motor movements which are considered representative of a premastery phase of development, the forerunners of ego mastery. Primitive attempts to master the air mass in respiration involve a discharge of fused libidinal and aggressive energies. The author assumes optimal merging or fusing of such early deaggressivized and delibidinized energy for each zone at each developmental level.

The infant uses the greatest amounts of energy for physical growth during the first ten months. With the leveling off of this process, energy is liberated for ego development. When severe illness occurs during the first three years, imbalance in the optimum interplay of energies occurs. With recovery, the energy then becomes freed from bodily needs and is again available for other uses. This aggressive energy if not adequately fused with libidinal energy leads to extreme discomfort, to masturbation, and may become part of the prepatterning for masochistic development. Ego regression may also be prominent, as in asthmatic and ulcerated colitis, where the unfused aggressive energy can be utilized and leads to self-destructive tendencies and to death.

Material is presented from the author's analysis of an adolescent with intractable asthma, protracted invalidism, and constant terror of dying. Anger was completely suppressed. As an infant severe eczema was followed by asthma. Bowel training was early and rigidly enforced by the mother who was a nurse. Anesthesia for a tonsillectomy at four years 'took her breath away', and the presence of her mother in the operating room consolidated the idea that the mother was the responsible wicked witch. Severe asthma then developed and continued until her analysis began.

Because of physical and other restrictions imposed on her as a child no satisfactory discharge of fused energies was possible for oral and muscular activities; hence the pre-ego was unable to avail itself of the fused energy necessary for maturation, and regression to the respiratory phase occurred. Prepatterning toward masochistic gratification could be observed. Thoughts were withheld and had to be 'forced out' by the analyst. As her liberated aggressive energy was reallocated, her first efforts in the direction of recovery were notable in the area of motor activity and feeding. When the sexualized aggression was further worked through, the wheezing ceased.

DISCUSSION: Dr. Martin Stein thought that it was sufficient to note the importance of the early mastery of breathing and to point to its continuing role in the

personality without separating a preoral phase. Libidinal phases are generally correlated with forepleasure and perverse activity in adult life, and not exclusively with symptoms or fantasies. In some patients expulsion of feces and air are thoroughly entwined in fantasy life and evoke the same defenses. He questioned Dr. Bell's assumption that the organism is a closed energy system without considering the dimensions of time.

Dr. Judith Kestenberg discussed the idea that there is an optimum combination of drives for one individual's own rhythm and suggested that the ratio consists of libidinal, aggressive, and initially neutral energy. A good proportion of neutral energy may prevent early somatic disturbances from having undesirable effects. She took issue with the author's concept of premastery, and suggested that one thinks of the function of organs as a model rather than as a precursor of future ego functions. In the clinical material she believed that the patient's complete shift of cathexis from the anal to the respiratory may be considered a pregenital conversion.

Dr. Max Schur questioned the hypothesis of a permanent coexistence of mental and somatic energy. He reminded the author that in asthma we are dealing with bronchiole spasm and questioned the idea that the same muscles are involved in defecation and early respiration. He also questioned whether content and symbolic meaning should be relegated to a hypothetical preoral phase.

Dr. Bell, in concluding, noted the paucity of œdipal material, which appeared in her patient only after the pregenital fixations had been worked through.

JOSHUA M. PERMAN

April 14, 1959. ON INFANTILE PRECURSORS OF THE 'INFLUENCING MACHINE'. Paula Elkish, Ph.D. and Margaret S. Mahler, M.D.

In previous publications concerning the symbiotic stage (which begins in the third or fourth month), Mahler has stated that this period is normally succeeded (between the twelfth and eighteenth months) by one of separation and individuation and the appearance and growth of secondary narcissism. The infant is enabled to differentiate its boundaries from those of its mother by a process of partial introjection. Greenacre has emphasized the importance of adequate body libidization for the development of a normal body image within the mother-infant relationship. Perceptual and kinesthetic experiences are important for both the development of a body image and of a concept of the self.

