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# SUITABILITY FOR PSYCHOANALYSIS: A REVIEW OF ONE HUNDRED SUPERVISED ANALYTIC CASES

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Criteria concerning suitability of patients for psychoanalytic treatment have emerged gradually and somewhat unevenly during the evolution of psychoanalysis itself. Freud (6) in his early paper, *On Psychotherapy*, specified two contraindications: major personality disturbances of psychotic degree, and age beyond a limit which he placed at fifty. Furthermore, he urged against attempting the long psychoanalytic procedure when 'speedy removal of a dangerous symptom is required', and recommended assessment of the whole personality, warning against those who undergo treatment 'only because they are forced into it by the authority of relatives'. In his subsequent technical writings, particularly *Further Recommendations in the Technique of Psychoanalysis* (7), he amplified these considerations, pointing out that the narcissistic neuroses lent themselves poorly to psychoanalysis and that an unfavorable situation in life may be a powerful deterrent to the procedure. This group of contraindications was subsequently enlarged by Fenichel (5). To Freud's list he added mental deficiency, severe speech impairment, evidence of pronounced secondary gain from illness, and particular factors that may militate against work with any given analyst. He mentioned 'lack of a reasonable and coöperative ego'. He listed cases—in an attempt similar to Glover's (8)—according to prognosis. At the top of the list, as most favorable, was hysteria, followed in order by compulsion neurosis, pregenital conversion states, neurotic depression, character dis-

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turbance, perversions, addictions, impulse neuroses, and finally—as most inaccessible—psychoses.

More recently attention has been devoted to other factors, especially those concerned with ego function and those that can serve as positive indications for suitability. At a recent panel discussion Karush (10) attempted a comprehensive listing of various aspects of ego function that need assessment, and Waldhorn (13) clarified some of the clinical characteristics encountered in patients that render them accessible to analysis. Waldhorn mentioned tolerance of frustration, of the passive role, and of anxiety; capacity for insight; range of adaptability; adequacy of reality testing; richness of object relationships; and positive motivation. Some of these characteristics have been elucidated by other authors, such as Zetzel (14) on tolerance of frustration and anxiety, and Bandler (1) on Health Oriented Psychotherapy. Other qualities, as Waldhorn points out, remain important but not clearly defined. Glover (8) also remarks on the lack of adequate scientific precision in the descriptions of such attributes of the ego as strength, constriction, and immaturity. Such comprehensive variables are best assessed at present by careful clinical examination.

As to the advisability of conducting such an examination before the start of analysis, there is also some dispute. Freud (6) advises against the eliciting of an extended anamnesis, pointing out that it leads to the danger that transference reactions may be 'preformed' early, rather than develop gradually within the psychoanalytic situation. Many other workers believe that a thorough anamnestic study may have advantages that outweigh this liability.

Thus both the criteria for suitability for psychoanalysis and the best way of establishing these remain important questions. They arose in the Boston Psychoanalytic Institute in connection with selection of patients for supervised analysis. A method of selection was adopted and a group of screening analysts was established in 1954 in order to provide the best cases for candidates beginning their analytic work. Three years later, some of

us undertook a preliminary study of the selective criteria, the way in which they were being applied, and the degree of resulting success. We believed that study of the principles guiding selection of patients most eligible for treatment by supervised analysis might have wider relevance; it should throw light on the general problem of suitability for psychoanalysis as well as on the problems of planning research into the psychoanalytic process.

### SOURCE OF DATA AND METHOD OF STUDY

Our selection of patients for supervised analysis was governed by certain preliminary criteria. The easiest of these to arrive at were negative. For example, it appeared desirable to exclude patients who were over thirty-five years of age, those with serious psychosomatic, delinquent, or psychotic trends, and those involved in markedly adverse life situations. We hoped to find patients with 'classical' symptomatic neuroses. The assessment of other assets such as 'ego strength' or 'motivation' was recognized as important but was left to the interviewer's intuitive clinical judgment.

A group of interviewing analysts screened the patients, who were referred to them only by members of the psychoanalytic society. A member of the interviewing team in charge of screening then talked with the applicant once or several times and wrote a final report advising acceptance or rejection. Before final acceptance, the applicant was seen by another consultant, usually the prospective supervising analyst. These examiners' reports were called the patient's intake file.

A smaller group of patients was selected at random from among those who had been treated for a year by supervised analysis. The analyst of each of these patients was asked to reply, after consultation with his supervising analyst, to specific questions which were asked about the diagnosis, the predominant symptoms, the character of behavior in the analytic situation, and the emergence of untoward features during the early phases of analysis. The analysts were also asked whether

or not a definite transference neurosis had developed and, finally, whether the patient was proving suitable for psychoanalysis. The questionnaires were usually supplemented by an interview between the analyst and a member of the research group. (A follow-up study three years after beginning of analysis is also planned.)

The research group used these data in several ways. The intake files of 100 cases (chosen from among those patients screened early in our study) were scrutinized to determine certain characteristics of the group of patients, and to ascertain the actual operations used in accepting or rejecting the patients. The questionnaires concerning patients in treatment for a year were used for two purposes: 1. A broad, general experiment of 'blind' evaluation of 30 cases was carried out by the whole research group to see whether, on clinical grounds, we were able to determine which patients had fared relatively better, and which worse, in psychoanalysis. This was in no way a study of the absolute success of psychoanalytic treatment; it was merely a study of the relative success of this group of patients, which would show the extent of our success in selection. 2. An effort to determine what specific factors had contributed to success or failure. For this purpose 25 of the cases were examined in a systematic review. This examination was supplemented by the clinical experience of the supervising analysts in our research group.

#### A STUDY OF THE SCREENING PROCESS

Of 100 consecutive applicants for analysis at this institute 48 were men and 52 women, ranging in age from twenty to forty-one years, with a mean of twenty-seven years. Female applicants were, on the whole, slightly younger than male. Only 32 of the hundred were married, a strikingly low figure since the federal census shows that 77 out of 100 of the general population of persons in this age range are married. The group's level of education was remarkably high; 64 had had postgraduate education. Furthermore, there was a large number from

professional and academic fields (72%). Although we attempted to discourage referrals of persons engaged in work related to psychiatry and psychoanalysis, approximately half of the cases referred were in such work; for example, social work, psychology, social science, medicine, teaching, and nursing. We also discouraged referral of patients who had previously been in therapy, yet 64 patients had received such therapy, mostly less than a year of once-a-week sessions.

The four most frequent presenting complaints were: 1, 'feeling depressed' (53 cases); 2, 'difficulty in relationships' (52 cases); 3, 'excessive fear, anxiety, or tension' (32 cases); and 4, 'work difficulty' (27 cases). Of the large number who complained of 'feeling depressed', very few showed severe depressive reactions. This complaint was significantly more frequent in women, occurring in 36 of the 52 women and in only 17 of the 48 men. This may depend on a culturally determined reluctance of males to admit such feelings, either to themselves or others, because they are considered a sign of weakness or deficient masculinity.

The presenting complaint of 'difficulty in establishing a relationship with members of the opposite sex' was also significantly more frequent in females,—in 23 of the 38 unmarried women but only in 10 of the 30 unmarried men. Many of these female patients complained of difficulty in developing a close relationship with a man or of a series of complicated relationships, none of which matured to the point of marriage; they feared 'winding up as an old maid'.

The presenting complaint of 'work difficulty' was significantly more frequent in male patients, in 20 of the 48 males but in only 7 of the 52 females, possibly showing that men in our culture regard working successfully more important than do women.

The intake files showed that for the first year interviewers accepted approximately one-third of all applicants. The first hundred intake files were studied carefully, and as a source of raw data they varied considerably. The outline prescribed as a

general guide was followed only irregularly. The length of the report of the intake interview seemed to be influenced by various considerations, such as the customary approach of the particular intake interviewer, the clarity of the case, and the thoroughness and experience of the referring analyst.

The broad criteria formulated when the project was started were adhered to in a general way. For the cases rejected, the reasons were stated in fairly definite clinical terms such as 'schizoid', 'borderline', 'psychotic', 'long course of previous treatment', 'thinking or memory difficulty', 'severe blocking', or high levels of anxiety or tension. Such characterization resulted in some overlapping of terms. The same terms appeared in the files of accepted patients, but less frequently. For reasons not always clear, a small proportion (less than 10%) was accepted despite the presence of severe symptoms, such as perversion, well-established psychosomatic illness, and marked mood disorder.

The criteria that led to acceptance were less explicitly stated. They varied widely from interviewer to interviewer, although certain terms appeared to be general favorites. 'Warmth' was the one most widely used; 'relates well' followed closely. A group of adjectives—'frank', 'honest', 'sincere'—were next in frequency. Last among favorable designations came 'capacity for insight'. The preference certain analysts showed for one or more of these terms was striking. One interviewer used 'warmth' 7 of the 19 times it appeared; no one else used it more than twice. Another analyst was particularly fond of 'relates well' (used 7 times) and 'honest' or 'sincere' (6 times). On the whole such favorable terms were used at least three times oftener in accepted cases than in those rejected.

The comments were of two kinds: those that referred to generally recognized 'objective' types of social or diagnostic information in the applicant's personality or history, and those that depended more upon the interviewer's 'subjective' estimate of the applicant's emotional processes as revealed in the interview situation. The more 'subjective' terms were less frequent, being used 70 times compared to 130 uses of more ob-

jective terms. Some interviewers may have been reluctant to admit as the basis of their conclusions their intuitive grasp of the relationship between themselves and the applicants, and may have been impelled to justify their conclusions on 'objective' grounds.

The most impressive aspect of this review of the screening procedure is its confirmation of the authors, cited in the first part of this paper, who have said that our psychiatric vocabulary is not only smaller but less accurate when designating health than when designating illness.

Our study showed that despite all care, the accepted cases varied markedly in suitability, some approaching our theoretical ideal, while others were far from it. Nevertheless, the supervisors of the institute agreed that on the whole better cases were furnished by our selection procedure than had been provided before.

### SUBSEQUENT PROCEDURES

As a next step in our study we focused attention on 30 cases, with the following questions in mind. First, to what extent did our follow-up show us to be in agreement concerning suitability when such suitability was judged by the intake interview alone; that is to say, how good were our intake impressions, uncontaminated by knowledge of subsequent results? Second, we wished to make a retrospective assessment of this group of patients in the light of their later analyses.

To avoid the danger of *post hoc* reasoning, of looking back and finding pseudo explanations for successes and failures, we decided upon a procedure of 'blind' evaluation. We had two sources of data, the intake files and the follow-up questionnaires, coded by a secretary. Then acting as a group of five judges, we evaluated them, not knowing who any given patient was or which intake file went with which follow-up questionnaire. Three cases had to be excluded because our information was too fragmentary to be useful. The group for this experiment was thus reduced to 27 cases.

In general the judges had not participated in the collection

of data. However, there were exceptions: two judges had originally been among the group of interviewing analysts, but several years before the start of this experiment. One was a training analyst who had supervised the analysis of several of the cases. Thus occasionally one or another judge would recognize an isolated case in spite of the removal of identifying data.

Otherwise the judges formed an independent team, whose task it was to review the follow-up questionnaires coded with one set of numerals and the initial interviews coded with another set. They were to rate the unidentified initial interviews according to suitability for psychoanalysis; later they were to rate the unidentified follow-up questionnaires according to how suitable each case had in reality and to date proved to be. For both series a nine-point scale was used, from A+ ('maximally suitable') to C- ('largely unsuitable'). The criteria were impressionistic, based on the implicit psychoanalytic assumptions already stated. Some preliminary attempts were made by three judges separately to define more explicit, precise criteria, but a systematic effort to do so was left for the future.

Two questions arose: 1. How well did the judges agree with each other in both sets of ratings; in other words, what was the reliability of their judgments? 2. How did their assessment of suitability before and after a year of analysis agree; with what validity did they 'predict' from initial interview to outcome as indicated by the follow-up questionnaire?

The results of the follow-up ratings of each judge correlated well with the composite follow-up ratings of the other four judges, as seen in Table I, column 1. The degree of agreement obtained here was extraordinarily high. The probability that any of the strongly positive correlation coefficients could have been reached by chance alone is less than one in a thousand. This finding suggested that the composite rating of each follow-up questionnaire could serve as a reliable criterion of the outcome, with which the other ratings could be compared. Column 2 shows the initial rating of each judge correlated with the composite initial ratings of the other four judges. Here

there is less agreement. All the correlations are positive. In terms of chance expectation, one is highly significant ( $p=.001$ ); one is significant ( $p=.05$ ); another is at the borderline level of significance ( $p=.10-.05$ ); the other two are not significant. Column 3 shows the correlation of each judge's initial ratings with his own follow-up ratings. Here there is even wider variation. Again all correlations are positive. Two are highly significant ( $p=.01$ ). It is interesting that these are the ratings of the two training analysts among the judges. Two are significant ( $p=.05$ ). One is not significant. A few attempts at using explicitly stated criteria, as against impressionistic judgments, did not significantly alter the pattern of judging. Column 4 shows the correlation of the initial rating of each judge with the composite follow-up ratings of the other four judges. Since all the follow-up ratings are so close together, the pattern is virtually

TABLE I  
CORRELATION COEFFICIENTS BETWEEN RATINGS OF JUDGES

	1	2	3	4
	<i>'Follow-up' Ratings</i>  of each judge correlated with composite ratings of other four	<i>'Initial' Ratings</i>  of each judge correlated with com- posite of other four	<i>'Initial' with 'Own Follow-up'</i>  Each judge's initial ratings correlated with his <i>own</i> follow- ups	<i>'Initial' with 'Composite Follow-up'</i>  Each judge's initial ratings correlated with composite follow- up ratings of other four
Judge	r	r	r	r
A	.94***	.24	.46*	.45*
B	.94***	.47*	.42*	.40*
C	.93***	.37	.89**	.71***
D	.89***	.75***	.62**	.70***
E	.72***	.21	.08	.08

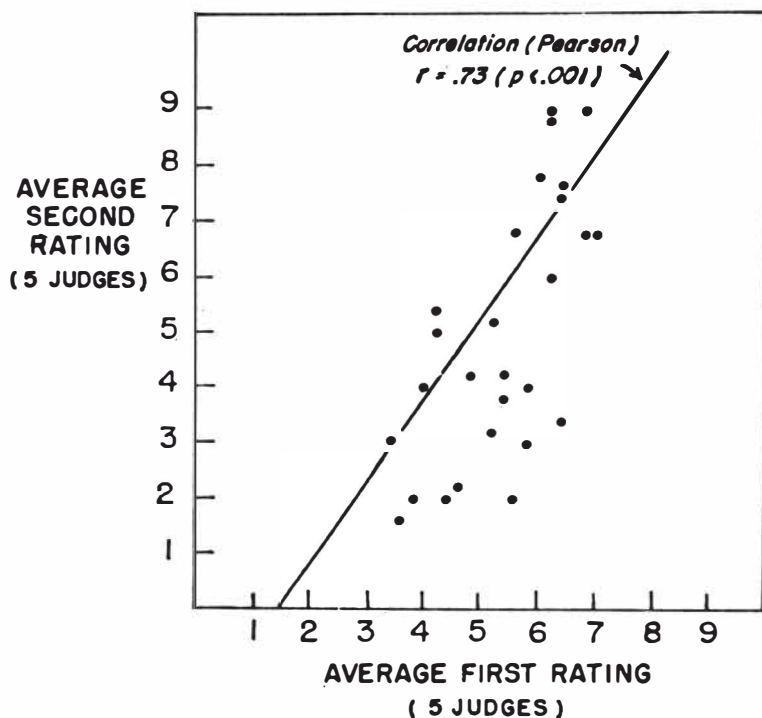
'r' = Pearson product moment correlation coefficient. All 'r's were positive.

p values:     \_\_\_ = .10-.05     \_\_\_\*\* = .01  
                  \_\_\_\* = .05        \_\_\_\*\*\* = .001

the same as that of column 3. The same two judges have highly significant correlations, the same two have significant correlations, and the last judge a correlation which is not significant.

A different way of analyzing the same pattern is shown in Table II. This compares the composite or average initial ratings of all judges with their composite or average follow-up ratings of the questionnaires. It shows that the ratings of the judges appear to be more cautious when applied to initial than to follow-up material; that is, in the former case more concentrated in the middle areas of the nine-point scale. The most striking

TABLE II  
COMPARISON OF FIRST & SECOND RATINGS  
( 5 JUDGES )



finding is the over-all correlation coefficient,  $r=.73$ . Again this is highly significant from a statistical point of view at the  $p=.001$  (or one chance in one thousand) level of confidence.

A word is appropriate here both about our methods and these findings. Two main methods were used. The first was utilization of a team of observers. For this it was necessary to eliminate individual differences and the marked discrepancies of interpretation which occurred even in our relatively homogeneous team. The second general tool was 'blind' prediction. Its application was imperfect, since the predictions were made from one set of coded ratings to another and came after the follow-up facts had emerged. Three judges had participated in some of the collection of data. Moreover, the other two judges may have had some knowledge of the subsequent course of some patients. Thus, despite coding precautions and the succinctness of the follow-up questionnaires, it was still possible for predictive judgments to be contaminated by knowledge of the follow-up facts. Our conscious experience suggested that the effects of bias were negligible. Each judge at some time thought he recognized a case and tried to prevent the recognition from influencing his judgment, only to discover that it was a quite different case after all. In a more definitive study, however, the possibility of such distortion should be removed entirely.

To turn to the findings, the high correlations on ratings of the follow-up questionnaires simply mean that many observers, not only judges but therapists and supervisors as well, could agree in describing the general behavior of patients after more than a year of psychoanalysis. In other words, once the psychoanalytic record was written, a suitable case could be recognized.

Can we identify such a suitable case before psychoanalysis? Obviously this is more difficult, and the judges' answers were not as reliable. Yet their agreement was encouraging, particularly in view of the variable quality of the records, written by many different persons, that constituted the data on which prediction was based. When their predictive judgments were combined, the agreement actually increased. As individuals, they

were not all picking the same cases, and none was predicting correctly in all cases, but as a team they were able to predict with significant success. This fact suggests that experienced clinicians are able to assess suitability in advance. This ability, it should be noted, went beyond the mere detection of gross and palpable contraindications to treatment by psychoanalysis, such as incipient psychosis. Extreme cases had already been eliminated by our selective process, and this part of the study was focused on degrees of suitability within a population already somewhat uniform. To sort out such cases, so different themselves and treated by such a variety of therapists, requires considerable clinical acumen.

