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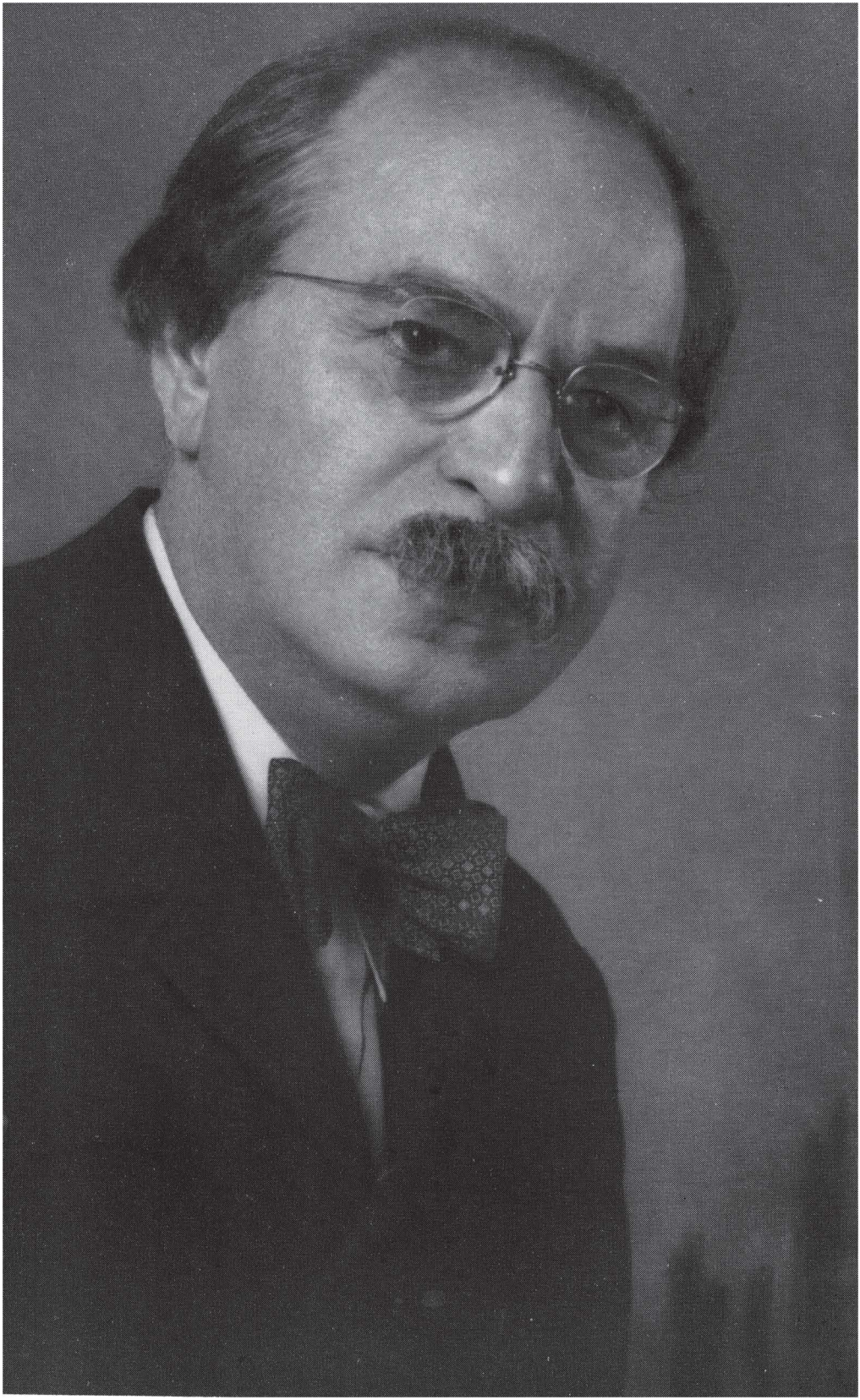

GREGORY ZILBOORG

1890-1959

Gregory Zilboorg in 1919 arrived in New York speaking Russian and excellent French but no English. He at once secluded himself for three months during which he made himself master of an English of the precision and elegance that were later to make his History of Medical Psychology a masterpiece of historical writing. Instead, however, of quietly getting used to his new language, he displayed it to the world as soon as it was acquired. He traveled about the eastern and southern United States on Chautauqua, lecturing on the drama and on Russia. More than that, within a year he had translated Andreyev's He Who Gets Slapped for the Theater Guild. Zilboorg's translation was idiomatic and lively (neither quality has tended to be characteristic of English translations of Russian plays) and on the stage it was a big success.

Both the impatient pursuit of knowledge and the rather daring use of it once acquired characterized Zilboorg to the end of his life. He not only perfected himself in many studies,—psychoanalysis, historical writing, philosophy, as well as some minor skills including photography, cabinetmaking, and cooking,—but he constantly exercised them, often in full view of the public, without hesitation or apology and usually with notable success.

Gregory Zilboorg was born in 1890, eldest of the four children of a scholarly grocer of Kiev, in the Ukraine. His highly orthodox religious training culminated in *bar mitzvah,* after which he attended high school and then ventured to St. Petersburg where he secured admission to The Psychoneurological Institute. Vladimir Bekhterev, Chief of the Institute,—he was one of the founders of Russian experimental psychology, investigated hypnosis, and engaged in controversy with Pavlov over the conditioned reflex,—insisted that his students look at their patients as whole human beings. The physician may neglect neither the

physical nor the mental, neither the world within nor the world without, a lesson Zilboorg always bore in mind. After receiving his degree from the Institute, he served in a military hospital and also in the army; he writes of fighting at Dvinsk in 1917. From Bekhterev he had acquired more than an interest in psychiatry and neurology, however; students at the Institute were permitted, perhaps encouraged, to engage in political activity. Zilboorg saw the outbreak of the Revolution of 1917 and participated in its development. He has recorded his memory of the beautiful Winter Palace, its marble floors besmeared with eighteen inches of Petersburg mud tramped in by the mob. When the Provisional Government was formed, Zilboorg became Secretary to Skobelev, Minister of Labor, with whom he traveled about, often addressing the crowds, in an increasingly desperate resistance to the insurgent Communists. As the situation of the Kerensky cabinet became hopeless, Zilboorg and his sister fled, —after delays and difficulties caused by destruction of the railroads, and only two days before the Communists appeared at their lodgings to carry him off,—to Kiev, where he collaborated with Marc Slonim in producing a newspaper so distasteful to the occupying Germans that its editors seldom dared sleep two nights at the same address. From Kiev, he managed to work his way westward through Hungary, Austria, and Germany to Holland, where for a year he lived at Scheveningen, longing to reach the shores of England barely visible over the water from his bedroom window. His observations on the history of those times were published in 1920 as The Passing of the Old Order in Europe,—a volume of pacifist tendency remarkable for its dispassionate appraisal of the events in which its author had been so deeply involved. Kerensky, Lenin, the Central Powers, Wilson, all, friend and foe, are discussed with an objectivity easier to achieve years after an epoch than contemporaneously.

After months of effort, Zilboorg received his visa for the United States. On the ship that brought him here, he lectured on *La Russie et la catastrophe mondiale,* and landed in New York in 1919.

Soon after his arrival, besides learning English, lecturing, marrying, publishing his first books, and translating plays and works on criminology, Zilboorg now attained his second medical degree, at the College of Physicians and Surgeons. He thereafter joined, with the help of Dr. Thomas Salmon, the staff of the Bloomingdale Psychiatric Hospital, where he remained for six years, absenting himself for a time to be psychoanalyzed in Berlin by Dr. Franz Alexander. In 1931 he began to practice psychiatry and psychoanalysis privately in New York. This practice he continued until his death in September 1959. He lectured at several universities, including California and Yale, and delivered the first Academic Lecture to the American Psychiatric Association. Among the professorial chairs he held were those at New York State University and Fordham.

Dr. Zilboorg's list of published works is impressive by its size, —about two hundred,—as well as its diversity. To lay journals, among them The Nation and The Atlantic Monthly, he contributed many studies of psychological problems, such as loneliness or aggression, besides occasional discussions of such topics in the news as the candidacy of Wendell Willkie. He also contributed often to journals of sociology, law—he was particularly interested in the legal concept of insanity—, and other disciplines related to psychiatry.

His early psychiatric writings were concerned with psychosis, especially its amenability to treatment, and suicide, of which he made a major study, demonstrating that suicide is a symptom of many psychiatric states rather than of depression alone. Whatever their subject, these papers are always original and challenging, even disturbing; Zilboorg never wrote anything dull, and he always wrote with something to say. His clinical discussions were colored by his historical view; he was more aware than most of what has been said and done in medicine before the modern era, and this knowledge gave him a special sympathy for his subject.

In 1941 he published (with George Henry, who contributed two chapters on special topics) his greatest work, A History of

Medical Psychology. This book, which remains unique, establishes its author as the leading historical writer in English on psychiatry, and ranks with the finest examples of historical monograph in general. It succeeds in combining a full survey of the field with memorable portraits in detail of the great figures in the history of psychological medicine: Vives, Pinel, the baneful Kramer and Sprenger of the *Malleus Maleficarum,* even the witches themselves and the half-charlatans Mesmer and the Phrenologists,—all the players in that strange and momentous drama are brought to life by Zilboorg in a memorable way and (what seems especially notable) all are given their due. Karl Menninger wrote of the book, '[Dr. Zilboorg] organizes, collects, and cites historical material with a fine perspective, a consistent structure, and an admirable restraint. Nothing of [this] kind has ever been attempted in English.'

Zilboorg throughout this work emphasizes that every great psychiatrist has regarded every aspect of human life as important. This spirit, which animated Galen, Vives, and Freud, led Zilboorg inevitably to the final effort of his life. After his orthodox Jewish childhood, he became on arrival in America a Quaker; but within his last fifteen years he was led perhaps partly by an interest in the Episcopalianism of his second wife (whom he married in 1946) to enter the Catholic Church, finding in medieval and modern Catholic philosophy an acceptable definition of man's place in the scheme of things. For many men, psychoanalysis and Catholicism have seemed irreconcilable, but Zilboorg, who found so much satisfaction in both, could not accept this condition. His adherence to a religion so much at variance with freudian psychology has seemed paradoxical to many; but his intense sincerity cannot be questioned nor can anyone ever have embraced the Church with fuller understanding of the two schools of thought. It was his belief that the religion attacked by Freud was not in fact religion at all but a misconception thereof, and his last writings are a dignified, lucid, and persuasive attempt at reconciliation of the philosophies of psychoanalysis and Catholicism. It is to Zilboorg's

credit that he never broke with psychoanalysis as have so many other radical thinkers, but rather expounded psychoanalytic ideas with originality and eloquence. As recently as 1951 he published a sympathetic study of Freud's life and thought (called Sigmund Freud: His Exploration of the Mind of Man), and he remained actively interested in THE PSYCHOANALYTIC QUARTERLY, of which he was a founder in 1932 and an Associate Editor until his death.

Gregory Zilboorg was an extraordinarily brilliant speaker,—his swiftness of intellect in even casual discussion was like the alertness of a skilful boxer. He was showy; he relished the trappings of success, and he was impatient. His treatment of patients was sometimes disturbingly unorthodox, yet this unorthodoxy was planned and was often successful where others could not succeed. One might say that he never missed a trick, yet he was earnest and kind, and most courageous.

His insistence on examining man in his totality never permitted him to give up the pursuit of understanding even when it led him into what many of his friends regarded as the camp of the enemy. In this respect he resembles one of the great figures of the medical renaissance whom he described so well.

Gregory Zilboorg played an important part in determining the character of modern psychiatry. How he did so, the nature of his influence, is suggested by his own summary of the history of medical psychology:

> 'The history of psychiatry is essentially the history of humanism. Every time humanism has diminished or degenerated into mere philosophic sentimentality, psychiatry has entered a new ebb. Every time the spirit of humanism has arisen, a new contribution to psychiatry has been made.'

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Primary Narcissism and Primary Love

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PRIMARY NARCISSISM AND PRIMARY LOVE

BY MICHAEL BALINT, M.D., PH.D. (LONDON)

I

FREUD'S THREE THEORIES

It is a curious but easily verifiable fact that for many years Freud held three conflicting views of the individual's most primitive relation with his environment. The first of them was published in Three Essays on the Theory of Sexuality (1905) and remained unchanged in all later editions, though it is worth noting that this book and The Interpretation of Dreams were the only ones that Freud revised and amended with each new edition to include all discoveries made subsequent to the previous edition. Oddly enough this passage occurs in the last section of the third and last essay, which has the subtitle *Die Objektfindung,* a beautifully concise expression which had to be translated rather clumsily into English as The Finding of an Object. Freud wrote there: 'At a time at which the first beginnings of sexual satisfaction are still linked with the taking of nourishment, *the sexual instinct has a sexual object outside the infant's own body* in the shape of its mother's breast. It is only *later* that the instinct loses that object, just at the time, perhaps, when the child is able to form *a total idea of the person* to whom the organ that is giving it satisfaction belongs. *As a rule the sexual instinct then becomes autoerotic,* and not until the period of latency has been passed through is the original relation restored. There are thus good reasons why a child sucking at its

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Various parts of this paper were presented at the inaugural meeting of the Pittsburgh Psychoanalytic Society and to the Psychoanalytic Societies of London, Montreal, New York, and Washington, in 1959-1960.

I wish to record my great indebtedness to Mr. James Strachey, who kindly allowed me to draw upon his unrivaled knowledge of Freud's writings whenever a doubtful point arose.

mother's breast has become the prototype of every relation of love. The finding of an object is in fact a refinding of it.'[1]

I wish to make two remarks about the otherwise excellent English translation. The last sentence which has real beauty in German: *'Die Objektfindung ist eigentlich eine Wiederfindung'*, in English is a pale rendition of the forceful and categorical original. Although not quite correct, a somewhat freer—and to my mind truer—translation would run as follows: 'All object discovery is in fact a rediscovery'. My second remark concerns what in Freud's version is called *'anfänglichste Sexualbefriedigung'*. This is incomparably more emphatic than the otherwise correct English translation: 'the first beginnings of sexual satisfaction'; perhaps 'the very first sexual satisfaction' is a more faithful one.

This passage itself remained unchanged, but in 1915 Freud added a footnote calling attention to his discovery of an *additional* method of finding an object, namely, the narcissistic. It is easy to show that for many years after the introduction of the concept of narcissism, Freud did not intend to supplant the idea of primary object relationship by that of primary narcissism.

To prove this, I wish to quote two passages from his writings during these years. One is from the Twenty-First Lecture of his Introductory Lectures which were delivered for the last time in 1916-1917 and were first published in 1917. Freud points out first that certain component instincts of sexuality, such as sadism, scoptophilia, and curiosity, have an object from the start. He continues: 'Others, more plainly connected with particular erogenic areas in the body, only have an object in the beginning, so long as they are still dependent upon the non-sexual functions, and give it up when they become detached from these latter.' He refers here particularly to the oral component instinct; then he states: 'The oral impulse *becomes auto-erotic* as the anal and other erogenic impulses are from the beginning. Further development has, to put it as concisely as possi-

[1] Standard Edition, VII, p. 222 (italics added).

ble, two aims; first, to *renounce autoerotism, to give up again the object found in the child's own body* in exchange again for an external one; second, to combine the various objects of the separate impulses and replace them by one single one.'[2]

The other passage is from Freud's article in M. Marcuse's *Handwörterbuch der Sexualwissenschaft,* and it is worth mentioning that the passage occurs in the section subtitled, The Process of Finding an Object. 'In the first instance the oral component instinct finds satisfaction by attaching itself to the sating of the desire for nourishment, and its object is the mother's breast. It then detaches itself, becomes independent and at the same time *autoerotic,* that is, it finds an object in the child's own body.'[3] This article was written in 1922 just before the Berlin Congress, the last Freud attended, where he announced his new ideas about the structure of the mind which were later developed into what is now called ego psychology. The passage just quoted shows that he did not abandon the idea of a primary object relationship.

The other two theories about the individual's most primitive relationships with his environment were published for the first time in On Narcissism: An introduction (1914), though in the preceding years the older theory had several forerunners.[4] In the 1914 paper this older theory is stated without qualifications. Freud asks in the first section of that paper, 'What is the relation of the narcissism of which we are now speaking to autoerotism, which we have described as *an* early state of the libido?'. He answers this question as follows: 'I may point out that we are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed. The autoerotic instincts, however, are there from the very first; so there must be something added to autoerotism—a

[2] *Introductory Lectures on Psychoanalysis.* London: E. Allen & Unwin Ltd., 1936, Fifth edition, pp. 276-277 (italics added).

[3] Standard Edition, XVIII, p. 234.

[4] See the Schreber analysis quoted below; *Leonardo da Vinci* (1910), Standard Edition, XI, p. 100; and *Totem and Taboo* (1913), Standard Edition, XIII, pp. 88-90.

new psychical action—in order to bring about narcissism.'[5]

We learn further from Ernest Jones[6] that Freud's first recorded use of the term, narcissism, was at a meeting of the Vienna Psychoanalytic Society on November 10, 1909, when he gave it the meaning quoted above. He stated: 'Narcissism was a necessary intermediate stage in the passage from autoerotism to alloerotism', which agrees exactly with a passage in the Schreber analysis: 'Recent investigations have directed our attention to a stage in the development of the libido which it passes through on the way from autoerotism to object love. This stage has been given the name of narcissism. . . . *This halfway phase between autoerotism and object love* may perhaps be indispensable normally; but it appears that many people linger unusually long in this condition, and that many of its features are carried over by them into the later stages of their development.'[7] Published in 1911 this passage incidentally is the third occasion that Freud used the term narcissism in print, the second being the paper on Leonardo. We shall refer presently to the first occasion on which this term was used.

Here I shall discuss two points. First, Freud's description in these two passages is unequivocal. The individual's most primitive form of relationship to his environment is autoerotism. This is followed by the narcissistic stage out of which object relationships develop. Evidently this is the development which leads to the type of object choice later described in the paper, On Narcissism, as narcissistic. It is an alternative or a parallel development to the one described previously—in Three Essays on the Theory of Sexuality and in other writings quoted above—which starts with primary object relationship and leads to that object choice later characterized by Freud as anaclitic.

The second point: in the passages just quoted Freud states categorically that narcissism is essentially and inherently a secondary phenomenon—a 'halfway phase'. To repeat the relevant

[5] Standard Edition, XIV, pp. 76-77 (italics added).

[6] Jones, Ernest: *The Life and Work of Sigmund Freud, Vol. II.* New York: Basic Books, Inc., 1955, p. 304.

[7] Standard Edition, XII, pp. 60-61 (italics added).

sentence: 'There must be something added to autoerotism—a new psychical action—in order to bring about narcissism'. Note that there is no qualification whatsoever to this statement. This is the more surprising because this quotation comes from the two paragraphs that follow the passage in which Freud first used his famous metaphor of the amœba: 'Thus we form the idea of there being an original libidinal cathexis of the ego from which some is later given off to objects, but which fundamentally persists and is related to the object cathexes, much as the body of an amœba is related to the pseudopodia which it puts out'.[8]

It is remarkable that the paper, On Narcissism, which introduced this theory does not contain a concise description of primary narcissism. Nevertheless, it is well known that primary narcissism became the standard theory used in describing the individual's most primitive relationship with his environment, and in this connection Freud referred to it repeatedly in later writings. Another interesting point is that the theory changed not at all during the remaining twenty-five years of Freud's active work. To prove this let me give two quotations. One, from an addition to the third edition of Three Essays (1915), reads: 'Narcissistic or ego libido seems to be the great reservoir from which the object cathexes are sent out and into which they are withdrawn once more; the narcissistic libidinal cathexis of the ego is the original state of things, realized in earliest childhood, and is merely covered by the later extrusions of libido, but in essentials persists behind them'.[9]

The other passage is from Freud's last, unfinished, work, An Outline of Psychoanalysis (1938-1939), and is from the second chapter, subtitled, The Theory of Instincts: 'It is difficult to say anything of the behavior of the libido in the id and in the superego. *Everything that we know about it relates to the ego, in which the whole available amount of libido is at first stored up. We call this state of things absolute, primary narcissism.* It continues until the ego begins to cathect the presentations of

[8] Standard Edition, XIV, p. 76.
[9] Standard Edition, VII, p. 218.

objects with libido—to change narcissistic libido into object libido. Throughout life the ego remains the great reservoir from which libidinal cathexes are sent out onto objects and into which they are also once more withdrawn, like the pseudopodia of a body of protoplasm. It is only when someone is completely in love that the main quantity of libido is transferred onto the the object and the object to some extent takes the place of the ego.'[10] This description, given in Freud's own words, has become the official version, taught in psychoanalytic institutes all over the world.

II

INHERENT CONTRADICTIONS

These three theories implied by the terms *primary object love, primary autoerotism,* and *primary narcissism* apparently contradict each other. As far as I know Freud never discussed this contradiction in writing. On the contrary, there is evidence published as late as 1923 that he held all three concurrently. The assumption can only be that he did not feel them as contradictory or mutually exclusive.

Before discussing this puzzling problem, we should remind ourselves that psychoanalysis, faithfully following Freud, uses the term narcissism to describe two similar but by far not identical states. One of them—called by Freud primary or absolute narcissism—is a hypothesis, not a clinical observation; we assume that, in the beginning, all libido is stored up in the ego—or in the id. The other which, as a rule, is called simply 'narcissism', although properly it should be called 'secondary narcissism', can be observed clinically. It denotes a state in which some, even a large part, of the libido that previously cathected external objects is withdrawn from them and now cathects the ego—definitely *not* the id. This distinction will prove of great importance in what follows.

Freud, mentioning neither the need for solving the above-cited inherent contradictions nor the need for their reconcilia-

[10] Int. J. Psa., XXI, 1940, p. 33 (italics added).

tion, attempted a synthesis of all three theories in his Introductory Lectures on Psychoanalysis (1917). In the Twenty-Sixth Lecture, which has the subtitle, The Theory of the Libido: Narcissism, he writes: 'I have so far had very little opportunity in these lectures of speaking about the fundamental plan on which the course of the love impulse during life is based, so far as we know it; nor can I supplement it now. I will only select this to tell you: that the choice of object, the step forward in the development of the libido which comes after the narcissistic stage, can proceed according to two types. These are: either *the narcissistic type,* according to which, in place of the ego itself, someone as nearly as possible resembling it is adopted as an object; or *the anaclitic type* (*Anlehnungstypus*)—([Fn.] This name refers to the *dependence* of the sexual instincts on the self-preservative instincts for their first object, i.e., the suckling mother.)—in which those persons who became prized on account of the satisfactions they rendered to the primal needs in life are chosen as objects by the libido also.'[11]

To add another quotation from the same chapter: 'Thus it appeared that autoerotism was the sexual activity of the narcissistic phase of direction of the libido'.[12]

Freud here gave us without doubt an apparently comprehensive theory: the most primitive phase is primary narcissism, from which all the other organizations of the libido develop as subsequent phases. Despite the advantage of simplicity and plausibility, this theory does not solve the fundamental contradictions mentioned above; moreover, it creates new problems. To substantiate this point, I may mention a curious footnote added by Freud to the third chapter of The Ego and the Id, and first published in 1923, the same year in which his Encyclopedia article appeared, which restated the primary nature of object love. The subtitle of the chapter is The Ego and the Superego, and the footnote refers to the first part of this chapter. Here Freud describes the changes in the ego that may take place after the id

11 *Op. cit.,* p. 356.
12 *Op. cit.,* p. 347.

—*not* the ego as postulated in the above quotation from An Outline of Psychoanalysis—has been forced to give up one of its love objects. These changes are introjection and identification: 'Now that we have distinguished between the ego and the id, we must recognize the id as the great reservoir of libido mentioned in my introductory paper on narcissism. The libido which flows into the ego owing to the identifications described above brings about its "secondary narcissism".'[13]

In the fourth chapter, Freud restates this idea, if possible, in a more unequivocal form: 'At the very beginning all the libido is accumulated in the id, while the ego is still in process of formation or far from robust. Part of this libido is sent out by the id into erotic object cathexes, whereupon the ego, now growing stronger, attempts to obtain possession of this object libido and to force itself upon the id as a love object. The narcissism of the ego is thus seen to be secondary, acquired by the withdrawal of the libido from objects.'[14]

The obvious purpose of these two passages is to clarify an uncertain situation in the light of the new discoveries. This it does to some extent—and, as we shall see presently, only temporarily—but at the same time it creates further problems and contradictions. We learn that the great reservoir of the libido is the id and not the ego, as stated both previously and subsequently to The Ego and the Id; furthermore, that the libidinal cathexes of the ego, in particular of those of its parts that have been changed by introjection and identification, are definitely classified as secondary narcissism, no matter how early in life they may occur. The next question, evidently, would be: Is there then any primary narcissism in the ego? Remarkably, here Freud does not raise this question.

Then, where is the place and what is the role of primary narcissism? And can these two passages be integrated with the customary version—such as in the quotation from An Outline of Psychoanalysis to the effect that 'everything that we know about

[13] *The Ego and the Id.* London: Hogarth Press, 1949, p. 38.
[14] *Ibid.*, p. 65.

[the libido] relates to the ego, in which the whole available amount of libido is at first stored up. We call this state of things absolute, primary narcissism.'?

James Strachey tries to solve this contradiction in an editorial note to The Ego and the Id, under the title of The Great Reservoir of the Libido.[15] Strachey suggests there the possibility that Freud, without noticing it, used the great reservoir of the libido in two different senses: 1, a function similar to that of a storage tank; 2, functioning as a source of supply. The first would evidently refer to the ego, the second to the id. This highly plausible hypothesis, very much in accordance with Freud, if accepted would solve this one contradiction. In fact, however, Freud never thought of it, and though it would define the id as the source of primary narcissism, it leaves unsolved what is cathected *by* primary narcissism. This cannot be the ego; in the early stages there is a question whether there is any ego to cathect; nor can it be the id, for such an assumption would fuse the 'source of supply' and the 'storage tank' models which Strachey neatly distinguished.

Another alternative would be the acceptance of Hartmann's dictum '. . . that Freud, as did others, sometimes used the term "ego" in more than one sense, and not always in the sense in which it was best defined. Occasionally . . . the term "ego" became interchangeable with "one's own person", or "the self".'[16]

Hartmann then proposes to distinguish between two meanings of ego, 'the one referring to the functions and cathexes of the ego as a system (in contradistinction [to] the cathexes of different parts of the personality), the other to the opposition of the cathexis of one's own person to that of other persons (objects). But the term narcissism was used to cover the libidinal cathexis both of the ego and of one's own person. In this usage originated also the frequently found formulation that at the beginning of life all libido is in the ego, part of which is sent out

[15] I wish to express my thanks for the privilege of seeing this note in typescript. It will appear in Standard Edition, XIX, now in print.

[16] Hartmann, Heinz: *The Ego Concept in Freud's Work*. Int. J. Psa., XXXVII, 1956, p. 433.

later to cathect the object. In this case it seems perfectly clear that what Freud thought of was the cathexis of one's own person preceding that of the object's—if for no other reason than that, at least at that time, he did not think that anything comparable to the ego was present at birth.' Hartmann concludes that this 'would mean that, for the definition of narcissism, the distinction of the libidinal cathexis of one's own person, as opposed to that of the objects, is the essential element'.

There are several objections to this proposition. The first is that it avoids the issue by begging the question. The embarrassing fact is that our present theory of the mind and the theory of primary narcissism lead us to apparently insoluble contradictions. Hartmann tries to save the situation by introducing an *ad hoc* concept instead of examining what is wrong with both theories or, at any rate, with one of them. To examine the meaning of the concept, 'the libidinal cathexis of one's own person', we must define 'one's own person'. Is it the sum total of the conscious and the preconscious? Does it include the whole of the ego and the superego or only those parts of these two institutions which are conscious, while totally excluding the id? Or should the id be included too? In this case, we must ask how this is possible, for no one has conscious access to the id and it is thus difficult to see how it can be felt as self. I think it fair to say that 'one's own person' and the 'self' are vague and nebulous concepts like 'character' and 'personality'; they are ill-defined terms, useful in an emergency but probably inadmissible as escapes from a theoretical difficulty.

If we accept the new terminology, proposed originally by Hartmann, Kris, and Loewenstein, many though not all of the internal contradictions in the theory of primary narcissism disappear. There remain, however, two questions: first, do any new complications arise in the wake of this revised terminology; and second, would Freud have accepted it? Neither of these questions is difficult to answer. Defining narcissism as a libidinal cathexis of the self would compel us to distinguish, in addition to the general form of self-narcissism, special classes of id narcis-

sism, ego narcissism, and superego narcissism—possibly each of them in primary and in secondary forms. Though this apparently precise subdivision may prove advantageous in the future —provided the self can be sufficiently defined to distinguish it from ego, id, and superego—I foresee unnecessary theoretical complications from it.

This new terminology does not remove our clinical doubts about the primary nature of any of these new types of narcissistic cathexes. Unless we assume that not only the *Anlage* but also some relevant parts of the superego are phylogenetically preformed, its cathexis must be a secondary one derived from the cathexes of the objects which were introjected ontogenetically, as described by Freud in The Ego and the Id. If we accept Freud's conclusion that the ego is gradually developed by a process of maturation, then its cathexis must develop at roughly the same rate; that is, it cannot be primary. We are left thus with id narcissism as a possibly primary state. One can imagine, as James Strachey does without much difficulty, that the id is the source, or even the reservoir, of the libido, but not its original object. Libido has always been pictured as a current or flow; it is difficult to conceive that the source and the target of a stream are identical unless the stream turns outward from its source, then changes its direction and returns whence it started. This picture, however, would fit only what we call secondary narcissism. In any case, a source without an outflow would result in increasing tension. Possibly this was Freud's meaning when he wrote: '. . . in the last resort, we must begin to love in order not to fall ill, and we are bound to fall ill if, in consequence of frustration, we are unable to love'.[17]

This problem of defining topographically the part of the mental apparatus cathected by hypothetical primary narcissism—in contradistinction to the source of all libido—was never solved by Freud, and, in my opinion, it is only put to one side and not resolved by the proposition of Hartmann, Kris, and Loewenstein. True, if we compare the two passages in The Ego and the

[17] Standard Edition, XIV, p. 85.

Id with the two above-quoted passages from Three Essays and from An Outline of Psychoanalysis, we must admit that the proposition of Hartmann, Kris, and Loewenstein seems to be well-founded. In this sense the introduction of the 'self' is a useful proposition: it apparently tidies up a rather untidy theory. But we doubt that it does anything else. Specifically, can we predict new clinical observations from it, and can it help us explain well-established clinical phenomena hitherto inexplicable? Both questions must be answered in the negative. Furthermore, the introduction of the 'self' does not even attempt to solve the important contradiction in chronology discussed in the first section of this paper.

In spite of Hartmann's stern criticism, Freud was anything but a careless writer; he must have had some reason for always returning to the cathexis of the ego when he spoke about narcissism. I concur with Edoardo Weiss in his expression of strong doubts that Freud ever agreed to the new propositions of Hartmann, Kris, and Loewenstein.[18] It must be admitted that Freud never aspired to be an obsessional theoretician, yet he was definitely an impeccable clinical observer; and I have found invariably that the more closely one examines his clinical descriptions, the more one is impressed by their verity and profundity. It is therefore my belief that the internal contradiction in the theory of primary narcissism is not caused by careless usage or inability to see clearly and define exactly, but rather by Freud's unwillingness to give up or modify clinical observations for the sake of a tidy theory. The reason he invariably returned to the cathexis of the ego by libido when he spoke of narcissism is simply that this is *what can be observed*. Everything else is speculation, plausible or false, but not observable clinical fact.[19]

[18] Weiss, Edoardo: *A Comparative Study of Psychoanalytic Ego Concepts.* Int. J. Psa., XXXVIII, 1957, pp. 209-222.

[19] It is also possible that the idea of primary narcissism was an attempt to solve a psychological conflict. On innumerable occasions Freud referred in his writings to his intense attachment to his mother—the anaclitic type of object choice. We know also of his profound attachment to men, a powerful current throughout his life, which had started at the age of two or even earlier in relation to his nephew,

III
CLINICAL FACTS ABOUT NARCISSISM

Let us follow Freud who, in his paper, On Narcissism, advised us that speculative or theoretical 'ideas are not the foundation of science, upon which everything rests: that foundation is observation alone. They are not the bottom but the top of the whole structure, and they can be replaced and discarded without damaging it.'[20] Accordingly, let us examine the clinical observations on which Freud based the existence of narcissism in his 1914 paper. Defenders of the theory will say first, like Freud, that clinical observations cannot either prove or disprove primary narcissism, that it is only a theory. Then, like Freud, they will give clinical observations to make the theory acceptable. My intention in this section is to show that the observations, on which Freud and after him the theoreticians based the hypothesis of primary narcissism, prove the existence of secondary narcissism only. A theory of primary narcissism can be attached to them but does not follow from them.