In some of the authors' observations, overstimulation of contact and kinesthetic perceptions seem to have occurred. Such maternal overstimulation distorted the body image (in one case of both mother and child) and also increased autoerotic activities. During the symbiotic phase, experimentation in the direction of separation sometimes fails, and the panic of separation becomes so great that gradual identification with the mother fails to abolish the fear of annihilation. Total introjection creates a regression identical with primary identification. The ego loses its ability to integrate external and internal stimuli and its development is seriously impaired.

With reference to the psychotic ego defense mechanisms, which are the pre-

cursors of the 'influencing machine' of Tausk, the authors state that 'where there is a breakdown of the perceptive integrative capacity of the ego, external perceptions are massively denied. . . . However, massive denial cannot cope with those endogenous stimuli which are continually generated by physiological processes in the organism itself.' Such stimuli undergo what is referred to as concretization and semianimation, which replace the lost outside object world. The fragmented ego is unable to cope with changeability and complexities; moreover, it can neither integrate nor synthesize.

The authors present in rich clinical detail the case of a seven-year-old boy who had been in treatment for severe ego disturbances. For various reasons it seemed essential that as an infant he be prevented from violent crying; hence he was constantly carried back and forth by his mother to mute his expressions of pain and rage. He had no opportunity to express aggression and his mother was an extension of himself. She became totally introjected and the clinical picture was one of a primary symbiotic psychosis from which the outside world had disappeared.

The patient was fascinated by an advertisement which showed a robot riding a bicycle and he frequently moved his arms and legs in a similar mechanical fashion. His behavior mirrored that of the robot in many other ways. His interest in 'the man on the bike' was obsessive, as was a later interest in the 'behavior' of the front door buzzer on the wall of the treatment room which he endowed with human animation. He treated his own impulses and reacted to them with the same emotional passivity as he did to the machines: as if an outside person or force were the effector. Here can be seen the splitting of his ego into an isolated, intentional portion and a passive, experiencing one.

Subsequently, other obsessive reactions were accompanied by great excitement and by what seemed a most primitive expression of this boy's magic omnipotence. As with the robot rider and the wall buzzer, these subsequent obsessions involved the use of some mechanical device. Passive oral fantasies of being swallowed up by manholes in the street were also present. This typical fixation seems to have occurred at the oral sadistic level and to have been accompanied by fears of being eaten or swallowed. This patient's extraordinary memory is ascribed to his ego's failure of repression. Like Tausk's patient, this boy's memory was especially keen in the psychosomatic (gastrointestinal tract) area. Delibidization and aggressivization of the body ego were manifest in the patient's behavior; peculiar mechanizations of his own functions and movements and their machinelike quality were striking. The endlessly repetitious preoccupation with the semianimated machines, so obviously identified with the dehumanized, devitalized representations of his oral, anal, and phallic functions, the split-up ego-alien introjects expressed this child's struggle to find an identity and some orientation and integration of internal and external reality.

A summary of the authors' findings, including their schematic formulations of the infantile precursors of the 'influencing machine', concluded the theoretical formulations and the case report.

**DISCUSSION:** Dr. Robert C. Bak noted the close resemblance between the productions of adult schizophrenic patients and Dr. Mahler's case. He stated that

patients with 'echo symptoms' (echolalia, echopraxia, and automatic obedience) resemble machines in their performance, acting mechanistically, and without human feelings. If there is anything characteristic of schizophrenic dreams, it is the representation of the body as a machine whose parts are concretely symbolized. Related to this symptomatology is a fear of loss of control of the ego's directive capacity. The sense of activity is disturbed especially as it involves the patient's own psychic functions which appear to be severed in adult schizophrenia and in many schizophrenic children.

Dr. Manuel Furer found the ideas presented by Elksich and Mahler helpful in explaining the disparate phenomena seen in mute children, either primarily or secondarily autistic. He called attention to the fact that the 'influencing machine' acts in a delimited, stereotyped way. He found important the presence of a specific type of deanimation, a regressive phenomenon accompanying the dedifferentiation of the self and not-self. Mothers of such children are often uncanny in their sensitivity to the machinelike phenomena. He characterized this as a 'signal-like relationship'.

Dr. Max M. Schur stressed the importance of the transition from passivity to activity as essential to structure formation and ego autonomy. The case presented displays a complete passivity toward the drive which the child frantically tries to turn on and off, operating by a complete elimination of percepts. He questioned the authors' concept of 'total introjection of the mother'.