As to the factors on which predictions were actually based, we have less information. The general explicit criteria of the study were relative youthfulness and absence of severe neurotic disorder. Implicitly, other less sharply defined elements were sought: evidence of psychosexual maturity, of ability to form object relationships, and of a wish for self-understanding and growth. The few efforts to set down precisely and explicitly such positive prognostic criteria did not seem to improve our judgments materially. Apparently, we intuitively use criteria that we cannot clearly define.

In a clinical follow-up study, the cases accepted for supervised analysis were studied in reference to sex, education, age, certain symptomatic and diagnostic features, and certain aspects of the psychoanalytic relationship. Sex and education showed no relation whatsoever to follow-up results. There was a barely significant correlation between age and suitability ( $r=.47$ ;  $p=.05$ ); the older the patient, the more suitable he was judged to be. This was the opposite of our expectations, for youthfulness had been favored in selection. The slightly older patients in this essentially young group may have had assets that outweighed in the mind of the original interviewer their comparative seniority. Or as individuals their possibly greater maturity may have insured their greater stake in getting more from analysis, that is, a more powerful original motivation. In

any event, the fact shows that we need to reconsider, as Waelder (12) suggests, the idea that analyzability decreases with age.

The rest of this report of preliminary follow-up results is intended to throw light on the selective process and on research problems raised by this type of study. Any final conclusions about the actual psychoanalytic outcome would require a much longer time and careful study of the kind suggested by Pfeffer (11) and Deutsch (3).

Our composite follow-up ratings on 25 cases were arranged in order from the 'most' to the 'least' suitable. In the top 9 cases, the ones considered 'most' suitable by the research committee, the follow-up diagnoses centered around the term *hysteria* in the majority, and the term *obsessive compulsive* in the minority. In the next 8 cases, the 'moderately' suitable, this was reversed and the diagnoses centered around the term *obsessive compulsive* in the majority and around *hysteria* in the minority. In the next and last 8 cases, the 'least' suitable ones, the diagnoses referred to more severe disturbances, briefly described in the follow-up questionnaire as follows: borderline features with pseudologia fantastica; borderline features; alcoholism with mild barbiturate addiction; perversion, homosexuality; incestuous attachment to a sibling; marked depression, supersensitivity, frustration in the transference; marked depression.

It is worth noting that the cases considered 'least' suitable by the research judges also included the only 4 cases in which severe blocking was present as a manifestation during analysis. It is also of importance that 4 of the 6 disturbed patients had presenting symptoms suggestive of hysteria at the time of intake. In at least one instance the overt incestuous attachment had been deliberately concealed by the patient.

Other diagnostic points in this group of 27 patients are of interest. Nine had obsessional characters and 13 patients, in spite of varying symptomatology, could be described as having hysterical characters. Regardless of whether or not they were the analyst's first or second supervised case, the obsessional patients improved significantly more than the rest of the group (at less

than a 2% level of confidence). Only one was rated as relatively unsuccessful, but few were placed among the higher ratings. Moreover, only two follow-up reports of these obsessionals gave positive evidence of the development of a transference neurosis. Among the 13 hysterical characters the outcome showed far wider variation. Here the development of an overt transference neurosis was the rule rather than the exception, and the courses of their analyses seemed to depend much more on the experience of the therapist. The therapy was appreciably more successful when they were assigned as second rather than first supervised cases.

Another set of findings raises other problems. It is traditional in analytic training to regard hysterics as the ideal patients for first control cases. The finding in this connection, that 4 of 6 severe character disorders in our group were originally accepted because of their hysterical symptoms, suggests caution. The question must also be raised as to how sensitive such patients are to certain technical errors to which the beginning analyst is prone. In this connection it may be helpful to make a distinction, as has been done elsewhere by Zetzel (14), between the analytic situation and the analytic process. Hysterical patients are, as a rule, readily capable of the regressive primary process thinking characteristic of the analytic process. Frequently, however, difficulties arise in establishment of the therapeutic alliance of a good analytic situation. Overt hysterical symptomatology causes great difficulty when it is combined with serious character disorder. Once a good analytic situation is achieved, hysterics remain potentially the best subjects for classical analytic procedure. Unless it is achieved, however, fruitless regression, accompanied by intensification of the most primitive features of a hysterical character structure, remains a definite risk. Our follow-up reports so far tend to indicate that hysterical patients, particularly in analysis as first supervised patients, are, to put it simply, very good or very bad patients. Obsessional patients, on the other hand, though the ultimate outcome may be uncertain, prove in this small sample to be

more reliable partners in an early analytic situation. As such they may provide more satisfactory subjects for supervisory teaching.

These impressions from our venture were strengthened by an independent personal review of patients from the total group of pool cases whose analyses were supervised by one of us (E. Z.). The cases, 24 in number, were rated informally with regard to the characteristics that a priori should have rendered them suitable for analysis. In most instances they lived up to these expectations. Eight cases, however, differed appreciably in analytic result from the expectation produced by the rough evaluation of the patients' analytic potentialities. Two results were better than expected, and 6 worse. Five of the latter 6 could be regarded as predominantly hysterical in character structure, but the 2 patients who had done unusually well were also hysterical. It happened that they were first supervised cases, but both had been in analysis for more than three years at the time of evaluation. An earlier follow-up would have been considerably less favorable. It also was true that they had both been in analysis with exceptionally able student analysts.

These considerations lead to a final aspect of this work, the importance of which was obvious throughout our study. We refer to the role of the various student analysts. In our carefully studied series there was a strong trend toward a higher proportion of poor results in first than in subsequent cases. Interpretation of this finding is not easy. It happens that the five most difficult cases in the whole group, by unanimous judgment of the 'blind' judges, were all in analysis as first supervised cases. To a certain extent this may have occurred because our population contained a significantly larger group of highly disturbed patients referred to beginners rather than to more advanced candidates. Nevertheless, the finding points out difficulties which arise when we try to evaluate the patient as distinct from the analyst and the training situation.

Student analysts have various educational needs and capabilities. These factors raise problems of both a pragmatic and a

more basically scientific nature. Pragmatically, when we speak of a suitable case, the question is: suitable for what? How do the requirements for supervised psychoanalysis parallel those for psychoanalysis in general? In many ways these requirements are parallel, but at times they are not. Not only may a theoretically 'analyzable' patient slip into a bad relationship with a student, which becomes sooner or later almost irretrievable, but also a suitable learning experience may be possible with a patient not completely analyzable in the formal sense—one who brings rich and interesting material to illustrate important psychoanalytic principles. We observed several such cases: for example, the patient referred to above who suffered from alcoholism and barbiturate addiction.

From the scientific point of view, the extension of this work faces us with further questions: How far should a poor follow-up result be regarded as conclusive evidence of the patient's unsuitability, and to what extent may it be due to the student's lack of experience? Is it possible at all to make accurate predictions, based upon knowledge of the patient, in a procedure which depends on continuous dynamic interaction in a close relationship? This study, which did not attempt any formal assessment of the student analysts, was guided by the hope that some of their differences would be distributed in a random fashion. The degree of predictive success we did attain suggests that to some extent this hope was realized.

#### IMPLICATIONS FOR THE FUTURE

The chief value of a preliminary study such as this lies in the future research toward which it points. Questions calling for further study were raised by all aspects of the work.

The social and class status of patients who applied to us is of interest. It appears that we may as well resign ourselves to the inevitable and search for good analysands among intellectuals and professional workers in allied fields who have had previous psychotherapy, and not view these applicants with the disfavor we have hitherto shown. However, the reason for the abun-

dance of this sort of patient is difficult to state. Hollingshead and Redlich (9) point out that psychoanalysis appears still to be for the upper groups in our society. In our venture, purely economic factors were not responsible. We were seeking actively for interesting patients who we hoped would be unsophisticated, and ability to pay was not a criterion.

The study of initial interviews clearly indicates the need for more careful definition of healthy forces within the personality. The fact that several of our research group studied cases informally from different points of view and reached similar provisional conclusions about the importance of motivation, frustration tolerance, and capacity for object relation suggests that methods of assessing these attributes at the time of the initial interview are an important and feasible goal for future research.

We believe that this study demonstrates also the necessity and feasibility of carefully formulating initial findings and making explicit predictions. One might thus go beyond mere assertion of propositions on clinical grounds toward the formulation and testing of well-defined hypotheses. The observer is forced to sharpen his thought and is protected against many of the pitfalls of *post hoc* reasoning. A number of recent authors have commented on this advantage of prediction (2, 4). Although our predictive technique allows ample room for greater rigor, we have confirmed its value and its applicability to this population.

Our more purely clinical and retrospective observations also suggest avenues for future study. Two tentative observations need confirmation: that hysterical character structure permits more ready participation in the analytic process and that an obsessive personality favors more ready coöperation in the analytic situation. These observations have important implications for planning a supervisory program and for theoretical understanding. Many other problems relating to the interplay between differing patients and physicians lend themselves to study in this group of analysands and analysts.

In the widest sense our study has implications for much re-

search into the psychoanalytic process and its outcome. It illustrates the need not only to formulate variables carefully but also to combine this approach with sensitive and flexible clinical procedure. The use of prediction, for example, should prove of paramount value, not only in those cases in which prediction was successful but, as Benjamin (2) has pointed out, in those in which it failed, where all circumstances seemed favorable or unfavorable and yet the course turned out otherwise.

Certainly our work suggests the impossibility of treating patients as an aggregate of unrelated and separate qualities, and the difficulty, not to say impossibility, of carrying out most studies of this kind by evaluation of patients alone. The attributes and experience of the analyst, the establishment of the analytic situation, and finally the development and resolution of the transference neurosis must all be taken into consideration.

### SUMMARY

Patients referred for supervised psychoanalysis were studied to define the criteria that determine their suitability as analytic cases. Most of the patients came from intellectual, psychologically sophisticated segments of the population despite attempts to find them elsewhere. Grossly disturbed individuals were excluded. Other selective criteria were clinical and impressionistic. They show the further need to define positive criteria of health, particularly those that are manifest in interviews.

Nevertheless from reports of early interviews rated 'blindly' on comprehensive clinical grounds it was possible for a group of judges to select with fair success those cases who later did well, as determined after a minimum of a year of analysis.

The same study indicates that, in contrast to obsessionals, hysterical subjects had done either very well or very badly during the early phases of analysis. The study shows the need for careful evaluation of both patient and therapist, and suggests the feasibility of further predictive efforts aimed both at precise definition of variables and at maintaining a flexible clinical approach.

## REFERENCES

1. BANDLER, BERNARD: *Health Oriented Psychotherapy*. Psychosomatic Med., XXI, 1959, p. 177.
2. BENJAMIN, JOHN: Prediction and Psychopathologic Theory. In: *Dynamics of Psychopathology in Childhood*. Edited by Lucie Jessner and Eleanor Pavlenstedt. New York: Grune & Stratton, Inc., 1959.
3. DEUTSCH, HELENE: *A Procedure for Evaluating the Results of Psychoanalysis*. J. Amer. Psa. Assn., VII, 1959, p. 445.
4. ESCALONA, SIBYLLE and HEIDER, G. M.: *Prediction and Outcome. A Study in Child Development*. New York: Basic Books, Inc., 1959.
5. FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., 1945.
6. FREUD: *On Psychotherapy* (1904). Coll. Papers, I.
7. ———: *Further Recommendations in the Technique of Psychoanalysis*. Coll. Papers, II.
8. GLOVER, EDWARD: *Ego Distortion*. Int. J. Psa., XXXIV, 1958, p. 260.
9. HOLLINGSHEAD, AUGUST B. and REDLICH, FREDRICK C.: *Social Class and Mental Illness: A Community Study*. New York: John Wiley & Sons, Inc., 1958.
10. KARUSH, AARON: *Criteria for Analyzability* (Panel Report). J. Amer. Psa. Assn., VIII, 1960, p. 141.
11. PFEFFER, ARNOLD Z.: *A Procedure for Evaluating the Results of Psychoanalysis*. J. Amer. Psa. Assn., VII, 1959, p. 418.
12. WAELDER, ROBERT: Address at the Midwinter Meeting of the American Psychoanalytic Association, New York, 1959.
13. WALDHORN, HERBERT F.: Panel Report, see Ref. 10; also, *Assessment of Analyzability: Technical and Theoretical Observations*. This Quarterly, XXIX, 1960, p. 478.
14. ZETZEL, ELIZABETH: Panel Report, see Ref. 10.
15. ——— [ROSENBERG]: *Anxiety and the Capacity to Bear It*. Int. J. Psa., XXX, 1949, p. 1.

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# ASSESSMENT OF ANALYZABILITY: TECHNICAL AND THEORETICAL OBSERVATIONS

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The technical problems of assessing analyzability and the related theoretical problems of establishing specific criteria of analyzability have commanded increasing attention in recent years. This problem has been sharpened by the difficulties encountered by intake committees of the various treatment centers and analytic clinics in dealing with the increased demand for therapy. Similar questions are involved in the task of assigning suitable patients for supervised analysis, and many of these considerations also bear upon selection of candidates for analytic training. While there are many references in the literature to the wide variety of clinical and theoretical phenomena believed to be relevant to these questions, no integrated discussion of these problems seems now available.

In reviewing the literature on this subject, one is struck by the necessity for bearing in mind the historical evolution and maturation of psychoanalytic theory and technique. In the early years indications for analysis often ranged from what we still know to be sound to the bizarre and trivial. Within the theoretical framework of that time, a great deal that was considered proper analytic technique included such nonanalytic interventions as direct suggestion and manipulation of transference. Inadequate understanding of the full interplay between analyst and patient led to many misvaluations of clinical experience and, accordingly, to many contributions to the literature, the significance and relevance of which are difficult to assess.

Freud referred to the question of analyzability in a number of papers written between 1904 and 1924. Most were brief statements offered as clinical hints without much discussion of the-

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Presented in shorter form under the title, *Some Technical and Theoretical Observations Concerning Assessment of Analyzability*, before the New York Psychoanalytic Society, February 1960, and at the Annual Meeting of the American Psychoanalytic Association in Philadelphia, April 1959.

oretical considerations. Behavior and personality were discussed in nontechnical and common-sense terms, and no sophisticated assessment of the significance or interrelation of these features was attempted. In the Encyclopedia article on psychoanalysis (15), for example, he limits himself essentially to the injunctions originally offered in the paper, *On Psychotherapy* (5), in which patients were considered to be analyzable if they were still young enough (under fifty) to retain sufficient psychic plasticity to be educable, if they were not of limited intelligence, if they were reliable and not of worthless or degenerate character, if their illness fell within the category of transference (not narcissistic) neuroses, and if they were not urgently requiring the removal of symptoms.

More specific, clinically illustrated contributions were presented during this period in the papers on technique, particularly in *Further Recommendations on the Technique of Psychoanalysis* (11). Here Freud took up the special problems of initiating the therapy which begin with the selection of patients. He insisted that the only adequate type of preliminary examination consisted of beginning the analysis provisionally, with the understanding that the first week or two serve as a trial of analyzability and of patient-analyst suitability. He advised distrust of all patients who try to put off beginning treatment, regardless of the rationalizations offered; firm and explicit arrangements as to fee and time schedule must be made in frank fashion, lest repeated difficulties in these spheres be later exploited to block the therapeutic work. He stated that previous treatment, elaborate discussions about analysis, or social contact between patient and analyst tend to interfere with suitable transference developments and thus hamper the chances of therapeutic success. He advised against analyzing friends or relatives unless no other choice is available, but seemed to be making reference only to the fact that the analyst is bound to lose a friend or damage a relationship in the process. Patients who wish to violate the fundamental rule by keeping certain matters secret and by conducting the analysis with reservations he considered to be manifesting some particularly prominent resist-

ance at the very outset of therapy. He mentioned that scopophilic patients might be troubled by the analyst's position behind the couch, but did not specifically mention any other symptoms which might cause difficulty in the conduct of the analysis. He emphasized the importance of epinosic gain and of the 'ineradicable horror of analysis' felt by patients after a bad experience with 'wild analysis' as factors which often made analysis impossible.

These clinical and theoretical observations were strikingly augmented by the appearance of the paper, *Some Character Types Met With in Psychoanalytic Work* (12), detailing the psychology of the exceptions, those wrecked by success, and the criminals from the sense of guilt. Freud indicated that his attention was drawn to the problems described because of the prominent resistances to analysis derived from the character of these patients, influences which often nullified the analyst's best efforts at cure. This emphasis on the characterological determinants of a patient's behavior in analysis was something of a departure from the earlier preoccupation with the narrower concerns about resistance to the lifting of repression, and the necessity to fathom and undo the distorted content of symptom and thought. Although these technical points were made only in passing, attention was focused on those features of the patient's general behavior and on those characteristic responses to the vicissitudes of their life and environment which would intrude themselves inevitably in the patient's analysis and affect the therapeutic course and result. A rich understanding of the genesis and evolution of these character types and of the derivation of their traditional behavior from the basic conflicts involved presaged the awareness of the important structural determinants in every aspect of the patient's response in analysis.

Although other passing references to this topic are to be found in Freud's writings beginning with 1915 (12, 13, 14, 16, 17), he returned to it specifically in *Analysis Terminable and Interminable* (18). It should be noted that the main purpose of his discussion was not oriented toward the ascertaining of analyza-

bility at the outset of a therapy, but focused on the factors which suggested limits as to how far various analyses might be expected to proceed. This paper clearly showed the imprint of the more advanced theoretical concepts he had elaborated about the dual instinct theory and the structural hypothesis.

Freud maintained that the interrelationship between the strength of the instincts at any particular time, and the degree of modification of the ego, caused by the defensive operations, were factors determining the possibility of a favorable therapeutic outcome of the pathological conflicts in any patient. He spoke in this connection of the re-enforcements of instincts which occur at puberty and the menopause, and also those which are possible consequences of fresh traumata or frustrations. Internal economic shifts between the various psychic agencies also could, in some instances, produce temporary intensification of the instinctual forces. Another polarity which he cited as influencing change and resistance to change in psychic functioning was the adhesiveness of libido and cathectic fidelity as opposed to mobility of libidinal attachments. He referred to periods of psychic inertia and of varying capacities for change and development, ideas which related to temporal and maturational influences, as well as to the shifts in the balance of forces which arose out of changing life situations.