In his paper, On Narcissism, Freud enumerates five clinical facts on which he based his theory of narcissism, though in fact he used eight in his argument. He mentions first the study of schizophrenia and of homosexuality, then continues: 'Other means of approach . . . by which we may obtain a better knowledge of narcissism [are] the study of organic diseases, of hypochondria, and of the erotic life of the sexes'.[21] The three other facts not mentioned here but used in the argument are: 1, the various psychotic and normal overvaluations of self and object;

John—a narcissistic type of object choice. There are many indications in Freud's life, among them his long engagement and late marriage, which show that he encountered considerable difficulties when trying to find a satisfactory solution for this conflict. It is credible that the theory of primary narcissism, apart from its scientific value, served the additional purpose of pushing those two conflicting strivings into the background and erecting in their place a comforting theoretical structure free of conflict, at any rate for its creator.

[20] Standard Edition, XIV, p. 77.

[21] *Ibid.*, p. 82.

2, sleep; 3, observations of young children and infants. In the case of organic disease or of hypochondria there is no question that we are dealing with secondary narcissism, that is, with libido withdrawn from objects; but what about the other clinical observations?

I shall start with observations concerning homosexuality and the erotic life of the two sexes. After referring to his theory of 'the finding of an object' from Three Essays, Freud continues: 'Side by side, however, with this type and source of object choice which may be called the "anaclitic" or "attachment" type, psychoanalytic research has revealed a *second type,* which we were not prepared for finding. We have discovered, *especially clearly in people whose libidinal development has suffered some disturbance,* such as perverts and homosexuals, that in their *later* choice of love objects they have taken as model not their mother but their own selves.' By this he means the narcissistic type of object choice. He finishes the paragraph: 'With this observation we have the strongest of the reasons which have led us to adopt the hypothesis of narcissism'.[22]

Which type of narcissism is Freud referring to here? The phrase I italicized suggests that it is secondary narcissism. This agrees with the assumption that in describing the anaclitic type Freud quotes a development which may be called normal, whereas in describing the narcissistic type he cites severely pathological instances. If one accepts primary narcissism as a stage in normal development, it is strange that no normal type seems to derive from it.

A further argument for my thesis, that the narcissistic type of object choice depends on secondary and not on primary narcissism, can be found in the historical passage where Freud used the word 'narcissism' for the first time in print. This was in a footnote added in 1910 to Three Essays: '. . . In all the cases we have examined we have established the fact that the future inverts, in the earliest years of their childhood, pass through a phase of very intense but short-lived fixation to a woman (usu-

[22] *Ibid.,* XIV, p. 87 (italics added).

ally their mother), and that, after leaving this behind, they identify themselves with a woman and take *themselves* as their sexual object. That is to say, they proceed from a narcissistic basis, and look for a young man who resembles themselves and whom *they* may love as their mothers loved *them*.'[23] This is a categorical statement indeed; moreover it is based on clinical observations which have been confirmed by everyone who has analyzed homosexuals. It constitutes the strongest possible argument for the secondary nature of the narcissistic type of object choice.

Another group of clinical observations, though not mentioned explicitly in the enumeration, is extensively used by Freud to prove the existence of narcissism. This group comprises all sorts of unrealistic overvaluations, from psychotic megalomania through overvaluation of oneself or one's love objects to idealization. In every case of overvaluation of an external object, it is evident that the first cathexis is by object libido which may be re-enforced secondarily by narcissistic libido—certainly not a prima facie argument for primary narcissism. The case for the secondary nature of narcissism in psychotic megalomania is even stronger. Similarly, it is easy to show that the formation of the ego ideal, in fact any idealization, depends on secondary narcissism.[24] Any ideal starts by the internalization of something derived from and modeled on external objects, usually parental figures. This building up is called introjection. We must admit that only important external objects, those strongly cathected by libido, are introjected.

Closely connected with idealization is the overvaluation of oneself observed among primitive people and among children, which in analytic theory is customarily called 'omnipotence'. On occasion this term is explicitly attenuated by adjectives such as 'illusory' or 'hallucinatory', but this meaning is always and invariably implied whenever the term omnipotence is used. In itself, this suggests that this well-authenticated clinical observa-

[23] Standard Edition, VII, p. 145.

[24] *Cf.* also *The Ego and the Id*, Chapter III.

tion is secondary in nature, that is, subsequent to frustration. If adults, or for that matter children, who exhibit omnipotent attitudes are analyzed, the omnipotence is invariably revealed as a desperate attempt to defend themselves against a crushing feeling of impotence. As far as I know, anthropological data about primitive people are in accord with this explanation. As our knowledge about infantile omnipotence is based mainly on extrapolations from facts observed in adults or older children, I believe they cannot be used without further proof for the existence of primary narcissism. They are evidence only for the existence of secondary narcissism.

The next clinical phenomenon adduced by Freud to prove the existence of narcissism is sleep, which, remarkably, he did not include in the enumeration quoted above. He referred to it, apparently as an afterthought, at the end of his discussion of the changes in the distribution of libido in the course of organic diseases. There he says: 'In both states we have, if nothing else, examples of changes in the distribution of libido that are consequent upon the change in the ego'.[25] This impeccable clinical description suggests that these narcissistic states are secondary in nature.

Sleep both from the biological and the psychological points of view shows unquestionably a number of very primitive features. Since The Interpretation of Dreams appeared in print it has been one of the most frequently quoted instances of regression. It has been often argued that sleep, especially deep, dreamless sleep, should be considered as one of the nearest approximations in a normal individual to the hypothetical state of primary narcissism, the other example being the antenatal state. Freud, Ferenczi, and many others have noted that these two states exhibit so many similar features that together they constitute a most impressive argument.

Though no one can contest the regressive nature of sleep, one must ask, what is the fixation point which the sleeper strives to approximate? Primary narcissism is one answer. But is this the

[25] Standard Edition, XIV, p. 83.

only possibility? My answer is to quote from a most interesting and stimulating but sadly neglected and almost forgotten book the first paragraph of a chapter entitled Coitus and Sleep: 'To the far-reaching analogy between the strivings which are realized in coitus and in sleep we have made reference too often and too insistently to be able to retreat now from the task of examining somewhat more closely into these two biologically so significant adaptations, their resemblances and their differences. In my Stages of Development of the Reality Sense the first sleep of the newborn—to which the careful isolation, the warm swaddling by mother or nurse contribute—was described as a replica of the intrauterine state. The child, frightened, crying, shaken by the traumatic experience of birth, soon becomes lulled in this sleeping state which creates in it a feeling—on a reality basis, on the one hand, and on the other hallucinatorily, that is, illusorily—as though no such tremendous shock had occurred at all. Freud [Introductory Lectures] has said, indeed, that strictly speaking the human being is not completely born; he is not born in the full sense, seeing that through going nightly to bed he spends half his life in, as it were, the mother's womb.'[26]

Apparently, orgasm in coitus, and falling asleep, can be achieved only if a state of harmony or, at any rate, peace is established between individual and environment. One condition for the state of peace is the environment's success in protecting the individual from any disturbing stimulation from the outside, and in preventing the intrusion of any unnecessarily exciting or disturbing stimuli. Consonant with this is the clinical fact that one of the first symptoms of sexual dissatisfaction is sleeplessness. Thus, the point which a sleeper tries to approximate in his regression appears to be not that of primary narcissism but a kind of primitive state of peace with the environment in which—to use a modern expression—the environment 'holds' the individual.

From the very rich literature on sleep, I cite Mark Kanzer,

[26] Ferenczi, Sandor: *Thalassa. A Theory of Genitality*. New York: The Psychoanalytic Quarterly, Inc., 1938, p. 73.

whose observations are relevant to the topic under discussion. He says: 'Falling asleep is not a simple narcissistic regression . . . the sleeper is not truly alone, but "sleeps with" his introjected good object. This is evidenced in the habits of sleepers—the physical demands of the child for its parents, of the adult for his sex partner, and of the neurotic for lights, toys, and rituals—as preliminary conditions for sleep.'[27] Additional introjective rituals among adults enumerated by Kanzer are eating, drinking, swallowing of pills, bathing; among children: demands for nursing, rocking, lullabies. And Bertram Lewin's dream screen is of course equated with the dream partner. Kanzer sums up: 'Sleep is not a phenomenon of primary but rather of secondary narcissism, at least after early infancy, and the sleeper shares his slumbers with an introjected object'.[28]

Thus sleep, which at first so impressive an argument for the existence of primary narcissism, becomes a rather dubious one. True, the individual withdraws from the world of objects when falling asleep and is to all appearances alone. The withdrawal and solitude which were interpreted as narcissism revealed on closer examination that the sleeper's true aim was to escape from the strains of his ordinary relationships and to recapture a more primitive, satisfying form of relationship with objects whose interests were identical with his. Examples of such objects are comfortable beds, pillows, houses, rooms, books, flowers, toys, and transitional objects.[29] They are representatives or symbols of internal objects which, in their turn, derive from early contacts with the environment, satisfactory feedings, warm soft wrappings, safe holding or cuddling by the mother, rocking, and lullabies. The observations quoted show that the sleeper's regression is to this world and not to the primary narcissism where there is no environment to which to relate.

[27] Kanzer, Mark: *The Communicative Function of the Dream.* Int. J. Psa., XXXVI, 1955, p. 261.

[28] *Ibid.*, p. 265.

[29] Winnicott, D. W.: Transitional Objects and Transitional Phenomena (1951). In: *Collected Papers. Through Pediatrics to Psychoanalysis.* New York: Basic Books, Inc., 1958.

IV
SCHIZOPHRENIA AND RELATED CONDITIONS

The last but one clinical observation offered by Freud to justify the introduction of narcissism is schizophrenic regression. Everybody agrees that schizophrenics withdraw their interest from the external world—at any rate that is the impression they make. In discussing the dynamics of schizophrenic regressions, Freud invariably started his argument like this: 'The libido that is liberated by frustration does not remain attached to objects in fantasy, but withdraws to the ego'.[30] This formula was repeated whenever Freud approached the problem of schizophrenia. A few years after the introduction of the concept, narcissism, another sentence appeared which more often than not was mentioned with the previous one. In the Introductory Lectures, Freud discusses the fixation points to which the various neuroses regress and states that in schizophrenia it is '. . . probably [to] the stage of primary narcissism [that] dementia praecox finally returns'.[31] This is a theoretical statement; moreover it suffers from all the contradictions inherent in the theory of primary narcissism. What are the clinical observations?

Opinions diverge as to whether schizophrenics can or cannot be radically improved by psychoanalysis, but there is a general consensus that they are far from inaccessible to it provided the standard analytic technique has been considerably modified to make it applicable to their treatment. Expressed in theoretical terms, this well-established clinical experience means (a) that the impression of schizophrenics being withdrawn from the external world is only partially true; they are withdrawn from the world of normal relationships[32] but (b) they are capable of another kind of relationship which all modifications of technique aim to provide.

[30] Standard Edition, XIV, p. 86.

[31] *Op. cit.*, p. 352.

[32] I have described normal relationships as triangular or œdipal relationships. *Cf.* Balint, Michael: *The Three Areas of the Mind. Theoretical Considerations.* Int. J. Psa., XXXIX, 1958, pp. 328-340.

I cannot review the very rich literature on this subject, but the remark will suffice that this kind of relationship, or technique, demands much more from the analyst than the standard technique. This does not mean that the analyst must satisfy all the patient's needs immediately and unconditionally, but that he must be able to prove himself capable of understanding the patient and of working in harmony with him.

This is true for all regressed patients, including schizophrenics. All of them seem to be highly sensitive to the analyst's moods, and the more regressed the patient is, the more sensitive he becomes. What a normal or neurotic patient would not even notice usually affects or, more correctly, disturbs a regressed patient deeply. To avoid this disturbance the analyst must be 'in tune' with his patient. As long as this is achieved, the analytic work proceeds steadily, comparable to a steady growth; but if he cannot remain 'in tune' the patient may react with anxiety, with very noisy aggressive symptoms, or with despair.

This 'harmony' or 'being in tune' must include the regressed patient's whole life, not merely his relationship with the analyst. It is in the nature of the analytic situation that this harmony can be maintained only for short periods; periodically the analyst must detach himself from his patient to review the situation 'objectively' and perhaps give a well-considered interpretation. As a rule these patients can stand relationships with a real external object for brief periods only; consequently these periods must be saved for the analytic work. Should the environment, that is, everyday life, make too great demands on the patient, a good deal of his available libido will be drained away and not enough will be left for the analysis. Hence originate the sometimes inordinate demands by analysts in charge of this kind of patient that the environment should completely 'fall in' with the patient, 'hold' him, in order to enable the patient to concentrate all his remaining libido in a more definite, therapeutic object relationship with his analyst.

Once the importance of this condition is realized one understands why so many reports on treatment of schizophrenics end

with melancholy passages like these: 'At this point because of external circumstances the treatment had to be interrupted'; or 'Unfortunately the relatives intervened and the treatment had to be discontinued'.

A theoretical aspect of this condition of 'harmony' is the 'schizophrenogenic mother' who could not be in a state of harmony with her child. A wise and experienced clinician writes: 'These mothers love their children who become schizophrenics not only excessively but conditionally. The condition for their love is one that the schizophrenic child cannot meet. . . . These mothers saw only the normal outer shell of the children and were impervious as to any impressions as to what went on within them.'[33] A very interesting clinical description of the importance of this harmonious environment for the treatment of schizophrenics appears in a book by Stanton and Schwartz,[34] where it is convincingly shown that any disharmony in the environment, that is, between various members of the staff who are concerned with a patient's treatment, leads to a deterioration of his condition.

It appears then that the well-established clinical observation of schizophrenic withdrawal cannot be used as proof of a primary narcissistic state. It would, in fact, be more correct to say that the schizophrenic has a much closer tie with, and is much more dependent on, his environment than the so-called normal or neurotic. True, a superficial observation of his behavior does not reveal this close tie and this desperate dependence; on the contrary, it creates the impression of withdrawal and of lack of any contact. In this respect schizophrenic regression may be a counterpart to the infantile or fœtal phase in which too we find exactly the same condition: an outward appearance of narcissistic independence, of no awareness of the external world, of fleeting and seemingly unimportant contacts with part objects, all of which modern research has shown—as in the research of

[33] Hill, Lewis B.: *Psychotherapeutic Intervention in Schizophrenia.* Chicago: The University of Chicago Press, 1955, pp. 108-109, 113.

[34] Stanton, Alfred H. and Schwartz, Morris S.: *The Mental Hospital.* New York: Basic Books, Inc., 1954.

Spitz[35] on the effects of early deprivation—only thinly cover a desperate dependence and a very great need for harmony.

Having discussed the curious contradictions in the attitude of schizophrenics toward their environment, we may add that this is only an exaggerated example of the attitudes found generally among narcissistic people. Although their interest is centered upon their ego—or their own self, using Hartmann's term—and although apparently they have very little love to give to people, they are anything but secure or independent; neither can they be described as stable, self-contained, or self-sufficient. As a rule they are highly sensitive to any failure of the environment in treating them as they expect to be treated; they are easily hurt and offended, and the offenses rankle for a long time.

Narcissistic people are hardly ever able to exist alone. As a rule they live together with their split-off doublets on the pattern of such famous couples as Faust and Mephistopheles, Don Quixote and Sancho Panza, Don Juan and Leporello. In all these cases—as pointed out many times in the analytic literature from Otto Rank[36] to Helene Deutsch[37]—the unglamorous and unnarcissistic partner, who is capable of object love, is the one who is really independent from the hazards of everyday life and can cope with them—the partner without whose help and ministration the glamorous and seemingly independent narcissistic partner would perish miserably. In real life, often enough the unglamorous partner is the narcissistic hero's own mother.

We have come to the conclusion that truly narcissistic men and women are in fact pretending. They are desperately dependent on their environment; their narcissism can be preserved only on condition that their environment is willing or can be forced to look after them. This is true generally from the greatest dictator to the poorest catatonic.

A good opportunity for observing changes from adult object

[35] Spitz, René A.: Anaclitic Depression. In: *The Psychoanalytic Study of the Child, Vol. II.* New York: International Universities Press, Inc., 1946.

[36] Rank, Otto: *Die Don Juan-Gestalt.* Vienna: Int. Psa. Verlag, 1924.

[37] Deutsch, Helene: *Don Quixote and Don Quixotism.* This QUARTERLY, VI, 1937, pp. 215-222.

relationship to narcissism, then to this sort of primitive relationship and back again in fairly rapid succession, is provided us by the analysis of alcoholics, especially periodic drinkers. Their object relationships, though usually fairly intense, are shaky and unstable. As a consequence, these people are easily thrown off their balance, the most common cause being a clash of interests between themselves and one of their important love objects. This clash readily appears to them so overwhelming that they feel utterly unable to remedy the situation; they then withdraw practically all their object libido. No one matters any more, only their narcissism. On the one hand they feel themselves to be the center of every attention both friendly and hostile, and on the other, utterly wretched and forsaken.

Usually it is in this state that they start to drink, though of course there may be other precipitants. Whatever the cause, the first effect of intoxication is invariably the establishment of a feeling that all is well between them and their environment. In my experience the yearning for this feeling of harmony is the most important cause of alcoholism or, for that matter, of any form of addiction. At this point all sorts of secondary processes set in which threaten the harmony, and the alcoholic in despair drinks more and more in order to maintain or at any rate to salvage some of it.

A most important feature of this state of harmony surrounding the intoxicated drinker is that in this world there are no people who are the objects of love or hate, especially no demanding people or objects. The harmony can be kept up only as long as the drinker is capable of getting rid of everything and everybody that might make demands on him; many periodic drinkers either shut themselves in and drink by themselves or escape from their familiar world of objects and people and seek an environment in which they have had no previous contact, which cannot demand anything of them, especially no lasting libidinal commitment. An impressive realization of these two worlds—the normal one with lasting libidinal commitments and the drunken one with only fleeting cathexes—was enacted

in Chaplin's film, City Lights. People in this new world are to be tolerated only so long as they are sympathetic and friendly; the slightest criticism or clash of interest provokes violent reactions in the drinker, with his desperate need to maintain harmony with the world created by alcohol.

The gist of the exposition in this section (IV) is that schizophrenics—contrary to theoretical expectations—are capable, even in their most regressed states, of responding to their environment and are thus accessible to attempts at analytic therapy. The response, however, is tenuous and precarious because of their compelling need for harmonious relationships. This suggests that their narcissistic withdrawal is secondary, subsequent to frustration. The other states reviewed briefly in this section—alcoholism, deeply disturbed or narcissistic states—present the same picture; everywhere the same primitive need for harmony, frustration because of the exacting demands from the partner in general and from the analyst in particular, and withdrawal into secondary narcissism.

V

ANTENATAL AND EARLY POSTNATAL STATES

After having surveyed the clinical facts that Freud used to support the introduction of the concept, narcissism, we are left with the conclusion that apart from two all were clear-cut cases of secondary narcissism. We found only two phenomena which could not be explained purely on the basis of secondary narcissism: the regressive states in schizophrenia and deep dreamless sleep. Yet, even in these instances it appeared that the fixation point toward which the regression tended was not necessarily primary narcissism but a very primitive form of relationship in which a probably undifferentiated environment was very intensely cathected.

We must not forget, however, that this difficulty was correctly forecast by Freud, the clinician, who stated in 1914: '. . . the primary narcissism of children which we have assumed and which forms one of the postulates of our theories of the

libido, is less easy to grasp by direct observation than to confirm *by inferences from elsewhere'*.[38] Freud, the theoretician, is optimistic and goes on with his constructions, while the clinician is, to say the least, cautious if not sceptical.

In this passage Freud talks about *the primary narcissism of children,* while prevailing psychoanalytic theory forces us to consider *the primary narcissism in the antenatal state.* This tendency of antedating is fairly general in analytic theory. If an assumption proves to be incompatible with clinical observation, instead of rejecting it as untenable or, at any rate, re-examining it, it is antedated to refer to still earlier phases of development, so early as to be beyond the reach of any clinical observation.

I shall discuss chiefly Greenacre's ideas relating to this topic, as she is a recognized authority in the field and has written extensively on the topic.[39] For the sake of simplification I have grouped these ideas: 1, those relating to fœtal life proper; 2, those relating to the changes caused by birth; and 3, those relating to the earliest phase of extrauterine life.

Greenacre says: 'From a biological viewpoint narcissism may be defined as the libidinal component of growth'.[40] Following Freud, she then states: 'Narcissism is coincidental with life throughout, . . . narcissistic libido is in fact to be found wherever there is a spark of life';[41] or, more specifically, 'In the fœtus the narcissism is reduced to the simplest terms, being almost or entirely devoid of psychic content'.[42]

While Greenacre's statements are plausible and make sense as a whole, they rest on assumptions which cannot be proved or disproved by observation. She thinks—and a great number of analysts agree with her—that statements of this kind are justifiable extrapolations from various clinical and biological observations, though she would doubtless agree that we have only

[38] Standard Edition, XIV, p. 90 (italics added).

[39] Greenacre, Phyllis: *Trauma, Growth, and Personality.* New York: W. W. Norton & Co., Inc., 1952.

[40] *Ibid.,* p. 20.

[41] *Ibid.,* p. 44.

[42] *Ibid.,* p. 45.

views and vague ideas and no hard facts about the distribution of libido in intrauterine life, about 'the libidinal component of growth', or about 'narcissism entirely devoid of psychic content'. I know that it is somewhat unfair to an author to use isolated phrases out of context, but I submit that using phrases of this kind without stating unequivocally that they do not claim to describe clinical findings but are merely speculations is unfair to the reader.

In her book Greenacre gives an excellent description of the imagery which people use to express their feelings about, or possibly 'memories' of, birth, which may be felt, for instance, as 'a bridge from one mode of existence to another . . . a chiasma . . . a hiatus . . . a kind of black-out very closely resembling death', and so on.[43]

Greenacre concludes that the experiences of birth comprise possibly all this imagery as overdetermining factors, but perhaps its most fundamental characteristic is a precipitate but successfully achieved change from one mode of life to another. She writes: 'I can only think that the disturbance of the gross economy of fœtal narcissistic libido which occurs at birth is just this: some transition from the almost complete dependence of intrauterine life to the very beginnings of individuation, at least to the quasi-dependence outside the mother's body instead of the complete dependence inside'.[44]

She repeats Freud's dictum that experiences during birth seem to organize the individual's anxiety pattern, and adds, 'While the establishment of anxiety patterns is a protection against danger, the organization of the narcissism forms an instrument of positive attack, a propulsive aggressive drive'.[45]

All these descriptions can be interpreted, with some difficulty, as possible pointers to a state of primary narcissism, and this is how Greenacre uses them. In my opinion, however, they can be interpreted—and without straining a point—as rather

[43] *Ibid.*, pp. 20-21.
[44] *Ibid.*, p. 45.
[45] *Ibid.*, p. 19.

strong arguments for the assumption of an early, intensive, interaction between the fœtus-baby and its environment. Birth means a sudden interruption of a hitherto gratifying relationship with an environment in which, it is true, there are as yet no objects, which is a kind of unstructured 'ocean'.

I wish to point out that all of Greenacre's clinical descriptions that refer to the effects of postnatal events can be taken as arguments for the secondary nature of narcissism—as subsequent to frustration by the environment. To demonstrate this I quote a passage from her paper, Pregenital Patterning. 'Returning to the question of increased primary narcissism due to early repeated overstimulation of the infant, such increase implies a prolongation and greater intensity of the tendency to primary identification as noted, and impairment of the developing sense of reality in combination with the increased capacity of body responsiveness and registration of stimulus.'[46]

Early infancy is often described as an undifferentiated state in which there is still no boundary between individual and environment. An alternative, or parallel, description states that early infancy is the phase of primary narcissism and primary identification, which latter is often defined as the functional aspect of primary narcissism. I should like to point out—provided 'identification' retains its normal meaning—that there is a logical contradiction in accepting the coexistence of these two states. As mentioned above, Freud was fully aware of this fact and discussed it in Chapter III of The Ego and the Id. Any identification in the usual sense means a change in the ego under the influence of some external object, or some part of the environment, which was intensely cathected previously. Even the most primary identification is with something outside the individual; in order to bring about a change in the ego according to any external pattern, this pattern must mean a good deal for the individual. Thus my contention is that there cannot be any primary identification. All identifications must by definition be secondary to some object or environmental cathexis. It follows

[46] Greenacre, Phyllis: *Pregenital Patterning.* Int. J. Psa., XXXIII, 1952, p. 414.

then that primary narcissism and primary identification cannot exist at the same time, if they exist at all.

Another frequent argument for primary narcissism is that the infant in its earliest days cannot be aware of the external world. As there is no external world for it to cathect, it must be thought of as living in primary narcissism. Should this argument appear in conflict with observed facts it is often attenuated; the infant either falls asleep and is thus 'away' from the influence of the world, or if awake it must be assumed—as for instance, by W. Hoffer—'that the environment-mother has come to the aid of the child's primary narcissism and so there is no ego yet, no idea of danger, anxiety, or defense. . . . [Thus] what is needed is a hold to maintain the state of primary narcissism, an equivalent for the holding qualities of the prenatal mother.'[47]

In the same paper Hoffer raises the point that Freud might have been influenced in his theories about early states by the form of infant care prevalent in his day, namely, swaddling. The swaddling clothes, according to Hoffer, 'act as a narcissistic rind for the developing ego', because the infants are protected from external stimulation and in consequence their object relationships are possibly retarded. 'With the removal of the swaddling clothes the infant's primary narcissism has been endangered as well: not really, of course, but only for the observer who started to see object-relatedness which overlaid primary narcissism'; and he adds, 'I wonder . . . whether we do not claim as progress in the science of psychoanalysis what in effect amounts to an adaptation of our theories to conditions (that is, in nursing habits) prevailing in the present'.[48]

All these arguments are hardly more than begging the question. First it is decreed that a state of primary narcissism exists and in order to keep this decree inviolate it is further decreed (a) that the environment-mother must 'hold' the infant to protect the state of primary narcissism, (b) that the child must not be-

[47] Hoffer, W.: *A Reconsideration of Freud's Concept 'Primary Narcissism'*. Paper read to the British Psa. Society, June 1959, pp. 8, 9.

[48] *Ibid.*, pp. 10, 11.

come aware of any change in this 'holding', and (c) that any observed relationship with the environment, and any observed response to a change in the 'holding' (absence of swaddling), must be disregarded as false; otherwise the whole theoretical structure will collapse.

I think it would be much simpler to accept the idea that relationship with the environment exists in a primitive form right from the start and that the infant may become aware of and respond to any considerable change in it. This would mean, however, using Hoffer's argument, that the theory of primary narcissism has been based chiefly on experiences with infants who were treated insensitively, with stiff swaddling, rigid nursing routine, etc., who in consequence were forced at much too early a phase to develop secondary narcissism, largely because of seriously disturbed relationships with their environment.

VI

PRIMARY LOVE

The assumption of primary narcissism, though offering us a neat, tidy, and logical theory, has landed us into insoluble contradictions and uncertainties. In our theoretical considerations we can easily indicate the source of libido as the id, but it has proved impossible to place topographically either 'the great reservoir of the libido' or the anchorage point of primary narcissism. The various descriptions given by Freud are contradictory and inconsistent, and the new propositions of Hartmann, Kris, and Loewenstein, and of James Strachey, while solving some problems, have created new ones. The other insoluble contradiction is about placement in time: primary object relationship, primary autoerotism, primary narcissism were each described in turn equally categorically by Freud as the earliest, most primitive form of the individual's relationship with his environment.

In this predicament analytic theory resorted to placing primary functions further back temporally. Whereas Freud spoke of the primary narcissism of children, modern theory has found it necessary to attribute primary narcissism to the fœtus. I tried

to show that what is acquired by this attempt is a 'suitcase theory': you find in it only what you have put in.

During all the forty-five years since the introduction of narcissism no new clinical observations have been described to prove the existence or acceptability of primary narcissism, a highly suggestive historical fact. Whereas the literature on primary narcissism is scanty and hardly goes beyond repeating the various statements and suggestions made by Freud, the literature on secondary narcissism is very rich and based on excellent clinical observations.

A good theory must possess at least some of the following qualities: 1. It must be free from inherent contradictions. The theory of primary narcissism was faulty in this respect from its inception, and repeated attempts to remedy the fault have failed. 2. It must present an æsthetic structure that allows integration of disjointed observations so that each may better be understood. The theory of primary narcissism fails to do so. 3. On the basis of a theory one should be able to make predictions, draw conclusions or inferences that are capable of verification or refutation. The theory of primary narcissism led only to further theoretical speculations which were either beyond possible verification or, in one instance (the inaccessibility of schizophrenics to analytic treatment), proved false.

My alternative proposition is in two parts. First, the theory of primary narcissism having proved self-contradictory and unproductive, I cannot see any point in clinging to it. Second, clinical experiences with patients should be employed to construct a new theory which could replace primary narcissism, one which might be more suitable for verification or refutation by direct observation. Those who are familiar with my writings will anticipate that my proposition is a theory of primary relationship to the environment: briefly, primary love.

To avoid any possible misunderstanding, I wish to point out that calling my theory primary love does not mean that I believe sadism and hate have no, or only a negligible, place in human life. I do believe that they are secondary phenomena,

consequences of inevitable frustrations. The aim of all human strivings is to establish—or, probably, re-establish—an all-embracing harmony with one's environment, to be able to love in peace. While sadism and hate are incompatible with this desire, aggressiveness, perhaps even violence, may be used and even enjoyed well into the stages immediately preceding the desired harmony, but not within the state of harmony itself. These are the main reasons that led me to call my theory primary love. *A fortiori fiat denominatio.*

Although this theory has taken many years of clinical experience to reach its present form—I reported my first tentative formulations in 1932—I shall present it here, for the sake of brevity, in apodictic form, the more so as it was recently discussed at some length.[49]

According to the theory of primary narcissism the individual is born having little or no relationship with his environment. In this world only one object exists, the self, the ego, or the id, as the case may be, and all libido is concentrated in one or in all three of them. To start with biological facts, we know that the fœtus's dependence on its environment is extreme, certainly more intense than an infant's or an adult's. Consequently it is essential for its well-being and orderly development that the environment should at all times approximate as nearly as possible the fœtal needs. Great discrepancies between need and supply will be followed by severe repercussions and may even endanger life.

If we may make this biological situation a model for the distribution of libido in fœtal life, we make the assumption that the cathexis of its environment by the fœtus must be very intense—far more intense than a child's or an adult's. This environment, however, is probably undifferentiated; on the one hand, there are as yet no objects in it; on the other hand, it has hardly any structure, in particular no sharp boundaries toward the individual. Environment and individual interpenetrate, existing

[49] Balint, Michael: *Thrills and Regressions.* New York: International Universities Press, Inc., 1959.

together in a 'harmonious mix-up'. A notable example of this harmonious interpenetration is the deep-sea fish, one of the most archaic and most widely occurring of symbols. It is an idle question to ask whether the water in the gills or in the mouth of the fish is part of the sea or of the fish. Exactly the same holds true for the fœtus. Fœtus, amniotic fluid, and placenta are such a complicated interpenetrating system of fœtus and environment (mother) that its histology and physiology are among the most dreaded questions in medical examinations. It is worth remembering that our relationship to the air surrounding us has exactly the same pattern. This environmental element must be there, and as long as it is sufficient for our needs we take its existence for granted and do not consider it an object separate from us. If for instance in adult life the supply of air is interfered with, the seemingly uncathected environment assumes immense importance and its true latent cathexis becomes apparent.

According to my theory the individual is born in a state of intense relatedness to his environment, both biologically and libidinally. Prior to birth self and environment are harmoniously 'mixed-up', in fact, they penetrate each other. In this world, as mentioned, there are as yet no objects, only limitless substances or expanses. Birth is a trauma which upsets this equilibrium by changing the environment radically and enforces—under a real threat of death—a new form of adaptation. This starts off or, at any rate, considerably accelerates the separation between individual and environment. Objects, including the ego, begin to emerge from the 'mix-up' of substances and the breaking up of the harmony of the limitless expanses. The objects have—in contrast to the friendlier substances—firm contours and sharp boundaries which henceforth must be recognized and respected. Libido is no longer in a homogenous flux from the id to the environment, under the influence of the emerging objects: concentrations and rarifications appear in its flow. Wherever the developing relationship to a part of the environment or to an object is in painful contrast to the earlier undisturbed harmony, libido may be withdrawn to the ego—which starts or accelerates,

developing perhaps as a consequence of the enforced new adaptation—in an attempt to regain the previous feeling of oneness of antenatal existence. This part of the libido would be definitely narcissistic, but secondary to the original antenatal cathexis. Accordingly, the libidinal cathexes observed in early infancy are of three kinds: 1, remnants of the antenatal cathexis transferred to emerging objects; 2, other remnants of the antenatal cathexis withdrawn to the ego as secondary comforters against frustration, i.e., narcissistic and autoerotic cathexes; and 3, recathexes emanating from the secondary narcissism acquired by the ego.