Dr. William Niederland compared the case with the Schreber case. Schreber referred to 'divine miracles' which influenced and belabored his body. Niederland described the orthopedic manipulations to which Schreber was subjected by his father as having been tantamount to an 'influencing machine'.

Dr. Peter Neubauer was reminded of a four-year-old boy who deliberately killed his two-year-old sister. This child ascribed the homicide to a split of self who committed the act under the influence of a variety of wirings and machinery which directed him to it. He displayed a clear capacity for differentiating between his inner and outer selves until his symptoms became manifest.

Dr. Bela Mittelman observed that in a sense every infant has a benevolent, predominantly passive 'influencing-machine' relationship with its mother. There is a great spurt toward independent activity, usually around the tenth month, which contributes in a major way to separation and individuation. Without means of locomotion the child has no active motility and the symbiotic phase predominates.

In conclusion Dr. Mahler stated that her studies and those of Dr. Elksich had yielded data not only for a better understanding of the precursors of the 'influencing machine' in adults, but also concerning the way in which the psychotic child's fragmented ego was affected by unneutralized, primitive, instinctual drives. The child's inability to stop its activity of the moment as well as the poor development of its constitutionally weak stimulus-barriers are further important findings of this study.

June 9, 1959. THE PSYCHIC FUNCTION OF DEPRESSION: A STUDY IN ENERGETICS.  
Mortimer Ostow, M.D.

Depression is an affective reaction to the loss of an object, or to a diminution in self-esteem. As in all psychic events (fantasies, symptoms, dreams, etc.), affects have a cause, a meaning, and an effect. According to the author, the functions of depression are: 1, to impel the individual to retrieve the lost object; 2, to communicate the affective state to others through phylogenetically determined automatic expressions, postures, movements, and other visible physical changes to gain comfort and support; 3, to decrease the psychic energy content of the ego, thereby diminishing the impact of the loss, preventing desperate and often destructive actions and the development of anxiety. It is suggested that the clinical variants of the syndrome, depression, can be understood and the possibilities predicted on the basis of the combination of gravity of object loss, the intensity of sadness and longing, the degree of ego enervation, and the strength of various reactive tendencies.

To clarify the issue of ego energy loss, the two complementary conditions of excessive enervation or inadequate enervation of the ego are considered. In the former, where the energy loss is more profound and protracted, one observes melancholia; in the latter, there occurs anxiety, desperate acting out, or both. In schizophrenia, the build-up of libido occurring in the id flows into and fills the ego. The author suggests the possibility that if anxiety had set in earlier during the course of the build-up of libido, and had caused an abandonment of the libidinal position—to be followed by depression and withdrawal of ego energy—the schizophrenic position of complete and cataclysmic withdrawal might never have been reached. Thus, the characteristic solution of the schizophrenic lies in his attempt to rebuild the world, and himself as object in it, but with the essential requirement that the rebuilt objects consist of projections of himself as he knows himself to be in the state of primary narcissism.

Data gathered from the use of the new, psychically activating drugs support the thesis that at least some of the neuro- and psycho- physiologic variables which are relatable to psychic function may actually be correlates of ego energy content. The findings suggest that it is the ego energy content which is the relevant variable and that any number of other direct and indirect correlates of it could be found.

DISCUSSION: Dr. George Gero observed that it was not clear whether the energy referred to was libidinal, aggressive, or an undifferentiated somatic, vital one. The concept that depletion of energy following object loss serves a useful purpose, he felt, was a teleological one, since an impoverishment of energy is inherent in every neurotic process. The point of view of energetics, so close to a somatic, organic concept of depression, is less valuable than a dynamic, genetic one. With the introduction of drugs in the treatment, the opportunity for psychoanalytic observation no longer exists since it raises questions as to what changes are attributable to the intervention in the analysis, and what to the effect of the drug. He was in agreement with the differentiation between depression following object loss and that due to loss of self-esteem.