In discussing the vicissitudes of aggression (specifically assigning responsibility to the effect of superego demands), Freud gave emphasis to the obvious implications for therapy of the wish for illness and suffering derived from a sense of guilt and need for punishment. The related phenomena of masochism, negative therapeutic reaction, and passivity were also examined as they influenced the possibility of cure by analysis. He attributed the frequent appearance of the strongest transference resistances in the course of analysis to the castration complex and the attendant penis envy in women and the rebellious overcompensatory struggle against passivity in the male. He cited the recurrent acute depressions among women with fixations to phallic levels of severe penis envy, and noted that they were

often accompanied by the unshakable conviction that no help could be expected from analysis. Reference was also made to the possibility that personal characteristics of the analyst might disadvantageously mesh with the complications arising out of some of these variables and further limit the effectiveness of analysis.

Excluding the brief and nonilluminating recapitulation of some old ideas in the posthumous *Outline of Psychoanalysis* (19), no other specific attention to this problem was found in Freud's writings. It is obvious, however, that the publication of *The Ego and the Id* in 1923, and the guide it offered to the elaboration of modern structural theory and to ego psychology, has been the stimulus for a long sequence of relevant papers on technique and theory (2, 3, 21, 24, 25, 29, 31).

Anna Freud (4) extended these insights and demonstrated an extremely profitable method of examining a host of related clinical and theoretical problems by stressing the importance of certain functions of the ego to the analytic process as well as to the genesis and development of the neurosis. Attention is drawn to her description of the threefold nature of the ego's relation to the work of analysis. She spoke of the faculty of self-observation, the critical role of the ego in further registering and communicating information, sometimes falsifying and concealing data in the process, and finally of the fact that the defensive operations of the ego are themselves the object of analysis. She reminded us that certain resistances in the course of analysis have their origin in the defense against instinctual derivatives and against the affects associated with instinctual impulses emerging in the analysis. She stressed the significance of these phenomena in symptom formation and for the pattern of response to the demands for free association and to the exposure of instinctual conflicts in the analysis.

In addition she noted the importance of the permanent defense phenomena emphasized by Wilhelm Reich (28) in his elaboration of character resistances. It was this emphasis on the nature and origin of the defense which led her to estimate analytic prognosis, according to the type of anxiety which has served as the motive for defense, as follows: where superego

anxiety has led to a purely endopsychic conflict, a satisfactory result depends on the relatively easier task of modifying the superego through analysis of the identifications and the aggressiveness involved. Where objective anxiety motivates defense, as in infantile neurosis, or when archaic, allegedly objective anxieties continue to determine defensive patterns, the ego must, through analysis, learn both the fantastic nature of the anxiety and become able to tolerate some pain and frustration without immediate recourse to defensive mechanisms. When defense is derived from the patient's dread of the strength of his own instincts, the fear of being submerged by the id acts as a powerful deterrent to the participation of the ego in the task of undoing defense. The analytic work can then weaken the ego and intensify the pathological process.

Anna Freud's discussion of the interplay of the ego and the id in the critical events of puberty, which clearly parallels Freud's ideas in *Analysis Terminable and Interminable*, is germane to our discussion although it is not directly connected with the question of analyzability. She cites three factors whose interaction determine the outcome of pubertal development: '... first, the strength of the id impulses, which is conditioned by physiological processes at puberty; second, the ego's tolerance or intolerance of instinct, which depends on the character formed during the latency period; third, ... the nature and efficacy of the defense mechanisms at the ego's command ...' (4, p. 165). She examines such phenomena as asceticism and intellectualization at puberty, object love, identification, and sublimation—which are all worthy of anamnestic review in any evaluation of a patient's analyzability.

On the application of analytic therapy to a broader range of clinical conditions, the literature yields many papers which contribute to the establishment of criteria of analyzability. Abraham (1), Waelder (31), Stern (29), Kaufman (24), Cohn (2), Glover (22), Nunberg (27), Knight (25), Eissler (3), and others have contributed valuable studies during a span of years which have wrought much change in analytic theory and technique.

Stone (30), in 1954, offered a critical review of much of this material, enriched by clinical observations. He prefaced his comments on the widening scope of indications for psychoanalysis with the observation that in some communities there are social pressures in favor of psychoanalysis which—combined with an overly zealous application of it—lead to its employment when some other therapy would be more suitable. Although mainly concerned with choice of parameters to be employed in treatment of psychotic and borderline cases and with which techniques could be called true psychoanalysis, he made many pertinent observations on the indications for a classical psychoanalytic approach. Singling out the problem of narcissistic transferences, he cited the patient's fear of the primitive intensity of his infantile and ambivalent transferences, rather than a basic inability to develop a transference, as the crucial problem with borderline patients. He believes that the unstable and detached quality of such transferences can often be foreshadowed by a definite aloofness, reservation or superciliousness of manner in the patient when first interviewed. Awareness of the insatiable, bizarre, and extreme character of the fulfilment of demands expected in the fantasied relationship to the analyst helps in understanding the disruptive nullification of therapeutic efforts often seen with borderline cases. The significance of such observations for related transference difficulties encountered in any analysis may be legitimately inferred.

Offering no revision of diagnostic classifications, and the traditional assessments based on them, Stone emphasized that extranosophical considerations as well as the individual therapist's personality features and predilections may profoundly influence indications and prognoses. Stone's experience with the challenging task of evaluating borderline cases and severe character disturbances led him to advocate repeated interviews aimed at obtaining subtle indices of analyzability by observing gait, posture, voice, mimetic ability, mode of thought and verbal expression, and the like, especially as reflected in the relationship to the examiner. Although Stone often leaves one

wishing for more complete explanations of which signs are meaningful and why, he stresses the belief that the promise of a workable interplay with the analyst may be derived from the longitudinal history of the character and pattern of the patient's relationships with people in general, and that there is great value in determining a prospective analysand's nonmasochistic tolerance of unavoidable suffering, his courage and patience, and his relative freedom from expectations of magical cure. He finds favorable in the patient some skill and interest in self-observation and self-appraisal, as well as some talents which may facilitate the emergency release of tensions and contribute to the sublimation of elements in his fantasy life.

In addition, Stone suggested evaluating those aspects of the life situation and milieu which can throw some light on the possible rewards of cure, the degree of independence of thought and action conceivably attainable, and the general mobility of the life situation. These considerations are perhaps at the opposite pole from the subjective questions of motive and possible secondary gain, important as the latter are in themselves. He believes also that the analyst's interests, predilections, and habitual emotional reactions are of particular importance in meeting the special transference needs of borderline patients. Stone concludes that any few or several of these considerations may reverse, or at least profoundly modify, the nosological considerations in assessing analyzability.

Glover (22) adheres to a traditional nosology arranged in order of his view of accessibility to treatment. Any such ordering or ranking of diagnostic categories is based on a particular set of theoretical assumptions, and Glover's orientation is made clear and more succinct in his paper, *The Indications for Analysis* (23), in which he develops an approach which focuses on the fixation points in the course of development to which the individual regresses when faced with trauma or frustration. The degree of ego disorder and the transference potential or accessibility are determined by the location in time of the early maldevelopment. The ambivalence of transferences from early fixa-

tion levels and the necessity of the ego to defend itself against further regression determine the refractoriness of his intractable cases, and in varying degrees the pattern of response to analysis.

Many of Glover's clinical observations on the characteristic forms of object relations and fantasy life seen at the different levels of regression contribute valuable clues to assessing the technical problems inherent in dealing with such phenomena. His fundamental attitude remains, however, that the degree of accessibility to analysis is more or less the same for all cases within a diagnostic category. This does not seem to correspond to the fact that there are wide variations in depth of regression in the same patient under differing circumstances, and among many patients with different character structures or life situations but with the same diagnosis.

Fenichel (20) added to this method of diagnostic approach the more sophisticated awareness that the crucial factor in determining accessibility really depends on the dynamic relationship between resistance and the wish for recovery. In listing the contraindications for analysis, he included the 'lack of a reasonable and coöperative ego' as the most important consideration, but stated that it is one of the most difficult to judge. In this connection he advised trial analysis to help ascertain the existence of, and in some cases to help create, a coöperative ego.

Nunberg (27) is also impressed with the motivating power of the wish for recovery. He says this must be distinguished, however, from the drive to confess, from efforts to dispel anxiety by talking about one's problems, or from the pursuit of narcissistic gratification in analysis as well as the wish to indulge a host of gratifications other than striving for recovery. Taking his point of departure from the libido available for the transference, Nunberg also speaks of ego strength in relation to the strength of instincts as the critical variable in determining the response to analysis. The synthetic function of the ego, its ability to endure pain and tension, and its vulnerability to the super-ego are the crucial factors stressed; but no procedure for measurement or assessment of the ego's strength is included.

From the foregoing it can be seen that the literature contains several differing theoretical orientations and assessments of the importance of such factors as ego strength, therapeutic motivation, dependable transference potentialities, depth of regression, etc., which are repeatedly encountered, but there does not seem to be any widespread agreement on their precise meaning or proper application in clinical situations. Even when tables of diagnostic categories according to accessibility and prognosis are offered, references are still to be found to the complexity and overlapping of clinical features in mixed neuroses, just as there are inevitably complex overlapping influences in every aspect of mental life. While many instructive and valuable contributions to this problem have been made, they have often been too tangentially discussed, or phrased in terms too vaguely defined to serve as a basis for establishing workable criteria of analyzability. The need for some better organized and more precise approach to this problem seems to be genuine.

During the winter of 1957-1958, a section of the Kris Study Group, a postgraduate research and discussion seminar at the New York Psychoanalytic Institute, conducted an investigation of some of these questions under the leadership of Rudolph Loewenstein, and much of the material presented here is derived from a report of the conclusions of that study. The responsibility for the formulations offered here is solely the author's, but the stimulating and instructive group discussions led to many of the elaborations and constructions reached in this paper.

Decisions are made every day about accepting patients for analysis, but clearcut explanations of the basis for the analyst's decision are often difficult to elicit. Rather than accept too readily the idea of a special mystique of prognosis and evaluation, an attempt should be made to survey the detailed content of the initial hours of consultation with prospective patients in order to provide clues for determining their analyzability. To avoid duplication of the many valuable studies already published on widening the range of indications for psychoanalysis and on

variations in technique demanded by special clinical problems, the following observations are applied to the problem of assessing analyzability only in cases which are generally agreed to be suitable for psychoanalysis: neuroses, character disorders, mild perversions and impulse disorders, disturbances of sexual functions in an otherwise satisfactory character structure, and some questionable borderline states.

Certain generally accepted ideas which have provided a basis for an approach to this problem must be cited.

The fundamental assumption of most psychoanalytic theories of therapeutic effectiveness is that the simultaneous interplay of the past and present psychic influences which are involved in the genesis of the neurosis is duplicated in the analysis itself. That is, all of the multiple determinants of the character traits, symptoms, associations, dreams, thoughts, and behavior of the neurotic patient are derived from particular psychic, somatic, and social realities of the past, and these are characteristically manifested and re-experienced in the analysis, both in the transference and in the content and form of the analytic hours. In other words, the patient's life, his illness, and his character color and influence the course of the analysis as the neurosis is being exposed and in many ways relived.

To assess the significance of the most relevant presenting features useful in determining analyzability in a prospective analysis, we must first be able to assess what demands analysis will make on the patient, and what will be the probable vicissitudes of his illness and his life situation in the course of his analysis. Next, we must know what functions and resources of his mental and physical makeup will be called upon to meet these demands. The significance of the structural hypothesis and the principle of multiple functioning for all analytic theory requires evaluation not only of those ego functions which seem appropriate to study, but also the significant operations of the id and superego structures and the impact of external reality as they relate to the psychic experience of being analyzed.

The task of integrating the data about each of these aspects of

the problem in any particular case requires the use of subtle judgments as to the relative importance of each element, combined with an alertness to the changes in the patient's experience which constantly alter the balance in the dynamic picture and our impression of it.

As a further preliminary, we may attempt to arrive at a more explicit understanding of the problem involved by examining what is meant by an 'unanalyzable patient'. This expression may be taken to mean a patient who will, in the course of an analysis, for whatever reason, either quit the treatment prematurely, or become significantly sicker, or behave in a way dangerous to himself or others, or fail to progress beyond a certain point while being content to remain in analysis.

Obviously enough, a patient who quits prematurely is not analyzable, or no longer analyzable at the moment. It may be, however, that even if the reason the patient offers for discontinuing seems perfectly plausible, or even is based on a presumably unavoidable reality, this does not alter the conclusion that this patient became by that fact unanalyzable.

In the instance of the patient who becomes sicker in analysis, reference is not made to the inevitable regressions and anxieties encountered in every analysis, but to those cases in which a menacing aggravation of symptoms may lead, for example, to paralyzing compulsions or phobias, or to psychotic withdrawals from workable contact with the analyst and other objects. Suicidal and homicidal patients often require prompt nonanalytic handling. But the analysis can also be disrupted by less apparent dangers. Certain types of impulsive acting out or serious defects in reality testing can emerge in the course of analysis as the consequence of the therapeutic breakdown of defenses, and may constitute dangers of sufficient severity to warrant interruption of an analysis.

As for patients who fail to progress beyond a certain point, reference is made to the stalemate which is frequently reached when some incompletely resolved conflict or only partially analyzed problem is followed by the appearance of a new, stable

pattern of adjustment. Such a patient has become more or less content with his state of affairs, and repetitively clings only to familiar material, and in other ways avoids associations and insights fraught with anxiety. He selectively remembers the interpretations which bolster his enjoyment of the compromise situation and goes through the motions of continuing the analysis.

We reserve the designation 'interminable analysis' for those patients who reach a sequence of unstable, incessantly symptomatic, crisis-laden life experiences and transference storms. Such a state demands constant attention and unending efforts merely to be able to contain or stabilize the extensive neurotic disturbances in and out of the analysis, and analytic progress becomes impossible. It can be said that such developments come about as a consequence of the same general phenomena which determine the favorable sequence of events in analyzable cases. They are predominantly expressions of the equilibrium between various interacting psychic factors, ego controls and superego restrictions on the one hand, and threatening impulses on the other. This equilibrium is constantly being altered, first by the analytic situation itself, or by progress in the analytic work, or by the progression of the neurosis in the patient's total life situation. It is the particular balance which is achieved and maintained among these psychic factors which determines a favorable or unfavorable outcome. The crucial question involved in this discussion is how can we best try to decide from the history and initial interviews what this balance is likely to become after some months or years of analysis.

Certain situations in a patient's life must be considered contraindications to analysis because they make it impossible, while there are others which clearly are too trivial to justify analysis. When there are organic or toxic factors in the etiology of an illness, or any severe organic illness concomitant with the presenting complaints, the needs for appropriate medical therapy will often make analysis impossible, at least at the time of examination. Certain phases of many psychosomatic diseases may be included here. Even benign conditions, such as pregnancy

or prospective minor surgery, for example, raise the question of interruption of the analysis in its early stages, and some awareness of the effect of such an interruption has to be kept in mind in evaluating the impact of many of the other factors to be discussed below. Mental or emotional distress which is minimal or which is reactive to current transient situations is better treated by briefer, less arduous therapy than analysis. The point which Stone made about social pressures for analysis may well be one of the factors which led to the finding, in a recent survey by Lewin and Ross (1960), that psychiatrists, doctors, social workers, and others in the health fields make up the largest category of patients in analysis (26). Clearly, important factors other than appropriate need for therapy are at work here.

It should be noted that of all the factors involved in assessing analyzability at a particular time those which are attributable to the organization and functioning of the ego and superego are more accessible to evaluation than id factors. It therefore seems logical to consider ego factors first.

It can be stressed that in each case an effort will be made here to appraise an individual ego function or isolated subgroup of ego functions by scrutinizing certain aspects of the patient's communications and history. Admittedly this involves a wholly arbitrary separation of component functions, since all of these ego functions operate simultaneously, along with derivatives from the rest of the psychic apparatus, and from the side of the external environment. None of the clinical features noted below is explainable or likely to be of prognostic significance because of the lack or defect in any one function alone. The combined operation of all of these psychic influences requires that we weigh each detail in conjunction with all of the other impressions obtained in the process of evaluating the total personality and the total life situation. Only then will an assessment of analyzability rest on rational grounds.

Certain features of the analytic situation invariably elicit a variety of ego responses, which in many cases would be the expression of one or more discrete ego functions, and many of

these may be assessed by a review of the patient's history before the analysis begins. Analysis requires, for example, a reasonable tolerance of frustration. This is necessary for several reasons. It is an essential feature of required secondary process thinking, with characteristic postponement of action, and delay in seeking of gratification. It is also required to achieve the gradual accumulation of data leading to logical organization of thought and insight. A further demand for tolerance of frustration is the consequence of the rule of abstinence on the part of the analyst; also to be patient with the inevitable delays in attaining the insights that result in therapeutic developments in the face of suffering and sacrifice. Infantile and narcissistic individuals who during their lives have been unable to form or to sustain object relationships, or lack the ability to persist in serious work, may therefore give us some concern about potential analyzability. Patients who exhibit obvious inability to wait on the telephone or in the consultation room, or those who are quick to seek release from tension in alcohol, food, drugs, or other compulsive behavior, may well be indicating a significantly low tolerance for frustration at the very start of their contact with the analyst.

Restless, hyperactive, and sometimes reactively hyperemotional personalities, who regard themselves the 'toys of fate' are particularly handicapped in their ability to withstand any increase of inner tension, a fact which may be at once apparent. Marked ambivalence which has as one of its determining causes a lifelong intolerance of frustration and disappointment may promptly reveal itself by a display or a history of aggressiveness and vengefulness, and may in other ways give early indication of prospective difficulty in the analysis.

The analytic situation imposes upon the patient a passive role and passive position. The advantages which derive from this fact, so far as the content of the analysis is concerned, or the importance which it has in eliciting a wide range of therapeutically valuable material, cannot be denied. This inevitable assignment to a passive role and position proves in some instances a sizable initial or later obstacle—a defense and resistance pro-

voking stimulus—among patients with certain homosexual, mildly paranoid, or sadomasochistic conflicts. Other patients with prominent castration anxiety, as shown in the manifest fears of physicians, dentists, barbers, tailors, etc., will very likely also have difficulty in this role.