At first most of the objects are possibly indifferent or even frustrating but some prove to be sources of gratification. Provided the infant care is not too deficient or insensitive, parts of the new environment may be invested with some of the original environment's *primary cathexis* and become *primary objects;* and one's relationship to them and their derivatives in later life will always be different, that is, more primitive than all other relationships. Such primary objects are, first of all, one's mother and, remarkably, in many people most of the four 'elements' which are very archaic mother symbols: water, earth, air, and less frequently fire.

It is very likely that in the early stages of postnatal life the maintenance of a primitive form of an exclusive relationship to one person is the limit of the developing infant's capacity. As discussed in Section IV, this is probably the point of regression in schizophrenia. For many years I thought that there was only one type of this primitive two-person relationship, the type that I have called 'ocnophilic'. In this relationship the object is felt as a vitally important support. Any threat of being separated from it creates intense anxiety and the most frequent defense is clinging. On the other hand, the object is so overwhelmingly important that no concern or consideration can be given to it, it must have no separate interests from the individual's, it must simply be there, and, in fact, it is taken for granted. The consequences of this kind of object relationship are (a) an overvaluation of the object—which is thus not necessarily due to an over-

cathexis by narcissistic libido; (b) a comparative inhibition against developing personal skills which might make the individual independent from his objects.

During the past ten years I have discovered a second type of primitive relationship to objects or, perhaps more correctly, to the environment. I proposed for it the term 'philobatism'. In this objects are considered as indifferent, or as deceitful and untrustworthy hazards better to be avoided. To achieve this the individual must develop some personal (ego) skills in order to retain, or regain, the freedom of movement in and harmony with objectless expanses, such as mountains, deserts, sea, air, all of which belong to the class of potentially primary objects, but *pari passu* his object relationships may become thwarted.

If this theory is correct, we must expect to come across all these three types of object relationships—*the most primitive harmonious interpenetrating 'mix-up', the 'ocnophilic' clinging to objects,* and *the 'philobatic' preference for objectless expanses*—in every analytic treatment that is to attain regression beyond a certain point. In point of fact, I arrived at my theory the other way round, through observing in my analytic practice these three types of relationships to me and to the environment in general, then building up my theory from these observations.

In my opinion all narcissism is secondary to the most primitive of these relationships, that of the harmonious interpenetrating 'mix-up', and its immediate cause is always a disturbance between the individual and his environment; this leads to frustration as a consequence of which the individual comes to differentiate what was until then the harmonious fusion of self and environment and he withdraws part of his cathexis from the environment and invests it in his developing ego.

VII

ADULT LOVE

In On Narcissism Freud wrote: '. . . the aim and the satisfaction in a narcissistic object choice is to be loved'.[50] This is, of course, another impeccable clinical observation but somewhat

[50] Standard Edition, XIV, p. 98.

of a theoretical *non sequitur*. Narcissistic object choice means that the subject takes himself or somebody representing or deriving from himself as a love object but it does not follow necessarily from the theory of narcissism that he should desire to be loved by others. On the contrary, as he has withdrawn his libido from the external world—or alternatively has not yet cathected it, and thus only himself or somebody representing him can matter at all—one would expect that the rest of his environment would be more or less indifferent to him. Evidently this is another of the contradictions inherent in the theory of primary narcissism.

All the clinical literature on secondary narcissism shows this same picture of excellent, easily verifiable observations which fit uncomfortably on the Procrustean bed of primary narcissism. Annie Reich, for instance, says that objects at the pregenital sexual level are selfishly used for one's own gratification; their interest cannot yet be considered, and '. . . whether we define such behavior as fixated on pregenital levels or as object relationship or as narcissistic is a question of terminology'. She adds, 'At these early levels passive attitudes are more frequently found than an active reaching out for an object'.[51]

I think it is rather doubtful whether any logical connections are to be found between the wish to be loved passively, using the objects selfishly, inability to be concerned with their interests, the prevalence of passive expectant attitudes over actively reaching out for satisfactions, and the theory of primary narcissism which states that all the libido is concentrated either in the ego or in the id.

Equally we do not understand why it does not matter for our theory whether we describe these clinical observations as fixations to pregenital levels, as object relationships, or as narcissism, and why all this should be merely a question of terminology. Instead of the last phrase I would repeat that all this is a natural consequence of using a 'suitcase theory' of primary narcissism.

[51] Reich, Annie: *Narcissistic Object Choice in Women*. J. Amer. Psa. Assn., I, 1953, pp. 22-24.

All these observations fit in well with the theory of primary love, can in fact be predicted from it and may be considered as confirmatory evidence. Passive attitudes and the need to be loved are an integral part of a relationship to a primary object, as are the selfish form of love and the inability to be concerned about the object's interests or well-being. In all three forms of primitive relationship—the harmonious interpenetration, 'ocnophilia', and 'philobatism'—one demands that one be allowed to take one's objects, or environment, for granted; they simply cannot have any interest of their own; their only concern must be the preservation of the harmony whatever may be the cost to them.

The ultimate aim of all libidinal striving is thus the preservation or restoration of an original harmony. Annie Reich describes the feeling of ecstasy accompanying orgasm in these words: 'In this state it was as though the woman's individuality had ceased to exist; she felt herself thrown together with the man'. She compares this *unio mystica* with what Freud called the oceanic feeling: '. . . the flowing together of self and world of self and primary object; it has to do with a temporary relinquishment of the separating boundaries'.[52] This clinical observation too had to be packed separately into the 'suitcase theory' of primary narcissism but it is a natural consequence of the theory of primary love.

Unio mystica, the re-establishment of the original harmony between the individual and the most important parts of his environment, his love objects, is the desire of all humanity. To achieve it, an indifferent or possibly hostile object must be changed into a coöperative partner by what I have called the work of conquest.[53] This induces the object, turned now into a partner, to tolerate being taken for granted for a brief period, that is, to have only identical interests. Individuals vary greatly in the skills required for this 'conquest'. Not everyone is capable of achieving an orgasm or a harmonious partnership. Still this

[52] *Ibid.*, p. 27.

[53] Balint, Michael: *On Genital Love.* Int. J. Psa., XXIX, 1948. Reprinted in *Primary Love.* London: Hogarth Press, 1952; New York: Liveright Publishing Co., 1952.

is the most common way to re-establish the primary harmony.

In adult life there are a few more possibilities for achieving this ultimate aim, all of them requiring considerable skills. These comprise religious ecstasy, the sublime moments of artistic creation, and lastly, though perhaps more for patients, certain regressive periods during analytic treatment. Although in all these states the individual gives the impression of narcissistic withdrawal, all of them have a common, fundamental characteristic: in these very brief moments the individual may truly and really experience the feeling that every disharmony has been dispelled and that he and his whole world are now united in undisturbed understanding, in complete harmonious, interpenetrating 'mix-up'.

SUMMARY

1. Freud proposed three theories of the individual's most primitive relationship with his environment: primary object relationship, primary autoerotism, and primary narcissism. 2. He attempted a synthesis of these three theories in favor of primary narcissism. Autoerotism was described as the satisfaction characteristic of the phase of primary narcissism, while any type of object relationship was considered secondary. This theoretical construction contains several inherent contradictions, none of them acknowledged by Freud. In recent years they were pointed out in particular by Hartmann, Kris, and Loewenstein, who also proposed a new terminology which, though solving some of the old problems, seems to create new ones. 3. Re-examining the arguments used by Freud, and after him by the analytic literature, to make the existence of primary narcissism acceptable, it is found that they prove only the existence of secondary narcissism. The only two exceptions which could not be explained purely on the basis of secondary narcissism were the regressive states in schizophrenia and during sleep, but even in these two cases it appears that the regression is to a primitive form of relationship rather than to primary narcissism. 4. Since clinical observations seemed unable to provide a safe basis for the accept-

ance of the theory of primary narcissism, analytic theory resorted to antedating it to the period of fœtal life. A close scrutiny of the available data suggests that the theory of primary narcissism, although compatible with, does not follow necessarily from these observations. A theory of primary love is proposed which seems to accord better with the observed facts. 5. Using this theory a number of clinical observations can be better understood and integrated with each other to form a suggestive argument for its validity. These observations include experience with schizophrenics, with alcoholics, with narcissistic patients, and the various modifications of technique proposed by several authors to enable the patient to establish a therapeutically effective relationship in the analytic situation. 6. Lastly, the examination of man's erotic life provides some further support for the theory of primary love.

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An Unusual Fantasy of the Manner in Which Babies Become Boys or Girls

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AN UNUSUAL FANTASY OF THE MANNER IN WHICH BABIES BECOME BOYS OR GIRLS

BY DANIEL PRAGER, M.D. (WASHINGTON, D. C.)

A thirty-one-year-old married writer complained of infertility, frigidity, occasional vaginismus, penis captivus, and marital disharmony. A previous long analysis with a woman analyst had terminated with feelings of desperation and hopelessness. The patient then consulted a well-known female analyst for referral and was given the names of three male analysts. Two of these she rejected after the initial interview; the third was accepted.

THE FANTASY

About the middle of the third year of her analysis with me and following the gradual shifting of her transference from strong negative to ambivalent to strong positive, the patient began an hour by stating that she was puzzled about a series of dreams she had reported in which she was engaged to marry a woman. She felt that the interpretation that she wished to be a man was nonsensical as she very much wished to be a woman. (She had been married three years and was greatly disappointed that she had not become pregnant.) Then, with no change of affect, she abruptly stated that she felt she was really a man; that she had been masquerading as a woman, and that sooner or later men would discover the hoax. She then said casually that she had been 'born a boy' and that her 'penis was cut off'.

When she was about six years old she had wandered to the tenant's house where she saw her surgeon-father cutting the umbilical cord of a baby. She was told later that a baby boy had been born there. From this she had concluded that all babies are born alike, and that her father was fastening a penis on this one. Although she had never forgotten this incident, she had never divulged it to anyone before. She was unable to understand the analyst's interest in the fantasy as it seemed so utterly insignificant to her.

Over the years she had had a burning hatred of her father and there had been a recurrent dream from childhood that he was being killed. This she attributed to her conviction in childhood that he had not made her a boy, despite his power to do so, and had then blamed her for it. She made it clear that her conviction that she was a man was 'insane' since she knew very well that she was a woman.

The following hour the patient reported that she had quit her job and no longer intended to be the man of the family. She hoped that the termination of her employment would make her husband become more serious about his work and his resolutions to abstain from drinking. She stated that after the previous hour she had felt, for the first time in as long as she could remember, relaxed, sure of herself, and pleased. This was the opposite of her usual, hopeless, gray, 'jump-in-the-river' feeling. In the immediately ensuing hours she repeatedly sobbed whenever she recalled her yearning for greater affection from her father. She had sexual dreams in which the analyst was her lover.

The second reference to her fantasy occurred three and a half months after the first. After stating that during childhood she had witnessed a bloody throat operation performed by her father on an adult male, the patient continued as follows. 'Oh, yes, my father must have delivered that tenant's wife. I saw through a kitchen window a woman on a couch and Dad holding up a newborn baby. There's some confusion in my mind here. I must have seen him cutting the cord, and what I thought he was doing was fashioning a penis from a cord he brought with him; and I said to myself, "Oh, so that's how it happens". I never mentioned this to anyone because I felt I wasn't supposed to be watching.'

Her father often dressed her in boy's trousers and habitually accompanied her to the barber, instructing him to give her a boy's haircut. She recalled that at the age of eight her two older sisters told her how desperately their father had hoped she would be born a boy, saying that she was his 'last hope'. The

patient continued to feel that the penis-cord fantasy was without significance.

The third reference to the fantasy occurred two and a half months later. 'I saw that new baby in father's hands, and he was doing something with a length of rope. I thought he was applying part of this to the child's body as a penis. I saw him cut it. The extra hunk of material was supplied by my father, and from this a piece was formed of whatever length was wished, according to the decision whether to have a boy or girl. He cut this thing near the umbilicus and I assumed the piece sticking up was the penis. It all happened before I went to school, before I was seven. Around that time my mother's brother committed suicide and his son Billy came to stay with us. He went to the toilet standing up, but when I tried that it trickled down my legs.'

The fourth reference to the fantasy was in the form of a dream six weeks later.

> I went back to the house of our tenant farmer where I saw my father performing the operation—I mean delivering the baby. I went into the house and saw a man lying dead on the floor. I had on high-heeled, open-toed, ankle-strap sandals. The toe on my right foot was sticking far out and a tiny bulldog came out and worried my toe. I felt perhaps I had killed this man, or done something I shouldn't have in relation to him.

Her first association, offered with typical sarcasm, was that the bulldog was a penis; her father's penis. The next thought was that the bulldog reminded her of Lady Macbeth when she was unable to wash bloodstains off. She then burst into tears, loudly crying that she had killed a man when he was down; that the bulldog would fasten itself to her toe forever as the personification of her guilt. This was the first show of emotion in connection with the fantasy.[1] When asked what came to mind about killing a man while he was down, she had a flurry of new asso-

[1] A dream about a previously reported fantasy—just as a dream within a dream—may indicate a wish to deny emphatically the reality of the content and meaning of the fantasy.

ciations. Her father had lost his money in poor investments. He had kept on working hard to recover his losses in order to provide for his family even though he had been warned years before his death to limit his activity. She spoke with genuine sympathy about him for the first time and talked warmly of him as a human being who had died at the height of a brilliant professional career.

The next reference to the fantasy was about three weeks later. 'I had seen something I shouldn't see. I felt ashamed, so I never told anybody. If father wanted a boy, why didn't he make me one?' For the first time this was accompanied by prolonged audible weeping; but about a week later she referred to it without visible affect. 'I felt guilty about seeing my father deliver that baby. My parents wouldn't have wanted me to see that. I didn't know she was going to have a baby. I thought my father had gone to town. I had no idea that he was on the farm. My whole attention was focused on the idea he was giving the baby a penis. I didn't see the mother. All I saw was my father holding the baby and I assumed *grafting* a penis onto it, then cutting it the proper length. The baby's back was to me.'

A month later the patient was speaking about a male psychologist who had tested her I.Q. She stated that she had answered his questions truthfully but that she would have received a higher score had she cheated. Suddenly she exclaimed with tears, 'My father was stupid. If he wanted somebody with a penis, why didn't he give me one? This is the first time I've felt emotion about this episode. [Actually it was the third time.] It makes it more convincing. It has never occurred to me to question what an authority did, but now I feel cheated. And my deformed sister is like adding insult to injury. I never saw things in this light before. I've always been trying to find out how it feels to be a girl and how to behave like girls are supposed to. I've felt I was always perpetrating a hoax. I'd be delighted to drop this "phony" business of trying to be feminine and be more myself.' Becoming calmer she continued: 'These tenant farmers were shiftless and father gave them something that he

wouldn't give me. I've always been convinced that baby was a boy but I really have nothing to prove it.'

The last mention of the fantasy was six months later after there had been a brief interruption of the treatment because the patient had been delivered of a child. She reported: 'I think I saw my father cutting that cord with surgical scissors. I've been thinking of this cord incident in connection with a painting I did while I was in love with N [a married father]. I painted it when I was angry with him. It was a pair of scissors skating on thin ice, and on the ice was blood. I was very hostile —terribly bitter and destructive toward men. My father deserted me, attacked me, castrated me. He forced me to take cod liver oil injections. I always felt these as attacks. N took away my virginity. The blood was the blood of defloration. Now it comes to mind that the scissors were the kind my mother used in her garden to cut the flowers with. Mother castrated me. She wouldn't let me have a penis because she was afraid father would then like me better than he liked her.' This was the only reference in the analysis to castration by her mother. It was not elaborated by the patient.

HISTORY

An unplanned pregnancy during her mother's menopause, the patient was the youngest of three sisters. There had been two miscarriages, both boys, prior to her birth. The conception of the patient was an additional surprise as her father had supposedly become sterile from exposure to x-rays.

The patient first described her childhood as boring, gray, lonely, and bleak. Vomiting, styes, 'acidosis', and impetigo kept her from school until she was seven. She was a pouting, sarcastic, and sulky child. Except for occasional spankings she felt ignored by both parents. Her doctor-father, a wealthy humanitarian and public hero, was authoritarian or preoccupied when home. She feared him, loathed talking to him, and regarded him as an intruder who had no interest in his silly daughters. However, when he died suddenly when she was

twelve, she felt as though she had been 'kicked in the stomach and couldn't survive'. Shortly thereafter she sensed the presence of a huge, forbidding figure hovering in the attic. The mother was initially described as a puritanical, tragic misfit. The patient resented her mother's subjugation to the father and her agreement with him that men were superior to women. After the father's death, however, the patient slept in his place in the parental bed.

The oldest sister had cerebral palsy, thyroid disease, and epilepsy, but the father had insisted that she be treated as normal. The patient harbored conscious guiltless death wishes toward this sister because of her lack of inhibitions, her open adoration of their father, her unconcealed imitation of males in dress and behavior, and the excessive babying she received from both parents. She believed this sister made her unmarriageable because of the fear of hereditary taint. The one bright spot in her childhood was her gay and glamorous middle sister who rebelled with the patient against the familial depreciation of girls.

Following the reporting of the cord-penis fantasy there were many modifications of the initial history. The patient recalled being showered with toys, gifts, and attention from her middle-aged father and his hospital personnel.[2] The father bought her a pony, a kitten, a puppy, and many dolls that seemed alive. She loved to make clothes for her dolls and pretend they were her babies. On one occasion she was embarrassed when her father found her dressed in her mother's clothes. (After reporting this identification with the mother, the patient recalled a fear of her mother's gnarled hands and a childhood nightmare of three women ghosts clutching at her in the darkness.) At three, a move of residence to a farm away from the city hospital area was experienced as an abrupt abandonment by her father. She was then alone with the mother for long periods while father worked in the city and the sisters were at school, and her

[2] The father's preference for the third and youngest daughter, especially when there are no sons, is described by Freud *(4)* and Deutsch *(3)*.

attachment to her mother increased. She could then describe her as sympathetic, encouraging, and sustaining in crises.

She had slept in her parents' bedroom until she was nine, and in her parents' bed following nightmares and during thunderstorms. From nine until just before her father's death, she slept in an alcove just outside their bedroom and heard noises which were 'terrifying and forbidding, producing weakness and stomach sickness', but were 'not sexual noises'. Until she was eight her parents freely appeared naked as a technique of sexual education. She recalled seeing her father's penis every day, especially while he was shaving. 'It was huge, red, ugly, and rough like a chicken's neck.' At an early age she took a kitten into the bathroom and enjoyed having it lick her genitals. At nine she applied warm, wet washcloths to the genitals of another girl, who reciprocated. From about six, whenever she fantasied being kissed by boys to whom she was attracted, she felt 'butterflies' in her stomach and a titillating warm glow in her genitals. When she was eleven she was fascinated by her own 'sexy' drawings of Mae West. In late adolescence she became infuriated and depressed when she learned how intercourse was performed. She had been unaware of her vagina and believed that penetration by the penis would tear her body apart. She preferred to believe that intercourse meant 'touching toilets'.

Although her dress, haircut, and tomboy activities were adopted to please her father, she felt her efforts were futile. She envied boys who could shoot urine great distances and write their names in the snow with the urinary stream. She resented the pride boys took in their penises. She felt tortured by boys who twisted her wrist, threw snowballs at her, and threatened her with knives, and by doctors who lanced boils and styes, gave her enemas and innumerable injections.

Her mother prepared her for the menarche, but she believed that to her mother sex was repulsive, and did not report the onset of her menses. She would not permit her mother to buy her a brassiere, refusing to encourage 'mother's Lesbian tenden-

cies' by permitting her to see or touch her body. While striving to appear sexless to her mother, she secretly desired to rebel against her by petting with boys. She was nevertheless unable to 'date' boys until she was twenty-five, the second year of her first analysis. Allegedly nauseated by the sight of deformities, one of her beaux had one arm, another was effeminate and impotent; she was then courted by a marine who attempted to rape her, later became enamored of a married Jewish father, and finally married a frequently impotent alcoholic. On her wedding night, she counseled herself, 'If rape is inevitable, relax and enjoy it', and was free of vaginismus for the first time.

DISCUSSION

For the convenience of discussion, the following composite of the patient's fantasy is reconstructed. A girl of about six, probably dressed in boy's clothes or trousers, and having a boy's haircut, looks into the window of her surgeon-father's tenant farmer's kitchen and observes her father 'performing an operation' (slip), that is, delivering a baby. She sees her father cutting the umbilical cord with what she later remembered as being surgical scissors or her mother's gardening shears. Although the baby's back is toward her, she believes she sees the cord sticking up from the infant's umbilicus and concludes at once that this is the baby's newly acquired penis. She sees a woman on a couch, or perhaps she does not see the mother. She evolves from this a conglomerate of three different fantasies as to *how* her father was doing what he was doing. But she feels certain about *what* he was doing: he was fastening or grafting on the baby a penis which had been fashioned from cord or rope provided by him. According to one fantasy her father simply applies this length of rope to the baby's body and thus creates a boy. The second fantasy is that the father forms a piece of rope the length he wishes, according to whether he is fashioning a boy or a girl, and then applies or grafts it onto the baby. The third fantasy is that father applies the whole piece of rope to the baby's body and then cuts it to the length he wishes to make either a

boy or a girl. All babies are born *without* a penis. The little girl says to herself: 'Oh, so that's how it happens!'—with reference to having or not having a penis. After this reflection she withdraws from the scene and for years afterwards is either told, or becomes subjectively convinced, that the baby was a boy although she can later recall no objective proof that this was so. Just prior to this incident she has attempted unsuccessfully to imitate her boy cousin's technique of urination. She feels guilty about witnessing her father delivering the baby—cutting the cord in fact—and believes that her parents would not have wished her to observe this event. For twenty-seven years she never told anyone about the incident although she had never forgotten it.

The patient's observation of her cousin while he was urinating heightened her feelings about the genital differences between the sexes, as implied in her exclamation, 'Oh, so that's how it happens!'. The first report of the fantasy does not attribute such differences to castration. Both boys and girls are born without penises, and the doctor arbitrarily applies a penis if the child is to be a boy. Contrary to the common observation that the sight of the penis leads the little girl to assume that she, too, once possessed a penis but that it had been taken away from her for various reasons, the first form of this patient's fantasy states that she regarded her own lack of a penis as universal—just as boys commonly believe that having a penis is universal—and that the sight of the penis led her to conclude that the boy had been given something she had not been given. The implacability of this patient's bitter hatred, which persisted more than twenty years, was based on her unconscious conviction that the infinitely valuable penis—especially in this family—had been withheld by the person she loved most.

The second form of her fantasy introduces the notion of castration. Boys and girls have no penises at first. From the material her father brings, he removes a small part if the baby is to be a boy, a much larger part if it is to be a girl, and then grafts on the finished product. The father's fanatic preference for boys left no doubt about which was the more valued.

In the third form of the fantasy the grafting occurs *prior* to the castration. Boys and girls are identical at birth and both have an uncut piece of penis grafted on. The father then cuts off most of this penis if the baby is to be a girl, and leaves most of it on if the baby is to be a boy.[3]

The composite fantasy expresses denial of sexual differences at birth, and the power of her surgeon-father to determine the sex of babies according to his whim. The emergence of the image of the 'woman on a couch' in a later form of the fantasy may well have been a current improvisation referring to herself on the analytic couch. The reluctant introduction of this fantasy during analysis, after years of suppression, was accompanied by the fear that the male analyst-doctor might repeat the castration and by the hope for the undoing of the father's foul deed through the medium of a child-penis gift.

In response to a 'neutral' situation, a girl in the phallic phase crystallized a fantasy that her father had elected to deprive her of the 'superior' male genital. Castration of the girl is usually ascribed to the mother *(5)*. Many analysts agree that where castration is ascribed to the father, the girl views the castration masochistically as a pleasurable sadistic assault by the love object *(1, 2, 3)*. A virtue is made of an undesired necessity. Castration becomes the necessary condition for receiving father's love, his penis, and his child. In this patient, if castration included sexual appropriation, it was an aspect of castration that was not completely without pleasure. The cord-penis fantasy secured, in part, the repression of the emerging sexual fantasies in so far as it could say: 'Father certainly does *not* love me; he is depriving me of the highly valued penis'. But the repudiation of masochism was by no means total. Despite her conscious rejection of the sadistic male, the patient proceeded to select a series of sadistic sexual partners, always proclaiming

[3] Dr. George Devereux, in a personal communication, offers the hypothesis that circumcision duplicates the cutting of the cord at birth. He supports his hypothesis with the anthropological finding that the circumcision takes place at puberty as part of a rite that is regarded as a rebirth. Where penis symbolizes cord (rather than cord symbolizing penis), cutting the penis in circumcision at puberty is equated with cutting the cord at birth.

herself to be their pleasureless victim. Pleasure in the masochistic maternal identification was not admitted to awareness.

The prolonged sexual seductiveness resulting from the exposure to the father's genitals and from his pampering of his boy-girl intensified her forbidden sexual fantasies. At the same time, the avenging, punitive mother, for whom there remained some attachment, had to be propitiated. The cord-penis fantasy, embodying sadomasochistic, pleasurable, *sub rosa* union with father as well as punitive castration by him, was a compromise solution to this conflict.

The precœdipal seduction by father continued into the œdipal period. The castration theme of the cord-penis fantasy caused a regression from and punishment for the positive œdipal wishes but, at the same time, in view of the libidinization of castration, afforded a substitutive gratification on a precœdipal level where feelings of guilt could be decreased: 'Father doesn't love me because I am not a boy. The only way I can have him is as I am, for which he is responsible. I am passive. The guilt is on his shoulders.'

The depriving father repeatedly provoked guilt-laden, castrative impulses in the phallic girl. The cord-penis fantasy included a projection of the castrative wish: 'I do not castrate father; he castrates me'. The fantasy softened the narcissistic mortification of castration and decreased guilt about past sins: 'It is not my fault that I am an unlovable, castrated girl. It is father's fault.' Only in the final form of the fantasy was the 'intimacy' of castration conceded in that the act of castration was performed by father on a penis actually attached to the little girl's body.

In the analytic situation, the increasing intensity of positive feelings for the father-doctor-analyst, and the decreasing fear of the avenging mother, ultimately succeeded in releasing from repression the pleasurable feelings of being loved as a woman. Later in the analysis, whenever strongly sexual, tender feelings were emergent, she would become anxious and angry until—with the verbalization of the fantasy—the persisting wish that

she might some day acquire a penis and please her father decreased in intensity.

SUMMARY

A traumatic incident in the childhood of a woman led her to construct the fantasy that her father, a surgeon, had had the option of making her a girl or a boy when she was born. She vividly retained this fantasy in consciousness for twenty-seven years—including a long analysis with a woman analyst—without revealing it to anyone. In a second analysis with a man, the fantasy was suddenly communicated as if it had been a reality. As her father had intensely wished to have a boy, and treated his daughters as if they were boys, she had to work through in analysis until she felt sufficiently trusting that the analyst-doctor-father would not scorn her tender, erotic, feminine feelings before she was able to divulge the fantasy and free herself of the disabilities it had imposed.

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ASTHMA AND THE FEAR OF DEATH

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Asthma is said to be precipitated by separation or threat of separation from the mother. French, Alexander, et al. *(9)* have formulated the concept that in asthmatics 'the nuclear psychodynamic factor is a conflict centering in an excessive unresolved dependence upon the mother'. They note that 'the content is not so much the oral wish to be fed; it is more the wish to be protected—to be encompassed by the mother or the maternal image'; also 'a combination of unconscious maternal seduction and overt rejection is one of the common findings in the history of asthma'. Saul and Lyons *(31)* agree in that they emphasize the 'prominence of the intrauterine form of passive attachment to the mother'. This refers to the frequency of appearance of intrauterine symbols, especially water, in the dreams of asthmatics. They also find that 'conditioning influences in childhood are prominent in determining the choice of organ system'. They feel, however, that 'these influences are so multitudinous and diverse that it is probably quantity and degree that account for the predominance of one organ system over another'.

Additional, well-substantiated observations are those of Weiss *(33)* who showed that the asthma attack represents a repressed cry for the mother. Another important observation, according to French and Johnson *(10)*, is the 'immediate improvement occurring in a number of cases after the patient has confessed something for which he felt guilty and expected rejection'. More recently, Bacon *(3)* has emphasized the role of aggression in asthmatic attacks. She finds that 'asthma and other forms of respiratory anxiety may be precipitated by nascent aggressive feelings involving anal, urethral, or sexual excretory impulses'. Gerard *(13)* noted in cases of bronchial asthma in children that the danger of separation from the mother could be aroused by 'repressed impulses, of which the mother disapproved, threatening to break through and estrange her. The impulses most

commonly considered dangerous to the patient were sexual impulses.'

The relationship of sexual impulses to the respiratory tract and especially to the asthma syndrome has been noted before *(8, 15, 19, 28)*. Saul and Lyons *(31)* state, however, that 'the degree of libidinization of the respiratory tract can be questioned'. They emphasize, as do most other authors, the regressive features in asthmatic symptomatology.

Coolidge *(7)* has recently presented an excellent description of the type of communication between the asthmatic mother and her asthmatic child, derived from clinical studies of instances wherein both mother and child were afflicted. He states that 'early in life the child fell into [consonance] with the mother's needs and also developed a special need for clinging possessiveness toward her. It learned that intense feelings of sameness could be realized via disturbances in respiration. The respiratory functions for the child became libidinized, and a source of fear and concern.'

In this paper I would like to describe some psychodynamic features in asthma which may influence its origin, especially emphasizing the nature of the message the child receives from and sends to its mother or her substitute. These data are related to the special kind of death anxiety seen in asthmatics.

It is postulated that asthma is a somatic expression of anxiety, which in later stages of ego development and in adults appears in a psychological form as a phobic fear of death. Hárnik first drew attention to this concept, stating that 'the ideational content of this anxiety [fear of dying] can only consist of hypochondriacal fantasies of the ego's extinction and would, in general, be related to the difficulty of breathing experienced by the dying . . .' *(19)*. Asthma seems to be only one special form in which this fear may be manifest as a somatic phenomenon. My belief is that other somatic conditions may be alike in nature; such as obesity, ulcerative colitis, and enuresis. However, I shall limit this discussion to asthma.

My attention was drawn to this matter by several clinical experiences, among which were two women with severe phobic neuroses who said they had had asthma in childhood which disappeared at the ages of nine and ten respectively; both had had severe phobic symptoms throughout adolescence and adulthood. One might expect that such phobic patients would develop asthmatic symptoms during regressive phases of analysis; also, that adult patients with asthma might develop a phobic neurosis when the asthma disappeared during analysis. I have not had the opportunity of observing the former, but I have had a patient whose asthma alternated with a persistent severe phobic state. Needless to say, all phobic patients have not had a history of asthma, so my remarks are not to be construed as attempts to establish an interrelationship for all phobic neuroses and all asthmatic states.

Our attention in recent years has been focused on early somatic phenomena associated with the development of the ego. During the undifferentiated ego-id phase, described by Hartmann, Kris, and Loewenstein *(20)*, bodily functions serve the infant for purposes of adaptation and survival. These functions are the earliest primitive forerunners of the ego and are somatically rooted. Bell *(4)* has called such functions premastery phenomena and has noted that smooth musculature, involved in breathing, sucking, digesting, and expelling feces, is intimately associated with premastery efforts serving both libidinal and aggressive instincts. My clinical data point to the possibility that these early physiological functions may be exaggerated and distorted to insure adaptation and survival. These functions may then show pathological characteristics which are called somatic disorders in infancy and childhood. Asthma illustrates one such dysfunction of the respiratory system.

Miller, discussing Marcel Proust's asthma, refers to the primitive nature of this illness: 'The conflicts that were represented by [Proust's] asthmatic symptoms seem to have been most obscure to him, least verbalized, most deeply related to the earliest, inarticulate levels of body expression . . .' *(27)*.

From the point of view presented here, normal development of respiratory function is disturbed because excessive demands are placed upon it for mastering the anxiety arising from a pathological symbiotic relationship to the mother. This disturbance is related to the specific manner in which the mother makes use of the infant's crying. What occurs is that a phobic fear of death in the mother is communicated to the child through her management of the infant when it cries. It is in this manner that asthma seems to become a primitive somatic phobia related to fear of death. The asthmatic displays his fear of death in his tortured breathing as well as in the look of terror in his face. This feature is a frequently noted clinical observation *(4, 23)*.

As in all phobic symptoms, the fear is eroticized. The anxiety may not be related to an actual fear of death which is probably not known in the unconscious except through other experiences which come to stand for the idea of death *(12)*. Grotjahn cites asthma as a clinical example of death anxiety and states that 'an asthmatic attack can be understood as a murderous attack against the introjected mother, a willingness to surrender, and a desperate rebellion against it' *(17)*.