Dr. Victor Rosen believed that Freud's idea of impoverishment does not coin-



cide with impoverishment in terms of the ego's access to id supplies. It is rather that so much energy is consumed in the ego's anticathectic task of freeing the libido, bit by bit, from each of the memory traces of the lost object, that little is left for investment in the surroundings and in new objects, thus giving the appearance of impoverishment. Though the concept of distribution of energy is an indispensable adjunct to dynamic and structural explanations, in what way is the notion of ego enervation superior to Freud's concept of the partial interchangeability of free (cathectic) and bound (anticathectic) energy? What happens to energy allegedly drained from the ego is also not clearly demonstrated. Since psychic systems are infinitely more complex than physiological ones, they may operate according to laws for which there are no strict analogies in physics.

Dr. Peter Neubauer suggested that the economic formulation presented could bridge the gap between economic and dynamic explanations and could be considered complementary to the established theories of depression.

Dr. Bernard Pacella said that the entire concept of energetics is a highly mechanical one and reminiscent of Freud's early theories of anxiety. Despite the excellent clinical examples presented, it is difficult to attempt to explain, in an orderly way, the relation between the sequence of symptoms and energy depletion in the ego, or absence of such depletion, and to relate energy depletion to behavioral and perceptive phenomena. As to the newer drugs, there is no physiological basis for calling them 'energizers', although they do have an effect upon certain enzyme systems in the brain which may dramatically alter a typical depressive psychosis in a significant percentage of cases.

Dr. Kurt Eissler disagreed with some of the basic thoughts presented although he too felt that a depletion of energy in the ego is observed in melancholia. The explanations and consequences given for such a state, however, lack proper consideration of the superego.

Dr. William Niederland asked if the feeling of depletion complained of by many patients—especially borderline cases—referable to masturbation, was related to the energy depletion described. He commented that Freud spoke not of self-regard or self-esteem, but of *selbst-gefühl*, signifying a dynamic concept and not a concept of energetics.

Replying, Dr. Ostow disagreed with the view that his concept is teleological, but considers it a description of cause and effect. It is not a philosophic study of ends, but a scientific study of patterns. He emphasized that the phenomena he was describing could be readily observed if one looked for them. He proposed, he said, no theory of energy, but thought he was merely stating what was observable clinically, namely, that energy is gone from the ego. He defended the term 'psychic energizers', as applied to certain drugs. He had coined the term, arriving at it not semantically but metapsychologically by their action of undoing the effects of tranquilizing drugs. The illustrations of drug therapy cited are however unessential to his argument. He agreed that superego considerations are important in understanding depressions and that superego demands increase the relative impoverishment of the ego. The feeling of depletion complained of by patients as a result of masturbation, he believes is indeed an example of the depletion of ego energy he referred to.

The Second Annual Advanced Seminar of the INSTITUT DE PSYCHANALYSE was held in Paris on October 31, November 1 and 2, 1959. The Seminar was open to psychoanalysts and to students, members, or associates of any psychoanalytic institute or society affiliated with the International Psychoanalytic Association. The director of the Seminar was Dr. S. Nacht; the secretary, Dr. H. Sauguet. The number of participants was limited to thirty. In the enrollment, preference was given to colleagues of other countries whose residence prevented their regular participation in such activities and seminars.

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The Graduate Educational Program of THE STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER offers a two-year program of Research Training in Psychiatry leading to the degree of Doctor of Medical Science. The program is open to Doctors of Medicine who have completed three years of residency training in psychiatry. Candidates will also be accepted after two years of residency training. In such cases the final year of residency will be taken at the Psychiatric Division of Kings County Hospital, concurrently with this program; and a total of three years will be required to complete the combination of the two-year research training program and the third year of residency. The program provides the candidate an opportunity to do research and it offers a series of courses concerned with research methodology in the field of psychiatry. A broad interdisciplinary faculty is responsible for teaching courses in the program and for supervising research of candidates. Extensive clinical and laboratory facilities are available for research projects. Each candidate who is accepted will be granted a fellowship of \$7500 for the first post-residency year and \$8000 for the second. Three-year candidates will, in addition, receive \$7100 for the final residency year. Applications for the academic year beginning September 1960 should be submitted before January 1, 1960. Application forms or additional information about this program may be obtained by writing to: Office of Admissions, Downstate Medical Center, 450 Clarkson Avenue, Brooklyn 3, New York.