It must be understood that it is not meant that there is no more involved in questions of homosexuality or masochism, or in neuroses reflecting conflicts in these spheres, than the problem of intolerance of passivity. By the same token, when it was suggested above that some intolerance of frustration might be revealed by a history of poor or unsustained object relations, it did not mean that only this factor is involved in such a history, or that there are not influences from other aspects of psychic functioning, such as libidinal pressures or superego restrictions. Here it may be considered valid to concentrate on certain narrow aspects of the clinical picture or of the anamnesis for a specific purpose, in order to seek evidence for the presence or absence of a reasonable capacity for one or another type of ego functioning which is likely to be called upon in the experience of being analyzed.

Thus, one might expect to find in some patients with a history of strong rebellious attitudes to authority a special difficulty in their ability to comply with some of the basic rules of therapy, as regular attendance, arranging schedules, prompt payment of fees, free association, and adherence to other technical injunctions of the analyst. In some patients oedipal and other family events, such as the early death of a parent, maternal overprotection, or fears of being dominated because of having made an identification with a weak parental object, can give rise to serious characterological sequelæ. Defensive needs often lead such patients to indulge in obscure verbal or nonverbal acting out in analysis or to have a tendency to isolate the analytic hour as an unreal exception to their total life experience. These developments in an analysis do not of themselves make a patient unanalyzable, nor are these and similar defenses caused solely by an intolerance of passivity. Such observations, however, com-

bined with other impressions gleaned from the history and the initial interview could in some instances tip the balance in an estimation of the fundamental capacity of an ego to cope with the demands of psychoanalysis.

While analysis may well proceed best under the impetus of a reasonable amount of anxiety, there are types and degrees of anxiety that make analysis more difficult for some patients. In some instances the precipitating circumstances leading to the consultation may constitute a good test situation for judging the capacity of an individual to endure and cope with anxiety-laden situations or relationships. The past history will be instructive as to the degree of anxiety characteristically handled without automatic recourse to flight or to excessive defensive elaboration. Patients with a traditional intolerance of anxiety often give a history of constantly seeking reassurances, either as narcissistic supplies and confirmatory evidences of affection, power, and prestige, or in the form of approval from the super-ego as in instances of pride and satisfaction from some characteristic performance or abstinence, or from the execution of some compulsive ritual. Other patients may reveal a marked incapacity for tolerating anxiety based upon a fear of their own affective responses. Frigid and outwardly unemotional, they may be prone to flee from reality into intellectualization or other abstract interests, such as mathematics, and in some instances, show a traditional development of somatic affect equivalents as the nucleus of their adjustment to anxiety. The erection of new, elaborate defensive structures in response to anxiety would inevitably render analysis difficult or even lead to insurmountable resistance.

To turn to another ego function, speech is essential for analysis. The main problems encountered in this area pertain to the analysis of the resistances of silence and those having to do with the sequelæ of genetic influences centered around the development and importance of the ego function of speech. Such widely varying features in the history as the presence of deaf or mute parents, long-delayed onset of verbalization in childhood, chronic difficulty in communication due to inarticulateness or

anxiety connected with speech, and finally, gross speech defects of severe proportions often contribute to insurmountable difficulty with free association and communication.

Defect in reality testing, combined with some pertinent pathogenic experiences, could result in transference attitudes which preclude or diminish trust in the analyst, or confidence that he can accept uncritically and nonpunitively the confessions and revelations of the patient. Undue prominence of magical thinking and grandiose feelings of omnipotence and influence may in some instances lead to fear of speaking, often intensified by lack of reassuring clues from the analyst, especially when he remains silent for long periods. A history of erotization of speech, perhaps in a singer or even an informal speech virtuoso, or in cases where there is a history of profound inhibition based upon such exhibitionistic conflicts, may threaten some negative influence on the capacity to speak freely in the analysis.

In some instances a patient's psychological apperception, his inability to grasp, combine, or even clearly understand what is told him about his psychic reactions may be an impediment to analyzability. In some degree the patient's age, educability, and intelligence probably bear on these ego factors. A capacity for introspection, as well as the ability to make self-observations and self-appraisals are certainly of the greatest importance. Whether a patient possesses such an ability, or whether he tends toward extremes of narcissistic preoccupation or remains superficially preoccupied with concrete external events, may well be revealed in the initial interview by his mode of presenting himself and his problem to the analyst. The degree and quality of concern about his mental state, and his view of his need for therapy may give good indices of the amount of self-awareness and even of the presence of some amount of insight. The circumstances of the way in which he came to treatment often offer an objective check on this estimate of his capacity for self-observation as well as on the soundness of his motivation in seeking analysis.

The potential range of adaptability is another capacity which can be estimated in some measure from the history of changes

and growth in the course of the patient's development, and from his response to major events in his life. All of these features of ego functioning relate as well to the likelihood of the development of effective insights. From the detailed therapeutic point of view, one would also like to find some index of the patient's ability to translate insight into adequate adaptive behavior. Chronically obsessive, ruminating, intellectualizing, and phobic patients are often reluctant or unable to act on their newly acquired awareness. Individuals who rely heavily on isolation and denial will have corresponding limitations on the working through of new insights and emotional awareness.

Determination of the adequacy of reality testing in a nonpsychotic patient is often subtle and difficult. This capacity can in part be assessed by noting the degree of reliance upon denial, projection, magical thinking, and even the tendency to facile rationalization as shown in the interviews or history. Hypomanic defensive patterns, chronic optimism, and what Lewin calls technical elations are related to disordered reality testing and denial. They are evidences of regression to a primitive ego organization based on the pleasure principle to a troublesome degree. Inadequate reality testing can also encourage acting out tendencies and some forms of extreme naïveté or lack of social awareness, leading to shamelessness or lack of tact. These may be inferred from such things as school problems, sexual promiscuity, abortions, divorces, bizarre job and living arrangements, etc.

The capacity for establishing transference relationships is a *sine qua non* of analyzability. This naturally can be best assessed from the history and the patterns of a person's object relations in general. Of course, id factors and other influences are at work here too, and, as mentioned, a broad array of ego functions simultaneously determines the course of the object relations. If we particularly note the features of the crucial object relations, as shown in family and sibling problems, or during oedipal crises, we may make some valuable inferences. Similar inferences can be drawn from observations in regard to the

presence or lack of close contacts in the infantile period, as well as in the sexual life and in the friendships and enmities in adult life. It is in this connection that Stone's comment about the narcissistically regressed patient's fear of the primitive nature of his frequently ambivalent transferences might be recalled. In the history of such a patient, and possibly in the initial contact with the therapist himself, detached or aloof responses, or stormy and unstable, violent relationships in the past may often be discovered. Among less common problems are those connected with the impact of malignant identifications, such as with dead, psychotic, or psychopathic parents. As-if personalities might be considered here as well, since the impact of all such severe identity and object-relation problems on the transference will undoubtedly be important.

The question of the type of anxiety encountered is prognostically distinct from the aforementioned tolerance of anxiety. Different types of anxiety elicit different complex responses from the neurotic individual. Of direct importance is the fact that the nature of many transference reactions may be determined to a great extent by the type of anxiety most habitually experienced. Anna Freud (4) has discussed the ultimate prognostic significance of the different forms of anxiety as well as the special relevance of a history of conspicuous separation anxiety or of anxiety from sibling conflicts which might well be reactivated in the analytic situation. We might also note here that signal anxiety derives from a more mature process and elicits different responses than recurrent traumatic anxiety.

Panic and other violent forms of anxiety exist in many situations, and coping with the effects of anxious storms can often tend to make the analysis more difficult. Special considerations are involved in instances of erotization of anxiety which may be particularly difficult to give up and may seriously interfere with productive analytic work. Some patients traditionally use anxiety as a prominent defense against feeling unsafe, or to ward off feelings of not being alive, often to such a degree as to prove an obstacle to good analytic progress. Some awareness of the

type and extent of the anxiety at the time of the examination, and predominantly present in the past history, may offer a clue as to the probable extreme of anxiety manifestations which can be expected at a later time in the analysis, as well as the detrimental influence this may have on analyzability.

With regard to motivation for analysis, many authors point out the need to distinguish between the manifest statements of the patient about treatment and the probable unconscious significance of attending sessions, and even of eventual cure. It is in this connection that the matter of secondary gain has to be assessed by calculating the value of the illness to the patient in a variety of circumstances. Secondary gain may be won from the environment in the form of attention, love, privileges, or compensation, but it may also be acquired from the superego in the form of pride in reaction-formation or asceticism, and in the appeasement of suffering or loss of feeling of responsibility frequently sought. The narcissistic pleasure from a variety of over-compensations inherent in the neurotic pattern which have not as yet met with significant frustration from reality may further induce the patient to cling to his neurosis. The satisfactions present in cases with perverse practices when there is no severe conflict with reality or social pressure causing anxiety tend to give rise to profound resistance to change. Thus the secondary gain connected with the illness may be of very tempting proportions, and the advantages associated with being in analysis itself of varying significance for different patients.

Whether the patient seeks help himself or is sent or forced into it by others, whether there are legal or other pressures involved obscuring the patient's additional interests, or whether his wish is primarily for reassurance or for assistance in escaping or denying a reality, will often be indicated by some details of his initial complaints and story. Unrealizable and unrealistic aims, often completely unconscious, motivate certain patients in whole or in part. The rigidity, chronicity, and immutability of these neurotic demands in the face of reality often give a clue to the probability of change. The patient who wants to be made

rich or successful, or to be able to undo the past, or to overcome physical limitations and defects (including problems of inordinate penis envy), often seeks analysis under the cover of some convenient and apparently plausible rationalization. Special note might be made here of the psychology of the exception, especially those who seek a 'lifelong reimbursement from fate'. Here the need for vengeance, for freedom from responsibility, and the drive for compensatory gratification in many forms will handicap any analysis, and such symptoms often lead to disastrous dishonesty, unreliability, and dangerous acting out. Patients who come under the category of those 'wrecked by success' usually suffer from so strong a sense of guilt from infantile sexual conflicts that they often give an ominous history of marked inability to enjoy success, a feature likely to form the basis of a masochistic exploitation of suffering and difficulty in the analysis.

As a final subdivision of ego phenomena relating to analyzability there are the special problems which arise from various automatic defense mechanisms which can prove to be more or less formidable resistances in analysis. In addition to the various defensive phenomena mentioned so far, there are cases in which one may speak of a hypertrophy of a defense, particularly denial or intellectualization and isolation, which could significantly block effective analytic work. Neurotic exogamy, for example, may be so intractable as to form the basis for special difficulty or inability to work with a particular analyst, a special instance amplified below. A profound reaction-formation against feared emotions may elicit a hyperemotional response in the course of exaggerating counteremotions, and the patient may show a characteristic inability to relax and to examine his emotions in a relatively objective way. The reliance on magical thinking and gestures, or the habitual juggling of reality in thought, exemplified by absurd exaggeration or even tendencies to pseudologia and dereism may be instances of defensive patterns certain to lead to prompt and profound resistances. The severity of the conflict at the time of examination or the instability of the whole

defensive structure may make it impossible for the patient in analysis to achieve any loosening of such an intractable resistance; a previous history of particularly unchanging defensive patterns often gives a clue to such resistance. A patient who proposes to start with a reservation or limitation regarding analysis may well be indicating such an intractable resistance from the outset.

As already noted in the discussion of the problem of defenses, previous symptom formation also tends to preclude analysis in certain cases, e.g., severe agoraphobia, claustrophobia, depression, mutism, etc. Many other symptoms, of course, can often yield, even on superficial estimate of their derivation and content, insights or inferences which bear on the capacities to respond in analysis. For example, pseudosexuality can be distinguished from true genital primacy within a relationship, and pseudo-object relations, based on attempts to cope with narcissistic needs and varying anxieties, also have a somewhat limiting prognostic significance. Symptom patterns which move toward somatic conversions threaten to cause difficulties in or even interruptions of the analysis by producing intractable suffering or needs for other medical or surgical therapy. Fetishistic or perverse syndromes which have long been relied upon to cope with intense castration anxiety are usually given up only after a long struggle, and, in many cases, only when a satisfactory alternative safeguard is offered. The new reliance on the analyst, or on a new conception of the castration danger as less imminent, may be slow in developing, and the resistance to relinquishing this type of symptom and to any threatening change will be great. Special mention should be made of those cases of extraordinary, immediate, and unmanageable positive or negative transference reactions which sometimes occur. These may be due to particular associations to one analyst, and not necessarily present with another, say of a different sex or with a different set of personal characteristics. Such a situation can often account for an unexpected instance of unanalyzability in an otherwise suitable patient.

From the side of the superego a number of important considerations apply. The type of superego discernible in the past and current behavior and in the character structure may vary from the harsh and punitive to the defective and corruptible, and its influence on the analysis varies correspondingly. For example, a need for punishment undoubtedly plays a role in determining tolerance of analytic progress, and it can particularly influence the ability to cope with the relief of symptoms. Pity may be a prominent feature and be determined by the magical intention of demonstrating how kindly and tolerantly the patient would like to be treated by his own, possibly harsh, superego. Jestings can also illustrate a need to avoid punishment related to instinctual guilt, by a combination of exhibitionistic, seductive, and aggressive maneuvers, frequently involving propitiatory self-punishment as well. Religious attitudes, or general proneness to confession or self-accusation are ways in which feelings of guilt are dealt with, and this may also be observed in patterns of masochism, depression, trends toward delinquency and criminality, lying, and accident proneness. The history of onset of a neurosis after the death of an object should give rise to concern about the superego influence on analyzability. The clinical problem here is the negative therapeutic reaction, observed most frequently in masochistic characters, but also seen, as noted before, in those who are in conflict about the unconscious significance of any success, and in those who have other strong motivations for wrecking the treatment. A history of depression, or of reactions of unworthiness to successful achievement, or of improvement in the psychological state during physical illness or other real misfortune, all point to the possibility of frequent or troublesome negative therapeutic reaction.

The state of the drives contributing to the conflict situation and influencing the defensive reactions and guilt about drive break-through also plays an important part in determining analyzability. The study of the sexual development from infancy, and of normal and abnormal sexuality—particularly in puberty and after marriage—will be instructive in this regard.

Masturbatory practices and fantasies, and evidences of sexual hyperactivity, or profound sexual inhibition, if ascertainable, give some indication of the intensity of drives. Temper tantrums, aggressive outbursts of violence, sadistic behavior, or self-mutilation also inform about aggressive tensions. Sadistic impulses expressed in characteristic patterns of cruelty and injustices or more subtly concealed within rationalized and idealized ego attitudes or in reaction-formations of kindness and ethicality may result in stubborn, combative contradictoriness contributing further to the intensification of resistance. Classical obsessive-compulsive patients frequently show the derivatives of their intense anal-sadistic fixation by such characteristic stubbornness and other related symptomatology which can be disruptive of analytic work. Sadomasochistic erotization of the transference may give rise to hostile and uncoöperative behavior in the analysis and can be anticipated if there has been a history of extreme instances of such reactions in preanalytic relationships. The absence of outside gratifications or of adequate sublimations limits the capacity of the individual to deal with the excessive intensity of his drives. The relative value of the drive factors involved in assessing analyzability is particularly difficult to isolate and define, but becomes especially important in proportion to the depth of regression or severity of ambivalence often seen in immature or temporarily regressed patients.

Considerations of external reality obviously bear on analyzability. The influences of living with neurotic or psychotic members of a family have unpredictably complicating influences of varying proportions on any analysis, ranging from 'family neuroses' to the totally defeating influence of a disturbed spouse or parent who feels threatened by the patient's therapy.

Some unrealistic attitudes toward analysis emanate from previous therapies, including unresolved transferences. There are those too in whom extraordinary expectations and inappropriate demands have been strongly encouraged by others, or where unsuitable forms of therapy or, in some instances, unethical behavior have been complicating realities. Some awareness of the

content of any consultation leading to referral to the analyst will be valuable, since the impact of former experiences may tend to set a limit on what can reasonably be expected to be accomplished. The question of the worthwhileness of analysis as the therapy of choice will be determined by features which must be noted in both patient and prospective analyst. The age, past history, life prospects, and characterological features of a patient may militate against spending so much time, money, and energy for a result which, at best, would not be very noteworthy or gratifying.

The possibility, for example, that a forty-five-year-old woman with a history of poor object relationships, who has never had any sexual feelings or satisfactory sexual experience, will attain a mature sexual partnership is far too remote to justify psychoanalysis. A married man with a neurotic spouse and dependent children, to whom he is nevertheless deeply attached, very possibly never could be cured of his masochistic self-victimization. Such a patient were better offered other help to adapt himself to a tie he will never relinquish, however painful. By the same token, the interests, prejudices, energies, and clinical experience of the analyst will effectively determine his suitability as the analyst for some cases and not for others.

It will be seen at once that the practical task of summarizing evaluations made about such a roster of functions and considerations would require an awareness of the interrelatedness of many of these phenomena, of their potentiating and mitigating effects when coexisting, and of their fluctuations in intensity, stability, and duration in response to a wide variety of influences. We are inevitably handicapped in any attempt to systematize such a technique of evaluation by the difficulty inherent in measuring such subtle, abstract, and evanescent clinical phenomena, and by the impropriety of fixing allegedly significant limits in regard to complex functions which exist only in a complex and ever-changing context. Nevertheless, some assessment is and must always be made for each patient we accept or

reject, and an awareness of the many details we must review can only facilitate optimal appraisals. One or several of these problems occurs in every analysis; indeed patients with such features are often successfully analyzed. Were none of these phenomena present the patient would not be in treatment. Where many of these features are present, or several to an intense degree, analysis is proportionately more difficult, sometimes impossible.

From the practical side, it is clear that we wish to ascertain the existence of appropriate indications for analysis as rapidly as possible. In regard to these clinical observations, some assessments will become possible at the very outset—using data from and about the referring source, the patient's behavior and appearance at the initial interview, the nature of his communications about his illness (his complaints, symptoms, and history), and his life situation. Other information and clinical evidence will be forthcoming only later, as shown in his reactions to the analyst, to the repeated sessions, to the couch, etc. The appearance of inconsistencies in subsequent elaborations, further amplifications of a complex history, revelations of repetitive mechanisms and behavior all necessarily require passage of time to unfold. Much that we would like to know in determining analyzability and the obviously important and implicit related questions of the likelihood of a reasonably good prognosis only become apparent at the advanced stages or at the end of an analysis.