It should be noted that the capacity for experiencing a fear of death is an acquired function of the ego *(11)* developed after the memory traces of experiences of potential death have been incorporated within the ego. One might date these memory traces from the first mouth-breast *(25)*, hand-mouth *(22)*, or respiratory experiences *(8)*. These and other early tactile and motor experiences contribute to the formation of the body image, the threat of whose loss is felt as death anxiety *(18)*. Brodsky *(6)* believes that these memory traces are at first vague, affective, and possibly somatic in nature. They await the arrival of the anal phase and its transition to the phallic phase before reaching their full potential for producing death fears and anxieties. Grotjahn *(17)* states that a child's first experience with death may occur when it first recognizes loss of self due to loss of its feces; still, the period of transition from anal to phallic phase is a moderately late stage in ego development,

many of the main features of the ego image having been formed much earlier. Psychological manifestations of fear of death, such as nightmares, may appear at this time. Fragments of behavior, such as unwillingness to flush the toilet, may also reflect these fears.

Mahler *(26)* has described the pathology resulting from early disturbances of identity. She demonstrates that 'syndromes of early infantile psychoses, both the autistic as well as the symbiotic type, represent fixations at, or regressions to, the first two developmental stages of undifferentiation within the early mother-child unity'. Psychotic children may also show specific manifestations of fear of death but, in general, the psychotic illness itself is its chief manifestation in so far as fear of loss of personal identity and delusional and hallucinatory efforts at restitution of the body image serve to express this fear. It is my belief that asthma, much in the manner of these psychotic mechanisms, similarly expresses the fear of death.

The concept of a phobic fear of death in the mother, appearing as a somatic phenomenon in the child, derives mainly from the work of Johnson and her co-workers *(24)*, who have shown that the child's behavior is frequently determined by the need to relieve tension in the parents by gratifying their unresolved impulses and anxieties. These forms of behavior become especially tenacious since they also embody the child's own impulses and fears which cannot be adequately controlled due to parental encouragement. Ackerman *(1)* finds, on the contrary, that in asthma there may be 'a form of omnipotent defense in the child against the mother's death anxieties. The child often seemed to deny completely the existence of a death threat.' It is my impression, however, that the infant does not actually feel the threat in the form of a conscious fear of death, but expresses this fear in the form of a somatic symptom complex.

Benedek *(5)* has outlined the reciprocal dependence of the child upon its mother and of the mother upon her child, each seeking to find substance for life and reason for living in the other. Indeed, some mutual symbiotic dependence is necessary

for life, as Greenacre *(14)* has beautifully expressed in her statement that 'human beings do not thrive well in isolation, being sustained then mostly by memories and hopes, even to the point of hallucination, or by reaching out to nonhuman living things'.

When this mutual relationship is burdened and distorted by excessive anxiety, pathological formations result. It is well known that mothers of asthmatic children are unduly anxious. Although such anxiety may not be clearly manifest in the mother, it can be easily detected in the child's behavior *(7)*. The following case illustrates this feature.

A woman of twenty-five sought treatment for an acute phobia manifested chiefly by palpitations, fear of driving her car, of being alone, and intense fear of dying. She had three sons, two, six, and eight, all of whom had had frequent colds, bronchitis, and asthma beginning in infancy. In a masochistic fashion she was sexually submissive to her husband, made bitter accusations to him for his lack of consideration, fought with her neighbors, and reproached her mother for neglecting her. She also had conversion symptoms and periods of depression.

On her twenty-sixth birthday she was afraid she would die. As her oldest son had developed asthma the night before, she spent most of the day taking care of him. After the Christmas holidays she reported she thought she was going to die. Then she said: 'I think I want to be pregnant. Actually, I've never wanted more than one child, but I love babies. They're cuddly and helpless. I don't think anyone could be mean to a baby. It seems that the older they are, the dumber they become.'

She became pregnant in January and immediately began to fear she would die in labor. She found herself unable to smoke because of a 'choked feeling', and reported that asthma was 'running through the house like wildfire'. She began to have protracted crying spells and during this period the children's asthma subsided. She said: 'I'm in one of those stages where everyone seems against me; and if they aren't, I do something

to get them against me'. Several weeks later she became 'nervous' and had palpitations. Her oldest son started wheezing. She developed a cold, and her son recovered. She continued to express many fears of death and awakened one day with a 'closed up' feeling in her throat: 'I gasp for breath, and then the fear goes away. When I try to reprimand the children, I lose my voice.'

The next week she reported that her throat was bothering her at night, and that her second son was having several asthmatic attacks each night. Several months later she said: 'On Monday night I had to rush my baby to the hospital with asthma. I was sick on Tuesday and Wednesday, and on Thursday my little boy got sick with asthma, and I had to take him to the hospital for injections. I had just brought the baby home the day before.' A few minutes later she stated: 'I've been sick, but I really haven't had those panic attacks; yet I feel that there's a weight on my chest, and something is pressing down on me. I feel that when I walk everything is going to fall out of me, baby and all.'

As the time of delivery approached, she made an unusual comment: 'After I got pregnant I had something to feed on; but now it's almost over, and I don't know what I'll do'. The following month she began to have a series of false labors. She was sent home from the hospital on three occasions. After the third time, she said: 'I was so angry, I felt that I was smothering. I'm afraid I'm going to die when I get to the hospital. My six-year-old had an asthma attack when I went to the hospital on Friday night. When I lie down and my heart starts beating fast, I feel as if I'm smothering. I don't like anything over my nose and mouth, like the ether mask during delivery.'

This account contains many items of interest, but the remarkable feature is the asthmatic responsiveness of the children to their mother's fears of death. She herself had many respiratory symptoms but never had asthma. Her newly born fourth child began to develop respiratory wheezes at the age of three months.

Coolidge *(7)* has outlined a similar process. 'At times of special stress in the mother's life situation, there was an increase in her pressure of anxious concern over the child's asthma. The child responded to this with asthmatic attacks. The mother then promptly attempted to "*rescue*" the child from its distress. By unconsciously provoking such an attack in her child, the mother herself was spared an attack.'

The manner in which a mother's feelings are communicated, and the respiratory response in her child, may best be introduced by excerpts from another case history.

The patient, a twenty-two-year-old mother of two children, was referred for psychiatric treatment because of severe episodic asthma. Her attacks occurred mainly at night and often required hospitalization for three or four days. She had first had asthma at thirteen. She described herself as having been a typical crybaby until she developed asthma. Subsequently she found it difficult to cry. During treatment her asthma decreased in frequency and severity, but sexual acting out increased. She became aware of this inverse ratio. She felt impelled to leave her children at home with her husband, visit a local bar, and eventually go to bed with one of three or four different men she knew. She got back home in time to prepare breakfast for her family. On the nights when she did not act on this compulsion, she characteristically awakened at midnight with asthma. These attacks could often be controlled by heavy doses of oral medications. Sometimes they required calling her physician who gave her adrenalin. Her husband berated her for her nocturnal behavior and neglected her when she was ill.

The patient was seven years younger than her only sister. Prior to her seventh year she had scarcely any remembrance of her mother who had developed a postpartum neurosis with considerable dissociation, phobic symptoms, and increasing helplessness. The infant was fed, clothed, and bathed by her father. As a child, she was very ticklish and easy prey for her father who took perverse pleasure in tickling her, paying no

attention to her pleas to stop. She would soon become hysterical and breathless as she tried to scream, and finally when she collapsed helplessly he would stop. She was later aware that she provoked her father into this sadistic game. His attacks were for her unconsciously equivalent to sexual stimulation and assault. As she approached puberty this vicious game could no longer be played.

Asthma began at thirteen. Previously a crybaby, the girl's asthma became the somatic memory trace of her relationship with her father. Her symptom replaced the now forbidden tickling. Such tickling attacks cause great panic, especially when the intensity of stimulation threatens the ego with dissolution of its boundaries. This patient's asthmatic seizures represented the continuing respiratory effort to achieve an orgastic reaction through an inappropriate organ system.

The patient's treatment over a four-year period was stormy and irregular. She had more than a dozen severe asthmatic attacks during the first two years and was hospitalized eight times by her family physician. Her sexual delinquency eventually caused her husband to divorce her, after which her asthma improved. Six months later she became pregnant and married a man who was quite fond of her and respected her. Her sexual promiscuity ceased, but she was left with a chronic phobic neurosis.

For two years she had no severe asthmatic attacks. She had occasional wheezing which was controlled by medication. She also had phobic symptoms which at times brought her husband home from work or required a phone call to her therapist with whom she felt she was still in treatment, though she had not been to his office for more than two years.

This patient's father represented the main source of her dependent security. In times of stress and uncertainty she sought to recapture this relationship to the needed parent, including the role of the sensual victim. Whenever a threat of separation occurred in her environment, she responded with asthma or sexual promiscuity.

The association of asthma and fear of separation from the mother has been a major factor in studies on asthma. Jessner, et al. *(23)* note, however, that physical separation from the parent, as by hospitalization, frequently leads to a cessation of the symptom whereas a threat of separation can aggravate the condition. The attack may be regarded as a somatic signal of an impending danger. This danger of rejoining the mother is the fear of death related to the bad mother imago, as described by Lewin *(25,* p. 154*)*. Physical separation under the auspices of a benevolent authority, as in hospitalization, relieves the child of its automatic response to the mother's anxiety and its feelings of guilt toward her. If, however, separation is threatened, the child remains burdened with its feeling of responsibility toward her. An asthma attack expresses the danger emanating from the mother that the child feels, as well as the eroticized antipathetic symbiotic need. Asthma thus follows the characteristic of psychic symptom-formations in that it is the resultant of an inner conflict. The practical difficulty encountered in separating mothers from their asthmatic children is due as much to the child's compliance with the mother's unwillingness to relinquish her source of gratification as it is to the child's dependent clinging to the mother.

Recent psychoanalytic research into the earliest phases of ego development helps to understand the nature of ego functions expressed by somatic processes *(16, 21, 32, 34)*. It has been shown that the self image and the sense of identity develop gradually from the first days of the infant's life. This process derives its main features from sensory impressions impinging on the infantile mind. Auditory, tactile, thermal, and kinesthetic sensations imparted through ministrations to the infant's needs supply a large share of the ingredients to the substance of the primitive ego and ego image. The infant's gradually increasing perceptions of its own body are the other main sources of defining its ego.

Internal perceptions of somatic processes also provide powerful stimuli for the ego. Respiration, sucking, elimination, and

skeletal muscular activity rank high as sources of self-identification. Through crying the infant releases instinctual tension, transmits signals of its needs, and exercises a libidinously charged somatic system which provides it with an auditory impression of itself.

It is crying as a signal of need-distress that summons the mother into the symbiosis. If the mother's phobic anxiety is mobilized, she responds to this signal with a charge of affect that provokes the infant's instinct of self-preservation. The infant senses this highly charged anxiety. The weak infantile ego reacts to this added threat, regresses to the archaic ego, and is soon crying in anguish to fend off the engulfing object; yet, responding to primitive requirements, it clings at the same time to the only object of preservation it has. Gradually, however, the child becomes masochistically subject to this vicious cycle. Eventually the child's intolerable anxiety becomes libidinized and helplessly accepted as part of the relationship with the mother. The overtaxed response of the respiratory apparatus to successive waves of anxiety becomes a wheeze, as the weak ego is threatened with dissolution. The mother on whom life depends is now a threat to life itself.

Ackerman *(1)*, noting that the vegetative nervous system has 'early and specially conditioned responses', mentions 'some partial selective disorganization of immature ego functions'. He doubts 'the conditioning of specific psychodynamic patterns that may be established in early child-mother interaction'. The function of crying, as it participates in early ego formation and adaptation, nevertheless provides clues to the nature of asthma in which crying is an exaggerated and pathological variation of a normal function *(33)*.

French and Johnson's observation that confession of guilty thoughts leads to relief of asthma can be explained. The asthmatic symptom is itself an effort by the child to communicate the nature of the drama between itself and the mother *(29)*. When speech is acquired the child may be able verbally to confess guilty feelings, usually sexual, to another person who in some manner promises reassurance. This may serve to forestall

some of the anxiety that took place during the preverbal effort to communicate *(2)*.

The erotization of the respiratory function in crying is questioned by Saul and Lyons *(31)*. As a release of tension crying is nevertheless an inherently pleasurable function. Varying degrees of erotization of respiratory function are not unusual and can be observed, for instance, in many patients with acute or chronic phobic neuroses, and in hysteria.

A thirty-year-old male with an acute anxiety stated, 'You know that feeling of satisfaction you get when you take a full deep breath? Well, I don't get it. I stop halfway—can't get my lungs filled. It feels as if I'm going to burst or suffocate. I know I'm doing wrong by breathing this way—sighing all the time—but I can't stop it.' The patient had not had sexual relations with his wife for three months. 'We more or less make each other miserable and go our own ways.'

A thirty-four-year-old married woman who was sexually frigid said of her inability to achieve orgasm, 'There always seems to be a kind of waiting there. I don't know what it is. If I could just do it once, then I'd feel content and settle down.' The phobic element emerged in nightmares in which she felt that there was a pillow being pressed over her face. She would awaken, clawing the air in panic. She felt she needed to get a deep breath just once to feel right. She compared it to a fear of high places. In her way, this patient was attempting to explain that her respiratory system was trying to overcome regressive components and perform an orgastic function in order to cope with her frequent phobic anxiety.

Another anxious woman, also frigid, said, 'Breathing seems dirty, as if another person is involved when I breathe. Air feels like a big thing I'm taking into me, and sometimes I feel it hurts my chest. I don't want to have to breathe. I'm so conscious of my breathing now—and air scares me.' In this instance, one finds the patient using air as a phobic object, but still necessary for life.

Perhaps the erotization of respiration explains why some

early investigators called asthma a sexual neurosis *(19, 28, 30)*.

Analytic treatment of asthma in adults is similar to the treatment of severe phobic states. The threat of dying is a major factor among these patients. As Grotjahn aptly said, 'The analyst's unconscious must be prepared to face the terror of death in order successfully to treat the asthmatic patient' *(17)*. The classical parameter in treating phobic neurosis by exposing the patient to his actual feared situation in a later phase of analysis is as useless in bringing about a true resolution of the fear of death in asthma as it is in other phobias. The analyst cannot escape the dreaded situation in the transference by the device of accompanying the patient on a trip into a different and symbolic reality.

In the analysis of adult patients, asthma will be relieved when the patient relinquishes the guilt-laden ambivalent response to the mother and accepts the analyst as a nonseductive parent who does not fascinate the patient by a seductive attraction into a mutually eroticized death experience.

In many instances treatment of asthma in children requires separation from the mother. Since the symptoms of asthma often disappear under such circumstances, treatment requires a direct approach to the phobic core of the illness. Jessner, et al. have noted too that 'the defensive system resembles that found in phobic children' *(23)*. Due regard must be given to the fact that children in our culture seem to pass through a phobic phase as a regular feature of their development. This requires keeping in mind that asthma may be replaced by phobic symptoms, may disappear as a manifestation of neurotic pathology during the latency period, or may alternate with other adaptive compromises, none of which mean resolution of the major fear of death. The separated mother's own pathology awaits the forthcoming reunion with her asthmatic child. If this hope proves futile, she will shift the symbiosis to another sibling or develop further pathology of her own. Treatment of the mother seems inescapable in the cases of young asthmatic children.

SUMMARY

The clinical syndrome of asthma appears to have its roots in a special kind of relationship within the mother-child symbiosis. This relationship has special significance in the development of asthma due to the manner in which the mother responds to and manages the crying behavior of the child. The child senses the mother's anxious possessiveness as a threat to its existence (ego identity). Asthma may alternate with or be succeeded by an anxiety neurosis, the latent phobia being the fear of death. The child's anxiety being intensified by the mother's neurosis, its respiratory functioning is taxed beyond physiological limits. Because the relationship to the mother leads to intense erotization of respiratory function, asthma exemplifies an abortive effort to achieve sexual gratification through an inappropriate organ system. Clinical instances are presented to illustrate the conclusions.

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The Self-Image as Defense and Resistance

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THE SELF-IMAGE AS DEFENSE AND RESISTANCE

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The aim of this paper is to describe a form of resistance and a corresponding defense structure which has as yet not been characterized. Originally Freud described resistance as appearing in analysis in connection with the attempt to nullify repression *(3)*, which in turn serves the purpose of keeping unconscious unacceptable instinctual impulses. Thus repression is the first defense mechanism described *(2)*. Other mechanisms of defense *(4)* employed by the ego, either in connection with or separate from repression, are also in the service of protecting the ego from the anxiety aroused by impulses that are unacceptable to it.

The inner threats which the ego experiences do not all stem from the instinctual life. There are the dangers of the annihilation of the ego itself, or parts of the ego especially when these represent the loss of introjected objects. Against such dangers the ego builds defenses, and these in turn appear as resistances in psychoanalytic treatment when they are threatened.

A highly intelligent young man sought analysis because of hypochondriacal symptoms and disabilities imposed by a rigid compulsive-neurotic character which inhibited him in many areas of activity, most notably in his love life. He was unable to combine sexual impulses with feelings of affection and tenderness, and therefore could never find a satisfactory love object.

At the time of his entrance into analysis he was involved in a highly sadomasochistic relationship with a young woman whom he could not decide to marry. He also did not feel completely committed to the professional work in which he was engaged, neither regarding the actual nature of the work itself nor the particular company which employed him. He rationalized his

continuance on the basis of gaining good experience, and had fantasies of finding more congenial work later which would more closely meet his standards and social values.

The patient was the youngest child in a moderately large family. The parents inculcated upon their children the desirability of extreme intellectual ambition. The father was a brutal, autocratic patriarch who ruled the family. The mother was a semi-invalid throughout most of the patient's childhood and died when he was about eleven years old. There was little warmth or tenderness expressed toward the children, the orientation toward them being primarily a narcissistic exploitation in terms of the glory and honor which they might bring to the family name. The patient had had a lonely, isolated childhood during which he suffered extreme feelings of inferiority, both in relation to his siblings and to other children, which eventuated in deeply masochistic attitudes.

When the resistance with which we are concerned appeared, he had had a disappointing experience in his work: he had not been given the promotion that he had hoped to get. For a number of years he had worked for the same company and, although a great deal of prestige was attached to being employed there, the type of firm and what it stood for were inconsistent with his ideals. He had hoped to leave the company shortly after getting a promotion, but at no time had taken any active steps to seek employment elsewhere. Throughout his analysis he remained indecisive about what he actually wished to do as an appropriate lifework. When, therefore, this disappointment occurred it was mainly an overwhelming narcissistic injury. He resigned and attempted to find work in a related field.

For him, talking about his vocational problems was the expression of an endless series of obsessive doubts. At an appropriate time I suggested that had he been given a promotion he might have stayed where he was indefinitely. My remark was made toward the end of a session, and was intended to direct his attention again to his passivity and his inability to mobilize his decision to the point of action. This precipitated an emo-

tional storm. He came to the next session in a highly disturbed condition and said that he had scarcely slept the night before. What had upset him was the thought that I could think he might have made a lifework of his employment. Indeed, if I thought this of him, he could not continue his analysis with me. Obviously it was essential for him, regardless of whatever action he took or did not take, to maintain the illusion that I held an image of him which corresponded to his ego ideal and his self-image.

Two important aspects of the patient's personality are represented in this seemingly small and unimportant incident: one, the narcissistic nature of his transference; the other, the way in which the self-image is used as a resistance and as a defense against anxiety.

Regarding the attachment to the analyst, we can certainly speak of this reaction in the transference as the projection of an aspect of his psychic life onto the analyst. However, this is not a transference reaction in the usual sense since what is being projected is not unconscious instinctual impulses, but rather a conception of 'the other' which demands that a conception of 'the self' be included. The analyst is experienced unconsciously as perceiving the patient in such a way as to be consonant with the patient's own self-image. If this identity is disturbed by an unavoidable perception of a contradicting reality, a flood of hostility is released. It is clear that one function of the unrealistic self-image, and its alliance with the image of the analyst and the analyst's conception of the patient, is to serve as a defense against hostile impulses. The self-image is unrealistic because it is anchored in fantasy; it does not draw for its principal confirmation upon action in reality, nor upon the perceived judgment of another person.[1]

In this case we are then dealing with a self-image, or at least

[1] I have noted elsewhere *(5)* that the self-image which is masochistically colored derives this character from the unconsciously or foreconsciously perceived belittling attitudes of the mother. It is then tenaciously clung to as a way of maintaining the only possible relationship with the mother.

one aspect of it, which derives its content from the ego ideal. In my patient the ego ideal represents a precipitate of composite identifications and counteridentifications. Since the self-image is inevitably cathected with narcissistic libido, the reaction in the transference just described must be of a highly narcissistic character, as what is projected is a self-image shared with and included in the image of the analyst. It might be compared to an extremely narcissistic object choice in the real life of an individual, with the important difference that the phenomenon takes place within the transference and therefore points inevitably to a repetitive functional need within the personality.

In order to understand this need more clearly, let us review the development of the transference from the beginning. Suffering from a compulsive neurotic character, this patient's characteristic defenses were isolation of affect and strong negativism. Despite the operation of these defenses the patient developed very early in the treatment a strong mother-sister transference with an erotic coloration. This was manifested in dreams, fantasies, and reactions of jealousy toward the analyst's husband. Although these were analyzed they could not be worked through to a point where they caused much change in the emotional life of the patient. He was still caught in the sadomasochistic love relationship with which he entered treatment. It was largely through insight into the masochistic nature of this relationship that he was partially able to free himself of it.

When the father transference appeared in the analysis, it was distinguished by its masochistic character. He invariably felt subordinate and inferior to all other male figures, and notably to his brothers and colleagues with whom he developed transference relationships. The hostile father transference appeared in displaced and very attenuated forms, and was expressed only at fleeting intervals. What returned repeatedly and strongly in the transference was the incestuous sexual wish toward the mother. Even when its meaning had been made fully conscious, and it had been analyzed many times in its various and variable manifestations, it could not be sufficiently worked through and

impeded further progress of the treatment. This is, of course, a classic instance of transference as resistance described by Freud *(1)*.

It was in such a period of resistance in the transference that the incident described earlier occurred. One may suppose, therefore, that what we commonly observe as transference of instinctual impulses may be superseded by another type of transference involving ego processes—processes of projection of narcissistic feelings, attitudes, and conceptions about the self. What is emphasized here is an essential and important difference between the projection of impulses in the transference in which the patient expresses, in effect, 'I wish to' or ' I wish that', and the projection of the image of self or of the self in the other in which the patient states, in effect, 'I am the kind of person who' or 'you are the kind of person who'. The former are drive phenomena, the latter ego phenomena.

The difference between the two is of importance in the understanding of resistances, and in the technical problems of analyzing them. The familiar resistance of the ego is to admitting into consciousness representations of instinctual drives from the unconscious because of the anxiety which they produce. What remains untouched when the drives persist after they have become conscious is the existence of another form of resistance in an isolated part of the ego, the self-image, which, by aligning itself with the image of the analyst and thus serving as a defense against separation anxiety, prevents dynamic changes in the personality and nullifies the possible gains from insight which permit understanding to be converted into purposeful activity.

The period following the patient's acknowledgment of his need to merge his self-image with that which he wished the analyst to hold of him was an exceedingly productive one. He realized suddenly that he had not thought of the analysis as his, as being for him, throughout his many years of treatment. He had always thought of it in terms of what would be my reaction to what thoughts and feelings he was producing for me. This

supply of information would then in some magical way effect changes in him without any other participation by him. He had had also the feeling that if he did not please me by compliance and by holding my interest, I would terminate his treatment. He expressed this newly found sense of self by saying, 'I feel as if I now had a rib cage'. He pointed to his ribs and traced their form with his hands. 'Before', he continued, 'I thought of myself as just a spine and some stunted limbs. My heart was exposed and not separate from the world; now it is protected and belongs to me.' It is interesting to note that gaining a sense of ego autonomy was also expressed in terms of the body image *(6)*.

He had conjured up in his mind the notion that his mother was a very passionate woman. There was nothing he knew about his mother that would confirm this. It was a projection of his own œdipal impulses for purposes of denying his own feelings and of avoiding the attendant feelings of guilt. A similar process had occurred in the transference, with a corresponding loss of the sense of self, when he had attributed to my thinking an aspect of his own self-image.

During the period when the patient's ego was beginning to function a little more freely and independently he visited a sister about four years older than he. In reminiscing about their childhood, she told him that he had been very difficult to wean from the breast, and that a story was told in the family that even when his mother put mustard on her nipples he was not dissuaded from his purpose. His reaction to this was very significant. He did not react to the traumatic aspect of the weaning and his own tenacious orality, but rather with great pleasure and relief to the knowledge that his mother had breast-fed him: 'I feel much better knowing that my mother nursed me. I don't have to feel like such an orphan.' We are dealing here, then, not only with the consequences of instinctual deprivation but also with a self-image, 'an orphan', which is inextricably bound to the distorted image of the mother upon which it depends for its existence.

Whether the image is at one time of being an orphan or at another the idealist who will not spend his entire life in the business world, the highly narcissistically cathected self-image is resistive to change or movement. This immutability is dependent upon and is maintained by a kind of symbiosis with a mother image which either reflects or complements the self-image. The projection of this dyad constitutes a resistance in the transference which is not easily perceived. This interdependency of mother image and self-image is but one aspect of dependency, that is, of an arrested and anomalous development of the ego. From our knowledge of ego formation and differentiation, it would seem that the ground is laid for this fault in ego development in the early oral experiences of infancy. What is relevant for our purposes here is that what is an anomaly of ego development becomes a defense against anxiety; and it appears in analytic transference as a negative therapeutic reaction.

In a later session the patient talked about seemingly indifferent matters in a manner that was guarded, overprecise in the use of words, and overaccurate in pronunciation. When this was called to his attention he paused, then suddenly realized what he had been trying to avoid. He had spent the previous night with his new girl and had had an unusually gratifying sexual experience with her. It transpired that from the time he discovered his 'rib cage', he had noted a marked change in his sexual experiences. Although he had never objectively had gross or prolonged disturbances of potency, the sexual act for him had been an affectively isolated, more or less mechanical discharge of tension with little awareness of the emotional needs or responses of his partner. This had changed to an emotional participation with reciprocal feelings of tenderness and passion. The resistance to telling me about his recent gratifying sexual experience, which expressed itself in anger, covered a deep fear of telling me about it. He believed I would be angry and disappointed about his new relationship and his sexual gratification. Had he only referred to anger one might assume

that he expected disapproval by a projection of his superego; but the anticipation of disappointment had other implications. This fantasy would seem to be predicated on the assumption that I was dependent on his love, and in this sense was a denial of his œdipal attitude. In part this was a projection onto me of his own anger and frustration in the œdipal situation. But there was more than this in the fantasy.

The seemingly independent act still took place within the framework of the transference. The patient related its meaning for him to its meaning for the object of his transference love. It was not entirely his own experience any more than his analysis was entirely for him alone. He could not therefore derive the complete and adequate gratification from it, nor experience sufficient narcissistic satisfaction which normally feeds the ego its narcissistic supplies and from which the sense of self-esteem is derived.

The transference fantasy of the analyst's anticipated reactions to the patient's experience attests to the still unresolved bond to the analyst, and therefore to the original object, his mother. In this case the fantasy was not one in which identical imagery is attributed to the analyst, as in the case of the fantasy regarding the self-image. Here a partially independent act—the satisfactory sexual relationship—disturbed the oneness of imagery which inhibited action, and the fantasy revealed that there was still an unresolved tie. The feeling that the analyst would be angry and disappointed was multidetermined. It was a projection of the patient's own anger and disappointment at the time of his original œdipal conflict: a fear in fantasy that his mother would be jealous if he loved another, and that he would lose her. The latter fear appears in the analysis as the resistance to communicating his independence in achieving sexual maturity.

This progress and movement in the life of the patient was short-lived and was followed by regression and resistance. He was tempted to go back to his old job, rationalizing this on the basis that there would be difficulties wherever he worked and whatever he did. He began to think of his new love relationship

in terms of the old one he had when he entered analysis; to create parallels in his mind which were really very farfetched. The need to deny progress is one aspect of the negative therapeutic reaction. This reaction was precipitated by the fear of the free and independent functioning of the ego, which was in turn brought about through the analysis of the unconscious bond with the mother via their oneness in sharing the self-image of the patient. This unconscious unity with the maternal object was essential as the source of narcissistic supplies for his ego. As a child who was unloved, his adult ego could not relinquish the only tenuous security it had gained: a symbiotic, narcissistic dependence. It is for this very reason that no matter how thoroughly we analyze the unconscious wishes, there is essentially little change in the patient as long as he retains the unconscious, archaic, narcissistic attachment to the mother through the use of the self-image.

At this primitive level of development the ego is not sufficiently delineated to sustain a separate self. The fear of separation is the threat of the loss of the only source of supplies that the dependent ego has. Because primitive self and object are one, loss of object is the equivalent of annihilation. Annihilation in this sense is the complete loss of self-esteem.

It would seem that for patients with a strong narcissistic fixation of this type the fear of leaving the original source of narcissistic supplies, namely the mother, and of substituting for it achievement in reality is too great. Their defense against this fear is a flight into an unconscious fantasy, the content of which is that the mother has the same good, positive image of the patient as he has of himself because both believe that the ego ideal will be realized in some indeterminate future. This defense is expressed in the analysis as a transference resistance in which the analyst is seen as the mother and the patient's self-image is attributed to her thinking about him.

The uncovering of this resistance is crucial for the progress of these patients in analysis, but the giving up of the defensive use of the self-image, which has been an attempt to deal with a

fundamental separation anxiety, is a slow and difficult process. It involves the repeated analysis of the fantasy of oneness with the mother in the area of the self-image, the consistent analysis of the regression which follows each attempt at separation, and the simultaneous pointing up of possible sources of healthy narcissistic gratification in the real life activity of the patient.

SUMMARY

A type of defense in the transference is described in which the patient's self-image is projected onto the analyst who represents the mother as the source of his narcissistic supplies. This type of transference is a resistance to mobilizing energy for mature activity which arouses an anxiety of separation from the mother. It is through the analysis of this resistance that this negative therapeutic reaction can be overcome.

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The Recorded Psychoanalytic Interview as an Objective Approach to Research in Psychoanalysis

David Shakow

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THE RECORDED PSYCHOANALYTIC INTERVIEW AS AN OBJECTIVE APPROACH TO RESEARCH IN PSYCHOANALYSIS

BY DAVID SHAKOW, PH.D. (BETHESDA, MARYLAND)

Of the four major approaches to the study of psychoanalytic theory—the developmental prospective, the experimental (using animal or human subjects), the cross-cultural, and the psychoanalytic interview—it is the last, the retrospective approach, which I should like to examine as a source of data for the objective study of psychoanalytic theory.

My argument is based on research at the University of Illinois College of Medicine and at the National Institute of Mental Health.[1] Although my past and present colleagues in these programs are intimately concerned with various aspects of this approach, they carry no responsibility for the specific thesis here expounded. Some of the points I shall make have, in one form or another, been made earlier by Benjamin *(1)*, Escalona *(4)*, and Kubie *(8)*. I am also indebted to Rapaport for his chapter, The Structure of Psychoanalytic Theory *(10)*.

The psychoanalytic method itself is important in the objective study of psychoanalytic theory for several reasons. First, the psychoanalytic interview most clearly manifests some of the basic phenomena upon which the theory rests. These phenomena appear repeatedly and with varying degrees of intensity, under conditions which, considering the kind of material

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Presented as part of a panel on Experimental Approaches to Psychoanalytic Theory at the American Psychological Association annual meeting, San Francisco, September 1955, and in part at the International Congress of Psychology, Brussels, August 1957.

1 The original Illinois project was carried out in collaboration with Dr. H. Carmichael, Dr. Rae S. Sternberg, and Mrs. Jean Chapman. It is now being continued by Dr. E. Haggard and Dr. K. Isaacs. The NIMH project is being carried out in collaboration with Dr. R. Cohen, Dr. Mabel Cohen, Dr. A. Dittmann, and Dr. M. Parloff.

involved, are relatively controlled; further, because of the very special conditions under which psychoanalysis is carried out, the method yields significant psychological material rarely, if ever, available in a laboratory setting. More particularly, psychoanalytic free association provides possibilities not open to other approaches. The method affords, too, an opportunity to discover the details of the relationship between internal psychological states and specific items of overt behavior which are reported or observed.

Despite its substantial contributions and possibilities in other ways, research in the psychoanalytic method in ordinary use suffers from serious inadequacies as a data-producing device. Mainly, these inadequacies stem from the fact that the data are reported by a *participant*-observer—the therapist. Two major limitations result from this fact: one in relation to the data, the other with regard to the effect on the process itself.