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The scientific sessions of the Midwinter Meeting of THE ACADEMY OF PSYCHOANALYSIS were held on December 5-6, 1959, at the Hotel Roosevelt in New York City. The theme of the first day's meeting was Psychoanalytic Concepts in Allied Fields. Harold Lasswell, Ph.D., spoke on the implications of psychoanalysis for political science; Weston La Barre, Ph.D., on its implications for anthropology, and Talcott Parsons, Ph.D., on the implications for social science. The following day a series of clinical papers was presented by members of the Academy.

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Members of the Boston Psychoanalytic Society and Institute met Sunday, October 18th, in a memorial tribute to the late DR. LEO BERMAN who died in December 1958. The meeting was held at the Sherman Auditorium in the Beth Israel Hospital, Boston. The speakers were Dr. Joseph J. Michaels, President of the Boston Psychoanalytic Society and Institute; Dr. Fritz Redl, Chief of the Child Research Bureau, National Institutes of Health, Bethesda, Maryland; Dr. Sidney Levin,

Instructor in Psychiatry at the Harvard Medical School. Their topics were: The Psychoanalytic Contributions of Leo Berman; Psychoanalytic Speculations on the Concept of Group Therapy; and Some Comparative Observations of Psychoanalytically Oriented Group and Individual Psychotherapy.

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The appointment of Dr. Kenneth Alexander Hamilton of Edmonton, Alberta, Canada, as the tenth Alfred P. Sloan Professor in the Menninger School of Psychiatry has been announced by The Menninger Foundation. Dr. Hamilton is Chief of Medicine at Colonel Mewburn Pavilion at the University of Alberta Hospital and Professor of Medicine at the University of Alberta. In addition to his distinguished career as an internist, Dr. Hamilton also has achieved a high reputation as a teacher. An interest in psychiatry grew out of the necessity of understanding problems with patients referred to him as an internist. For some years he taught first year medical students the psychoanalytic concept of psychosexual development, a pioneer undertaking in Canadian medical schools. He has been particularly influential in motivating a number of young Canadian doctors to take up training in psychiatry in Topeka.

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Medical and psychiatric leaders from fifteen Southern States met in the nation's first regional conference on psychiatric training for physicians in Atlanta, Georgia, October 8-9, 1959. A number of national leaders in the field of psychiatry and medicine participated in the program, including Dr. Robert H. Felix, President-Elect of the American Psychiatric Association and Director of the National Institute of Mental Health; Dr. John G. Walsh, President-Elect of the American Academy of General Practice, and Dr. Leo H. Bartemeier, Chairman, Council on Mental Health of the American Medical Association. The conference resulted from growing recognition of the important role played by physicians in the treatment of mental illness. The conference suggested ways in which various groups in a state or in several states may organize more effective programs for the training of physicians in psychiatric principles.

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THE OFFICE OF THE SURGEON GENERAL of the Department of the Army is presently recruiting for a Clinical Psychologist (General), GS-11, \$7030 per annum, for duty in Okinawa. The tour in Okinawa is eighteen months and free transportation is furnished from the place of employment and return for the employee and his family. In addition, free quarters, commissary and PX privileges are provided.

Interested persons should expedite the submission of a Standard Form 57, Application for Federal Employment, available at any U. S. Post Office or Civil Service Regional Office, to the following address: The Surgeon General, Department of the Army, Washington 25, D. C. Attn.: Civilian Personnel Branch.

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THE CHILD GUIDANCE CLINIC OF GREATER BRIDGEPORT has an opening for a Psychiatric Social Worker in an analytically oriented child guidance clinic active in educa-

tion, community organization and training, as well as guidance. The applicant must be a woman, an experienced caseworker interested in supervision as well as in intensive guidance of parents and children. The minimum requirements are M.S.W. from an accredited school; at least four or five years of experience preferably in child guidance clinics; experience in an analytically oriented case-work agency, or field work placement in a clinic setting. Salary range \$5088-\$6768, the initial salary dependent on experience. Communications should be addressed to 1081 Iranistan Avenue, Bridgeport, Connecticut.

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