Thus, to make practicable a theoretically well-grounded rationale of surveying a patient, some consensus of the views of many groups of colleagues on the relative importance and utility of these various factors must be assembled. Similarly, a survey of successful technical maneuvers in the initial periods of assessing analyzability would be a necessary adjunct to this approach. History taking, the immediate or delayed use of the couch, assembling information from outside sources, use of active interviewing techniques for one or more hours, and finally the ill-defined trial analysis have all come up for discussion in

this context. The validity and usefulness of these and related techniques vary from case to case and from analyst to analyst. It is to be hoped that this amplification of the problems of assessing analyzability will stimulate further discussion about these practical matters as well as about the equally important theoretical aspects of the problem.

## REFERENCES

1. ABRAHAM, KARL: *The Applicability of Psychoanalytic Therapy to Patients of Advanced Age* (1919). In: *Selected Papers, I*. New York: Basic Books, Inc., 1953, pp. 312-317.
2. COHN, FRANZ: *Practical Approach to the Problem of the Narcissistic Neurosis*. This QUARTERLY, IX, 1940, pp. 64-79.
3. EISSLER, KURT: *The Effect of the Ego on the Psychoanalytic Technique*. J. Amer. Ps. Assn., I, 1953, p. 104.
4. FREUD, ANNA: *The Ego and the Mechanism of Defense* (1936). New York: International Universities Press, Inc., 1946.
5. FREUD: *On Psychotherapy* (1904). Standard Edition, VII, pp. 257-268.
6. ———: *Freud's Psychoanalytic Method* (1904). Standard Edition, VII, pp. 249-254.
7. ———: *'Wild' Psychoanalysis* (1910). Standard Edition, XI, pp. 219-227.
8. ———: *The Future Prospects of Psychoanalytic Therapy* (1910). Standard Edition, XI, pp. 139-151.
9. ———: *Types of Onset of Neurosis* (1912). Standard Edition, XII, pp. 227-238.
10. ———: *Recommendations to Physicians Practicing Psychoanalysis* (1912). Standard Edition, XII, pp. 109-120.
11. ———: *Further Recommendations on the Technique of Psychoanalysis* (1913-1915). Standard Edition, XII, pp. 121-173.
12. ———: *Some Character Types Met With in Psychoanalytic Work* (1915). Standard Edition, XIV, pp. 309-333.
13. ———: *A Difficulty in the Path of Psychoanalysis* (1917). Standard Edition, XVII, pp. 135-144.
14. ———: *General Introduction to Psychoanalysis* (1916-1917). New York: Perma Giants, 1949.
15. ———: *Two Encyclopedia Articles* (1923). Standard Edition, XVIII, pp. 233-259.
16. ———: *The Ego and the Id* (1923). London: Hogarth Press, 1927.
17. ———: *Neurosis and Psychosis* (1924). Coll. Papers, II, pp. 250-254.
18. ———: *Analysis Terminable and Interminable* (1937). Coll. Papers, V, pp. 316-357.
19. ———: *An Outline of Psychoanalysis* (1938). Int. J. Ps., XXI, 1940, pp. 27-84.

20. FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., 1945.
21. FERENCZI, SANDOR: Technical Difficulties in an Analysis of Hysteria. In: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Hogarth Press, 1926.
22. GLOVER, EDWARD: *The Technique of Psychoanalysis*. New York: International Universities Press, Inc., 1955.
23. ———: The Indications for Psychoanalysis. In: *The Early Development of Mind*. New York: International Universities Press, Inc., 1956.
24. KAUFMAN, M. RALPH: *Psychoanalysis in Late Life Depressions*. This QUARTERLY, VI, 1937, pp. 308-335.
25. KNIGHT, ROBERT: Borderline States. In: *Drives, Affects, and Behavior*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., 1953.
26. LEWIN, BERTRAM D. and ROSS, HELEN: *Psychoanalytic Education in the United States*. New York: W. W. Norton & Co., Inc., 1960.
27. NUNBERG, HERMAN: *Principles of Psychoanalysis*. New York: International Universities Press, Inc., 1955.
28. REICH, WILHELM: *Character Analysis*. New York: Orgone Institute Press, 1945.
29. STERN, ADOLPH: *Psychoanalytic Investigation of and Therapy in the Border Line Group of Neuroses*. This QUARTERLY, VII, 1938, pp. 467-489.
30. STONE, LEO: *The Widening Scope of Indications for Psychoanalysis*. J. Amer. Psa. Assn., II, 1954, pp. 567-594.
31. WAELDER, ROBERT: *The Psychoses, Their Mechanism and Accessibility to Influence* (1924). Int. J. Psa., VI, 1925, pp. 259-281.

## Blind Girl Equals Phallus

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## BLIND GIRL EQUALS PHALLUS

BY BERNARD BRESSLER, M.D. (DURHAM, NORTH CAROLINA)

Fenichel, discussing the problem of passive feminine identification in men, showed that the transvestite wears women's clothes in order to become mother with a penis; in this way, he creates a symbolic equation for himself: 'I am a girl and my whole body is a penis'. This has been condensed from 'I = my whole body = a girl = a little one = a penis'.<sup>1</sup> The equation can be used to understand other disturbances besides transvestitism. One can elaborate on this point and demonstrate that some men need no outer garb to express their passive feminine identification; they clothe the body of the loved one in a projection of their own unconscious image: 'The love that the man directs toward the phallus girl is passively phallic and urethral'.<sup>2</sup> Essentially, all the details described have as their purpose the elimination of deep castration anxiety, stemming not only from the wishes to be a girl, to be loved as one, but also from attempts to handle negative oedipal material. It is to be noted that this particular kind of identification is preceded by a regression to oral sadistic fantasies of incorporating the penis.

A patient of mine, a forty-year-old married scientist, added another feature to the equation: a little girl who was blind. He came into analysis complaining of a depression and of a well-nigh complete work inhibition which had been developing gradually over the years. He also suffered from an intense bisexuality which seemed almost constitutional in nature.

The patient was a youngest child. His father had become nationally known by his contributions to chemistry. The mother had been an accomplished scientist before her marriage, but relinquished her own career for the sake of her husband's. She

<sup>1</sup> Fenichel, Otto: *The Symbolic Equation: Girl = Phallus*. This *QUARTERLY*, XVIII, 1949, pp. 303-324. Also in: *The Collected Papers of Otto Fenichel. Second Series*. New York: W. W. Norton & Co., 1954, pp. 3-18.

<sup>2</sup> *Ibid.*, p. 15.

seemed to be a good mother and a loyal, submissive wife; but she was rebellious because of the sacrifice she had made. Her discontent found an outlet in frequently turning to her son and complaining bitterly about her unrealized ambitions. The father, unable to let his wife compete in the scientific field, also carved for himself a special niche in the family: he insisted that his wife treat him as an extraordinary child. This was one of the key factors in the son's analysis. The patient entered treatment unable to accept his father as a man in his own right, and as a worthwhile person with whom to identify himself. Actually, the boy had not been able to turn to his father for help in growing up, and therefore refused to acknowledge his father's real achievements. He thought of his father as a castrated individual, the mother's complaints serving as material for this oedipal fantasy.

Toward the end of the second year in analysis, when the patient had worked through much of his difficulty in his job and was functioning again quite well, he turned to the problem of his bisexuality, presenting material that finally led to the symbolic equation of the 'little blind girl'. The 'little blind girl' seemed real to him in his childhood, and though she accumulated many identities, including that of the patient's own, she can be said to have been at least partially inspired by a sister two and one half years older. Moreover, it is important to emphasize here that her 'loss of sight', probably referring also to the patient's mother, specifically evolved out of the following incident in that much of his castration anxiety centered on what could be seen or exhibited. When the patient was three, he and his older sister were bathed together. It was a time of mutual exhibitionism which stopped suddenly a year later when his sister refused to let him look. This aroused in him an intense desire to 'see more', a wish which revealed an identity of the patient with his sister. He could not accept the absence of a penis in her, and needed to reassure himself that 'more', namely, his or her penis, was still there. The patient had been sleeping in his sister's bedroom until the time when she refused to let

him look. The parents, aware that a sexual problem preoccupied the children, but not knowing the exact details, moved the boy out of his sister's bedroom. The action increased his dilemma. He interpreted it as punishment for his forbidden impulses, and his need to clear up the confusion over his sexual identity was thereby intensified.

The wish to show, like the wish to see, was also denied in childhood in at least two instances. Some time after moving out of his sister's bedroom, he had stood outside his house, with an erection, wanting to urinate into a round mound of grass. A middle-aged woman passed by and said, 'You can't do that here'. This memory, recalled in the analysis, was heavily cathected, appearing prominently in many of his sexual fantasies and contributing greatly to his scopophilic-exhibitionistic tendencies. The incident derived much of its importance from association, in the patient's unconscious, with the way his mother treated his excessive masturbation. She made him wear an extra pair of pants whenever he went out, in the hope of keeping the erection down. Naturally, the pressure of the additional clothing had the opposite effect. The mother's action also contributed to the boy's feeling that his penis should be disguised and hidden, and thereby increased both his exhibitionistic tendencies and his passive anal homosexual fantasies. It should be noted that despite the strangeness of the mother's preventive measures she appears to have been gentle and firm in handling various other sexual problems in her son.

Though it was never entirely clear in the analysis that the 'little blind girl' was primarily the patient's mother, certain data suggest this. The patient frequently witnessed the primal scene, for he would often 'get sick' and be taken into his parents' bedroom where he would peep surreptitiously. The blind girl presumably represented the mother wounded in the primal scene, which the boy interpreted as an attack by father. Shortly after the bathing incident, when he was four or five, he reacted to one such episode of night-watching by soiling himself. A great deal of sexual feeling was connected with this, and later

in the analysis he revealed an inordinate preoccupation with fantasies of producing babies anally, and in that way attempting to compete with women. His castration anxiety was severe, and several dreams in the analysis revealed his terror at having watched the primal scene. In one, which caused him to have an erection and want to masturbate, he saw intercourse as being a brutal assault by a male pheasant on a phallic female pheasant.

Another factor that contributed to his feminine identification was his beauty as a child—he looked almost like a girl. Many maids in the household made him aware of this by playing with his body and several tried to seduce him during his latency.

While the patient was revealing his early life, in particular the memory of the middle-aged woman telling him not to urinate, his youngest daughter was about to go out of town with her mother and sister. Previously, he had identified himself with this daughter in his fantasies of being a girl. Now he produced associations which showed why. As a child he had fallen into a gutter and injured his head, which bled profusely. The wound healed, leaving a scar. Associations to the blood on his forehead led him to think of blood coming from his penis. He recalled a childhood bladder infection with bloody urine which followed his insertion of various objects into the urethra. He wondered whether he had seen blood on his mother's sanitary pad, and identified his bloody urine with a woman's menstrual period. He then made the important association which linked his youngest daughter to his unconscious image of his 'castrated' sister of the bath memory. This daughter had had a hemangioma removed from the same spot where he now had his scar.

His identification of himself with the women of his family was intense. In a dream about his oldest daughter, who had been given the same name as his sister, he saw her with a penis and himself with a vagina. The dream was inspired by an important adolescent memory. During puberty, he would look at himself with his penis concealed so that only his testicles

showed, thinking, 'I want to be a girl so I can get all the intercourse I want'. In other words, he envied the girl's permissive passivity and believed that she could, by seducing men, gratify unceasingly all her wishes for dependency. In adolescence he changed clothes with a girl but at the end of the day changed back to his own, very reluctantly. In this transient transvestitism, the patient tried to deny the self-castration implicit in his wish to be a girl, and at the same time created a typical bisexual image in order to comfort his castration anxiety.

The need to change roles was played out most intensely in his marriage. He had married a woman who worked in the same scientific field as he and who was extremely competitive. Their mutual competitiveness was fed by his deep unconscious wish to be a girl and become the mother of their children. Some of his work inhibitions were due, in part, to this rivalry and also to the self-imposed fear that if he succeeded as a man in his field she would castrate him. He had found his wife to be an appropriate supporting actor for this drama, which had originated in childhood. While he was approaching this problem in his analysis, an incident occurred that revived many memories of wishing and fearing to exhibit himself to middle-aged women; it also increased his marked competitiveness with his wife. While entertaining some visitors from overseas, the patient spoke to them about his work, and was interrupted with such incessant hostility by his wife that finally in anger he 'told her off'. In analysis, he related the episode together with the related associations, and that night he had the following dream.

A little blind girl was walking down the street with her head bent down. Someone said, 'You could walk just as well with your head erect because it could make no difference'. Then she would be like a normal person.

His associations to the dream were as follows: Walking with her head down made no difference; if she were blind she could not see anyway. Her erect head made him think of an erect penis and sexual aggression. 'That makes my legs shake like

jelly.' The patient then remembered a blind middle-aged woman whom he had seen. 'I never had any sexual thoughts about her, she's completely inert to me.' When the therapist pointed out that he spoke of the blind girl as if she were a non-erect penis, he said, 'You know, that's funny, that's quite true. The girl in the dream is my daughter's age. You know, the one with the scar, and that makes me shiver down my back.' When I connected his past identification with his daughter to the memory about urinating in front of the middle-aged woman, and also to some earlier scopophilic impulses, he said, 'You know, this is an old association; it would be no fun fucking her if she couldn't see my penis'. He then elaborated in great detail on the feeling that he really could not enjoy intercourse unless the woman could see his penis and visually know it was there. He thus indicated that during intercourse he must exhibit himself to the woman to show her that he has a penis and that she does not.

Then with some hesitancy he told of a fantasy he had suppressed the preceding day when he reported the skirmish with his wife. He had thought of me as his middle-aged wife to whom he showed his erect penis. This desire, he said, 'made me want to spread my legs and feel as if I should be fucked by you'. In this exhibitionistic impulse he had created the illusion of the woman with the penis and, as indicated by his associations to the dream wherein the blind girl represented a nonerect phallus, he also saw his whole body as a penis. The elaboration of the fantasy 'body = woman = penis' seemed to suggest that intercourse with her, actively or, as indicated in the transference, passively, was like having intercourse with himself or with his penis. He then said that for the first time in his life he had a feeling of accomplishing something and that not having to compete so much with his wife was a good thing. 'I have my own life', he remarked, grabbing his penis, thereby equating life with his genital. (Dying or being dead is frequently seen as being castrated.)

Once the wish was brought out into the open, the patient was

able to speak of an important paper he had written eight years before, but had not published as he was afraid to let people see it. He also mentioned that at one time when he was working in a machine shop he built a microscope which he did not dare show to anyone. These associations indicate the extent of his conflict over his scopophilic-exhibitionistic impulses. They also point to the close connection between disturbed sexuality and inability to work at maximum capacity. As previously mentioned, much of the patient's severe work inhibitions had improved in analysis and he was functioning quite well before he approached these ideas from childhood. Completing the cycle, he now became able to consider more creative work.

In subsequent hours the patient embarked on a long period of more regressive identification with women, and at the same time entertained fantasies, many of anal nature, about competing with pregnant women. As though he were again an infantile night-watcher, soiling himself, he delighted in fantasies of anal impregnation and spoke of the way terrapins absorb water through the rectum. He mentioned with pride how big his belly had become last week, and talked of showing the therapist 'more' by having a big stomach. The patient's father was extremely obese. The patient, who was tall and lean in contrast, described his father as 'big as an elephant', because his belly was so large. This stage of his analysis culminated with the following dream:

I was operating on the eye of an elephant who was anesthetized, and I was constantly afraid the elephant would wake up.

The dream showed a return to the basic œdipal problem with his father, which was among the essential bases for the patient's neurotic difficulties.

### SUMMARY

A patient, having received the 'wound of childhood' through the eyes, behaved as do primitive people who ward off evil spirits by returning the curse 'in the eye of my enemy'. In other

words, having incorporated the wound visually, he tried to heal it by seeing and by blinding the persecutor with his sight, a desire fulfilled in the image of a little blind girl.

For this patient vision was cathected to an unusual degree on all levels, oral, anal, and phallic. The eye received and devoured the phallus as would the vagina, which was not yet distinguished in feeling from the mouth. The eye also became the piercing, wounding, phallic instrument with which to penetrate the castrating and castrated vaginal lips. His fantasy, while it lasted, constantly caused the patient to castrate himself and just as constantly to reassure himself against his deep feminine identification, in part by magical exhibitionistic intercourse with women: 'They had to look at my penis, to see it or else it was no fun'. His fantasy of being a woman with a penis was clear in his adolescent transvestite acting out.

In the magical visual exchange he not only gave his penis to women, but they, in turn, became his penis with which he was reunited. His intense castration anxiety was increased by constant peeping at his sister's genitals at a time when his penis was especially valued by him. Subsequently, he did not develop the typical phallic, boyish pride in his own genitals; rather his bisexual identification was maintained by scopophilic-exhibitionistic components. Coupled with this was inability to identify himself with his father in the process of growing up. He took into himself the mother's complaints against the father, and made them his own in his choice of career. Deeply buried, as in Fenichel's patient, were oral sadistic fantasies of incorporating his father's penis secretly, this time through the eyes, thereby fulfilling his intense oedipal wishes.

## Medieval Cedicpal Legends about Judas

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## MEDIEVAL ŒDIPAL LEGENDS ABOUT JUDAS

BY NORMAN REIDER, M.D. (SAN FRANCISCO)

Many medieval legends about Judas are of special psychoanalytic interest because of their close resemblance to the story of Œdipus. First mentioned in the psychoanalytic literature by Rank (17), they were studied most extensively by Reik (19), to whose formulations relatively little will be added in this study. But an attempt will be made to enlarge upon some aspects of Reik's studies, especially by using material from Baum (1) published well beforehand but which may not have been available to Reik when he did his main work on the subject. Baum's scholarly researches permit some elaborations of Reik's thesis, of which the most recent were by Schendler (22).

The legend about Judas, found in almost every language and country in medieval Europe, appeared in France, in Latin, the latter part of the twelfth century. By the end of the thirteenth century it was present in the vernacular of such countries as Wales, Catalonia, and Bohemia. By the fifteenth century it had spread to distant Scandinavia, Finland, and Russia. Greek and English versions reappeared later, with the upsurge of interest in the story in post-medieval times. Jacapo de Voragine included it in his *Legenda Aurea*, where it made its first appearance in ecclesiastical literature.

Baum studied about a hundred texts of the Judas story, classified them, showed the derivation of various types from the others, and evaluated their literary and scholastic merits. His model legend is as follows:

Judas (the usual story runs) was the son of Jewish parents living at Jerusalem; his father's name was Reuben, his mother's

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I am grateful for comments and discussions by Bernice Engle, M.A.; Sidney Tarachow, M.D.; Fritz Schmidl, Ph.D.; and Renato J. Almansi, M.D.