Let us first consider the limitations placed upon the data. Like any reported observations, the data are bound by the capacity of the human observer as a reporting instrument. No matter how good human beings may be as conceptualizers, they are markedly handicapped sensorially, mnemonically, and expressively as observers and reporters. Put simply, they are limited in how much they can grasp, in how much they can remember of what they do grasp, and in how much and how well they can report even the slight amount they have grasped and remembered. The situation of the psychoanalytic interview places an even greater stricture upon the data because we are dependent upon a participant-observer whose participation is very special and intensive. Distortions, both of omission and commission, arising from this situation and the personality of the therapist, undoubtedly enter. These distortions occur despite what personal analysis and a training analysis may achieve in improving the therapist as instrument. In fact, it is questionable whether the improvement from training analysis is not counterbalanced by hindrances introduced through training biases.

The second major limitation concerns the intactness of the psychoanalytic interview as a method. Do not special difficulties arise when the therapist is called upon to be a reporting instrument as well as a therapist? And are the difficulties not increased even more when the therapist is additionally called upon to be investigator as well as therapist and reporter? I doubt that it is possible to combine therapeutic and investigatory functions without each distorting the other. If we take seriously Freud's statements about free-floating attention *(6,* pp. 326-327*)* and Reik's thesis about the importance of the 'third ear' *(11),* we may pertinently ask whether we are not here dealing with antithetical attitudes that cannot be effectively maintained simultaneously.

Granting that the points made are reasonable criticisms of the method for scientific purposes, is there anything we can do to avoid these difficulties? Our studies are based on the assumption that something can be done. The improvement can be achieved by taking two steps: first, by building a laboratory expressly for the psychoanalytic interview; second, by divorcing the psychoanalyst from any functions except his essential one of therapy. The first can be accomplished by developing a procedure which collects the data of the psychoanalytic interview in 'complete and undisturbed' form: not selected, not distorted, and 'non-oblivesced'. Sound motion picture recording of the session is such a procedure.[2] To this should be added the recording of the immediate postsession associations of the therapist's own unexpressed processes—the feelings, thoughts, and the intuitive impressions he had during the therapy hour. The requirement that the therapist be solely a therapist is, I believe, clear. He takes no part in the investigation; he only reports his reconstruction after the session. Obviously the data this approach provides are still incomplete in many ways; but they do go a long way toward adequacy.

[2] The use of sound film for research in the psychiatric area was apparently first suggested by Leighton and Lidz *(9).* Kubie discussed its use specifically for research in psychiatry and psychoanalysis *(2).* A more detailed presentation of the use of such a device for research in psychotherapy can be found in my part of a 1948 Round Table *(3).*

The procedure I am advocating raises serious problems. The invasion of privacy, both in its investigative and ethical implications, the personal demand which this method places on the therapist, and the amount of permanent material that is accumulated are the main immediately clear objections.

Is the invasion of privacy so extreme in degree that the very process under study is destroyed? Some persons hold to this view strongly and their opinion cannot be dismissed lightly. These critics consider the kind of approach we are discussing impossible to implement. The experience of others with respect to similar invasions of privacy and our own preliminary studies *(13)* lead us, however, to believe that the problem, though admittedly difficult, is not insurmountable if certain conditions and safeguards are provided. Some of these safeguards relate to the ethical aspects of the method, a topic which has been discussed elsewhere *(12)*.

The second set of problems revolve around the therapist. They arise from the invasion of his privacy as well as from the demands that the unusual procedure makes upon his maintenance of a natural therapeutic attitude. These demands pertain not only to the recording of the session itself, but also to the postsession reconstruction.

The difficulty of the problem for the therapist is reflected in the natural history of the development of attitudes in individuals and groups who are approached to participate in a research program of this kind. Generally, the first reaction is that the task is impossible; the argument is advanced that the process being studied would be unrecognizably changed by the invasion of privacy introduced. This is followed by a stage in which the respondent admits that recording might be a possibility, but on ethical or other grounds, or at the present time, it is undesirable. The view next expressed is that a project of this kind may really be important, but somebody else ought to work on it. Finally, a few rare therapists accept the project as sufficiently important to warrant personal participation. This process of attitude change is merely the clearing of the ground preliminary to dealing with the substantive problems.

Even after having obtained the therapist's agreement to participate in the recording, many problems still remain. Some evidence suggests that more complex and elusive problems arise with regard to the postsession reconstructions than in the actual recording of sessions. These difficulties, however, may be lessened by encouraging the therapist to report his doubts, hesitations, feelings as honestly and completely as he can. He can be helped immeasurably by providing a research atmosphere which is sympathetic to the very real problems which his participation entails, and by being supportive of him in every way possible. The best way of accomplishing this is by a weekly consultation hour with an expert not associated with the project. If this hour is tape-recorded, one adds significantly to the data already available. Beside giving the therapist needed support, we are provided with the therapist's summary of the week's sessions and an account of his own reactions to the events, as well as the reactions to these of an experienced colleague.

The third area—the amount of material accumulated—is much easier to deal with. All one needs is a combination of sufficient storage space and a group of carefully chosen investigators. These investigators should be selected from among compulsive personalities who have (perhaps through psychoanalysis!) achieved such a degree of mastery over their compulsiveness that they do not have to deal immediately and simultaneously with every bit of data that is collected. For those who have not achieved this blessed state, even the best of compulsive defenses cannot withstand the avalanche of accumulating data. Psychosis would be the only way out. Please do not mistake the somewhat facetious manner with which I have dealt with the problem of accumulated data. The problem is serious, but not of the same order as the first two.

Let us assume that we have met the difficulties described, and that we have carried through the psychoanalytic-therapeutic series without undue distortion. What does such a series of psychoanalytic interviews have to offer the investigator?

Before answering this question, let us examine the situation in detail. Merely considered *descriptively,* what are the conditions under which the data have been gathered? The data derive from the context of a private relationship between two people, one of whom comes to the other for help in working out psychological difficulties. The goal is therapeutic, and the attitude of the therapist, nonjudgmental. The hour-long sessions come frequently, in some cases as often as five times a week, are held at fixed intervals, and usually extend over several years. The patient is instructed to follow the fundamental rule of free associations in his reporting, which results in the production of varied material, much of it highly private in nature. The therapist intervenes during the associations as he deems appropriate. These interventions mainly take the form of interpretations or reconstructions of the material presented. During this extended period a special kind of close personal relationship appears to develop.

Under these conditions, what can we say *scientifically* about the quality of the data which the psychoanalytic interview provides? The material itself is, of course, highly subjective. It consists first, of the patient's reports of his feelings and attitudes, and of present and past events in his life, and second, of the therapist's reactions and comments about them. From the point of view of study, however, there is no reason why such subjective reports should not be considered objective data if they are accurately recorded and made available in the actual form in which they occur.

There has been much debate about the analytic interview as experimental setting. Kris *(7)* from one point of view and Ezriel *(5)* from another have argued that the psychoanalytic interview is a valid experimental situation. Each of these authors has held that the therapist may be considered an experimenter who is constantly testing hypotheses in the form of interpretations.[8] My own point of view is that it is difficult for

[8] I am here not discussing the oft-repeated claim by some psychoanalysts that 'every psychoanalysis is a research project', and that therefore every psycho-

the therapist to be an investigator and still fulfil his primary functions as therapist. Obviously this raises a question about the validity of the Kris-Ezriel argument. At least it does to the extent of doubting the quality of experimentation which can be achieved under these conditions. However, the view these authors support may be questioned on other grounds. Ideally, experiment should have the possibility of isolating single controlled variables which can be followed up systematically under varying conditions. In a psychoanalytic interview these criteria are met, at the very best, in much modified and attenuated form, and certainly not with the elegance of the experimental approach. The modification and attenuation of experiment here required appear to be so great that we are in effect dealing with a different approach to knowledge.

I myself have preferred to think of the psychoanalytic interview as a form of *seminaturalistic* approach. In the context of this dyadic relationship an extended series of events takes place. We depend upon nature, the developing process of the sequential interactions of the two persons, to provide us with a sufficient number and variety of such events. From these we can, given enough relevant data, select single variables for analysis. Despite the fact that the variables exist in the immediate context of many uncontrolled variables, they may still be 'partialled out' and dealt with as single variables. This can be done because the variables under consideration recur in many different combinations of uncontrolled variables which overlap each other in greater or lesser amounts. For the experimental attack on a single variable with systematic follow-up, we substitute a kind of statistical approach. At least, at this stage of investigation, the controls in such a setting must be mainly *self*-controls. It is true that the interventions of the therapist have an experimental appearance, which in context provide a form of hy-

analyst is a researcher. I take it that neither Kris nor Ezriel would accept this naïve misconception of the research process. As I understand their thesis, it involves only those psychoanalysts who in certain selected cases are seriously attempting to carry out a systematic research objective.

pothesis testing quite legitimate in its own right. However, because of the purely therapeutic role we have given the therapist, we must by definition consider him an integral part, rather than an experimental manipulator, of the situation. We must consider his interventions as the interventions of nature. This means that we have given up experimental controls for observational and statistical controls. In naturalistic studies the eternal hope of the investigator is that nature will in time provide the manipulations of condition and control which he would like to introduce experimentally. In the psychoanalytic interview, such manipulations frequently do occur because the enormous range of phenomena and the long period over which the therapy extends permit a large and varied number of interventions by the therapist and the environment.

The use of *prediction* as a method for the psychoanalytic interview suffers from some of the same handicaps that I have argued as holding for experiment. Because control of the situation is partial, and because the multiplicity of concurrent factors is great, prediction in this setting has its limitations. Certain predictions, however, especially those associated with the psychoanalytic relationship itself, can be examined rather rigorously. Others, related to the patient's adaptation in his daily life which naturally depend upon a great variety of extratherapeutic unknown factors, are obviously subject to critical examination. One must not forget, too, that predictions in the psychoanalytic area must frequently be contingent—a phenomenon may so often manifest itself in one of varied, even opposite, forms. Despite these limitations, prediction is a useful tool of particular value in situations such as the one we are discussing where experimental conditions are not possible.

We have thus far considered the general quality of the data provided by the psychoanalytic interview. Before considering the specific data which come from this procedure, a few additional remarks about the characteristics of psychoanalytic data seem called for. In the psychoanalytic interview we are faced with an inordinately complicated and intricate, developing and

changing body of data. In this situation the faint and minute, the fleeting and momentary, the devious and abeyant are often the primary data. Indeed, it is because data of this evanescent kind play such an extremely important role in making possible the understanding of what is going on that the peculiar recording approach I have advocated becomes unavoidable.

The range of specific data of the psychoanalytic interview covers the participants' overt interactions—contentual, vocal, and gestural, with their unexpressed thoughts and feelings, and their covert physiological responses. Our technique does not, of course, record all these data. What *is* recorded is relatively complete. The overt interactions between patient and therapist are well recorded. What is *not* recorded by the film are the unexpressed thoughts and feelings of the hour. The therapist's reconstruction after the session recovers in part some of his unexpressed reactions during the hour. Admittedly, since these are obtained through recall, a certain amount of incompleteness and distortion is inevitable. No effort is made to obtain similar data from the patient, because such free associations obtained from him after the hour would probably interfere with the psychoanalytic process; moreover, there is reason to believe that much of the kind of material which might be obtained from immediate associations after the session would appear spontaneously in subsequent sessions of the psychoanalysis. At present, we also do not record the covert physiological responses of the patient. Although these responses are presumably significant for the understanding of what is taking place, they have no special *inter*communicative significance for the therapist who, as far as we at present know, is rarely made aware of them; however, they undoubtedly play a most significant role in the patient's *intra*communicative process and therefore indirectly in what is communicated to the therapist. The same probably holds true for the therapist. This is an obvious gap in our present studies which we hope to correct in later studies.

Within these limits our procedure provides data which can be made available to any number of investigators with either

similar or different points of view and background. Since the material is on film, it can be made available to them repeatedly in identical, in reiterable form. *Reiterability,* at our current stage of progress, seems to me to be considerably more important than replicability. The unique advantage for personality research is that it permits successive and unlimited hypothesis testing on exactly the same material. For such testing of hypotheses, the vast accumulation of data becomes invaluable—in fact, indispensable. Replicability in this area can at best only be achieved approximately. In such complex phenomena as we are now discussing, this affords a tremendous advantage to reiterable studies. Of course, reiterability here refers to the data from the point of view of the researcher rather than that of the subject. The problems of either intraindividual or interindividual variance of subjects do not concern us here; rather we are concerned with the variance within and among analysts of the same data, and how this variance can be reduced.

Turning now to the analysis of the data, we can distinguish three major areas of relationship: to time, to therapy, and to the symbol-referent complex.

The data vary according to the *time* to which they refer. Some pertain to the immediate period—the 'then' analytic hour. Some relate to the present period which, as we agree to define it, refers to the present week or month or perhaps the time since the beginning of the psychoanalysis. Other data are associated with the current period—the relatively recent past, say the period of the patient's adulthood preceding the defined 'present'. Still others relate to the past, say the period of the patient's infancy and childhood. Obviously the definitions of these periods are arbitrary. It is important to recognize, however, that any item of data may refer to any one of these periods. But what is difficult and complicating is the fact that any one event may be 'overdetermined' (multidetermined) and in some manner refer to several or even all of the four arbitrarily defined periods.

It is in relation to this aspect of time that the ahistorical/

genetic argument arises. Although the question is worth pursuing, a detailed discussion would lead us too far afield. I cannot, however, resist making a few remarks on the topic since much has been made of the issue. Ezriel *(5)*, following Kurt Lewin, argues for the 'here and now' character of the transference relationship in the psychoanalytic interview, and to a considerable extent bases his case for the experimental nature of the interview upon this. I would raise no question about the transference relationship being a 'here and now' situation. But as Rapaport has clearly pointed out *(10)*, the question arises whether it is not essential for the understanding of the 'here and now' phenomenon to have the genetic material—no matter whether these are early facts or early fantasies. It seems to me that Ezriel does not pay sufficient attention to this point, although his own theory of the use of interpretation would seem to indicate that basically he accepts this argument. Whether or not genetic hypotheses can be validated by the data coming from the psychoanalytic interview is quite another question. This seems unlikely, although data derived from this source may have both stimulative and corroborative significance for the study of genetic factors.

In addition to the different time references, the data may have different degrees of relationship to the *therapy* itself. Some data may be relevant to the therapy, either directly or indirectly, while others may be irrelevant. Even if there is disagreement on this point, and even if we accept the notion that everything brought into the psychoanalytic interview is relevant to some degree (which I cannot accept), there must obviously be a distinction in degree of relevance if we are to be able to achieve some ordering of the material.

A somewhat different problem is that of the *symbol-referent* relationship. Because so large a part of the communication in the psychoanalytic interview is by indirection, one must persistently examine both the symbol and the referent in the context of a variety of qualities which I can only deal with briefly here.

First, there is the *modality*—the form in which the data come to us. Communication in the therapeutic situation—or for that matter in any human situation—may come about in four differentiable modalities, usually in some combination of these. They are the verbal contentual; the vocalization quality (speed, stress, hesitation, etc.); the kinesic (gross and fine body movements); and the covert physiological. The first three are made available for study by our recording techniques; the intrasomatic, for the present, is not.

In all modalities, these data have certain qualities of theoretical as well as immediate analytic importance. Although I am not quite satisfied with these terms, I shall tentatively designate them as voluntariness, explicitness, and awareness. In order to avoid misunderstanding let me say that *voluntariness* means for me nothing more than the patient's current self-instruction to communicate. The self-instruction may be either to report, or not to report, that is to suppress, associations which arise. Alternatively, the material may be reported involuntarily, in other words, reported despite the self-instruction not to report.

Another quality relates to the *explicitness* of the report. This refers to the fact that the reported event may either be manifest, that is, overt, explicit in both symbol and referent, or it may remain latent, potential, abeyant, that is, not be made at all at a particular time. An operational definition with stated criteria will have to be worked out for this category. Between these two extremes on the parameter of explicitness—from manifestness to absence—there may be various degrees of obscurity, implicitness, vagueness, and inference with regard to either or both symbol and referent. I have deliberately used multiple synonyms because these terms are so frequently used interchangeably and because the composite which is portrayed better conveys my point.

Still another quality of this communication process relates to *awareness,* the degree to which the cues are noticed. In between the two extremes—from full consciousness to total unawareness of the communication—lie many degrees of partial

awareness of what is being communicated. Not only can awareness be limited with respect to the total communication but there may also be a limitation with respect to the affective and contentual aspects.

These three qualities of the report—voluntariness, explicitness, and awareness—hold, of course, for the therapist's communications as well as for the patient's. The data must be carefully examined for various aspects of these qualities since they have relevance for theories of transference and defense.

Until now, I have been discussing points involving either investigative activity or taxonomic considerations—in reality areas relating to the work preparatory to research. Our task now is to consider who, how, and what is to be studied.

We should first know *who* is asking the questions in this enterprise. The therapist is excluded as an investigator and is merely part of the situation that is being studied. The actual investigators are of two kinds. One group consists of *data analysts* who at first individually, and perhaps later in a group, analyze the body of data in relation to a variety of hypotheses and according to various systems. In addition, some of these analysts, or possibly still other persons, may serve as coördinators to help set up the experimental design of the data analysis and the formal analytic systems The number and kinds of persons participating are limited only by the purposes and design of the study.

How may this material be studied? The material is available for study either macroscopically—in molar units—or microscopically, by isolating very specific aspects or quite limited time periods. Both approaches to the task have merit. The systems or categories of analysis may be either formal, so that they are common to all data analysts, or informal, that is spontaneous and individual—preferably both. These analytic systems should involve rigorous description as well as interpretation and prediction.

The major problem, of course, is *what* do we study, what questions do we ask of the assembled data? These may be ques-

tions we already had in mind before we began to collect the data, or the questions may have arisen only after the data had been accumulated. Fortunately, in contrast to the experimental situation, the time when the questions arose does not matter. We are here dealing with a seminaturalistic situation, which would not in any case have permitted a modification of procedure.

I can only give a brief outline of the range of problems, both methodological and substantive, with which the recorded interview situation is particularly well-suited to deal.

I would like to consider the *methodological* problems first, although I can do no more than list a few. It will be noted that some of these topics are directly related to psychoanalysis; many of them, however, have implications for general psychology as well: 1. The operational definition of the terms used in psychoanalysis. 2. Problems of quantification of response—anxiety, defense, depth of interpretation. 3. The various aspects of free association as a psychological process and as a technique. 4. Intuition as a process—the cues, minimal and other, upon which intuitive impressions and similar judgments are based. 5. The process of decision-making in the individual and in the group. 6. The problem of units—the 'natural' unit of dyadic interaction. 7. The 'encompassable' unit; the meaningful unit. 8. The problem of kinds and degrees of apprehension achieved with cumulative exposure to identical material. 9. The contributions of various modalities and their combinations to the apprehension of different kinds of material. 10. The nature of the process of communication, especially the problem of 'affective communication', which is generally believed to be so central to the therapeutic process.

Let us turn now to what may be considered primarily *substantive* areas. The following are some of the problems with which data of this kind can help us to deal: 1. The processes of psychoanalysis, for instance, the transference relationship, resistance, the nature and function of intervention in the form of interpretation and reconstruction. 2. Aspects of adaptation,

including defenses and symptoms; the study of the conditions affecting the rise, change, and fall of the various defenses, such as repression, projection, regression, somatization. 3. The problems relating to unconscious/preconscious/conscious areas—those centering on the shifts from extreme peripheral to focal attention, and vice versa. 4. The problems relating to the discharge and inhibition of needs—the forms taken by these attempts to deal with needs, and the changes which occur in these forms.

This listing of studies which might be done is unsatisfactory, especially where each of the studies is so ambitious. Such a listing may, however, indicate the wide range of studies which the method makes amenable to really effective attack. Despite the enthusiasm which has undoubtedly managed to show through, I trust that I am not leaving you with the impression of proposing a panacean method for solving all the problems of dynamic psychology. Significant progress will, of course, come from the ability to conceptualize data, rather than from the elegant collection of data. Nevertheless, I do believe that psychologists have been rather shallow in their attempts to deal with problems in this area because they have just not had the basic data to permit adequate conceptualization. We cannot continue to depend upon the gimlet eyes of the psychologist-genius or the sensitive strokes of the psychologist-artist to provide us with the relevant data. They must be made available to the ordinary scientific investigator. I suggest that a method such as I have described would provide for many areas of psychology indispensable data that are not now available. But particularly it would provide data for the objective study of the complicated and elusive subject matter on which psychoanalytic theory is based.

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CREMATION, FIRE, AND ORAL AGGRESSION

BY EDWARD D. JOSEPH, M.D. (NEW YORK)

Funeral rites by cremation were widely practiced in ancient civilizations. The Iliad, Odyssey, and The Æneid are all filled with mention of the funeral pyre as part of the burial ritual of the ancient Greeks and Romans. Frazer *(7)* shows this custom to have been prevalent in Northern Europe as well. Almost alone among ancient civilizations, the Jews forbade cremation. The other ancient group which forbade cremation were the followers of Zoroaster, who prescribed neither burial nor cremation but rather the exposure of the body to the sun, which was the object of their worship, and its destruction by vultures. Among traditional Jews cremation is still not permitted on the grounds that such a procedure is a desecration of the body which is held sacred. While historically such an attitude toward burning the body of the deceased may have been a means of maintaining the separateness of the Jewish people from the surrounding nations, there is much in the psychology of fire to suggest that there are other determinants.

Among very orthodox Jews, the coffin is left open so that the body can immediately be received into the earth *(6)*. Another rite pertaining to the sacredness of the body is the custom of burying any amputated member of the body. If an autopsy is performed, organs removed for examination should be buried with the body. If this is not possible they are given a separate burial. This obligation is regarded as among the most pressing on the surviving members of the family *(10)*. Much of this may be viewed as a desire to maintain the intactness of the body, not only during life but after death, and is re-enforced by anticipation of the coming of the Messiah which,

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in the Jewish religion, was a late addition to the customs and beliefs. With the coming of the Messiah it was believed that all of the deceased would be gathered together, making it important that the whole body be preserved.

From another point of view, the forbidding of cremation may be considered a reaction against the custom of sacrifice which in its earliest origins was a human sacrifice and later, as shown in the Book of Genesis,[1] was replaced by the sacrifice of an animal. Often the sacrificial animal was burned, but this could be performed only by the high priest or members of the priestly class, the Levites. It is probable that ancient human sacrifices, and later the substituted animal, were associated with cannibalistic rituals which were gradually given up with the passage of time. Perhaps it was as part of a transition from pagan customs that the Jewish religion first forbade human sacrifice, then the cannibalistic aspect of it, and, finally, the complete form of sacrifice by fire as it had been practiced.

Freud *(8)* suggests that one of the origins of the Hebrew monotheistic god was from the god of fire, Yahweh, who provided one of the determinants that came to be included with the Mosaic god of Egyptian origin. Yahweh seems to have been associated with the volcanic fire god (Vulcan) as well as with cruelty and appeasement by human sacrifice, presumably also by fire, and may have been derived from, or at least associated with, a sun god. It was in connection with this god that Moses the Shepherd saw in a bush the fire that did not consume. It is also this Biblical god who went before the Israelites as a pillar of fire in the desert. In the later development of the monotheistic concept, the nature and origin of this god was vigorously suppressed, particularly by the later prophets. One might wonder if it was not part of the desire to erase all traces of this volcanic pre-god associated with fire which led to the prohibition of the use of fire in connection with such rites as cremation

[1] Compare the story of Abraham offering Isaac, his only son, as a sacrifice. The Angel of the Lord called to him to desist, and a ram was provided in the son's stead (Genesis XXII). This sacrifice was a burnt offering.

and the abolition of sacrifice and burnt offerings. That this volcanic god in the prehistory of the Jews was associated with a sun god would provide a basis for the proscription of cremation in the two seemingly unconnected religions of Judaism and Zoroastrianism.

The work of Almansi *(1)* traces the origin of the Menorah, a symbol of Judaism over the centuries, to the figure of an idol in whose abdomen human sacrifices were consumed by fire. This is loosely analogous to a return of the repressed in human psychology. In all religions there are similar disguised and rationalized traces of forgotten primitive rites as, for example, the oral incorporation of the body and blood of the Lord's only begotten son in the Christian communion ritual. Almansi finds Moses's wrath at Aaron's introduction of the golden calf as an image to be worshipped by the Israelites was because it was connected with human sacrifice, probably of the first-born son.

All of these considerations, associated with the destructive aspect of fire, would seem to have played a part in forbidding the use of fire in the burial ceremony as part of the general need to repress all or many traces of the earlier origin of the religious figure, as well as a means of preserving the intactness of the body. The Jews of antiquity were not alone in their consideration of fire in its destructive aspects. The Babylonians, the Assyrians, Hindus, and other ancient civilizations had similar fire gods to whom burnt human sacrifices were offered. The Greek Promethean myth emphasizes the beneficent aspects of fire to mankind. Prometheus was nevertheless punished by having his liver eternally devoured because he had stolen this boon from the gods and given it to mankind. The cruelty of Prometheus's punishment makes one believe that the Greeks considered the acquisition of fire to be not only a blessing, but that they considered its devouring, destructive aspect should have been left with the gods.

Among the Greeks the custom of cremation was widespread. Almost all the Greek heroes in the Iliad and the Odyssey were cremated. Those who were not were doomed to wander the

earth until cremation could take place, after which their spirits were free to go to their final resting places. This aspect of freeing the spirit from the body suggested to Reider *(11)* another aspect of the avoidance of cremation: that cremation, in freeing the spirit, allowed it to seek revenge for whatever misdeeds or aggressions had been committed against it. A spirit thus freed could enter the body of another person by way of respiratory introjection *(5)*, and wreak its vengeance. It is implied in the custom of burial among the Jews that the body retains its spirit for some future promise of resurrection with the advent of the Messiah.

In discussing the myth of Prometheus in terms of the symbolism of fire and its antagonist, water, Freud *(9)* showed the urethral-phallic association of such symbolism both in the myth and in dreams of analytic patients. Later Fenichel *(4)*, in discussing pyromania, demonstrated that the urethral-phallic symbolism of fire has a sadistic component. Recently Arlow *(3)* gave evidence that fire in dreams and in speech represents oral aggression. One of his cases reported a dream in which a crematorium was a devouring mouth, and the flame within a consuming oral rage.

One of the writer's patients, a young Jewish woman, had recently lost through death her beloved grandfather who was cremated at his own request. She started one session by recounting a brief discussion of cremation she had had with her father the night before. She expressed her bewilderment that the grandfather had wished to be cremated; not that he had been religious, but because cremation was so contrary to her religious faith. Her own feeling, in addition, was that she would abhor having this done to anyone close to her, or to herself. Knowing that a dead person can suffer no pain she could not explain the horror she felt. It had something to do with the total destruction of the body by the flames. She then remembered for the first time that during the years from six to fifteen she had been afraid to turn on the jets in the gas range. When she wished

to cook, she had to have someone light it for her. She also avoided striking matches, or doing anything else connected with flame. She believed that this was 'quite natural' for anyone during this age period.

During these same years she had been intensely religious. She went regularly to Sunday school and attended Sabbath services both on Friday night and Saturday morning. As neither of her parents was particularly religious, her religiosity was a family joke. After her confirmation at the age of fourteen, the extreme degree of religiosity declined but she still occasionally attended services. At the time of her grandfather's death she was again attending services and urging her father to do likewise.

When she was five years old she went to a summer hotel with her mother and her younger brother. Awakened one night by feeling hot, she looked out the window and saw that the main lodge of the hotel was in flames. She described vividly the brilliant flames 'licking and eating their way through this beautiful structure, destroying it completely'. She reacted to this incident with such terror that her mother summoned her father from the city that he might calm the child. Her father walked with her through the charred ruins two days after the fire. She was astonished to find that the ashes were still hot and were still evidently 'carrying on their silent destruction'.

This obsessive-compulsive patient rigidly controlled any expression of her hostile feelings. Her counterphobic, compliant attitude was most evident in her relationship with her mother whom she crossed only in defense of her father or in the cause of promoting her brother's independence. Her oral defense against expressing anger was betrayed by a manner of speaking in which her words were carefully articulated with obvious effort.

Her phobic aversion to fire was a defense against her oral fantasies of destruction. The childhood trauma, occurring at the height of her œdipal development, accentuated her need for more rigid controls which she found in ritualistic religious observance. The memory of the fire was a screen for earlier

primal scene fantasies, and, notably, her repressed oral rage toward the brother which she later corrected by a protective attitude toward him.

The phobia of fire which was marked in her childhood found another expression in her horror of cremation. The feelings of the past were projected to the future. A defensive isolation of past, present, and future was maintained and thereby any awareness of her destructive fantasies and the threat of superego punishment in kind were avoided. In this way she preserved the intactness of the body of her mother and younger brother to avoid talion punishment by destruction to herself in the future.

A man suffered from a severe claustrophobia associated with fantasies of being devoured by his mother. He was obsessed with fears of death. He expressed great horror at the thought of being buried, preferring cremation though he stated that his religious background and training were opposed to it. This he rationalized in terms of 'wanting it to be over with as soon as possible'. Further associations proved however that the fantasies associated with his claustrophobia were of being devoured. The thought of decomposition and of being eaten by worms was too horrible to contemplate, and against this the choice of cremation served as a counterphobic defense and gave finality to the death of which he lived in such great fear. This patient's fears of his mother's destructive potential were so great that he welcomed the lesser evil of rapid destruction by fire.[2] His fear of death was so great that he lived in constant expectation of it. It represented to him both a punishment and a reunion with his powerful mother. As she was also beloved, his choice of cremation after death approached a fantasy of offering his body as a propitiatory burnt oblation to his maternal superego.

SUMMARY

An outline is given of the history of the traditional prohibition of cremation in the Jewish religion. This is related to pres-

[2] These fantasies are close to Almansi's reconstruction *(1, 2)* concerning the origin of the Menorah as being derived from a human form of an idol in whose abdomen human sacrifices were offered.

ervation of the body in connection with religious beliefs in resurrection, to the ceremonial expression of, or prohibition of, (oral) aggression, and historical repression of ancient cannibalistic rites. Two clinical cases are briefly presented in which the patients had especially pronounced attitudes toward cremation, associated with oral aggression.

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BOOK REVIEWS

IDENTITY AND THE LIFE CYCLE. SELECTED PAPERS. By Erik H. Erikson. With a Historical Introduction by David Rapaport. New York: International Universities Press, Inc., 1959. 171 pp.

This is the first of a proposed series of monographs designed to present source materials for a general psychoanalytic theory of behavior. The expectation is that diverse materials contributed by clinical investigations, controlled developmental studies, and experimental studies, as they may have bearing upon psychoanalytic theory, will be made available to the research worker in monographs of sufficient length to enable the author to have full opportunity to have his say. George S. Klein heads a distinguished editorial board.

This book is a republication of selected papers. The introductory paper, A Historical Survey of Psychoanalytic Ego Psychology, by David Rapaport, is a condensation of previously published lectures. The author discerns four phases of the development of ego psychology, the first coinciding with Freud's prepsychoanalytic theory, the second encompassing the development of psychoanalysis proper, the third beginning with the publication of The Ego and the Id, the fourth beginning with publication of Anna Freud's The Ego and the Mechanisms of Defense in 1936, and extending to the present time. The changing preoccupations, the initial concept of defense as emphasized in the first phase, the fluctuations in emphasis upon reality experience, slowly augmenting over thirty years, the confusions and limitations in the conceptualization of the ego preceding Anna Freud's clarifying integration of themes of defense and reality relations are annotated. The contributions of Hartmann and Erikson are presented as complementing the previous phases of the development of psychoanalytic ego psychology, Hartmann and his collaborators centering on roots of ego development that are independent of instinctual drives and Erikson upon a psychosocial theory of development stressing 'epigenesis' of the ego, the theory of reality relationship and of the role of social reality. The tremendous condensation in the introductory chapter renders it useful primarily for the psychoanalytically well-oriented student only, for whom indeed it is intended. It is a masterly encompassing and organizing statement.

In the first of three papers, Ego Development and Historical Change, Erikson traces the development of psychoanalysis from the earliest study of man's 'enslavement' by the id and by superego strivings to inquiry into 'enslavement' by historical conditions 'which claim autonomy' (p. 49). This effort to orient the development of psychoanalysis to the fuller implications of cultural settings, and changes with these, picks up and enormously enriches understanding in areas only fleetingly touched upon by Freud who, indeed, was sensitively aware of the meanings of his own cultural setting. Erikson finds a wide gap between sociological observations relating to Le Bon's 'masses', 'society on the rebound' as referred to in Freud's original formulations, and material secured by the psychoanalytic method. The individual within his family and the 'individual-in-the-mass' have been artificially differentiated. Social organization has been passively referred to without appropriate conceptualization. Analytic study has focused upon a variety of genetic problems. In his study of the infantile ego's origin in organized social life, Erikson is more interested in what social organization first offers the child, rather than in what it denies the child.