Cyborea. One night Cyborea dreams that she was about to conceive, and that her child was destined to become the destruction of the whole Jewish race. In great anxiety she related her dream to Reuben, who advised her to pay no attention to such matters—they came from the evil spirit. In due time, however, a son was born, the memory of the dream returned, and in fear lest possibly it might come true, the infant, Judas, was set adrift on the sea in a small chest. Wind and wave brought him to the island of Scariot—whence his name. Here the Queen of the island, who had no children and was eager for a young prince to succeed to the throne, discovered the babe, which was very handsome, and, sending word throughout the land that she was with child, had Judas secretly nursed until she could proclaim him as her own. Thus Judas was brought up in royal fashion as heir to the kingdom. But it came about before very long that the Queen had a son by the King. The two children grew up together, but after a time the wickedness that was in Judas's nature began to come to the surface, and he frequently beat and otherwise abused his putative brother. In spite of the Queen's remonstrances he continued to maltreat the true prince, until finally in a fit of anger the Queen made known to him his irregular origin. In wrath at learning this, Judas seized the first opportunity to kill his brother, then for fear of the consequences took ship and fled to Jerusalem.

There his courtly manners and evil instincts secured him a place in Pilate's retinue. One day Pilate, looking into his neighbor's garden, was seized with an irresistible desire for some fruit which he saw there; and Judas agreed to procure it for him. Now, although Judas was ignorant of the fact, the garden and the fruit were the possession of his own father, Reuben. Before he succeeded in gathering this fruit Reuben appeared; an altercation followed which developed into a fight; and finally Reuben was slain. Since there were no witnesses to the murder, Reuben was reported to have died suddenly, and Judas, with Pilate's connivance, took in marriage the widowed Cyborea, together with her house and property. The bride was extremely unhappy and sighed frequently. Being asked one day by her husband the cause of her grief, she related enough of her story to enable Judas to recognize his double crime of parricide and in-

cest. Both were afflicted with great remorse, but on Cyborea's suggestion Judas resolved to go to Jesus and seek pardon and forgiveness. He soon became a favorite disciple and was made steward of twelve. But again his evil nature asserted itself and he betrayed the Master to the Jews for thirty pieces of silver; thereafter, he again suffered remorse and, having returned the money, hanged himself.

The variations of the legend are numerous: in some stories it is not the mother who is apprised in a prophetic dream of what will happen to her son, but it is the father who has a vision or is visited by an angel. In most variations the visitation apprises one or the other of the parents that the son will commit murder. In certain legends the father is told specifically that the son will murder him. There is no revelation or foretelling of the actual incest which is to occur.

Two sets of these variations are of particular interest. One variation pertains to whether the prophecy came to the mother or to the father and whether by dream or by oracular visitation. The general trend is for the mother to have the dream and the father the visitation by the angel. Can there be any special meaning in this generalization? Perhaps it is a part of myth-making in that the dream is a product of the person and that it is a more feminine attribute to produce out of one's own body; hence, it is the mother that dreams. On the other hand, the visitation by the angel, God's messenger, is God's mode of speaking to the man, who perforce must be the passive recipient in these circumstances. The other variation is likewise remarkable in that a general division occurs in the content of the oracle; the mother dreams of the prophecy of the destruction of the race, the city, or the world, while the father is told about his own destruction. Exceptions occur but this is the usual trend, and its explanation is likewise amenable to many speculative interpretations. The explanation which seems attractive at the moment is the unconscious hostility of the mother toward the husband, displaced onto the people or city, while the guilt of the father (because of his hostility to the unborn child) is placed

on himself and changed into a prophecy of his own death.

These themes in the Judas legend undoubtedly follow the pattern of earlier oracular stories, for instance, Œdipus and Paris. It was Hecuba who dreamed that her son, Paris, would be a firebrand who would destroy the city. The close relationship between the legends of these various types of prophesied destruction has not been stressed, since it has been a usual habit to separate the Œdipus stories from the others. The internal function of the oracle has long been a subject of psychoanalytic study; an excellent investigation of some of the intricacies was made by Fenichel (8).

To return to the variations: the infant is set to sea in a cask, according to most of the legends; in the others the son is exposed to perish in the woods. Some of the stories relate that it was a King who reared Judas, and others that it was a Queen; in most stories it is the King and Queen together. Of particular interest is the point made in many stories of the birth of the Queen's own child after Judas was adopted—perhaps one of the earliest legendary records of a pregnancy following the decision to adopt (16).

In one early French version of the story, Judas slays his brother over a game of chess. In some stories it is not Pontius Pilate's service into which he goes, but Herod's. In many versions the mother recognizes Judas by the tribal wounds made when he was exposed, about which she had knowledge, or by birthmarks which she remembered. In some versions the name of Judas's mother, Cyborea, is not mentioned. An occasional story mentions that his parents were from the Tribe of Dan which has legendary antichrist connotations. Several versions state that when Judas was in the garden of his father he not only stole fruit (for the most part apples are mentioned) but also injured the tree from which the fruit came. This is considered by some to be important since it is the tree totem that Judas does harm to, and that avenges itself later when Judas hangs himself. Abraham a Sancta Clara published four versions of the Judas legend in Salzburg from 1786 to 1795. In one of

these is an account of the unhappiness of Judas's parents, a long dissertation of conjugal infelicity. This perhaps is the earliest discourse on parental discord as a factor in juvenile delinquency.

As to the origin of the early history of the legend, Baum discusses thoroughly the work of scholars whose opinions are divided. However, the essential features of the story—the mother's dream of a son predestined to a wicked career, the exposure of an infant on the sea (or in the woods), his rescue, the murder of his father, and the unknowing incest with his mother—are commonplace in all lands and all religions; and the great range of the incest motive is best shown by Rank. The fratricide part of the legend, which occurs in some versions, is not an essential part but is an obvious addition of the Cain and Abel story to still further blacken Judas's name, and to condense into him all heinous crimes.

One variant of the story of particular interest is the Jewish tale of Joshua bin Nun, as related by Baum.

The father of Joshua, living at Jerusalem, prays to God to grant him a son. His prayer is answered, but instead of rejoicing he commences to weep and fast day and night. His wife insists that he reveal to her the cause of his affliction, and finally he says that a vision from On High has announced that his son was destined one day to kill his father. The wife, believing in the revelation and wishing to avert the disaster, places the child soon after it is born in a chest and sets it adrift on the river. God sends a great fish, which swallows the chest, and one day, when the King of Egypt is giving a grand feast, this fish is brought on the table. To the amazement of the lords a weeping child is discovered within the fish. A nurse is brought, and the child, growing up at the court, is later made the King's Sandator (chief executioner).

Now it happens that the holy man, Joshua's father, has committed a crime against the King of Egypt, who orders his executioner to put the man to death. This is done, and according to the law of the land, the wife, children, and property of the victim fall to the hangman. Nevertheless, when the Sandator ap-

proaches his mother, the milk flows from her breasts and fills the bed. Joshua believes his mother is a sorceress, and is about to kill her when the poor woman reveals to him his origin and the father's dream. The son penitently withdraws. Thereafter the people call him Son of a Fish.

This legend, difficult to date and which Baum believes is of late medieval origin, is striking because of two features. First, while patricide can be countenanced in a legend, in the Jewish tradition incest cannot; therefore, the relationship is revealed and incest avoided. Second, the mode of recognition of the mother by the flow of milk from her breasts as she was approached by her natural son is quite different from the recognition of scars and birthmarks which characterizes the Grecian and Christian legends. The Jewish version makes a point of the biological compliance that comes from maternal devotion.

Of the early *Œdipus* stories in medieval times, the earliest appeared about the second or third century; later the legends of St. Gregory and of St. Andreas, and many others, all show irrefutably that tales of incest were in high favor during the Middle Ages. Baum proposes one thesis that the people constructed the legend of Judas and devised the other stories of incest without relying upon the *Œdipus* story. Even Rank hinted at his preference for a sort of innate origin of the arousal of the incest stories in medieval times.

Baum's other theory is that the legend derives from *Œdipus* with such differences in adaptation as would occur in making a Greek hero with a pagan background into an antihero with a Christian background. The story of *Œdipus* was undoubtedly known in the Middle Ages, probably through the *Thebaid* of Statius. Baum's theory of this source carries what I consider an important corollary, namely, that some monk in the eleventh century saw the combination of *Œdipus* and Judas in Origen's *Contra Celsum* and made the equation that Judas equals *Œdipus*. Therefore, the derivative aspects of this story are equally possible from either theory.

Why the upsurge of interest in stories of incest toward the

end of the eleventh century? Baum considers the controversy over the Justinian law regarding marriage of near relatives and the Canonical law on the subject a chief inciting element. For legal purposes the Justinian law reckoned degrees of relationship by generations and the Canonical law reckoned relationship as is now customary—a discrepancy which led to prolonged ecclesiastical conflict.<sup>1</sup> The heated arguments and differing interpretations on what constituted incest stirred up popular interest, despite the fact that all persons held guilty of incest were excommunicated. Baum further states that there were instances in which a man burdened by a wife made out a false genealogy and had his marriage annulled on the ground of a close relationship. Henry IV of Germany issued a general edict annulling the marriages of all who were too closely related. Nevertheless, illegal marriages increased and even extended into the Church.

As important as this controversy was it was only one sign of the times. The Church was troubled by external and internal difficulties. Whether church property belonged to the Church or to an order or its priests was unsettled. The Church played its role in the Crusades and in religious persecutions of Jews. The monastic revival begun at Cluny in the tenth century spread throughout Europe. The Judas legend arose in this setting of the Crusades and mass anti-Semitism. That Judas represented the Jews is part of the thesis of Tarachow's contribution (24). How this becomes a psychological factor will be demonstrated later.

The superficial point of some of the legends, especially that of Gregory who became Pope even though he was of incestuous origin, was to show the great mercy of God if repentance took

<sup>1</sup> In the year 1065, legal experts in Florence posed the question, apparently on a theoretical basis, whether the Holy Church could sanction the marriage of near relatives on the basis of the Justinian method of computation. The Faculty at Ravenna, misconstruing the passage in St. Gregory, confirmed that the Holy Church could so sanction. A mighty argument then followed and Apostolic authority was finally called in. However, two Lateran councils were not able to settle the issue.

place. The legends satisfied the evangelists with the point of morality, and pleased the common folk who used it as a departure for many a pious tale with salacious overtones. As for the psychological explanations of the genesis of the Judas legend, it is easy to follow Baum when he enumerates the superficial reasons: an ecclesiastical necessity to degrade Judas, to show the infinite mercy of God, and to use an exciting story as a morality. But this leaves unanswered the question of why an œdipal-like story is chosen as the vehicle. It should not be surprising that the Judas legend must be connected with the story of Jesus; it is a necessary prologue to Judas's later relation to Jesus. From here on, then, I shall attempt to condense Reik's extensive writings on the point.

First, the stories of both Jesus and Judas have undergone changes and elaborations as time has passed. As Robertson (21) points out, the contemporary historians barely mention Jesus, and mention Judas not at all (see also, 23). Moreover, the earliest synoptic gospel mentions Jesus but not his divine origin. The later synoptic gospels elaborated the story to give Jesus divine origin. This trend has continued ever since, namely: to glorify Jesus and the Virgin Mary more and more, and incidentally to invest their immediate and later followers with sainthood, and, in the opposite direction, to make the figure of Judas more criminal. What more criminal act could be posited on Judas than incest and parricide? If, for political and economic reasons, it was necessary to make scapegoats, then the Jews became such in reality and Judas in myth and legend.

Reik's main thesis (19) holds that the natures of Judas and Jesus were but two aspects of the same image; the image was split to put everything that was good and divine into Jesus and everything that was unholy and despicable into Judas. To this can be added the argument that if we follow the principle that such equations are made on an unconscious basis and are covered up by a split and projections, there should still be evidences of a break-through; i.e., there should be manifest derivatives of the unconscious equations. In fact there are such manifestations. First and probably most significant are the reports

such as that on one occasion Mary mistook Judas for Jesus and on another occasion mistook Jesus for Judas (20). The second item is that, traditionally, Judas has often been given red hair (3, 25), and it is noteworthy that at times artists have given Jesus red hair (9). Third, there is a Mohammedan legend to the effect that the Jews entered Jesus' house in order to punish him and found Judas instead, Jesus having been spirited away by the Angel Gabriel. The Jews, thinking that Judas was Jesus, took him out and crucified him.

Reik adduces still further evidences of the equation of Judas and Jesus, among which is the complementary significance given to Judas in the Jewish story *Toledoth Jeschu*, in which both Jesus and Judas learn the ineffable name of God and are able to perform miracles like making the dead live and fly through the air.

The next logical step that derives out of these equations should be the equation of Jesus and Œdipus. Among several indications of this, the most noteworthy are the references in the Talmud to Balaam, who is not uncommonly considered as a substitute for Jesus, as having a limp and being blind in one eye. While it is true that many scholars (10) deny that these references to Balaam have anything to do with Jesus, certain earlier writers (12, 15) thought such references distinctly concerned Jesus. It is important not that all scholars agree as to the meaning of the references, but that the issue has been raised. What is significant is that unconscious connections were made in the minds of some writers of the œdipal-like nature of Jesus by attributing to him a limp and blindness. Graves uses this theme in his *King Jesus* (11).

It has been recognized, for example, that Mary represents a sort of younger sister of the great goddesses of love of antiquity; and that her relationship with Jesus was an incestuous one, in the tradition of such mother-goddesses and their son-husbands, for instance, Ishtar and Tammuz, Astarte and Adonis, Isis and Osiris, Cybele and Attis. Within this tradition, then, Jesus' crime was an incestuous one, part of which was an attempt to equal or to displace his father, and for this reason he has to die.

The elaborations of this thesis in the literature I shall not review here. But I do wish to emphasize that whenever stories arise of a close mother-son relationship in a pair who are either divine or have religious significance, the elaboration of the myths and legends about them sooner or later take on an œdipal coloring. In this connection, there is evidence that even contemporaries of the early Christian movement were aware of the closeness of the story of the Virgin Mary to those of the great goddesses of the Orient. Early Talmudic references to Jesus and Mary were for the purpose of degrading them. Reik believes that these aspersions stemmed from the writings of those Jews who did not follow Christ because they did not wish to share in his revolutionary thoughts and acts, and his consequent guilt.

In the Talmud Jesus is sometimes referred to as ben Pantera. Some students derive the name Pantera from the Greek, Parthenos; and Jesus' Talmudic name, often translated as meaning 'Son of the Virgin', more correctly means the 'Son of the Unmarried' (19). For these reasons, the pattern of Jesus as following the life of the earlier son-gods has been fairly well established on the basis of his close relationship to his mother, his revolutionary trend against his father, his death as a sacrifice, and the story of his return in order to save mankind.

Still other allusions in medieval literature have similar import. For example, Brown Robyn's Confession (6) tells a story of his confessing to his shipmates, when their ship is in distress, that he is the cause of their difficulties since he had committed incest with both his mother, with whom he had two children, and with his sister, with whom he had five. The crew tied him to a plank of wood and threw him into the sea. He did not sink but beside him came our 'Blessed Lady [with] her dear young son'. She asked Brown Robyn to join her and her son in heaven, and he does. The last stanza reads:

It's for nae honour ye did to me, Brown Robyn,  
It's for nae guid you did to mee;  
But a' is for your fair confession  
You've made upon the sea.

Baum thinks this story is a very distinct allusion indicating some recognition of the closeness between the mother and son, and the implication that they were guilty of the same sin as Brown Robyn, except that, inasmuch as he confessed, he did her honor.

The story, *Blood on the Queen's Hand*, from the *Gesta Romanorum* (14), is another in which the confession of incest is acceptable to the Virgin Mary, who forgives the sinner. In this story a queen commits incest with her son and makes confession of all of her sins except the incest and the murder of their infant. The Blessed Virgin appears to her confessor and informs him of the sins that are being withheld by the queen. The Virgin Mary tells the father confessor how to get the queen to reveal her left hand, which she has kept hidden, and to make the appropriate confession. The confessor then says, 'Lady, fear not; the Blessed Virgin Mary loves you and it is she who commanded me to do this'. The queen thereupon confesses her sins. Once more, Baum takes the position that this story too indicates the acceptance of incest, provided it is confessed to the Virgin Mary. Again there is the implication that she herself has been guilty of the same sin.

Two other references are given by Baum (2) as indicating that a small circle of incest tales had grouped themselves around the Virgin Mary during medieval times. These latter stories are not recorded nor used by Reik in his considerations. In my opinion, they add further evidence of the work of the unconscious in the medieval mind in making Mary and Jesus lovers.

Equating Jesus and Œdipus is attractive to anticlerical writers with a so-called scientific bent. Binet-Sanglé (4), for example, attempts to show that from a psychiatric point of view Jesus suffered from many symptoms which are derivatives of the Œdipus complex. Unfortunately, Binet-Sanglé makes no distinction between the historic and the legendary Jesus, making his thesis thereby an easy one.

The problem is by no means exhausted by this brief review. Several facets of the general problem of the genesis of myths are

remarkably well described by Campbell (5), Kluckhohn (13), and Dorson (7). The legend of Judas is not touched upon by them but the Œdipus legend is, especially by Kluckhohn. In the present paper I have treated only sparingly the general problems but have gone into more detail in relation to the specific problem of the origin of the Judas legend, indicating the deeper genetic, psychological roots and the more immediate contemporary historical roots that fostered it.

Another interesting facet is the problem of whether the story of Mary and Jesus and the legends of the other queen-goddesses and their son-husbands belong properly in the group of œdipal stories, or more properly belong to a preœdipal group of myths of the mother-son relationship. I have dealt with this problem elsewhere (18), where greater validity is given to the form of the classical œdipal myth as being the more potent and pervasive one; the bilateral story of mother and son I saw as a derivative of the triangular myth with the father absent, shadowy, and therefore in effect already killed. However, it is possible that trying to make a distinction between the two myths is of no great moment, provided one takes cognizance that one may be derived from the other and that, more important, each has a universality in the history and mind of man. The suggestion that the dyadic legend belongs to matrilineal cultures and that the triangular legends to patrilineal cultures does not seem tenable. It is more likely that the creation of œdipal myths serves the function of working through problems where, both in the family and in the society, a father figure is authoritative. On the other hand, the dyadic stories come from the need to re-create and maintain the mother figure as *fons et origo* of all things. Neither group of legends should be taken as evidence of actual historical or prehistorical states; the antiquity of some of these legends, for example, is not evidence of the historical priority of matriarchies. It is likely that myths of matriarchies are evidences of the psychological need, as if after a lost paradise, to restore and to perpetuate the image of the mother as she is most happily remembered.

REFERENCES

1. BAUM, P. F.: *The Medieval Legend of Judas Iscariot*. Modern Language Assn. of America, XXXI, 1916, pp. 481-632.
2. ———: *Ibid.*, p. 599.
3. ———: *Judas's Red Hair*. J. English and Germanic Philology, XXI, 1922, pp. 520-529.
4. BINET-SANGLÉ, CHARLES: *La Folie de Jesus*. Paris: A. Maloine, 1908.
5. CAMPBELL, J.: *The Historical Development of Mythology*. Dædalus, LXXXVIII, 1959, pp. 232-254.
6. CHILD, FRANCIS J., Editor: *English and Scottish Ballads, Vol. II*. New York: Folklore Library Publishers, Inc., 1956, p. 13.
7. DORSON, R. M.: *Theories of Myths and the Folklorist*. Dædalus, LXXXVIII, 1959, pp. 280-290.
8. FENICHEL, OTTO: *The Misapprehended Oracle*. American Imago, II, 1942, pp. 41-46.
9. GILLET, J. E.: *Traces of the Judas Legend in Spain*. Rev. Hispanique, XLV, 1925, pp. 5-30.
10. GOLDSTEIN, M.: *Jesus in the Jewish Tradition*. New York: The Macmillan Co., 1950, pp. 64-66.
11. GRAVES, R.: *King Jesus*. New York: Creative Age Press, Inc., 1946.
12. HERFORD, R. T.: *Christianity in Talmud and Midrash*. London: Williams & Norgate, 1903.
13. KLUCKHOHN, CLYDE: *Recurrent Themes in Myths and Mythmaking*. Dædalus, LXXXVIII, 1959, pp. 268-279.
14. KOMROFF, M.: *Tales of the Monks—From the Gesta Romanorum*. New York: Dial Press, Inc., 1928, pp. 18-20.
15. LAIBLE, H.: *Jesus Christus in Thalmud*. Leipzig, 1891.
16. ORR, DOUGLASS W.: *Pregnancy Following the Decision to Adopt*. Psychosomatic Med., III, 1941, pp. 441-446.
17. RANK, OTTO: *Das Inzest-Motiv in Dichtung und Sage*. Leipzig: Deuticke, 1912, pp. 343-345.
18. REIDER, NORMAN: *Chess, Œdipus and the Mater Dolorosa*. Int. J. Psa., XL, 1959, pp. 320-333.
19. REIK, THEODOR: *Der eigene und der fremde Gott*. Leipzig: Internationaler psychoanalytischer Verlag, 1923, pp. 17-34, 75-99, 100-132.
20. ———: *Ibid.*, pp. 91, 108, 95.
21. ROBERTSON, J. M.: *Jesus and Judas. A Textual and Historical Reconsideration*. London: C. A. Watts & Co., Ltd., 1927.
22. SCHENDLER, D.: *Judas, Œdipus, and Various Saints*. Psychoanalysis, II-III, 1954, pp. 41-46.
23. SMITH, HOMER W.: *Man and His Gods*. Boston: Little, Brown & Co., 1952.
24. TARACHOW, SIDNEY: *Judas, the Beloved Executioner*. This QUARTERLY, XXIX, 1960.
25. TAYLOR, A.: *The Burning of Judas*. Washington Univ. Studies, XI, 1923, pp. 159-186.

# Judas, the Beloved Executioner

## Sidney Tarachow

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# JUDAS, THE BELOVED EXECUTIONER

BY SIDNEY TARACHOW, M.D. (NEW YORK)

## INTRODUCTION

In 1880, in a collection of German and Hungarian folk plays, most with religious themes, the editor, Hartmann (27), appends the following footnote to a play in which Judas had been portrayed as especially despicable.

The character of Judas, as a malicious and known evildoer, is created in this play with great sharpness. One might reproach the unknown author of this play for his crudeness. However, the intention is only allegorical: the Judas character symbolically portrays before our eyes the ingratitude of all sinful humanity against God.

We may well follow the suggestion of this editor, look beyond the manifest subject matter of the allegory, the hated and despised character of the betrayer Judas, and seek other human truths behind his façade.

To turn briefly to the matter of the historical reality of our two principal characters, Christ and Judas, varying degrees of acceptance of Christ as a historical person exist. Prototypes of such a personality were accepted in some contemporary Jewish literature (46, 47, 48) though the references are contemptuous of Christ because of his failure as a Messiah. With regard to the historicity of Judas, the doubts are serious. Judas is a late, second to third century, development of Christian mythology. Paul, principal proponent of the central idea of Christ as a human sacrifice, nowhere mentions Judas. Robertson (46, 47, 48) goes to great lengths to show that previous historical figures are

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assimilated into the figure of Judas, thus indicating its late historical origin. He regards the Judas story as derived from early mystery plays, considering Judas basically as an assimilation of the figure of the Jew.

The purpose of the present essay is to call attention to the libidinal aspects of the Judas-Christ relationship, the relationship which is the core of Christian anti-Semitism. Two well-known contributions by Simmel (53) and Fenichel (15) discuss current psychoanalytic concepts of anti-Semitism, and both agree that the basic notion is the projection of aggression against Christ onto the Jews. Simmel, particularly, calls attention to the oral, devouring aspects of the aggression projected by the Christian. Loewenstein (38), in his study of anti-Semitism, mentions another aspect of the psychological problem: the curious need of the Christian for the Jew, the peculiar double bond in the sense that Christians, despite their hostility, were originally Jews. The present paper will discuss the love relationship between Judas and Christ; it will follow the thread of thought beginning with Christ as the willing sacrificial victim for love of the Jews, his love of Judas, and his selection of Judas, his favorite, to be the one to kill and eat him. This essay will also discuss other data, clinical and anthropological, that bear on killing and eating in the service of love or as representing love.

### THE WILLING VICTIM

Our story begins with the motif of the willing victim. The following conception of Christ's motivation in offering himself as a sacrifice to save the Jews is taken from Graves and Podro (25). Jesus had failed to persuade the Jews of his mission and as a last resort planned to fulfil the Old Testament prophecy of Zechariah (Chapters XI-XIV). Zechariah, during the Seleucid period of domination, wanted to save his people from the great influence exerted by the Hellenized Jewish priesthood. To this end he offered to go among them and preach true doctrine. The High Priests presented him with only thirty shekels, thus demonstrating their contemptuous evaluation of him. In a rage,

Zechariah cast the thirty shekels to a potter, and then prophesied that a worthless shepherd would appear, preach false doctrine, and be killed by his own parents. He foretold that upon the shepherd's death, when the Jews would see his pierced body, their consciences would be pricked, they would repent, the Great Day of the Lord would dawn, and the Jewish nation would be cleansed and purified through severe trials. Zechariah never met with the fate described in this prophecy, so that it became a prophecy postponed for realization at some future time. Jesus decided to fulfil this prophecy; since he had not succeeded by other means he would preach false doctrine, instigating the people to kill him and the sight of his pierced body would move them to repentance and purification.

From this standpoint, the cursing of the fig tree (Mark, XI: 12-14, 20-23, and Matthew, XXI:17-22) was the preaching of false doctrine and Jesus' impersonation of the worthless shepherd. His behavior was such that 'When his friends heard of it they went out to lay hold on him: for they said, He is beside himself' (Mark, III:21). He was also accused of being possessed by the Devil because he claimed to cast out devils. 'And the scribes which came down from Jerusalem said, "He hath Beelzebub, and by the prince of the devils casteth he out devils" ' (Mark, III:22). Moreover, Christian mythology includes a detail that points to Christ as the willing victim. In the ritual sacrifices of some religions (48) the legs of the victim are broken, which, since he does not run away, proves that he is a willing victim. In the Christ story, his legs are not broken but those of the two thieves are. Certain parts of the Passion narrative are taken directly from the prophecy of Zechariah: Lowly and riding upon an ass's colt, is from Zechariah, IX:9, as well as Matthew, XXI:5—from the Old Testament as well as the New. 'They shall look on me whom they have pierced' is Zechariah, XII:10, as well as John, XIX:37. The impersonation is carried further by his plying the apostles with drink, a violation of apostolic abstinence, by his command to them to drink blood, a violation of Hebrew prohibitions, and to buy swords. To cap the similar-

ity to the prophecy of Zechariah, at the Last Supper Christ explicitly quotes Zechariah, XIII:7: 'I will smite the shepherd and the sheep shall be scattered'. Then he tells his disciples, 'All ye shall be offended because of me this night' (Mark, XIV: 27-31). Finally there is the famous prediction that Peter will turn against him.

One may say that from the standpoint of the people, because of the failure of his mission, Jesus had to die for he was in disgrace, a Messiah who had failed. From his own standpoint Jesus decided to die, but with the ambivalent motivation to be expected in someone contemplating suicide. He wished out of love to save the Jews, but he also wanted to prick their consciences and to punish them for rejecting him. Jesus accepted the glory of dying in ransom for his people, a fate kings have often been prepared to accept. According to Graves and Podro, Judas had planned to save Jesus from the wrath of the people by putting him in the protective custody of the Sanhedrin. That Judas understood Jesus' wish to fulfil the prophecy of Zechariah is attested by the fact that he asked for thirty shekels, the same amount given to Zechariah. In the end Judas was so horrified when he learned Jesus had been turned over to the Romans, he hanged himself.

### JUDAS AS THE MOST BELOVED

Once having decided to be the sacrifice, Jesus offered himself to his disciples to be killed and eaten, or less figuratively at the Last Supper he named his favorite, Judas, as his ritual slayer. At the Last Supper he said, 'Take, eat; this is my body. . . . This is my blood of the new testament, which is shed for many' (Mark, XIV: 22, 24). The specific love relationship to Judas is indicated by the following (John, XIII:18, 21-28).

'I speak not of you all: I know whom I have chosen. . . . I say unto you that one of you shall betray me.' Then the disciples looked one on another, doubting of whom he spake. Now there was leaning on Jesus' bosom one of his disciples whom Jesus loved. Simon Peter therefore beckoned to him, that

he should ask who it should be of whom he spake. He then lying on Jesus' breast saith unto him, 'Lord, who is it?' Jesus answered, 'He it is to whom I shall give a sop, when I have dipped *it*.' And when he had dipped the sop he gave *it* to Judas Iscariot, *the son* of Simon. And after the sop Satan entered into him. Then said Jesus unto him, 'That thou doest, do quickly.' Now no man at the table knew for what intent he spake this unto him.<sup>1</sup>

When Judas leaves to carry out the betrayal, Jesus says, 'A new commandment I give unto you, That ye love one another; as I have loved you, that ye also love one another' (John, XIII: 34). 'Greater love hath no man than this, that a man lay down his life for his friends' (John, XV: 13).

I am indebted to Peter B. Neubauer for the following suggestion: At this point Jesus became a symbol of love for all humanity, though we should note that he burdened someone else with the problem of aggression, namely Judas. Christ's remark about no greater love could be paraphrased in Judas's favor: 'Greater burden can no man give another than that he ask him to be his executioner'. The guilt for the aggression was loaded onto Judas, while the love of man was assumed by Christ. It was Judas's difficult task to use oral aggression in the service of libido and so convert aggression into libido.

The homosexual aspects of the love relationship between Jesus and Judas have been noted by Reik (45), and several novelists have sensed this tie between the two. Moore (39), van Heurn (60), Roth (50), Andreyev (1), and Graves (24) portray Judas as loving Christ and as having little interest in women. Beautiful fictional illustrations of the general problem of the love relationship between the killed and the killer appear in stories by Tennessee Williams. In *Suddenly Last Summer* (66) he describes a man drawn to a group of hungry children who eventually kill and eat him. In *Desire and the Black Masseur* (65) the central character, attracted to a masseur, persuades the masseur to kill and eat him.

<sup>1</sup> The sop is still a favorite token among Arabs that a host has special affection for a guest.

To turn to the other side of the coin Reik notes that at the moment of taking the sop Judas was possessed by—i.e., identified with—the Devil. Psychoanalytically we should infer that at the moment of taking the sop Judas became the murderer of God and the devourer of Christ. We emphasize that this is the expression of the love relationship between the two. It is interesting that the first three Gospels describe the kiss of betrayal, while the fourth Gospel of John omits the kiss. The earlier Gospels admit some degree of love relationship; the fourth Gospel suppresses it and replaces it with projection and hostility to Judas. Zeitlin (67) observes that the first three Gospels were written for Jewish, the fourth for Gentile Christians.

To return to Reik, some of his penetrating comments on the Judas problem are found in the first three chapters of *Der eigene und der fremde Gott* (45), which still awaits translation. He emphasizes: 1, Judas as the God murderer and his identification with the Devil and his sadistic, oral, cannibalistic qualities: Judas as the executioner and Christ as the victim; 2, the Judas-Christ identity, each figure representing contrasting ambivalent aspects of the same god figure and ambivalent aspects of ego fragments of the Christian which undergo projection.

Reik discusses the problem of Christ in terms of the ritual execution of the Son-God, with Judas as ritual executioner. He presents the Old Testament story of Abraham and the sacrifice of Isaac as evidence that the Jews at one time sacrificed to the Son-God, and as reversal of the totemic killing of the father. Reik also deals with the Christ problem in terms of Christ's hatred of the father, the Judas myth being Christ's solution by way of projection. Judas represents the murdered Jahweh who, like Banquo's ghost, returns to wreak vengeance. Judas becomes the carrier of the tendencies unacceptable in Christ. Judas betrayed Christ as Christ betrayed Jahweh, and both die. For the Jews, Jesus sharpened the problem of the son's hostility to father. The Jews had to reject Jesus. In the Toledoth Jeschu (3), the famous Jewish medieval anti-Christian Gospels, Judas is the hero selected by the Sanhedrin to overcome Jesus and to return him to the Sanhedrin for punishment.

According to Reik, although the Jews carry the guilt of the Christians for murdering their God, Christ nevertheless serves some Jewish purposes as well. Jews project their own rebelliousness onto Christ. Though the Christian sees his own murderous wishes realized when projected onto the Jew, the Jew assumes the guilt for his unconscious deed. The Last Supper is a totem meal in which Jesus is the sacrificial lamb, but one in which he also becomes the Father God. Judas stands for the combined apostles. Jesus as father bids Judas as son to kill and eat him.

In terms of the ambivalent faces of god, Reik believes that when Judas took the sop he became the Devil. In some religions it is difficult to distinguish between true gods and demons. Since Jesus cast out devils, it follows that he too was possessed by Beelzebub. In folk tales Christ and Judas are confused with each other. Thus Judas and Christ together represent the ambivalent picture of God, part good, part evil. Reik points out the similarities between the father-son relationship and the god-devil relationship. Early, superseded gods often take on the characteristics of the devil, and Hell and Heaven are often confused. The Judas problem is one of ego splitting. The Jesus fragment accepts punishment from father; the Judas fragment is the murderer of God. In addition, Reik gives clinical examples of betrayal; in one instance a man denounced another for the crime of blasphemy of which he himself was guilty.

#### **KILLING AS LOVE AND LOVE OF THE DEAD**

Killing as love or in the service of love can be demonstrated clinically without too much difficulty. A male obsessional patient, whose illness began at a moment of unconscious homosexual panic when he was confronted by a reunion with his one-time Naval commander, dreamed of an official execution. The victim was bound upright to a stake and the executioner was killing him with a screw: a brace was being used to screw a bit into his abdomen. Many associations indicated that being 'screwed to death' was a homosexual act of love, and that the executioner was his former commander. The same patient, at

the time of the executions that followed the recent Cuban revolution, repeatedly dreamed of executions by firing squads. The patient identified himself with both sides, with the victims and with the executioners. In many jokes sexual 'screwing' is used as a method of killing. 'Screwing' may also mean betrayal of one's interests. Thus screwing may mean betrayal, killing, or loving.

Another example of killing as a friendly act is the well-known Japanese custom, *hara-kiri*. The Westerner's usual concept of this ceremony is quite incomplete and envisages only the first half of the total action, i.e., the voluntary disembowelment (29, 32, 64). However, immediately after the disemboweling, a close friend, selected in advance by the victim from the individual's own social and military class, springs from behind and decapitates him with one blow of a sword. Usually, though not always, the practice of *hara-kiri* is voluntary and is intended to remove offense to the Mikado or to remove a stain on one's own honor. Instances are known where, angry at the Mikado's orders to commit suicide, men have contemptuously thrown their own bowels at the witnesses who report the completion of the deed to the Mikado. In the cases of the willing victim there is a remarkable similarity to the Christ myth. As an analogue of Christ the willing victim, we here have the Japanese samurai. The analogue of God is the Mikado and that of Judas, the friend who decapitates. The abdomen as the choice site of the suicidal act probably comes from the Japanese idea of the stomach as the center of the personality. 'Hara' (stomach) stands for courage, power, efficiency, principles, understanding, honesty, etc.; a clean stomach stands for a clear conscience (32).

Another example of killing as love or in the service of love is illustrated by a medieval Jewish legend about the death of Moses (5). In this story God so loved Moses that He would not permit the Angel of Death to end Moses' life. Instead, at the appointed time, God Himself came down to Earth, kissed Moses on the mouth and thus drew his soul from him—a kiss of death which certainly resembles the kiss of Judas. In another

version of the same story Moses angrily refused to surrender his soul to the Angel of Death, insisting he would surrender it to God alone. God finally agreed to this and again, with a kiss, drew Moses' soul from him. Like Christ, Moses selected his own executioner, one he loved, and in both instances the kiss of love was a kiss of death.

Although the preceding examples are of killing as love and in the service of love they are not sadistic. The libidinal element is dominant.