Group identity, as Erikson indicates in his studies of American Indian tribes, rests on differences in geographic and historical perspectives, and on differences in economic goals and means. A group's 'way of organizing experience' is transmitted to the child by methods of training. The child derives a sense of reality from its awareness that its individual way of mastering experience is in accord with that of its group. The realistic self-esteem achieved in the course of physical mastery of acceptable accomplishments carries with it conviction as to the possibility of a defined collective future, the development of a defined ego within a social reality. This inner sense or feeling is designated 'ego identity', which the author attempts to clarify as subjective experience and as a dynamic fact.

In Ego Pathology and Historical Change, clinical studies of children and adults illustrate the special effect of regional cultural influences through material derived from the analyses of illustrative cases: a Jewish patient transplanted from an Eastern metropolis to the West; the impact of a conservative Eastern grandfather as contrasted with that of a robust and roving Western grandfather; the Southern lady exposed to the peculiar double standards of the now 'old South'; the northward moving Negro. All these provide

convincing documentation of the significance for the establishment of identity and of personality structure of cultural phenomena that are relatively transient and fleeting as compared with the biological processes involved in personality development, crucial for the individual. One becomes directly aware, in reading the rich documentary material, that current cultural change may involve either the loss of influences that determine the colorful diversity of American personality types with a movement in the direction of a mediocre commonality or, hopefully, greater diversity and potential creativity made possible by removal of the regionally determined restrictions to development of an enriched ego identity.

In The Problem of Identity, Erikson's concept of ego identity is a psychosocial one, but also one that is a part of the psychoanalytic theory of the ego. 'It is this identity of something of the individual's core with an essential aspect of a group's inner coherence which is under consideration here. . . . The term identity expresses such a mutual relation that it connotes both a persistent sameness within oneself (selfsameness) and a persistent sharing of some kind of essential character with others' (p. 102). Noting the common linguistic and psychological roots of 'identity' and 'identification', identity is said to begin 'where the usefulness of identification ends'. It arises from selective repudiation and mutual assimilation of childhood identifications 'in a new configuration, which . . . is dependent upon the process by which a society . . . identifies the young individual, recognizing him as somebody who had to become the way he is. . .' (p. 113).

In his discussion of disturbance in the developmental process involved in establishment of ego identity the author calls attention to the essential inseparability of psychosexual and psychosocial developments. 'Identity diffusion' is a life crisis common to culturally diverse groups of adolescents studied by the author. The dynamics involved in the adolescent's struggle with problems of physical intimacy (sexual and nonsexual), occupational choice, and psychosocial definition are scrutinized. Among the clinical manifestations an illuminating vista is afforded by presentation of the adolescent 'malignant choice' of a 'negative identity'. An essential need, if the youth is to be able to envisage a future, is 'something which Shaw called a "religion" and "a clear comprehension of life in the light of an intelligible theory" '. The author defines this necessity as an

ideology by way of which the adolescent may find commitment to a synthesis of past and future in the succession of generations that transcends the past, 'even as identity does' (p. 142).

Erikson presents highly significant social and cultural considerations pertinent to personality development in an exceptionally clear and stimulating form. His felicitous ordering of developmental sequences into forms consistent with clinical, sociological, and anthropological observation is imaginatively invested with the flesh and blood of living human experience as sensed by the author. His capacity to interpolate the 'inner meanings' of life experience to the individual is complemented by linguistic and literary stylistic gifts that permit an unusual order of communication to this reader, who always finds the writing interesting and more than occasionally exciting. The considerable confusion attendant on the effort to order into understandable form the numerous environmental influences that operate upon the developing childhood and adolescent organism, and to correlate these with what is known in the biological and psychological spheres, is significantly lessened. The quality of what it is that is contributed to the personality by culturally determined variations in experience is more tangibly grasped in the reading of these papers than in any writing familiar to this reviewer. The author's concept of identity is an extraordinarily useful contribution to a theory of personality development, as is his envisaging of the continuities that operate throughout the life cycle, illuminatingly suggested in his epigenetic schema and chart. The assembling of these papers in a monograph sets a high standard for the series of publications planned by the editors of Psychological Issues.

GEORGE J. MOHR (LOS ANGELES)

YOUNG MAN LUTHER. A STUDY IN PSYCHOANALYSIS AND HISTORY. By Erik H. Erikson. New York: W. W. Norton & Co., Inc., 1958. 288 pp.

Erikson continues his studies of the interactions between the individual and society in a new book full of ideas, and notable for its depth and scope.

Erikson's particular interest and the central theme of his book is the 'life crisis of adolescence', of which Martin Luther's life is a

striking illustration. Another reason for Erikson's interest in Luther is his creativity. The author sees here something that is akin to Freud's inner struggles and work. Both men 'illustrate certain regularities in the growth of a certain kind of genius'. The author undertakes to show also how psychoanalysis can be used in the study of history.

Luther's life and struggles have been described by many authors in accordance with their own religious or psychiatric beliefs. The facts permit different interpretations, and 'each concocts his own Luther'. Erikson begins his portrait with a famous event in Luther's life, a seizure in the choir of the monastery which caused Luther to fall to the ground where he 'raved like one possessed and roared with the voice of a bull: "I am not" '. Erikson interprets this event as part of a severe crisis of identity in which the young monk denied what he was not in order to break through to what he was or was to be.

Luther's conflicts had driven him to become a monk over his father's vehement objections. The father had had ambitious plans for his son, wanting him to study law and take advantage of the opportunities which were becoming available to commoners. Luther, however, chose the monastery, but could not shake his doubts and rebellious feelings. He devoted himself with all his passion to the rules of the order, yet his struggles with his father continued—the struggle between obedience and revolt.

When Luther was ordained a priest, his father was invited to the customary celebration. During the banquet, and after Luther had celebrated his first mass, the father lost his temper, challenged the doctors and magisters, asking whether they had not read in the Scriptures that one should honor father and mother. 'God give', he added, 'that it wasn't a devil's spook'. This referred to young Martin's experience in a thunderstorm which led him to give up worldly ambition and embrace monkhood. Erikson suggests that Luther, at the very time of the celebration, was thrown back into the infantile struggle 'not only over his obedience toward but also over his identification with his father'.

Erikson attempts to explore the development of a creative genius, a *homo religiosus,* for whose dimensions the usual measures of normality do not fit. During his life as monk, Luther may have been at the crossroads between mental disease and religious creativity.

His belief in the monastic way of life was more and more shaken. Doubts that his father was guided by love and justice were projected onto the Father in Heaven. The question of God's justice pursued him; doubts about the moral authority of the Pope brought him into conflict with the ruling religious powers of the times. In this struggle Luther searched for a religious ideology which could free him from guilt, justify his position between powerful conflicting influences, and support his sense of identity. In his search for a justification by faith, and for an individual relationship to God, Luther found not only a solution for himself but a religious ideology that gave expression to the rebellious strivings of the multitudes. 'Both problems', writes Erikson, 'the domestic and the universal, were part of one ideological crisis'. Eventually, Luther found a certain equilibrium, although later in life he suffered from depressions, and like his father was often driven to violent outbursts of temper.

Neurotic disturbances may occur in greater number in times when ideological concepts have lost their integrating power. Some years ago this reviewer devoted a paper to the significance of ideology for the equilibrium of the individual.[1] In discussing this problem in the present-day context of changing civilization I suggested that the breakdown of ideology may result in a neurotic breakdown of the individual. Erikson gives an example not only of the breakdown but of the creation of a new ideology. Luther became the man who created a new religious doctrine, needed in the upheavals of the northern Renaissance.

Devils and demons played a significant part in Luther's life. His frequent encounters with the Devil have puzzled psychiatrists. But psychiatric diagnoses of historical personages can easily mislead when they neglect the fact that the ego incorporates ideas and criteria current at the time. At the beginning of the sixteenth century, devils and demons were part of Luther's environment. One may be tempted to diagnose psychosis if to us the testing of reality, from our point in history, appears impaired. The phenomena described can be normal or neurotic within the reality testing of a given period.

The waning of belief in the Devil since Luther's time is an interesting psychoanalytic subject. It is likely that the Devil has only

[1] Lowenfeld, Henry: *Some Aspects of a Compulsion Neurosis in a Changing Civilization.* This QUARTERLY, XIII, 1944, pp. 1-15.

disappeared from sight but still holds a place in man's mind in other forms, more disguised and less visible.

One quality makes Young Man Luther a particularly valuable study. Erikson is far removed from the present-day adjustment-mania which impoverishes the thinking of psychoanalysts and so often makes applied analysis dull or repulsive reading. Erikson's concept of 'identity crisis' as part of normal as well as pathological experience is very useful; it is a valuable development of the concept of conflict and it may help to avoid unjustified and worthless expansions of the concept of neurosis.

Erikson's book, stimulating and rewarding as it is, is not easy reading. It is occasionally overwritten, and Erikson chooses very individual formulations whose place within the framework of psychoanalysis is not always evident. The term superego, for instance, is almost never used, and 'negative conscience' is the term he prefers for a feeling of guilt.

It may be that Erikson's preference for such personal formulations springs from his own involvement in what he calls the 'identity crisis'. But it is just this personal involvement, together with clinical observation and historical scholarship, that gives impact and persuasiveness to this remarkable book.

HENRY LOWENFELD (NEW YORK)

THE ANNUAL SURVEY OF PSYCHOANALYSIS, VOLUME V. Edited by John Frosch, M.D. and Nathaniel Ross, M.D. New York: International Universities Press, Inc., 1959. 608 pp.

Of what value is the Survey? What need does it fill for the analyst? Should it be in every analyst's library? Reviewers of previous volumes have been in agreement in extolling the virtues of the Annual Surveys, and one can easily be persuaded to concur in their appreciation of the painstaking work, the high level of reporting, the concise writing. The only criticism (if it could be called that) was of the length of the book reviews included. That some analysts were doubtful of the need for or value of the Survey was acknowledged by Murphy in his review of Volume II, but he dismissed their claim that 'digests are an illusory path to facts and to quick and easy

knowledge' by flatly denying that the Survey was such a digest.[1]

When the first volume appeared, the publishers promised that the Surveys would keep the reader abreast of psychoanalytic progress; that he could readily familiarize himself with everything of psychoanalytic importance published during that year. As for the last part of this statement, who would be interested in 1959 in everything that was important in 1954; and who decides what is important? The first part depends on the reading habits of the analyst and the use he makes of his current journals. Why would an analyst look to the Survey instead of to his journals? Most analysts have personal access to the three major psychoanalytic journals. Can the Surveys and the journals be fairly compared? If timeliness is a factor, the journals are current. If content is a factor, the journals are superior. Take book reviews as an example. Each of the journals has book reviews, one has book condensations. The Survey for 1954 abstracts ten books; the three journals in the same year review one hundred and thirty books. What about the quality of the review? Since a review, condensation, or even the writing of the book itself is merely the opinion of its author, it is difficult to compare quality objectively. In this Survey, Freud's The Origins of Psychoanalysis is abstracted by Joseph Lander and Milton Lester in ten pages. The same book was reviewed in This QUARTERLY in seven pages by Suzanne Bernfeld. Is one better or more timely than the other?

What is the source of the material? The Survey abstracts twenty-two journals; This QUARTERLY alone abstracts fourteen in the same year, and uses the same journals as the Survey. Can quality of abstracts be compared? Since many of the abstracters in the journals are contributing editors of the Survey, this might prove difficult.

While on the subject of abstracts I would like to illustrate the probability of distortion when material is condensed for interpretation. In the section on Psychoanalytic Technique (pp. 355, ff.) there is an abstract of R. W. Pickford's The Analysis of an Obsessional, a synopsis of which appears in another section (Chapter X). The abstract states, 'his technical and theoretical observations do not depart in essence from the standard analytic approach'. In the synopsis we learn that the patient was seen twice a week for one to

[1] Murphy, William F., reviewer of *The Annual Survey of Psychoanalysis, Volume II.* This QUARTERLY, XXIV, 1955, pp. 440-441.

one and a half hours each session. Is this 'standard analytic approach'?

Do we as analysts need someone to tell us what is important to read, how we are to understand what we read, and how it relates to the whole of things? Or would our needs be better met by a simple annual index that would compile under appropriate headings the wealth of information contained in the three major journals?

I find that my Annual Surveys gather dust. They do not have the used, worn look of my journals, or of my Fenichel for that matter. I have decided that should the occasion arise when I might wish to consult future issues of the Survey I will use the copy in the Society's library.

ROGER C. HENDRICKS (SEATTLE)

A PSYCHIATRIST'S WORLD. THE SELECTED PAPERS OF KARL MENNINGER, M.D. Edited by Bernard H. Hall, M.D. New York: The Viking Press, 1959. 931 pp.

In a foreword Dr. Marion Kenworthy quotes Elmer Southard of the Boston Psychopathic Hospital as often remarking to his students, 'Whether you feel you have anything to say that has new significance or not, it is important for you to write. You must share with others what you have learned.' Dr. Menninger has followed his famous teacher's advice. During forty years, he has had published approximately three hundred and seventy-seven articles, five books, and thirty-nine book reviews. His activities as a teacher, lecturer, dean of the Menninger Foundation, consultant to the Veterans Administration, and past president of the American Psychoanalytic Association are well known to all analysts.

This book was planned in honor of Dr. Menninger's sixty-fifth birthday, and edited by Dr. Bernard H. Hall who has written an introductory biography. It contains eighty-three papers of Dr. Menninger, selected by a committee of men distinguished in the psychiatric field, all but four of whom have had published contributions to the literature in various popular magazines and literary and scientific journals, including This QUARTERLY. The papers appeal to various levels of interest and sophistication and have been appropriately grouped into six categories.

The first part, The Man, is a good example of Dr. Menninger's broad interests. There are frequent allusions to religion, which give many of these essays the quality of sermons, and the prose has a Biblical flavor. There is much dramatic imagery in references to the suffering of humanity, the erosion of the soil, the devastation of floods, bleeding Kansas, Jesus writhing upon the cross, Cain and Abel, the agony of harpooned baby whales, and the suffering of animals slaughtered for their fur. This combination of ministry and medicine is reminiscent of another famous contemporary, Dr. Albert Schweitzer. In a brief note Dr. Menninger states that his mother had a certain preoccupation with death and collected the last words of famous people.

The author's erudition and virtuosity are everywhere evident. He is also a first-rate public relations man when he writes about his native Topeka. His Tribute to My Father on His Ninetieth Birthday is touching in its dignified simplicity and restrained sentiment. He is also lucidly and fascinatingly informative in his essay, Looking Backward, in which the evolution of history and the passage of time are dramatically portrayed.

The Clinician is medical autobiography, describing details of his evolution as a physician. His early interest was in neurology and nosology. He finally reached the conviction that diagnostic nomenclature was meaningless, and that there is no sharp demarcation between sickness and health. His early case studies are models of clarity, conciseness, and clinical observation. There are some interesting papers on psychosomatic entities which were mostly published in the thirties. They show the influences of Groddeck and Jelliffe and are written in a similar style. Like these men, Dr. Menninger has the courage 'to think beyond one's facts'. These papers represent an approach from the point of view of the instincts, one which is too much ignored in recent times.

In evaluating Dr. Menninger's scientific contributions, it must be noted that the majority of his papers have not been directed to psychoanalysts. In this respect the qualities that make his writings so valuable and informative to the general medical and lay public have made some of his psychoanalytic writings controversial. There are objections to a tendency to oversimplification, for the sake of logic, and strong personal conviction which have a strong emotional appeal but have weakened much of his argument in favor of the

existence of a death instinct. In spite of the carefully reasoned arguments and the immense amount of case material that Dr. Menninger has amassed, many analysts are not convinced that the personification or instinctualization of such complexities as love and hate add anything to either our theoretical or psychotherapeutic knowledge. The papers on diagnosis and therapy, however, are excellent examples of why Dr. Menninger's reputation as a teacher of psychiatry is unexcelled.

In the section called The Theorist, there are some very important papers in which Dr. Menninger acknowledges how much he is influenced by the inspiration of Southard. In these he is interested in the problems of classification of psychiatric disease and in the philosophical implications of the instinct theory. Here he states his belief that psychiatrists should come out 'squarely and courageously for hedonism'; but when Dr. Menninger defines pleasure-seeking as the highest good, most of these pleasures seem to be those of a liberal Presbyterian. In the opinion of this reviewer, this chapter contains two of Menninger's most important scientific papers: Regulatory Devices of the Ego Under Major Stress, and Toward a Unitary Concept of Mental Illness. These show plainly his capacity to grasp the essentials among a mass of confusing data and point the direction in which psychiatry is evolving.

The Teacher, The Psychiatrist Afield, and The Historian of Psychiatry contain thirty-eight characteristically excellent essays and illustrate Dr. Menninger's remarkable ability to interpret psychiatric concepts to the public, and his special capacity to make these concepts interesting to the physician.

There is something for everyone in this book. The prose is unusually vigorous and clear. At times, it sparkles; rarely it is somewhat pedantic and overly dramatic. Of the last three sections, the one that outlines the history of psychiatry is especially recommended to psychoanalysts.

It is rare that the impatient reformer, practical administrator, and man of vigorous action are combined with the scientist, the theoretician, and the psychoanalytic therapist. Dr. Menninger has come closer to this goal than any psychiatrist of his generation. This is a book that any analyst who enjoys good reading will want to have for its sentimental and historical as well as its entertainment value. It instructs, stimulates, and arouses respectful admiration.

There are eleven pages of reference notes, a bibliography, and an adequate index.

WILLIAM F. MURPHY (BOSTON)

PSYCHOANALYSIS AND CONTEMPORARY THOUGHT. Edited by John D. Sutherland. New York: Grove Press, Inc., 1959. 149 pp.

This book is an example of the felicity of expression characteristic of English writers. Its contents were given as lectures, part of the celebration of Freud's birth held in Friend's House, London, during April and May, 1956.

The first lecture, Psychoanalysis and the Sense of Guilt, is a simple, clear yet remarkably broad discussion of superego formation. Ranging from Melanie Klein to Lorenz, the ethologist, it presents in compact form much of today's thinking on this important subject. Child care has been strongly influenced by psychoanalytic theory. Bowlby enumerates many insights of child analysis from Anna Freud and Melanie Klein. His discussion avoids the long words used by persons with less mastery of the field.

Psychoanalysis and Art is, to me, the most exciting chapter in the book. Marion Milner, author of On Not Being Able to Paint, gives a lively and human discussion of the activity of the artist in relation to unconscious forces. While there is little disagreement that psychoanalysis, like other branches of medicine, is an art as well as a science, it is unusual to find an analyst who is also a knowledgeable painter. It seems to this reviewer that many hitherto unspoken aspects of the art of painting have been delineated by Dr. Milner with a clarity and simplicity that would please and instruct many artists and all analysts.

Ilse Hellman points to many of the unconscious forces at work in the classroom. While her observations are confined largely to the teaching of children, they have much wider application. Money-Kyrle gives a searching discussion of the implications of the concept of the unconscious for the philosopher. After a careful survey of many aspects of philosophy, he draws a parallel between the formulations of Freud and various philosophical constructions. His paper is quite unique and does more to illuminate philosophy and show its interrelationships with another field than anything this reviewer has encountered.

E. Jacques writes a provocative analysis of the unconscious forces operating in labor-management conflict. He supports his hypothesis with interesting studies of individuals' estimates of their worth as workmen. Were this hypothesis more widely accepted and applied it might contribute richly to labor-management understanding, obviating costly and needless strikes.

Joan Riviere recounts an intimate anecdote of Freud disclosing a character trait partly responsible for the remarkable volume of work he produced during his professional career. Repeatedly Freud urged her to 'write it down' whenever she had an idea. He thus externalized thought, detaching it from fantasy rarely acted upon.

An instructive and stimulating book like this one, compressing so much thought in so few pages, is welcome relief in the flood of new books with which the professional person is inundated. May it prompt more writers to condense and simplify their material.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

THE SYMPTOM AS COMMUNICATION IN SCHIZOPHRENIA. Edited by Lieutenant Colonel Kenneth L. Artiss, MC. New York: Grune & Stratton, Inc., 1959. 233 pp.

This monograph, to which four investigators contributed, presents certain results obtained in the course of multidisciplinary research by the Division of Neuropsychiatry of the Institute of Research of the Walter Reed Army Medical Center. The objectives of the study concern the principles and the effectiveness of milieu therapy in an army hospital for patients suffering from their first schizophrenic episode. The course of the sickness as well as the symbolic meaning of various symptoms are considered in the light of modern concepts of communication. The ego of the patient, cut off from communication with his milieu, resorts to the device of symptom-formation in order to re-establish communication. The distortion of communication is founded on a distorted picture of environment, the basis for which has been laid down by the patient's individual history.

The point of view which considers the symptom as a communicative device in transactions between the patient and others is confirmed by minute observations of patients who could be followed up in the well-controlled setting of a military hospital. In many instances, the symptoms of the schizophrenic are considered as 'rejec-

tion-courting maneuvers'. The authors use also the model of ego psychology and consider the ego as 'an inferential calculating machine given the task of continually solving the simultaneous equation with four or more variables'. The authors find that the symptom is subjected to changes according to the environment. All these ideas are used as a basis for building principles of milieu therapy in the setting of a military hospital. The importance of the attitude and behavior of all persons involved in the everyday existence of the patient and for the shaping of the clinical picture, especially for the strengthening of his ego, is demonstrated in a rather convincing way. The experiences of the Korean war confirmed these principles. The meaning of group identification is also emphasized.

It is evident that this research is based on a concept of schizophrenia totally different from the classic nosology. The therapeutic encouragement derived from such points of view is evident. Families and communities in which the patient will live once he is discharged from the hospital, and which have formed his background prior to military service and to hospitalization, have been studied. Two or three days were spent interviewing the family members, relatives, neighbors, school authorities, and former employers of the patients. Data were thus collected basic to the understanding of the patients' personalities. Recorded interviews with and observations of patients demonstrate the changes which take place during the successful application of milieu therapy. The stress is laid on what is called the 'major message' expressed by the symptom and the several associated or 'sub-messages'. It is evident that the understanding by the staff of the message, as conveyed unconsciously by the patient, is of major importance for the attitude and the behavior of the entire personnel who help to shape the life and the course of the psychosis of the patient.

GUSTAV BYCHOWSKI (NEW YORK)

READINGS IN PSYCHOANALYTIC PSYCHOLOGY. Edited by Morton Levitt. New York: Appleton-Century-Crofts, Inc., 1959. 413 pp.

Since interest in psychoanalytic writings seems to remain high on the list of current literature, this anthology consisting of a number of papers by qualified contemporary authors has value for the stu-

dent of the behavioral sciences, for the professional worker in the fields of psychology, sociology, and psychiatry, and also for the general reader. The preface by the editor makes it clear that the book is intended 'to provide . . . reliable source material' for such readers, and this purpose appears to be well served by the judicious presentation and arrangement of the material, the editorial notes preceding the various articles, the collateral reading lists appended to them, and an index.

The book is divided into six sections: General Considerations, Developmental Psychology, The Ego and Defensive Processes, Psychoanalytic Diagnosis, Theory and Technique, Applied Psychoanalysis. Every section consists of several papers written by well-known analysts including, among others, Helene Deutsch, Edward Glover, Phyllis Greenacre, Heinz Hartmann, Willi Hoffer, Maurits Katan, and Rudolph M. Loewenstein. Originally published in psychoanalytic and psychiatric journals, the majority of these papers are available elsewhere. In the present volume each of them is preceded by an editorial synopsis. There are also several original contributions among the most notable of which are those by Arlow, Ekstein, Fliess, and Michaels.

Although the debt to the founder of psychoanalysis is acknowledged throughout the text (which includes a short biographical outline of Freud's life and work), it is somewhat disconcerting—at least in the opinion of this reviewer—that a collection of articles published expressly for the purpose of providing 'source material' on psychoanalysis does not contain a single work by Freud. I believe it was the Swiss philosopher, Ludwig Klages, who, asked what reading matter he would recommend to those interested in Freud's teachings, tersely replied: 'His own'.

WILLIAM G. NIEDERLAND (NEW YORK)

ON SHAME AND THE SEARCH FOR IDENTITY. By Helen Merrell Lynd. New York: Harcourt, Brace and Co., 1958. 318 pp.

Mrs. Lynd, a sociologist and philosopher, discusses a central problem of modern life, of knowing who and what we are, of our sense of identity. She suggests that the universal experience of shame, 'a sudden awareness of the incongruity between oneself and the social situation, . . . exposure' can throw 'an unexpected light on who one

is'. Careful study of experiences of shame can, she believes, lead one to question one's evaluation of others, of oneself, and of ideas; and this questioning can bring about a necessary reorientation of oneself to the world. Mrs. Lynd shows that shame is quite different from guilt; shame results from violation of one's personal inner code of what is right and true, whereas guilt arises from violation of the code imposed from without. To evaluate one's experience of shame is therefore to appraise a truly personal ideal, a set of concepts close to the otherwise almost unapproachable core of one's being.

The author convincingly supports, elaborates, and illustrates this thesis with references to philosophy, science, literature (she draws much upon the Russian novelists), and psychiatry. Her definition of shame and her distinction of shame from guilt are valid and should be useful to psychoanalysis, about which she has much to say. Her discussion of psychoanalytic theory is honest and accurate. It is clear that she writes from large knowledge, but knowledge necessarily untempered by experience of psychoanalytic practice. She, like others, seems to exaggerate the power of the analyst and to portray the analytic process as a more drastic and more arbitrary (and hence potentially dangerous) rebuilding of the patient's character than it is in practice. What is more important, however, is her rejection of psychoanalysis, which she describes as a 'compensatory' theory of personality, as an inadequate explanation of what man is. Psychoanalysis, she says, seeks to explain—for example—laughter as occurring 'when there is a redistribution of the limited fund of psychic energy so that weakness, inferiority, or aggression may be compensated for by humor'.

This explanation she naturally finds inadequate to define the rich mixture and nuance of emotion and motivation that humor can imply. The analyst may reply that his theory accurately describes the origin of humor though not (so to speak) its practice. After all, the source of our love or laughter is less important than the use we make of them: laughter may originate in fear yet be capable of expressing tenderness as well as mockery.

This question leads to a central difficulty of psychoanalysis: that what it teaches us of the origins of our moral sense, of the source of love, hate, reverence, altruism, cannot help us to evaluate the place of such qualities in human life. Freud may have shown that

the idea of God derives its form, perhaps even its existence, from our relations with our parents; but he was forced to leave undetermined the question whether God exists. Psychoanalysis, properly understood, makes no claim to solve ethical dilemmas, and analysts must avoid building upon their theory an ethical jurisdiction to which they have no right.

G. F.

THE ALCOHOL LANGUAGE. With a Selected Vocabulary. By Mark Keller and John R. Seeley. Toronto: University of Toronto Press, 1958. 32 pp.

STATISTICS OF ALCOHOL USE AND ALCOHOLISM IN CANADA 1871-1956. Compiled by Robert E. Popham and Wolfgang Schmidt, et al. Toronto: University of Toronto Press, 1958. 155 pp.

Two recent books, small but important in the field of alcoholism, have come from the Alcoholism Research Foundation of Ontario. The first, The Alcohol Language, is an eminently successful attempt to bring some long needed measure of order into the terminology of this condition of alcoholism that is now recognized as a disease entity which ranks as the fourth largest public health problem, affecting an estimated five million persons in the United States. Since so much is still unknown about the cause and treatment of alcoholism, it will require the coördinated efforts of biochemists, geneticists, neurologists, psychiatrists, psychologists, sociologists, anthropologists and others to understand it, to treat the victims, and to prevent its increase. Because of the complexity of the disease, the ambiguous terminology of the past has needed to be replaced by exact definitions of terms. Of five hundred terms found in the literature of alcohol, some sixty of the most important are carefully defined in what the authors call a 'dictionary of usage' in which the trouble-giving definitions are found as well as those considered to be more exact. Certainly this little book should be consulted frequently and thoughtfully by workers in the many scientific disciplines who need to understand each other if they wish to solve this very great problem. Until its contents have been fixed in the minds of all of us, it should be kept at one's elbow.

Statistics of Alcohol Use and Alcoholism in Canada 1871-1956 was written to answer a widespread demand for information about

alcohol and alcoholism. Since the inception of the Alcoholism Research Foundation of Ontario in 1951, requests for statistical information have come from a large variety of groups throughout Canada: temperance societies, the alcoholic beverage industries, government liquor inquiry commissions, public relations consultants, opinion survey organizations, industrial and military personnel, welfare agencies, physicians, provincial foundations, various philanthropic groups concerned with the treatment and rehabilitation of the alcoholic, research workers, teachers, alcohol information centers, and persons associated with such mass media of communication as the newspaper, magazine, radio, and television.

The statistics were obtained from official government reports of the various provinces, with calculations concerning prevalence of alcoholism based on the widely accepted Jellinek Estimation Formula. Though recent studies suggest that this formula may need to be revised partially, it is still of great practical importance and utility. Later revision may well show the same relative order in the estimates but call for much higher absolute numbers in every case. This book is recommended to students of alcoholism, whether their approach be medical or sociological.

RUTH FOX (NEW YORK)

CURRENT CONCEPTS OF POSITIVE MENTAL HEALTH. A Report to the Staff Director, Jack R. Ewalt. By Marie Jahoda. Monograph Series No. 1, Joint Commission on Mental Illness and Health. New York: Basic Books, Inc., 1958. 136 pp.

This is the first of a series of ten monographs published by the Joint Commission on Mental Illness and Health which is working toward the establishment of a Mental Health Program. Dr. Jahoda was given the task of making a review of the pertinent literature 'for the purpose of evaluating the theoretical, experimental, and empirical evidence of the psychological nature of mental health'. To define the meaning of mental health, the author has collected 'ideas' of various schools and many authors who, with different methodological approaches, have tried to define the vague concept of mental health. These concepts are discussed from the aspect of their usefulness for 'positive mental health'.

A few examples out of the multitude should be mentioned.

The ill-defined concept of self-actualization is investigated as is also Allport's unifying philosophy of life as signs of maturity which in turn are signs of mental health. Resistance to stress, considered as a principle of mental health, is summed up by Glover's formulation: 'capacity for anxiety tolerance'. Heinz Hartmann's statement that 'theoretical standards of health are usually too narrow in so far as they underestimate the great diversity of types which in practice pass as healthy' is acknowledged by Dr. Jahoda as the most cogent argument for accepting a variety of ideas about the nature of mental health. Integration of the personality is treated as a 'major category in its own right'. The author discusses at some length Hartmann's concept of adaptation; however, she neglects to mention that in his concept of health, synthesis is of equal if not greater importance.

Some authors emphasize 'problem solving' as a major criterion. Dr. Jahoda suggests that the process of going through the stages of attacking a problem, rather than finding a successful resolution, may be taken as the indicator of mental health. The traditional view that health is the absence of disease has been opposed by the idea that mental health and mental disease are qualitatively different. The author warns against introducing the 'value' approach.

Dr. Jahoda concludes her report by acknowledging that this survey has not accomplished a satisfactory clarification of positive mental health, but expresses the hope that empirical research will find the answer and 'improve the quality of living'. In the last chapter she proposes a method of putting theoretical ideas into a systematic research program. An elaborate chart is included.

Valuable as it may be for the social scientist, the book has not much to offer to the psychoanalyst. The thorough enumeration of the many authors who have tried to define the meaning of mental health is useful; but the quotations—often taken out of context—are superficial and, in some instances, open to misunderstanding.

Whether it is possible to establish a positive mental health program seems questionable. Health cannot be defined without value judgments (essentially personal or group attitudes) and cannot be divorced from them. 'Mental health' itself is a value judgment, health being better than illness. About 'physical health' there can hardly be any disagreement. The expressions used by patients and physicians speak plainly: 'good' eyes or 'bad' eyes, and

the like. 'Mental health' has multiple definitions which depend on the philosophy and the personality of different authors at different times.

YELA LOWENFELD (NEW YORK)

EUGENE O'NEILL AND THE TRAGIC TENSION. By Doris V. Falk. New Brunswick, New Jersey: Rutgers University Press, 1958. 211 pp.

This book attempts to trace a psychological pattern in O'Neill's plays which 'seems to reflect a pattern in the author's psyche'. Miss Falk studies the plays chronologically, in their sequence of conception as given by the author himself, with particular reference to his preoccupation with the 'tragic tension' of the dichotomies, good and evil, pleasure and pain, will to live and wish to die. In the plays themselves these conflicts are frequently dramatized in terms of mask versus true personality, or in terms of what Carl Jung has described as the 'persona' versus the 'self'.

Although O'Neill was familiar with Freud's writings, he seems to have had a stronger affinity for the psychic cosmology of Jung with its concepts of collective unconscious and individuation ('self-realization'). Jung's almost metaphorical statements of every man's philosophical dilemma (with or without awareness) are nowadays dealt with by psychoanalysis in terms of 'the problem of identity'. It is interesting that the author uses this term several times to describe the psychological quest of both O'Neill and his characters, but without awareness of its psychoanalytic significance. Her psychological interest turns instead toward demonstrating 'the astounding correspondence' (p. 53) between the patterns of behavior of O'Neill's heroes and Karen Horney's descriptions of neurotic types in Neurosis and Human Growth, published seven years after O'Neill had finished his last play. While the correspondence is indeed striking there is nothing to suggest that in O'Neill's playwriting there was any deeper insight into human psychological conflict than has been the common possession of mankind for centuries. It is somewhat paradoxical that Miss Falk in a discussion of the ancient sin of *hubris* (p. 140) shows her awareness of this fact, although she apparently fails to recognize that Horney's descriptions, as well as those quoted from Erich Fromm, have greater literary than scientific value.

O'Neill's unique gift of psychological insight was no greater than that of other, earlier, great playwrights, regardless of the fact that important psychological scientific discoveries occurred during his lifetime and became a part of our culture, along with a new psychologic terminology. For him these discoveries were too new: he knew them intellectually; he knew an œdipus complex when it appeared in his plays, but he tended to label it for his audience as he did for himself. One might adduce in contrast a particular play wherein the unconscious conflict is neither labeled nor, perhaps, known even to the author, but which could not have been written, much less have received such acclaim, were it not for the cultural assimilation, unconsciously, of psychoanalytic findings. I refer to Arthur Miller's Death of a Salesman, and its deeply tragic, fateful theme of unconscious homosexuality.

This book does much to explain O'Neill's personal preoccupation with the 'tragic tension'. It is a careful, scholarly work in which the plays are reviewed in detail and are correlated with the life experiences of the author. It is stimulating reading for anyone interested in the application of psychoanalysis to the arts.

WILLIAM G. BARRETT (SAN FRANCISCO)

ART THERAPY IN A CHILDREN'S COMMUNITY. By Edith Kramer. Introduction by Viola W. Bernard, M.D. Springfield, Illinois: Charles C Thomas, 1958. 238 pp.

This is a well-presented, stimulating book in which the author gives new insight into the process of art therapy by linking psychoanalytic knowledge with her ability as an artist. The author describes the art therapy program at Wiltwyck School, an interracial, nonsectarian residential treatment home for emotionally disturbed and delinquent boys between the ages of eight and thirteen. They remain at the school up to three years.

The program includes all the pupils, which gives opportunity for continuous mutual stimulation toward imaginative expression. This eases communication and mutual identification between child and therapist as well as among the children. The destructive, negativistic child, unable to trust anyone, finds a potential for expressing his slowly and gradually emerging self in a new medium. In this way painting assumes a function comparable to play in early childhood. This new kind of pleasure through development of new skills

stimulates further growth and self-acceptance which leads to a greater capacity for relationships.

Art therapy is presented as an effective tool in helping disturbed youngsters, but it is not romanticized. There is a healthy disbelief that self-expression cures everything and there are sensitive and sober observations exemplifying this. For instance, a boy who after a fight with a bully came beaten and sobbing to the art shop and, prompted by the therapist, painted himself in the scene he had just experienced, was not relieved of the spell of masochism and rage he felt.

Miss Kramer has a refreshing willingness to cite her own mistakes that the reader can learn from them. Art therapy in a children's community is an honest contribution toward the integration of psychoanalytic insight, the skills of the artist and the educator.

LILI PELLER (NEW YORK)

PRELOGICAL EXPERIENCE. AN INQUIRY INTO DREAMS AND OTHER CREATIVE PROCESSES. By Edward S. Tauber, M.D. and Maurice R. Green, M.D. New York: Basic Books, Inc., 1959. 196 pp.

It is not quite clear for whom this book is written. There is some nagging peripheral criticism of Freud's dream interpretation, but no penetrating struggle with the deeper issues of psychoanalytic technique. The authors state, '. . . it is our intention now to re-examine something of the foundations of symbolic theory and to consider the possibilities of a more effective approach in this field. Specifically, we shall explore aspects of symbolism in relation to the vast continuum of more or less diffuse referential processes that operate at the margin of awareness and come to the edge of focal attention rather than being divulged through the logical formulations of the conscious mind.' This leads into a formulation of '. . . the human paradox of separateness and togetherness'. Perhaps the most hopeful idea in this book is the authors' thesis that dreams and other prelogical experiences indicate that men know intuitively more about the unconscious than they recognize. For this reason men are more creative than they usually take credit for. The authors also advocate 'free interchange and interaction' in psychotherapy; they do not succeed too well in establishing such communication with their readers.

MARTIN GROTJAHN (BEVERLY HILLS)

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ABSTRACTS

International Journal of Psychoanalysis. XXXIX, 1958.

Ernest Jones. D. W. Winnicott. Pp. 298-304.

Winnicott reviews the achievements, professional and personal, of Dr. Ernest Jones.

Ernest Jones: His Contribution to Psychoanalytic Theory. Elizabeth R. Zetzel. Pp. 311-318.

Zetzel discusses the late Dr. Jones's contribution in many areas of psychoanalysis and the psychoanalytic movement, with special emphasis on his role in interpreting Freud's works to English and American audiences. She reviews his original contributions and observations: his study of normal phenomena from a dynamic point of view in his paper, Rationalization in Everyday Life; his continued emphasis on the central position of the dynamic repressed unconscious, and how we infer it from dreams, symbols, and the psychopathology of everyday life; his extension of Freud's early observations on character with a description of the large number of transformations of anal eroticism; his description of the superficially well-adjusted narcissistic character in his paper, The God Complex, a year before the publication of Freud's paper, On Narcissism; his elucidation of symbolism and his insistence that symbols, as defined psychoanalytically, express a constant relation between the symbol and the symbolized object; his definition in 1911 of anxiety as an internal danger situation; the fact that anxiety is a biological response to the danger of repressed incestuous wishes; the role of aggression in primitive mental life and its contribution to the structure and function of the superego; his insistence that women are not injured men and that penis envy is basically a regressive phenomenon; his explanation of the hierarchic organization of affects, and of how they can act as defenses against each other; and his de-emphasis of environmental influences in the development of the superego while insisting on their very important role in mental life. This summary emphasizes his many scientific and theoretical contributions. In his last years he completed his lifelong survey of Freud's contributions in his memorable biography.

Joseph Breuer's Evaluation of His Contribution to Psychoanalysis. Paul F. Cranefield. Pp. 319-322.

Cranefield publishes a letter dated November 21, 1907 from Joseph Breuer to Auguste Forel. Breuer delineates his role in the discovery of psychoanalysis. The observations which Freud credits to Breuer are those which Breuer claims for himself. It is also evident from the letter that Breuer did not believe it possible to treat hysteria without special skills and training. He credits himself with discovering the pathogenic significance of unconscious ideas and of realizing the importance of 'hypnoid states' and the disappearance of symptoms when unconscious ideas become conscious. He also takes credit for 'analytic therapy' by which, however, he does not mean the use of free association.

Freud's Death Instinct and the Second Law of Thermodynamics. Leon J. Saul. Pp. 323-325.

Saul states that the concept of the death instinct is in keeping with the Second Law of Thermodynamics. Both deal with the gradual return to a condition of equilibrium, which is an irreversible process.

Freud the Translator: Some Contacts With Philosophy. Andrew S. Watson. Pp. 326-327.

Freud undertook the translation into German of several essays written by John Stuart Mill. Mill had been a student of Bentham. It is thus possible that Bentham's ideas indirectly influenced Freud. Bentham's philosophical ideas included the governing of man's behavior by pain and pleasure and a principle of utility which has some similarities to the reality principle. He described the sources of pain and pleasure, discussed levels of consciousness, believed that every action has several sources, and outlined the various manifestations of emotions. The author also states that Freud, during his work of translation, may have become aware of the philosophy of Sir William Hamilton who had written about three levels of consciousness and about memory.

The Three Areas of the Mind. Theoretical Considerations. Michael Balint. Pp. 328-340.

Balint discusses the question of therapeutic failures in analysis, especially those referable to difficulties inherent in the illness or the personality of the patient, and those attendant on a failure to adapt adequately therapeutic skill to the qualities of the case. He discusses the parts of the patient's mental apparatus 'influenced' by the therapeutic process. In some patients the superego should be 'changed', but Balint asks how one rids the patient of old introjections, identifications, and idealizations. How does one make the ego stronger? How are the drives influenced? How does fusion of aggression occur through object relations? What kind of object relation promotes such fusion? These questions are not as yet answered, and therefore do not help in accounting for therapeutic failure. Especially in patients fixated at the 'pregenital' level serious problems of communication occur, because in these patients an interpretation may not be experienced as such. Balint contrasts the nature of the relationship of a patient fixated at the œdipal level, and its attendant conflicts, with the kind of relationship, dynamic forces, and essentially preverbal level that pregenitally fixated patients manifest. It follows that such patients experience interpretations and communications in an entirely different way from those patients whose conflicts and fixations are predominantly at the phallic level.

On Hallucination. W. R. Bion. Pp. 341-349.

Hallucinations reported by a psychotic patient may mean that an external object has been perceived or that an object is ejected by the sensory modality involved.

The Nature of the Child's Tie to His Mother. John Bowlby. Pp. 350-373.

Bowlby reviews the nature and dynamics of the first object relationship. Of the theories that have been brought forward he favors two: an innate need to be in touch with and cling to the mother, and a need to relate to the breast, to suck, and to possess it orally. There is evidence that the child has a need to be smiled at, picked up, and talked to. Bowlby presents evidence that sucking, clinging, following, crying, and smiling are instinctual motor responses equivalent to the instinctual responses described by ethologists. Observations of human beings and experiments on the higher primates suggest that clinging is independent of oral behavior. The infant's cry is due not only to hunger but also to other releasing stimuli. These instinctual patterns are evoked or suppressed under certain conditions. Clinging is already present at birth and is expressed with great tenacity especially in a setting of separation or at bedtime. It is manifest also in relation to transitional objects.

On the Nature and Aims of Psychoanalytical Treatment. W. Ronald D. Fairbairn. Pp. 374-385.

Fairbairn reviews briefly his theory of personality. He does not believe that psychoanalytic treatment of adults is really an education nor that patients are really interested in exploring their personalities. It follows from his theory that a patient's disability stems from unsatisfactory and unsatisfying object relations in childhood, the memory of which relations persists in 'inner reality'. The aim of therapy must be to set right these earlier relations; this aim can be promoted by having the patient sit in a chair rather than lie on a couch with the therapist out of sight. The author believes that it is not only the transference relation but also the total continuing relation between patient and analyst that is therapeutically important. The original ego is split by hatred of the original object and the aim of treatment is to promote a resynthesis of the split ego. The major resistance in treatment results from the fact that aggression has been internalized and remains unexpressed in order to protect the object. Psychoanalytic therapy must attempt to externalize this aggression and make the patient's inner world accessible to outer reality.

Clinical Thought Reading. W. S. Inman. Pp. 386-396.

Inman reports a number of instances in which he predicted the circumstances surrounding the onset of physical illness or the occurrence of death. He did so on the basis of the relation of these events to a significant emotional experience. The onset of illness and the occurrence of death may correspond to anniversaries of another's illness or death.

Analysis of a Patient With a 'Split Personality'. Hannah Ries. Pp. 397-407.

A psychotic young woman saw herself divided in two. One part consisted of all her drive derivatives, and the other part was an extremely loving, feminine, and shy person. These two parts remained unintegrated in her.

An Enquiry into the Function of Words in the Psychoanalytical Situation. Charles Rycroft. Pp. 408-416.

Rycroft reviews some of the differences between words as symbols and symbols as used and defined in psychoanalysis. Words as symbols are conventions learned from another person within an object relationship. Learning them implies that there has been some recognition of the object as separate from the self. The therapeutic situation in psychoanalysis has both verbal and nonverbal aspects. Words have power in psychoanalytic therapy to alter the patient's perception and awareness of himself. Moreover each interpretation carries with it a number of implications, for example, that the analyst is interested in his patient and that the patient believes that (in spite of his own 'forbidden' thoughts) his capacity for growth and realization is of primary importance to the analyst. How the analyst's words are perceived by the patient is, of course, highly individual, —they may be perceived as a boon or as an attack. The patient may express various drive derivatives by speech and endow the analyst's speech with identical or complementary meanings. Interpretations also evoke associated images. Apparent verbal understanding on the part of the patient may actually mask a failure of communication between patient and analyst.

The Capacity To Be Alone. D. W. Winnicott. Pp. 416-420.

The capacity to be alone in contrast to the wish or fear to be alone is an important sign of maturity. In some patients, toward the end of analysis, silence on the patient's part may be an achievement rather than a resistance. The prototype of the capacity to be alone is the infant's experience of being alone while the mother is present. In the adult, the wish to be alone with another is particularly shown in the shared solitude of two partners after intercourse. The necessary conditions for the capacity to deal with feelings originally aroused by the primal scene are a good 'internal object', a requisite degree of ego development and maturation, and establishment of the concept of 'I', as well as repeated experiences in childhood of drive derivatives tolerated by an adult. These derivatives would not be tolerated by the child itself when alone.

Psychoanalysis in Relation to Social, Religious, and Natural Forces. Marie Bonaparte. Pp. 513-515.

The social climate in which analysis is accepted and can flourish is nonauthoritarian; in it there is both religious and political freedom of thought. Even in the United States where psychoanalysis has taken firmest root, it is still subject to organized medicine. The main teaching of psychoanalysis is tolerance for and liberty for the sexual instincts, and it seeks to adjust man to the reality of death. The social environment must provide an atmosphere of acceptance of these teachings.

The Precedipal Attachment to the Mother. A Clinical Study. A. H. Gottesman. Pp. 516-524.

Gottesman illustrates a vicissitude of the precedipal attachment of a girl to her mother by the analysis of a married woman in her thirties. The effect of a

highly disturbed relation between mother and child is reconstructed. The child was, or thought she was, deprived; she believed that all her libidinal strivings were thwarted, and this caused serious aggressive conflicts. The paper in fact describes the outcome of a sadomasochistic relation between mother and child.

Castrophilia as a Character Neurosis. John Arnold Lindon. Pp. 525-534.

The patient was a thirty-nine-year-old man who all his life had let himself be cheated, humiliated, and hurt by others, and who enacted a secret wish to castrate himself in order to avoid castration which he feared. He was deprived in his childhood, identified himself with three younger sisters, and was afraid of a seductive mother whom in fantasy he held responsible for the sex of her daughters. He compared himself unfavorably to his father and identified himself with his father who in his fantasy was castrated by the mother.

A Feminine Moses. A Bridge Between Childhood Identification and Adult Identity. Albert J. Lubin. Pp. 535-546.

A gracious, bountiful, proud woman, the wife of a rabbi, after disillusionment with her husband and an attempt at seduction by another man developed attacks of severe anxiety on top of a mountain. In analysis it was possible to trace her adult identity as the integration of an adolescent identification with the prophet Moses. The genesis of this superego identification is traced through the vicissitude of her childhood experiences, previous identifications, and the social and religious climate in which she was reared.

Mutual Adaptation in Various Object Relationships. Peter L. Giovacchini. Pp. 547-554.

Certain patients by their actions complement each other in ways crucial to the general adjustment (rather than adaptation) of the partners. This may be especially true in overt homosexual relationships, destruction of which may lead to symptoms in one or the other partner. In another form of mutual adjustment, one partner derives gratifications from the acting out of the other, encourages and in fantasy shares in the acting out. Others may be drawn together in antisocial relationship because of very similar conflicts and character structure which result from and are ways of adjusting to the conflicts previously created by a hated parent. Marital partners may have the same symptoms, they may use similar or complementary defenses. The choice of object may be determined by the attempt at mastery of a traumatic relation of mother and child.

Character, Trauma, and Sensory Perception. William F. Murphy. Pp. 555-568.

Murphy discusses the importance of sensory stimulation for ego development. Proper ego development depends in part on sensory 'input'. It is of interest that certain classes of patients 'use' preferential sensory inputs: in hysterical patients vision predominates, in paranoid patients, hearing. The predominant or preferred perceptual channel may determine what childhood situation is traumatic, thus drawing it into conflict. In the analytic situation we may study the increased responses to certain sensory modalities when specific conflicts are mobilized. Both drives and defenses may be expressed through these preferred channels.

Positive Feelings in the Relationship Between the Schizophrenic and His Mother. Harold F. Searles. Pp. 569-586.

Searles believes there has been too much emphasis on mutual hostility in the relation of the schizophrenic patient and his mother. Study of the patient, the patient's mother, and the transference leads the author to conclude that the schizophrenic illness may be seen as 'the child's loving sacrifice of its very individuality for the welfare of the mother who is loved genuinely and with wholehearted adoration'. However, these feelings are not expressed or denied. The mother fears expression of her loving feelings as does the child, who either denies or expresses love in unconventional ways.

The Function of Moral Masochism: With Special Reference to the Defense Processes. Charles W. Socarides. Pp. 587-597.

Moral masochism like all other aspects of human behavior is overdetermined. The author writes particularly of the genetic, dynamic, and adaptive aspects of moral masochism, with case illustrations. The future masochist has been deprived of loving care in infancy. This results in severe conflicts about aggression, intense imperative cravings for love and care, and 'fear of abandonment'. Pain becomes a source of pleasure. When later such a person does not receive love and reassurance he resorts to self-punishment in order to relieve himself of guilt over his aggression. He provokes others to punish him; by self-punishment he indicates to others that he is harmless and good so that they will love him and that he is worthy of this love. The chief defenses that he employs are denial, introjection, projection, and reaction-formation. Socarides discusses in detail a painter who also danced and amused audiences in order to win atttention and admiration and to reassure herself that she was not poisonous to others, as well as to give her a sense of invulnerability.

Psychoanalytic Training. A Sociopsychological Analysis of Its History and Present Status. Thomas S. Szasz. Pp. 598-613.

The author traces the progressive formalization of psychoanalytic training in institutes. He believes that there has occurred a concurrent rise of manifestations of power, coercion, and authoritarianism on the part of training institutions, the inevitable concomitants of such institutionalization, which inhibit learning and scientific exploration by the candidate in training.

HERBERT WEINER

Journal of the American Psychoanalytic Association. IV, 1956.

Dreams, Images, and Perception. Charles Fisher. Pp. 5-48.

Preconscious perception is demonstrated experimentally by Fisher by showing correspondences between conscious image formation and pictures previously exposed for durations below the threshold for conscious perception. Images were drawn immediately or up to seventy-two hours after exposure of the subject to the pictures. Many of the images showing correspondences also showed distortions and transformations such as are produced by dream work and the primary process. Identical images sometimes appeared in later dreams.

These findings indicate that transformations and distortions take place rapidly and soon after the percept (thus modifying Freud's view that they occur during sleep); they confirm the fluid transition of primary and secondary processes, and the invasion of conscious imagery by unconscious wishes. Perception is described as a complex process of which only the final phases become conscious.

The Problem of Ego Identity. Erik Homburger Erikson. Pp. 56-121.

Continuing from earlier thoughts Erikson deals here in a new and broad way with the reciprocal interaction of ego and environment. He points out that ego identity is more than the sum of previous identifications; it is actually a new synthesis. He is aware of the earlier need to consider the individual in a kind of isolation, but stresses that an individual ego could not exist without a specifically human environment; yet its development also depends on a potential within the individual for growth in stages. He extends Hartmann's concept of the infant as born 'preadapted to an average expectable environment' to a preadaptedness for a chain of expectable environments. For the individual these stages occur sequentially as psychosocial crises, with a potential for growth in each. Their outcome depends on the outcome of previous development and upon the social institutions aimed at helping to solve the crisis. Hartmann, Kris, and Loewenstein suggest describing cultural conditions according to how they inhibit or invite conflict-free ego functions. Erikson goes beyond this to say that there is a systematic effort by older egos to meet the phase-specific synthetic needs of growing individuals.

In this paper his emphasis is on one of these phase-specific psychosocial crises, the full development of ego identity. This crisis is specific for adolescence. There is necessity for a new synthesis of previous adaptations and identifications in correlation with the current situation and future possibilities (for example, in regard to intimacy versus isolation, or to sexual identification versus sexual diffusion). Various social institutions interact with this synthesis and are aimed at helping to solve the crisis; these include a psychosocial moratorium during adolescence allowing time for role experimentation; various ideologies (simplified views of life) which encourage investment of energy and identification with a group; and gradual acceptance by society of the identity formation of the individual. Various difficulties may also lead to identity diffusion or formation of negative identities.

Erikson discusses points of coincidence with ego psychology and other problems. He illustrates his exposition very aptly with a consideration of George Bernard Shaw, various 'borderline' patients, and the kibbutz movement in Israel.

On the Experiences of the Analyst in the Psychoanalytic Situation. Thomas S. Szasz. Pp. 197-223.

The analyst's legitimate gratifications have been little studied but are important for a complete understanding of the two-person psychoanalytic relationship. Szasz agrees with Sharpe's list, and adds pleasure derived from 1, doing useful work, 2, being needed, 3, mastery of conflicts in human relations, and 4, contact with patients as a protection against loneliness. The total is probably unique and differentiates the analytic situation from other similar two-person situations.

The resistance to recognition of such gratifications is traced to the infant's belief that the parents exist only for its pleasure, and to the parents' emphasis on giving and not receiving. In adults this attitude is continued by needs for simplified explanations of giving and receiving, and by wishes for self-aggrandizement. A later childhood stage is the belief that the parents are entirely selfish. A third stage would be the achievement of a genuine notion of mutuality. This Szasz relates to views of the analytic situation: of transference with its emphasis on the child's receiving all; of countertransference with its emphasis on the adult's gratification; and the recognition of mutuality.

Countertransference. Lucia E. Tower. Pp. 224-255.

Tower suggests that countertransference reactions are present for shorter or longer periods in any analysis, and that these are usually well-defined enough to be considered 'countertransference neurosis'. This may be and usually is minor compared to the total treatment situation; yet it is probably very important for two reasons: it may be necessary for the patient to know (unconsciously) that he has been able to make some change in the analyst; and, to cope with the particular patient's transference resistance, a sufficient expansion of ego integrative powers in the analyst may be possible only through interaction of unconscious countertransferences and ego-adaptive responses.

Tower notes group rigidity and resistance to consideration of countertransference, many forbidding references to it, and yet the paradoxical recognition that the unconscious is never eliminated, nor is it subject to conscious control although it can be investigated and brought to awareness.

Countertransference: Comments on Its Varying Role in the Analytic Situation. René A. Spitz. Pp. 256-265.

Spitz affirms that it is not useful, and is highly undesirable, for a countertransference neurosis to occur. In agreement with Annie Reich who stated 'countertransference is a necessary prerequisite of analysis', he defines countertransference broadly and says that it may be manifested in this sublimated form or, undesirably, in the form of id derivatives or as the crude expression of a drive. The rule of abstinence operates for the analyst as well as for the patient. Affects and fantasies which arise should be analyzed; regression controlled by the ego should replace acting out. Derivatives with the compelling nature of a neurosis make understanding impossible.

Careless use of the term countertransference often leads to misunderstanding; it properly refers to an unconscious process but is often used incorrectly to mean the conscious derivatives. Proper use of countertransference involves noting and analyzing derivatives in oneself, after which one makes transitory identification of oneself with those processes in the patient that provoke the unconscious process in oneself.

Will and Psychoanalysis. Allen Wheelis. Pp. 285-303.

From the chain of causality leading to character change, Wheelis abstracts the following elements: *conflict* to insight, *insight* to will, *will* to action, *action* to *character change*. Will is as fully determined as any other mental function. He

differentiates an intentional act (conflict-free area of the ego) from will, defined as a product of conflict, drive motivated, and consisting of ego sanctioning and ego re-enforcing of a vector drive. This is a compromise formation which allows partial fulfilment and requires partial renunciation. Will and insight must both be present for character change. Where insight is distorted in a fixed way, will may be put into the service of a false insight. Where will is not variable but has developed to a normal state, insight is the relevant mutative factor; but where will is inhibited or not developed, no amount of insight will lead to character change.

All this is not confined to the analytic situation. However, 'as a technique of treatment . . . focus on insight is appropriate and is the distinguishing feature of psychoanalysis'. But it is not appropriate to exclude will from the body of psychoanalytic theory. Wheelis also warns against attitudes in the analyst that tend to weaken will in the patient. Will is often used by the patient for resistance, yet it is nonetheless important to distinguish this resistance from use of will to solve a conflict that has become clear.

A Clinical Note on the Therapeutic Use of a Quasi-Religious Experience. Rudolf Ekstein. Pp. 304-313.

Upon entry into therapy a thirteen-year-old girl substituted a quasi-religious experience for essential fantasies which had been encroaching severely on reality. The religious experience was a device for maintaining distance from the therapist, warding off direct transference manifestations, and maintaining her fantasies while they were necessary. The therapist was able to talk in terms of the experience and not to intrude directly before the patient was ready for it. Over a two-year period the patient was gradually able to renounce this device as the threat of ego regression receded.

Toward the Biology of the Depressive Constellation. Therese F. Benedek. Pp. 389-427.

This paper seeks to establish the existence of a universal 'depressive constellation'. This is based on a psychobiological interaction around alimentation. With the establishment of some degree of 'I' and 'not I' (itself based on perceiving need within the self and gratification from without), gratification leads to the equation good mother equals good child. When frustration occurs there is regression, loss of the ego and of the self, depletion of libido, and occurrence of diffuse aggression. With re-establishment of the ego, aggression is projected onto the mother, she becomes 'bad' mother, and with return of the libidinal cathexis the aggression is introjected and becomes 'bad' mother equals 'bad' self. This is the depressive core. This relationship between mother and child is a symbiotic one since the mother experiences a regression to her own receptive alimentary level with the various phases of procreation. Generally the mother transforms this into motherliness, but needs to receive unconsciously from the child,—she needs to receive assurance that this is a 'good' happy child and thus that she is a 'good' mother. If not, the mother's aggression comes to the fore and the child is identified as herself: as a 'bad' child and as her 'bad' mother. This intensifies the depressive constellation in the child. This depressive constellation

has a broader meaning than simply 'leading to depression'. It is also important in other aspects of formation of personality.

Spontaneous and Experimentally Induced Depressions in an Infant With a Gastric Fistula. George L. Engel and Franz Reichsman. Pp. 428-452.

This paper presents theoretical implications of the study of a hospitalized fifteen-month-old infant. Atresia of the esophagus and creation of a fistula for feeding led to deterioration of the relationship of mother and child. Marasmus and depression resulted. Good object relations developed in the hospital. After this a reaction of depression and withdrawal could be elicited at will by confronting the child with a stranger. The authors look for basic biological patterns which are the *Anlagen* of psychological depression. One pattern is considered to be the reduction of activity and husbanding of energy when confronted by the threat of exhaustion. This can become an ego pattern and is considered a signal function similar to anxiety. This is activated and heightened by repeated disappointments in the symbiotic relationship with the mother. A second basic pattern for depression is based on Benedek's concept of the 'depressive core', with its biological source in alimentation.

Vicissitudes of Female Sexuality. Judith S. Kestenberg. Pp. 453-476.

The essential point of this paper is that in infancy and childhood sexual tensions do arise from the vagina but without an awareness of the vagina; that is to say, without organ representation. This produces desires for gratification which cannot be adequately dealt with and which remain vague and yet pressing. Kestenberg describes reactions to this at various developmental stages and traces effects on object relations and on the cathexis of other organs. She includes two stages not ordinarily listed. The first is between the anal and phallic stages and is called the early maternal stage. The girl projects her vaginal sensations upon the baby (actually a baby doll) in an attempt to master these sensations through something external. This contributes greatly to the development of maternal ability and to the later acceptance of the organ (the vagina) when it becomes fully represented. The other phase is a part of the phallic phase called the projection phase. Here the whole genital region is rejected and the sensations are projected onto men, who are regarded as evil while the girl is pure. In conclusion, Kestenberg suggests that the various aspects of this complex development are not merely potentially pathological but are necessary for the full development of feminine, maternal women.

An Attempt to Quantify Emotional Forces Using Manifest Dreams; A Preliminary Study. Leon Saul and Edith Sheppard. Pp. 486-502.

The authors were led to an attempt to quantify hostility by their observation that hypertensives have a higher than normal degree of hostility. A scale for rating the hostility in a manifest dream was devised and comparison made between hypertensives and normals. The results confirmed the clinical impression. In discussing the conceptual approach the authors ask 'what is measured?'. They compare it to a microscope which focuses on a certain level of tissues

under the lens. They feel that such a method 'should prove a useful adjunct to psychoanalytic science and therapy'.

Freud Centenary Celebration of the American Psychoanalytic Association. Pp. 582-643.

The main part of this issue is devoted to the Freud Centenary Celebration in the hope of retaining the spirit of the celebration and the deep impression made on all of the great scope of Freud's work, and the great breadth of the man. The celebration began with opening remarks by Dr. Maxwell Gitelson, President of the American Psychoanalytic Association, and by Dr. Bertram D. Lewin, Chairman of the Freud Centenary Committee. The Freud Centenary exhibit included many of Freud's original manuscripts and documents; exhibits to show the very widespread effect of his ideas on the world; all known 'Works of Art Portraying Freud'; and many exhibits concerning his life and his personal interests. The many who made this Freud Centenary possible are given credit.

Dr. Robert Waelder, speaking on Freud and the History of Science, described the longstanding separation between science and the humanities, and how Freud bridged this separation. Dr. Karl Menninger, discussing Freud and American psychiatry, spoke of the interaction between psychoanalysis and the thinking of some American psychiatrists; psychoanalysis produced a spirit of interest and hopefulness in understanding and treating mental illness. Dr. Ernest Jones spoke on Our Attitude Toward Greatness, saying that Freud's great scientific achievement is unique, not only because of its subject matter but also in its loneliness and in the greatness of the resistance it aroused. Jones delineates the general qualities of greatness which Freud met so well, and then defines our attitudes toward greatness and some of the pitfalls related to it.

The many other Freud Centenary celebrations held throughout the world are listed, and those at London, Frankfurt, and Berlin are described in some detail.

A Letter by Sigmund Freud with Recollections of His Adolescence. Martin Grotjahn. Pp. 644-652.

Sigmund Freud and Heinrich Braun (the subject of the letter) were close friends during Freud's adolescence. After Braun's death many years later his widow wrote asking what Freud remembered about his former friend. Freud's reply not only reveals some details of his adolescence but also casts very interesting light on Freud's motives in acquiring the house at Berggasse 19 in which he lived for so many years.

The Personal Myth. A Problem in Psychoanalytic Technique. Ernst Kris. Pp. 653-681.

Distorted autobiographical memories in some patients show a well-knit structure which exceeds the usual gaps and distortions; the whole structure functions as a protective screen and at the same time the patient lives it out. Only after omissions and distortions have been corrected can the repressed be regained. The special type of resistance apparent clinically is the certainty that things could not have been different. Kris details this with three case histories, and notes

various common denominators which he deals with more fully in his discussion. Dynamically this screen functions both as a solid defense (primarily against aspects of the œdipal conflict) and as a derivative of pleasurable œdipal fantasies. The dynamic and developmental conditions favoring this defense are found to be a relatively undisturbed preœdipal period (usually with specific satisfactions), followed by traumatic experiences during the œdipal phase, repeated later during development. This occurs with a character structure rather anal in nature. In childhood there occurred premature ego development, early internalization of restrictions, and a flourishing fantasy life. These fantasies become connected with the family romance and are elaborated into this autobiographical distortion, the personal myth. Kris then takes up aspects of memory especially related to these cases. He shows that various aspects of memory have different degrees of ego autonomy. Autobiographical memory has very low autonomy, and can be altered by conflicts, especially when the need for a past becomes pressing, as in adolescence.

JOHN P. WITT

Bulletin of the Philadelphia Association for Psychoanalysis. IX, 1959.

The Role of a Birth Injury in a Patient's Character Development and His Neurosis. Elizabeth A. Bremer Kaplan. Pp. 1-18.

A patient in analysis had had right-sided paresis since birth. From the beginning of his analysis two character traits were especially prominent,—passivity and a persistent wish to please and placate the analyst. These traits were found to be closely associated with his birth injury, his parents' attempts to handle the problems imposed by the deformity, and his own reactions to these circumstances. The patient thought himself different from his father and tended to identify himself with his mother. He developed excessive castration fears: masculinity for him was dangerous both with men and women. The patient's chief defense was projection. His passivity proved to be an expression of aggression and a desire to punish his parents.

Physiotherapy had produced remarkable results for this patient, whereas insufficient attention to his psychological needs had permitted severe emotional crippling with constriction of ego and lack of sublimation. Analysis enabled the patient to diminish his pathological defenses and thereby to achieve a greater degree of independence and to assume a more masculine role.

There are few psychoanalytic case reports on patients with physical handicaps, especially birth injuries. Analysis of such handicapped individuals may contribute significantly to ego psychology.

EDWIN F. ALSTON

Bulletin of the Menninger Clinic. XXIII, 1959.

Some Biological Considerations on the Problem of Mental Illness. Ludwig von Bertalanffy. Pp. 41-51.

Mental illness is a systemic disease and the mental apparatus can be disturbed to varying degrees in numerous areas. In contrast to the classical stimulus-

response model of behavior, von Bertalanffy emphasizes the living organism as an active system rather than a resting one. The organism, besides maintaining equilibrium and gratifying needs, is creative.

Man is unique in using not only biological and physiological, but also symbolic, processes. Experiences in World War II indicate that it was not biological stress but stress at the symbolic level that led to an increase in mental disorders. Absence of stimulation as well as stress is pathogenic, as indicated by psychosis in an isolation chamber and prisoners' psychoses. In schizophrenia there is deterioration, but also an attempt at reconstruction. The basic symptoms of schizophrenia, a human disease, are dependent on symbolic activity. Considering mental illness as a unitary system, the concept of activity of the psychophysical organism and the recognition of the role of symbols offers a framework for new investigations of psychic phenomena.

STANLEY OSHER

Community Reactions to a Horrifying Event. George W. Arndt. Pp. 106-111.

Arndt discusses some of the conscious and unconscious reactions of the citizens of Wisconsin to the discovery of a series of murders, grave robberies, and body butchering performed by a middle-aged bachelor recluse farmer. Many persons were able to repress and then release their horror through a compulsive repetition of grim humor. The humor could be divided roughly into three categories: 1, cannibalism ('He used the cremated ashes of his victims to make instant people.'); 2, sexual perversion ('As a hearse went by he said, "Dig you later, baby".'); and, 3, cannibalism and sexual perversion ('They could never keep him in jail–he'd just draw a picture of a woman on the wall and eat his way out.'). The children in the community also joked about the gruesome event (caroling during the Christmas holidays, 'Deck the halls with limbs of Mollie'), and much of their joking showed evidence of their recent œdipal struggles. Apparently unable to overcome through humor and other devices their deep-rooted, unconscious taboos against cannibalistic impulses, some citizens developed gastrointestinal symptoms of an 'organ language' type. Identification with the group and common sanction of the aggressive humor, however, allowed most persons a salutary release.

DAVID W. ALLEN

Historical Mindedness in Medicine. J. Christian Bay. Pp. 121-130.

The Librarian Emeritus of the John Crerar Library, Chicago, stresses the value for the physician of 'historical mindedness'. Such an attitude gives us information and–what is of greater value–increased sense of continuity with the past. An awareness of the genesis of scientific and philosophical thought throughout the ages provides the physician with a greater appreciation of his relation to his work, his patients, and the problems of his patients and practice as part of his culture rather than as isolated mechanical problems of diagnosis and treatment.

A Note on Breuer's Hypnoidal Theory of Neurosis. Philip S. Holzman. Pp. 144-147.

Holzman remarks on the close resemblance between the theoretical results of the experimental work of Poetzl, Fisher, Shevron and Luborsky, and Klein and his associates on subliminal and peripheral stimulation and its possible relation to the indifferent impressions or day residues found in dreams. Dreams, hypnosis, hypnagogic states, and the effects of mescaline seem to enable incidental impressions to be re-experienced with considerable intensity. The suggestion by Breuer that stimuli registered during these hypnoid states undergo a fate different from that of stimuli registered during full consciousness bears a startling similarity to the theories of subliminal perception.

Ego Autonomy in Psychiatric Practice. Seymour Boorstein. Pp. 148-156.

Rapaport's theory of ego autonomy describes id, ego, and environment in equilibrium with each other. Boorstein suggests a program of treatment for regressed schizophrenic patients on a woman's ward based on this theory. By manipulation of the environment the author attempts to reduce the pressure on the ego from the id impulse; he works differently from Lilly and Hebb who by reduction of external stimuli caused a change in the relations between ego and id, producing psychoticlike states. Adequate stimulation is necessary to maintain ego autonomy. This program of industrial and occupational therapy was successful in re-establishing more adequate autonomous ego states in his patients. Good results were obtained after several months of this regime. These gains were maintained. However, the theory of treatment and Rapaport's hypothesis are of such different nature, and there are so many variables, that the problem seems to have been oversimplified.

JOSEPH P. GUTSTADT

American Journal of Orthopsychiatry. XXVII, 1957.

Present-Day Society and the Adolescent. George E. Gardner. Pp. 508-517.

Many of the problems in adolescence are stimulated by a specific culture factor. This factor is the lack of respect that the particular culture has for the individual as to both his life and his freedom. Apparently Gardner considers this to exist today because of our society's tacit approval of violent aggression, as demonstrated, for example, by television programs, and also because of our general brutalization by acts of war. The individual tends to react to these factors either by succumbing neurotically to his fears or by giving unbridled license to his aggressive impulses.

When the Childhood Schizophrenic Grows Up. Alfred M. Freedman and Lauretta Bender. Pp. 553-565.

In 1952 Bender and Freedman presented a statistical study of a large number of schizophrenic children who had grown to adulthood. The present paper contains clinical descriptions of six adults earlier diagnosed as having childhood

schizophrenia. All were clearly schizophrenic, but five were not hospitalized at the time of the study. During adolescence there were periods of remission. The discussion by Annemarie Weil reflects her opinion that once a child is schizophrenic it is always schizophrenic. She further comments that in handling such patients in adolescence one must be very cautious and conservative in approach and respect their fragile defenses.

Childhood Schizophrenia—Treatment of Children and Parents. Irving Kaufman, Eleanor Rosenblum, Lora Heims, and Lee Willer. Pp. 683-690.

From experience in prolonged intensive treatment of thirty-eight psychotic children and their parents at the Judge Baker Guidance Center, the authors offer hypotheses regarding the cause of childhood schizophrenia. Most of the parents had 'as if' personalities. At birth the child became involved in the anxieties and defensive structures of the parents, who could not recognize that the child had a separate identity. Anxiety over having a child was experienced by the parents as anxiety over some highly cathected part of the parent's self, with which the child was then identified. The child was then confined within the limits of this fragmented identity. The authors believe this to be the cause of the schizophrenic reaction in the child, who is caught in an ambivalent position and responds to the primitive anxieties of the parents while reacting to their unconscious death wishes. The child's alternate panic and blocking out of stimuli is its way of attempting to relieve tension, perhaps because the parents did not act as an adequate stimulus barrier in their role as auxiliary ego for the child. The psychotic child's behavior, no matter how bizarre, has meaning. The therapists were more active in treatment than is usual with neurotic children in order to overcome the child's fear of annihilation and to set definite limits. Eventually the child incorporated the therapist's ego and repeated with him patterns of behavior established with the parents. Identification with the therapist was the beginning of evolution of the patient's identity. However, this can only occur after the parents have been able to relinquish their pathologic tie to the child. The authors make no mention of constitutional factors or of the distinction between symbiotic and autistic psychosis.

The Fathers of Autistic Children. Leon Eisenberg. Pp. 715-724.

Of one hundred fathers of autistic children, eighty-five were found to be obsessive, detached, and humorless individuals, perfectionistic to extreme and with remarkable lack of empathy for, and sensitivity to, the feelings of others. Fifteen of the fathers were described as warm, generous, and devoted and in four of the families neither parent exhibited obvious psychopathology. These fathers of autistic children reared an equal number of normal offspring. There was a total absence of overt psychosis among the fathers although one was alcoholic and another had exhibited an acute anxiety neurosis. Eisenberg believes that these facts imply the existence of what most people call a constitutional factor in early infantile autism.

KENNETH H. GORDON, JR.

American Journal of Orthopsychiatry. XXVIII, 1958.

Psychoanalytic Concepts and Principles Discernible in Projective Personality Tests Workshop. Zygmunt A. Piotrowski, Chairman. Pp. 36-84.

Leopold Bellak compares the regressions, resistances, and 'oscillating function of the ego' in analysis and in projective tests. He expresses the hope that early infant observation, analysis, and projective techniques may prove that artistic ability is not only innate, but also related to factors in the early motor development of the infant.

One such study was reported in this workshop: Fries and Piotrowski studied longitudinally a group of children. Fries observed infants and made certain predictions about them. These predictions were compared with data from Rorschach tests done on these children nine and sixteen years later. The comparison showed the persistence of certain character structures.

The Emotional Significance of Acquired Physical Disfigurement in Children. E. Jane Watson and Adelaide M. Johnson. Pp. 85-97.

The authors report their experience with intensive brief psychotherapy with five children who required amputations or plastic surgery. They correlated the attitude of the parents toward the defect and its effect on the child. The period of therapy of necessity was too brief to permit a full understanding of the 'type and depth of the fantasies aroused'.

Psychiatric Consnltation in Residential Treatment Workshops. Harold A. Greenberg, Chairman. Pp. 256-290.

Bruno Bettelheim and his co-workers describe experiences in supervision by psychoanalysts of lay therapists in their therapeutic work with psychotic children at the Orthogenic School. Dynamics of learning, teaching, and treatment are considered. Of particular interest is the regular contact between supervising analyst and the child patient. Emphasis in the staff conferences is not only on what the patient says but equally on the countertransference problems of case-workers and supervisors. 'The fusion is so complete that it is impossible to say at any one moment whether what is going on in the conference is teaching, supervision, group therapy, or yet another activity.' This group of papers is a contribution to the study of the problems connected with psychoanalytic supervision in agencies staffed with lay therapists.

Hysteria in Childhood. James T. Proctor. Pp. 394-407.

Hysteria is more frequent among children in North Carolina than in other areas of the country, according to the author. The author describes the anti-instinctual attitudes of the religious rural communities, coexisting with frequent exposure to the primal scene.

An illustrative clinical abstract would have improved this paper. An extensive review of the literature is included.

Behavior Research in Collective Settlements in Israel. Richard Karpe, Editor. Pp. 547-597.

A group of papers is presented in which some of the problems connected with research on childhood behavior in the kibbutz are outlined. Two contributions present limited data. An excellent summary of the methodological problems is given by David Rapaport.

A Type of Predelinquent Behavior. Irene M. Josselyn. Pp. 606-612.

Josselyn describes the first phase of psychotherapy with two adolescent girls, both close to delinquency. The delinquent behavior was a conscious imitation of delinquent aspects of the parents' personalities. In both instances, the therapist was able to demonstrate to the patients that their behavior failed to establish object relationships with peers. As a result of this understanding the patients made a rapid, relatively sudden shift and developed a strong positive transference toward the therapist. This made possible the beginning of the second phase of therapy, the uncovering of the neurotic conflict. The easier management and probably better prognosis of these two girls lie perhaps in the fact that they are not true delinquents in the sense of impulse-ridden characters, but are neurotic individuals.

HEIMAN VAN DAM

Psychiatric Quarterly. XXXII, 1958.

Necrophilia: Brief Review and Case Report. Franklin S. Klaf and William Brown. Pp. 645-652.

An example of inhibited necrophilia is reported. A married man of forty, of above average intelligence, the father of five children, had been treated at various times for schizophrenia. During sodium amytal interviews he related his necrophilic fantasies. From age nine he had been interested in the dead. Later he assisted an undertaker; he liked to draw blood from the bodies and especially to restore disfigured bodies. He was sexually attracted to female corpses and sometimes would hug them. Or he would run home to masturbate while thinking of the body as alive; or in sexual intercourse would in fantasy substitute the corpse for his wife. He had never had intercourse with a corpse, but in his sexual fantasies 'the dead came to life and loved him'. In a mortuary he played house like a child, with the bodies as dolls toward which his 'deep-seated sadistic, scoptophilic, and incestuous forces were directed'. The authors consider his interest in *rigor mortis* and perfect restoration of bodies, and his curiosity about the various body postures as defenses against the dead coming back to life and taking revenge on him. His deep-seated emotional relation with the dead they relate to his 'powerful ambivalent feelings toward the mother'. His mother had been a shadowy figure usually absent, and a strict, harsh older sister and a grandmother had reared him.

Although necrophilia is rarely described, such fantasies are more common than is generally supposed.

Psychodiagnosis and Psychodynamics From an Object-Relations Frame of Reference. Edward F. Kerman. Pp. 708-757.

Kerman reports eight patients who were given the Kerman Cypress Knee Projective Technic (KCK). This test utilizes 'ambiguous, unstructured stimulus objects' that the subject perceives as object representations. The records are interpreted according to a theory proposed by Fairbairn that accounts for object representations of the various objects, the choice of object in terms of its acceptance or rejection by the subject, and the subject's techniques in dealing with internal and external objects. Thus the test contributes information about the subject's relations with objects and offers promise as a clinical instrument to detect and measure variables of personal relationships.

Observation of a Hysterical Epidemic in a Hospital Ward. F. K. Taylor and R. C. A. Hunter. Pp. 821-839.

Taylor and Hunter describe an epidemic among twenty-four female patients with psychosomatic symptoms, aged around thirty, on an open hospital ward. The epidemic is traced to the nightmare of an unmarried woman physician of twenty-seven, which was soon known in the ward. She dreamed that her whole family had watched her in labor and that two female relatives, also physicians, had assisted in the delivery. On waking she found herself menstruating for the first time in seven months. The ensuing hysterical epidemic centered around the idea of childbirth, sex, and death. After excited discussions for some three weeks, hysterical symptoms corresponding to experiences of birth and rebirth developed in a small group of patients. They enacted hysterical experiences of parturition and of being the mother or the baby.

The authors consider that 'the essence of mental epidemics lies in emotional events', and not in the imitative spread of behavior or in the dissemination of ideas 'regarded as "infectious" '. In the hospital group the idea of childbirth appeared to be the main infectious idea; but this was because group emotions had been covertly shared or were 'pluralistic', and the idea served to stimulate and disseminate the emotions in the group. This process occurs only when there is 'an unusual readiness for emotional explosions' in a group.

BERNICE ENGLE

Journal of the Hillside Hospital. VIII, 1959.

Clinical Symposium: Psychological and Physiological Aspects of Marked Obesity in a Young Adult Female. A. Russell Lee, et al. Pp. 190-215.

An extremely obese young woman showed disturbed physiology suggestive of Cushing's syndrome. She had a long history of sadomasochistic relationships. She had eaten excessively since the age of sixteen; food appeared to be a substitute for love, serving to pacify anxiety arising from numerous separations. 'Food . . . became a polyfactored symbol [affording] immediate relief of tension and [feeding] love needs, her aggressive drives, low self-esteem, and depression.'

Discussants of the paper stressed the wide variety of psychic structure present

in obesity. It is misleading to speak of 'obesity' as if it were a disease entity. Certain comparisons are drawn with anorexia nervosa and there is a lengthy summary of the meanings of the symptom of overeating and of the difficulties in psychotherapy of these patients. Overeating of various types is often a manifestation of schizophrenia or other psychosis.

JOSEPH P. GUTSTADT

Revue Française de Psychanalyse. XXII, 1958.

The Psychoanalytic Theory of Delusions. S. Nacht and P. C. Racamier. Pp. 417-574.

This paper was presented at the Twentieth Congress of Psychoanalysts of Romance Languages, held in Brussels, February 1958.

It is difficult to do justice in an abstract to this lengthy and excellent study. A bibliography is appended and the authors refer to Freud's study of the Schreber case and most of the work on delusions published since.

The delusion is a creation that obeys the patient's need to re-create those objects that he fears he has in fantasy destroyed. The patient, through the delusion, attempts to restore a rational order and a relation with the world. But such deliriums allow the patient no object relation tolerable to him. The authors make no attempt to define delusion but prefer to attempt to understand its construction, which is, in fact, the essential problem in understanding the psychoses.

The Therapeutic Analysis of the Psychoses. C. Muller. Pp. 575-647.

This paper was also presented at the Congress in Brussels.

The author presents a long history of his progress in treatment of psychoses and a resumé of his findings and those of others. He clearly shows the role of countertransference with the psychotic patient. He points out the problems of technique and the dangers of a certain snobbishness felt by some analysts treating the psychoses for those who do not.

The Metapsychology of Pleasure. R. de Saussure. Pp. 649-674.

De Saussure discusses the two types of desire: those characterized by tension and those expressed by discharge. He describes the various forms of neurotic pleasure and their clinical difficulties which he illustrates by charts and case histories.

The Transference Neurosis and the Technique of Handling It. S. Nacht. Pp. 675-691.

Nacht believes that most psychoanalysts recognize the problem of the transference neurosis but often fail to recognize that failure in treatment may be due to the inability or impossibility of liquidating it. Many have written about the importance of the transference situation, but very few about the equally important problem of dissolving the transference; yet if this does not occur no real cure or success is possible. Nacht offers suggestions for doing so.

Some Pathological Reactions to Reality. F. Pasche. Pp. 705-717.

Pasche gives examples and discusses the causes of certain cases of inability to adjust to a real situation brought on by illness.

SIDNEY STEWART

Revista de Psicoanalisis. XVI, 1959.

Transference and Countertransference and Their Specific Relationships. Heinrich Racker. Pp. 1-14.

Racker discusses some important countertransference situations. Countertransference feelings may disturb analysis but may also be used to clarify *la névrose à deux* and may, therefore, be useful for understanding the transference and countertransference neuroses. The author has studied the vicissitudes of certain specific countertransference feelings such as anxiety, hostility, and feelings of guilt in the analyst. Anxiety results chiefly from depression, masochistic defenses, and increased hostility in the patient. Hostility in the analyst appears as a result of some frustration by the patient, which is felt as if it were abandonment or a hostile act by the patient. The feelings of guilt result from neurotic, especially sadomasochistic, tendencies in the analyst. If they result from transference feelings, the patient usually has adopted a submissive attitude or has become depressed, or is failing to improve. The author deals extensively with these aspects of countertransference, and also discusses boredom, sleepiness, and submission on the part of the analyst. He finally discusses whether or not countertransference feelings or thoughts should be 'communicated', and the 'objectivity' of the countertransference.

GABRIEL DE LA VEGA

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Meetings of the Psychoanalytic Association of New York

Richard B. Drooz & Joseph T. Coltrera

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NOTES

At a meeting of the Board of Directors in November 1959, Bertram D. Lewin accepted the editorship of THE PSYCHOANALYTIC QUARTERLY, at the instance of Raymond Gosselin who has served as the editor since 1937.

The TWENTY-SECOND INTERNATIONAL PSYCHOANALYTIC CONGRESS will take place in Edinburgh, Scotland, under the auspices of the British Psychoanalytic Society, from Sunday, July 30th through Thursday, August 3rd, 1961.

All inquiries with regard to the administration of the Congress should be addressed to the Honorable Business Secretary, The British Psychoanalytic Society, 63 New Cavendish Street, London, W.1. Those wishing to present scientific papers to this Congress should get in touch with the Chairman of the Program Committee, Dr. Willi Hoffer, 21 Grove End Road, London, N.W.8.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION announces the change of address of its central office to: 1 East 57th Street, New York 22, New York (fifteenth floor). Telephone: Plaza 2-0450.

Dr. Annie Reich, Chairman of the Committee on Arrangements, has announced a series of four ANNA FREUD LECTURES to be given in New York, September 15th through 18th, 1960, by Miss Anna Freud. The lecture series is entitled, Four Contributions to the Psychoanalytic Study of the Child.

The program is sponsored by the New York Psychoanalytic Society, with the Philadelphia Association for Psychoanalysis and the Western New England Psychoanalytic Society as co-sponsors. Attendance is limited to the seating capacity (four hundred) of the Bowman Room, Biltmore Hotel, tickets being distributed in the sequence that requests are received from qualified members, graduates, and students of all affiliated Societies, Institutes, and Training Centers.

A reception in honor of Miss Freud will be held in the Madison Room of the Biltmore Hotel immediately after the lecture on Friday, September 16th.

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 19, 1959. A STUDY OF DEVIATE SEXUAL BEHAVIOR IN CHILDREN BY THE METHOD OF SIMULTANEOUS ANALYSIS OF MOTHER AND CHILD. Melitta Sperling, M.D.

Simultaneous psychoanalysis of mother and child by the same analyst was originally employed by Dr. Sperling in the treatment of psychosomatic diseases of children in cases where the mother's unconscious resistance interfered with the psychoanalytic progress of the child. Collaborative treatment by two analysts can miss subtle, but decisive, interplay between the unconscious of the mother and that of the child, despite frequent conferences. Simultaneous treatment by one analyst permits direct observation of the ways in which the unconscious fantasies and wishes of the mother are transmitted, received, and reacted to by

the child, and can thus contribute to understanding of the psychology and psychopathology of the mother-child relationship. Behavior sometimes ascribed to inherited factors or to extrasensory perception can be demonstrated as a reaction of the child to the mother's unconscious wishes. In these cases the father's relationship to the child was either inadequate or influenced by the mother's pathology.

The application of simultaneous analysis has been described previously in the treatment of severely disturbed children. Eleven cases of children with deviant sexual behavior, treated by this method, are now reported. In every case there was parental resistance to treatment of the child. Two cases were reported in detail. A six-year-old girl suffered from markedly exhibitionistic and sadistic behavior, enuresis, and asthma. Simultaneous psychoanalysis revealed that the child's exhibitionistic and sadistic behavior literally re-enacted the mother's sexual behavior and feelings toward the child. The mother's infantile superego was highly contradictory, sometimes permitting crudely sexual and sadistic behavior toward the child. The child's ego functioned well, but this relationship led to the establishment of a superego which condoned her behavior. The second case, a fifteen-year-old girl, whose older sister had been previously treated by the author, was hostile and abusive toward authorities, and given to sexual activities with other girls. Her mother, a borderline patient, had started psychoanalysis when this daughter was nine. Their relationship included seduction and overt sexual activities, to the extent of cunnilingus to climax. The findings in these cases prove the connection between illness and actual sexual traumas in cases where psychopathology might be ascribed to the workings of fantasy, or to inherited tendencies overemphasizing the development of component instincts. The deviant sexual behavior of these children is dynamically a disturbance of the superego, resulting from internalization of certain parental attitudes. In addition to demonstrating this interaction, simultaneous analysis was a stimulus rather than a deterrent to each analysis. Concerning the technical difficulty of analyzing the mother without the child's knowledge, it is advisable to start with the mother first if she is initially unreliable. In sixteen years no difficulty has arisen because of the children. Changes in the mother have conformed with the child's experiences in its analysis, and have facilitated progress by narrowing the gap between the attitudes of the parents and those of the psychoanalyst.

DISCUSSION: Dr. Alan Eisnitz expressed the opinion that Dr. Sperling had clearly documented her important observation of pathogenic introjection into the child's superego, and went on to discuss the mechanics of this problem. He felt, however, that the children showed an ego weakness (although perhaps reversible) since they suffered from an arrest of libidinal development, followed magical-compulsive patterns in their relationships, and possibly had defects in the ability to neutralize aggression. He felt that Dr. Sperling had made a valuable contribution to the study of deviant sexuality, to the interrelationship of ego and superego development, and to the role of the superego in the choice of neurosis. Dr. Sidney Green felt that this paper commanded interest and careful consideration as an approach to the difficult problems of dealing with the more

pregenitally regressed or fixated children. The format of the paper, he felt, was too general to permit definitive conclusions regarding the precise nature of the treatment. The appellation psychoanalysis is not dependent on rigid adherence to established techniques for their own sake, but does require fulfilment of certain well-known criteria: the resolution of pathogenic unconscious conflicts by working through in free association (verbalization and play), and interpretation of the various primary and secondary process elements in the transference. Dr. Green stated that he felt unable to envisage a full-scale psychoanalytic treatment of parent and child simultaneously by one psychoanalyst in light of the transference requirements, and the obstructive countertransference difficulties created in such a triangular situation. It was his opinion that one of the most valuable contributions of the paper was the demonstration that aberrant behavior can stem from a child's response to the mother's unconscious wishes, rather than from hitherto presumed constitutional factors. In cases such as those reported by Dr. Sperling, he agreed upon the importance of actual or apparent object loss of the mother, and of the mother's search for erotic gratification (close to overt perversion) in her relationship with the child. According to Dr. Green, the children reported by Dr. Sperling probably showed ego weaknesses. Dr. Nathaniel Ross asserted that he regarded simultaneous psychoanalysis of two close relatives (including a child and parent) by one analyst as inadmissible, and described numerous overwhelming difficulties in connection with transference, countertransference, objectivity, and acting out. Active participation of the analyst as a real, rather than fantasied, parent would interfere with the analysis of regressive levels, as is required for psychoanalysis. A basic contradiction arises from the fact that deception of the child would undoubtedly be communicated, just as described in this paper with regard to the mother's unconscious wishes, and would damage the effort to establish a less corruptible superego in these children. Dr. Ludwig Eidelberg stated that his remarks were limited to the psychoanalysis of adults because he did not analyze children. He felt that the simultaneous analysis of close relatives by one analyst presented disadvantages outweighing any possible advantages, enough to make such an approach undesirable. He emphasized the importance of distinguishing between perversion and deviant sexual behavior, and commented on the importance of actual as well as fantasied experiences in creating a trauma for the child. Both seduction (with flooding of the ego) and deprivation of love, i.e., too much and too little, can be traumatic. He felt that the disagreements about ego strength or ego weakness in these patients could be reconciled by clarification along quantitative lines.

In closing, Dr. Sperling stressed that while hers is an unusual approach, she believes that her material satisfies the criteria for psychoanalysis, and provides the advantage of clarifying a psychodynamic interaction between mother and child. She emphasized the point that she was not suggesting this technique as a routine method, but as a helpful way of dealing with certain extraordinarily difficult cases. Of the eleven cases presented, seven had been failures in treatment prior to her working with them. Cases which might otherwise have discontinued psychoanalysis, or might have been treatment failures, or might have been unacceptable for treatment by the usual psychoanalytic approach, were

made amenable to treatment by the technique of simultaneous analysis of mother and child by the same psychoanalyst.

RICHARD B. DROOZ

November 16, 1959. JUDAS, THE BELOVED EXECUTIONER. Sidney Tarachow, M.D.

This paper is an attempt to delineate the libidinal aspects of the Judas-Christ relationship, as well as of clinically related phenomena. Jesus is pictured as the willing victim offering Himself in love to be killed and eaten by the Jews and by Judas in particular. Judas is pictured as loving Jesus and as being burdened by the latter with the guilt of aggression by the invitation to be both lover and ritual executioner. Various clinical and anthropological data are used to illustrate the concept: killing in the service of love. Surrender in love is equated by the author to being killed and eaten. The intense oral aspects of love of the dead are emphasized—the dead being equated with the orally giving mother who never frustrates. Ritual sacrifice or ritual murder may have further libidinal motives, such as magical renewal of life or fecundation. Judas and Jesus are pictured as the pair of scapegoats necessary to solve by projection the ambivalent problems of the Christian, Jesus representing passive love, Judas, aggressive love. The relationship between the two is described as one of love, expressed in the theme of the killer and the slain. The equation of love and murder is also viewed from the standpoint of ego regression, to a state of antithesis and ambiguity. Various data are adduced suggesting that this relationship of murder may express the oral tie to the mother.

DISCUSSION: Dr. Bertram Lewin agreed with the formulation of the beloved executioner, noting its modern counterpart in detective fiction, for instance, The Maltese Falcon by Dashiell Hammett. Dr. Bernard Brodsky felt that in the American culture there is an identification and secret admiration of the Judas figure. Jehovah was a God at the service of the superego, 'distant, aloof, and threatening, whose promises of favor were for the future. Pagan gods are id oriented. They are gods who know incest and whose characters are dreamlike. Jehovah demanded renunciation of instinctual drives.' Dr. Brodsky felt that Jesus became part of the group superego by being betrayed by the man He loved. Dr. Warner Muensterberger reviewed the psychoanalytic approaches to religion. He felt that Dr. Tarachow had made a valuable contribution to the literature in terms of the oral aspects of life and death. To Dr. Muensterberger the story of Christ is one of the denial of the real father, the denial of impotence, and the denial of death. Christ executes a split of the ego by giving Himself to His disciples at the Last Supper, while His other body is delivered to the father as the person of authority. The aggression against the father is through the mother in the case of Jesus. The death of Jesus led to a magical anointing of His believers, and it is the anointing with the unity of the blood and the wine that unifies them into a band of brothers.

In reply Dr. Tarachow reiterated that the central theme of his paper was that the Christ story reveals the oral tie to the mother. He was interested in Dr. Brodsky's concept that Christ was raised to superego status by the betrayal by

one who had been loved. He agreed with Dr. Brodsky's concept of the œdipal role of Judas, but still felt that the preœdipal factors were most important. Dr. Tarachow agreed with Dr. Muensterberger's reference to the oral qualities of life and death. He noted that all Western concepts of heaven contain an element of food coming from above, and that heaven in one view is equated with the mother's breast.

JOSEPH T. COLTRERA

LIFE MEMBERS OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION who were awarded certificates of life membership at the meeting of the Association in December 1959, were:

Thaddeus H. Ames, M.D.
Bernhard Berliner, M.D.
Carl Binger, M.D.
Smiley Blanton, M.D.
Sara Bonnett, M.D.
Franz S. Cohn, M.D.
George E. Daniels, M.D.
Felix Deutsch, M.D.
Helene Deutsch, M.D.
Lucile Dooley, M.D.
Edna G. Dyar, M.D.
Bernard Glueck, Sr., M.D.
Kate Frankenthal, M.D.
John A. P. Millet, M.D.
Nolan D. C. Lewis, M.D.
Herman Nunberg, M.D.
Thomas A. Ratliff, M.D.
Simon Rothenberg, M.D.
Leonard Rothschild, M.D.
Greta Frankley-Gerstenberg, M.D.
P. S. Graven, M.D.
Ralph C. Hamill, M.D.
William Healy, M.D.
Leland E. Hinsie, M.D.
Salomea Isakower, M.D.
Abram Kardiner, M.D.
Marion E. Kenworthy, M.D.
Olga Knopf, M.D.
Hyman L. Levin, M.D.
Bertram D. Lewin, M.D.
Sandor Lorand, M.D.
Karl Menninger, M.D.
Dudley Shoenfeld, M.D.
William V. Silverberg, M.D.
George W. Smeltz, M.D.
Olive Cushing Smith, M.D.
René A. Spitz, M.D.
Edoardo Weiss, M.D.
George B. Wilbur, M.D.

The Scientific Sessions of the Annual Meeting of THE ACADEMY OF PSYCHOANALYSIS will be held on May 7th and 8th, 1960, at the Hotel Claridge, Atlantic City, New Jersey. The theme of the first day's meeting will be The Nature of the Therapeutic Process. Dr. William V. Silverberg of New York City will present a paper and a member of the research staff of the Mount Sinai Hospital, Los Angeles, will report on the research project being conducted there. A third paper will be presented by Dr. Jerome Frank of Baltimore, based on the work done at the Phipps Clinic, Johns Hopkins Hospital.

Inquiries should be addressed to Dr. Joseph H. Merin, Secretary, The Academy of Psychoanalysis, 125 East 65th Street, New York 21, N. Y.

Dr. P. C. Kuiper of Groningen, Netherlands, has been appointed Alfred P. Sloan Visiting Professor in the Menninger School of Psychiatry, beginning January 1960. The Dutch psychoanalyst is deputy chief of the University of Groningen Psychiatric Hospital, and lecturer in clinical psychiatry and depth psychology. Dr. Kuiper will lecture in the Menninger School of Psychiatry, participate in staff conferences, and teach in the Topeka Institute for Psychoanalysis. He is the eleventh Sloan Professor since the visiting professorships were established by a grant of the Alfred P. Sloan Foundation in 1957.

A LONDON CONFERENCE ON THE SCIENTIFIC STUDY OF MENTAL DEFICIENCY, 24th to 29th July, 1960, is sponsored by the American Association on Mental Deficiency, the Royal Medico-Psychological Association, the Royal Society of Medicine, and the British Psychological Society, in coöperation with the National Association for Mental Health, London. It will be held at the British Medical Association's Headquarters, Tavistock Square, London, W.C.1. Membership will be open to professional workers in all branches of the mental deficiency field—medical, psychological, educational, social, and administrative. The subjects to be discussed will cover a wide range in order to provide information on the latest scientific developments in the field. They will include biology and genetics, pathology and biochemistry, psychopathy and behavior problems, psychoses, psychotherapy, physical treatments, diagnosis and therapeutic techniques, sociocultural factors in etiology and prognosis, learning problems, training and education, epilepsy, cerebral palsy, history of mental deficiency research, social administrative and legislative provisions.

Applications for attending the Conference may be obtained from A. Shapiro, M.D. or A. D. B. Clarke, Ph.D. (joint honorary secretaries), 39 Queen Anne Street, London, W.1.

The first number of the REVUE DE MEDECINE PSYCHOSOMATIQUE has recently appeared, January-March 1959.

This quarterly review is published in response to a double need of practicing physicians and specialists in France and abroad: first, to take cognizance in a journal in the French language of accomplishments in psychosomatic medicine; also to put at their disposal a medium for communicating their experiences in their work, or for presenting their hypotheses.

PRINTER'S ERROR.—On page 547, Vol. XXVIII, 1959, initials at the bottom of the page should read 'C.F.'. They appeared correctly in some copies.