Let us now consider other related phenomena of killing and death, and the various ways in which the patterns of libido and aggression shape themselves. In all material joining love and death there is a common thread of orality. For example, a fine distinction between love and hatred is illustrated by van Ophuijsen (61) in a case report published in 1929. He describes an incident in the treatment of a girl who hated her sister, and in one session said: 'I should like to revile her—spit at her—poison her—beat her—hack her to bits with a hatchet'. Van Ophuijsen intervened to say, 'And eat the pieces?'. The patient paused and said, 'No. That would be an act of love.' Van Ophuijsen believed the patient's refusal to eat the pieces was 'pure sadism' which she refused to adulterate with cannibalism as that would have been an expression of love. Today we would say that van Ophuijsen was contrasting not sadism and love (since sadism is also a form of love), but aggression and libido. In the same paper, van Ophuijsen remarks: 'It is notorious that many a lust murderer terminates his violent deed and attains complete satisfaction by tearing up parts of his object with his teeth and hands. Often he goes a step further in equating his love object with nourishment by carrying away such pieces with him, cooking and eating them.' Van Ophuijsen emphasizes that the point of sadism is to bite, and not to inflict suffering, this representing possession of the loved object in an oral sadistic fashion.

The Eucharist is an example of a ritualized attempt to overcome the aggressive aspects of the eating of the god and to pre-

serve the purely libidinal aspect. The wafer must be swallowed, but not bitten. Van Ophuijsen's patient wanted to bite but not swallow, thus reversing the eucharistic pattern. Chewing the wafer would be equivalent to biting mother's breast, and swallowing equivalent to sucking. In the lifelong repetition of the religious rite the believer is perpetually at the mother's breast, in love.

Killing the beloved is closely related to lust murder and love of the dead. Bonaparte (7) draws a distinction between the two latter themes. The lust murderer is aggressive in his œdipal rivalry; but the lover of the dead is timid; he takes his turn only after the father has completed his sadistic sexual act—after someone else has done the killing. Such a theoretical distinction between lust murder and necrophilia—according to aggressiveness in the œdipal role—may well be valid, yet we may note the thread of orality and tie to the mother in all the following data.

To indicate briefly some lust murder material, Wertham (63) describes a murderer who cooked and ate his victims, and Hirschfeld (30) reports a similar case. The famous acid-bath murderer, John George Haigh (11), dreamed of trees dripping with blood, then slowly turning into crosses with the body of Christ, while he was offered a bowlful of blood to drink. He had actually drunk the blood of several victims and after the murders dreamed of doing so. Ferenczi (16) interprets lust murder as a defense against castration anxiety and revenge on the woman who robs a man of semen or is otherwise dangerous.

Psychoanalysts are familiar with murderous impulses that arise as a defense against the emergence of genital love and as a substitute gratification, especially in obsessive patients. Dreams of murder and of being murdered are frequent. The forerunners of expressions of love are often those of murder, particularly by way of the mouth. 'You are so sweet, I could eat you.'

Turning to problems of necrophilia we note that Bonaparte (7) tells of a man who sucked the breasts of cadavers in a frenzy. Segal (52) reports from the analysis of a man with necro-

philic fantasies that to him the corpse was an ideal object, never frustrating and never demanding. Hirschfeld (30) describes similar patients—many of them undertakers or frequenters of morgues—whose conditions for sexual excitement were sleeping or dead women. Pomer (43) reports a case of a man to whom every cadaver represented the mother, primarily one to be used in a search for a phallus. Necrophilia was his defense against castration anxiety, but he also showed an oral and anal passive trend of fearing to be penetrated. He repeatedly identified himself with Christ.

In another connection, incidental to the psychopathology of a hobby, I reported the case of a male patient whose chief sexual wish was to have intercourse with an unconscious woman (55). His wife would simulate unconsciousness, he masturbated with fantasies of unconscious women, and he fantasied (again like a Judas) that if he kissed a woman she would die. He wanted to drug his wife 'to find out something'. At the age of eleven his mother and he played sexual games in which she pretended to be asleep or unconscious and he would roll her inert body about in the bed. His most intense desire was to lift her nightgown and examine her genitals. At the same time he identified himself with women, often imagining he was a woman being wheeled into an operating room. This patient, like Pomer's, certainly used his necrophilic fantasy in an attempt to solve the castration problem. However, for my patient also the castration problem was not the sole issue. His desire for power and control over women was connected with other fears and fascinations. He feared his murderous impulse and he was fascinated by the gruesome, the aboriginal, and the cannibalistic. His play with his mother's inert body exemplifies a comment in Bonaparte's discussion of necrophilia (7); she suggests that the sadistic desire to possess the disarmed, defenseless, or dead mother finds its prototype in the infantile sight of the mother asleep.

Brill (9) reported the case of a necrophile in whom genitality was completely suppressed, and among whose pregenital

needs orality and skin eroticism were prominent. This patient had fantasies of women's breasts bursting and of his wallowing in milk. He also had a strong desire to drink blood and to eat and drink bodily excretions. The women were to be cadavers so they could not resist his advances. He wanted to bury himself bodily inside a woman's decaying body or in that of a horse or other large animal. He fantasied being inside a living woman, of eating her from the inside and so killing her.

Recently a murderer was apprehended in the Midwest who killed his female victims, skinned them, and then saved both skins and the rest of the corpses separately, the latter being hung neatly in a row on hooks. From time to time he would don the skin of one of his victims. He was much attached to his mother and after her death nailed her room shut, to preserve everything as it had been. This man's behavior, as well as the desires of the necrophilic patient described by Brill, have their lesser counterpart in the actions and fantasies of a transvestite whom I observed. This patient had fantasies of sinking bodily into the bodies of others, both male and female; he regarded his collection of outfits of women's clothing as a stable of willing women who never frustrated him and were ready to offer him any pleasure. It is noteworthy that during the transvestite activities he lost interest in food and had the conscious feeling of hiding in a cave, safe from all danger.

Death itself as an oral regression is described by Lewin (36, 37), who cites a case of Gitelson's where resignation to death represented a capacity to accept a profound oral regression in which sleep and death were equated. Lewin also comments on the fear of analysis being equated with fear of death, and he goes on, 'Physicians often think of themselves as being dissected when they dream of their analyses, and sometimes they even turn the autopsy into a cannibal procedure'. Pomer's patient, a pathologist, regarded all cadavers as his mother and at the same time pictured himself in the analytic situation as a cadaver offered for dissection. The equation of autopsy victim with the object of love is at least partly confirmed by the dream

of another obsessive patient of mine. In the dream, while an autopsy was being performed upon a former employer of the patient, the cadaver had an ejaculation. He responded with love to being loved. The former employer had in fact strongly stimulated the patient's latent homosexuality.

Thus we encounter a variety of ways in which libidinal, preponderantly oral, desires find expression in dying, being dead, and in killing. To name them, there are the willing victim, complete surrender, utter compliance and giving, and much orality. These examples point strongly in the direction of the fulfilment of the oral triad, eating, being eaten, and death as sleep. Among oral attributes is the fact that the dead object never refuses and never shows hostility. We find preoccupation with the breasts of the cadaver in sucking, biting, and blood drinking. Coitus is not at all a constant element of necrophilia, although it may be present when the necrophilia has certain normal mourning aspects (31).

Grotjahn (26) comes to similar conclusions. He holds that the idea of death is primarily an oral concept of happiness characterized by oral and narcissistic regression and reunion with the mother. According to Grotjahn, death may be acceptable as a final return to the mother. This is regression to a level before ego integration took place and when mental life appeared to follow the primary process. Death fear can be conquered by murdering the ego, the only witness in us to remind us of death. The elimination of the only witness who knows death would make us immortal but also insane. The unconscious may not know death but it knows sleep and peace; and it longs for the reunion with the primordial mother even if it is the terrible mother who is death herself. The schizophrenic has established such a union. I certainly agree with Grotjahn that the loss of ego identity is closely tied to undoing the sense of reality and re-establishing the tie to the mother. I would put it even more strongly: any ego regression or ego damage automatically reinstates the blissful tie to the mother. This may well be a factor in the etiology of euphoric states in cases of organic brain damage.

Ego regression has another aspect—the aspect of regression to ambiguity and antithesis. Kris and Kaplan (35) discuss the wide range of ambiguity and antithesis in relation to perception and æsthetics, which for them includes all varieties of connection, even the opposite. Freud (21) before them pointed to the identity of opposites in the sense of the antithetical sense of primal words. We may expand this and say that words, sensations, feelings, and meanings are all relative; they are all really derived from categories, sharing ambiguity and antithesis. Usage alone indicates precise meaning and this only when secondary process and ego functioning are intact. In primitives and in ego regression the categorical range reasserts itself, and opposites are equal. The primitive would have a difficult time grasping our conception of death. And we would have difficulty accepting the primitive correlates which to him are first nature. For the primitive, magic, ambiguity, and antithesis are everyday matters taken for granted. Our own religious feelings share such regressive participation, for example, in the idea that death is simply another life. Many share in the regressive thought that Christ gave his life for us, a belief basically like that of the Punjab father (19) who shares one life with his son. With the aid of entrenched and institutionalized ego splitting, secondary processes and magic have established an at times uneasy coexistence. The above argument can help us to understand killing as love. Ego regression has occurred to a degree where antithesis and ambiguity become valid psychic legal tender. This is not the result of sadism, reaction-formation, or defense against homosexual love, but simply the operation of ambiguity and antithesis in ego regression. The primitive has no difficulty with this concept.

### THE MAGIC RENEWAL OF LIFE

We now return to the theme of ritual-sacrifice and self-sacrifice in the service of other libidinal motives, for example, the magic renewal of life. At the raising of Lazarus, Christ says, 'And whosoever liveth and believeth in me shall never die' (John, XI:26), an open promise of immortality. Later, as he was waiting to be

betrayed and taken, he says, 'I am the way, the truth, and the life; no man cometh unto the Father, but by me' (John, XIV:6).

The sacrificial killing intended to represent the renewal of life is not connected with any specific hostility to the victim. The Aztec captive was quite friendly with his captor and referred to him as 'father'. The victim, like Christ, was willing. As a soldier he felt it his duty either to take captives or to play the captive role. The role of victim was eagerly embraced, even by the nobility (59). The renewal of life by sacrifice had two directions; one was the renewal of the life of the tribe by the sacrifice of the king, god, or father. The other was the renewal of the life of the father by the death of the son. While the Aztec captive referred to his captor as father, the captor referred to his prisoner as 'himself'.

In certain Punjab areas (19) when a wife is in the fifth month of pregnancy, funeral services are held for the husband. Magical beliefs of this sort lay the groundwork for the killing of the son, or sometimes even all the sons. Even in this problem one still encounters the willing victim. The Punjab funeral service was predicated on the belief that there was only one life available between father and son; only one could possess that life and the other must necessarily die. A Scandinavian tale tells of the king who killed nine sons in turn. The tenth son was rescued by strangers and became king of the country of his adoption. This king, who knew he had been destined for sacrifice, managed to be careless during the slaying of a bull and was killed by the bull (62). Similar ideas can be encountered in analytic material. Segal (52) reported a case of a man with necrophilic fantasies who demanded from women immobility in practice and death in fantasy. He had the feeling that he and his analyst possessed one 'life' in common; if the analyst was alive he was dead, and vice versa.

As to preserving the life of the tribe, we turn to the killing of the king, for which Frazer (19) gives many illustrations. The perfection of the king magically insured the health of the tribe, and any sign of imperfection or weakness led to his killing and

replacement by a perfect specimen. If, for example, a wife reported his sexual inadequacy the king was killed. In some groups the king had a fixed tenure, perhaps a year, after which time he was killed or would voluntarily and ritually commit suicide. Even under these circumstances there was no shortage of volunteers for the kingship. One need not go to primitives for examples of renewal of life through the execution of another. In medieval Nuremberg (33) sick townspeople bribed the *Hochrichter* for permission to drink blood streaming from freshly beheaded criminals. The blood was reputed to have high medicinal value.

Frazer (18) recounts many examples of eating beloved relatives, not out of hostility but rather out of love and admiration. After such a relative's death a feast would be held and family members would eat either various parts of the body or would be served portions of what amounted to meat pie or ash pie. After the feast the remains might not be buried but placed on a platform to decompose, and as the decomposed material dripped down from the platform the relatives would sit underneath and rub the drippings into their skins. This practice resembles several fantasies and actions of necrophiles.

Koestler (34), in his dramatic novel, *Darkness at Noon*, portrays the character Rubashov, who voluntarily accepts death as a sacrifice for the good of the masses. Rubashov accepts this role only after prolonged interrogation and persuasion, an action reminiscent of the ritual dialogues between executioner and victim which take place in some religions practicing human sacrifice (48). The ritual dialogue is in effect a persuasion of the victim as well as a method of allaying the executioner's own guilt. As in 'brain-washing', if one is subjected to sufficient aggression, responsive contact can be made with libido.

The renewal of life by killing may take a further turn. Neumann (41) describes how in the cult of Xipe, the flayed god, prisoners were shot with arrows to symbolize sexual union with the earth. Killing and mating were psychologically identical; death represented fecundation.

### EATING AND THE TIE TO MOTHER

It is easy to overestimate patriarchal elements in religion, and Róheim (49) believed that Freud accordingly underestimated the tie to the mother. The freudian theory of the primal horde and the eating of the father for the purpose of identification and the acquisition of his strength are based on Robertson Smith. In Róheim's opinion the eating is basically of the mother. The Aztec system, for example, seems to have been a patriarchal one, yet Neumann (41) notes that on close analysis one finds it dominated by goddesses of fantastic cruelty.

The Christian deity, Christ, seems more and more to resemble a mother figure. There are no direct representations of Christ with breasts, but his representation has become effeminate and a growing tendency to picture him with Mary draws attention to the mother figure. Only recently Mary's position in the hierarchy has again been enhanced. Christianity refers to the Mother Church, but the church is the body of Christ.

Both Jews and Christians had eating myths or practices which guaranteed reunion with mother symbols and immortality. Goodenough (23) points out that both observed mystic meals for such purposes. In Jewish tradition a monster fish, the leviathan, lives at the bottom of the seas over a spring which feeds the oceans. When the time of the messianic reward arrives, this fish will be captured and will provide food for all deserving Jews who will thereby gain immortality. There are some indications that at one time the monster was ritually killed anew each year. A meal which promises immortality is, of course, supplied in the Christian mythology by Christ, who in some of the symbols even of the early Christians was pictured as a fish. The great messianic fish of the Jews is the Christ of the Christians. The messianic food and immortality keep Christian and Jew at the breast forever. This is Heaven. The legend of the bottomless waters discussed by Bonaparte (6) resembles the leviathan myth. There is a reunion with mother in both, either at the bottom of the sea or with a creature from the bottom of the sea. A probable reason for the fish's prominence as a mystic and ritual meal is the removal of emphasis from flesh, a partial suppression

of the cannibalistic element. Some Christians still limit themselves to fish on certain days of the week and at periods during the year when they celebrate the killing of Christ.

Another symbol frequently used both by Christians and Jews in the early Greco-Roman period was bread and also what Goodenough (23) terms 'round objects'. The latter are generally circles with dots or small circles in the center, and they have been incorporated in the Menorah as well as the Cross. The eucharistic wafer has been represented by a round object, and the Jews used round objects to represent the sanctity of bread. In some instances round objects denote the sun. The Egyptians, who regarded light as a fluid, spoke of the sun as suckling the earth. The craving for divine milk is found among the Egyptians, Greeks, Christians, and, at least figuratively, in the writings of Philo, the famous Hellenized Jew. The source of divine milk is often hermaphroditic. In the Dionysiac rituals one fourth of the priests who carried the insignia of the gods bore golden vases in the form of breasts, from which libations of milk were poured. The symbolism of wine and milk leads to mother. Early Christian symbolism is a confusion of blood, milk, and wine. The early mystics often used the concept of salvation through nursing. A quote from Goodenough (23) is an example.

St. Catherine of Siena: 'What I say of the universal body and mystical body of the Holy Church [i.e., the Christian religion] I say also of my ministers, who stand and feed at the breasts of the Holy Church; and not only should they feed themselves, but it is also their duty to feed and hold to those breasts the universal body of Christian people.'

St. François de Sales: 'Even so our dear Lord offers the breast of his divine love to the devout soul; he draws, gathers it into the lap of his more than motherly tenderness, and then, burning with love, he embraces the soul, presses it to his heart, kisses it with the sacred kisses of his mouth, makes it taste of that love which is better than wine. And so the soul, intoxicated with delight, not merely consents and yields to the divine union, but coöperates with all its might thereto.'

## THE TWO SCAPEGOATS

The ambivalent double, the struggle between two opposites and their simultaneous death, is well known to us in fiction; for example, Dr. Jekyll and Mr. Hyde. The subject is most lucidly discussed by Edel (12) in a study of Walpole's *The Killer and the Slain*, where there is a struggle between a pair representing the evil masculine side and the passive feminine side, and where both die, as did Jesus and Judas. Similarly, in O'Neill's play, *The Great God Brown* (42), the two members of a pair kill each other. One says to his double, 'You are the killer and the killed'.

Jesus and Judas are doubles, perhaps brothers, and in one medieval myth Mary even mistakes Judas for Jesus. In some European countries there are rites of Judas-burning (57, 64) which precede the celebration of the Resurrection. The Judas figure is called the *Ostermann*. The excitement and the chasing of a victim before the burning of the effigy is ordinarily called *Judassuchen*, but in some communities *Christussuchen*. It is difficult to escape the impression that the enthusiastic beating and burning of Judas is really meant for Jesus. Fragments of broken and decayed crosses are burned and called Judas.

Killer and victim are close to each other, perhaps as brothers, perhaps through guilt. Their reciprocal love is not far removed from self-love. Certainly object love may be replaced by identification, such as is seen in the ritual sacrificial flaying and wearing of the skins of the victims. As we have noted certain murders and transvestitism seem to have similar motivations. In the Aztec ceremonies the priest who wore the skin of the female victim was treated as a living goddess (17). Priest, murderer, and transvestite show identification of one with the other as love; and murder is only a necessary preliminary.

I am indebted to Sylvan Keiser for an interpretation which underscores the issue of identification between killer and victim. He pointed out an important difference between professional murder and love-murder. In the professional murderer (though not in the sacrificing priest) there is no human relationship, no struggle with the problem of object relationship, and

no identification of killer with victim. On the other hand, in the murders we have been considering there may be an exquisite identification. In fact, in ritual and in love-murder the goal is precisely a libidinal union of the two. The killer incorporates the victim or the victim incorporates the killer; it makes little difference. The purpose is to remove the ego boundaries between the two and to experience all affects as love. To a more advanced ego this would be quite impossible. The need is for archaic love, an unclearly defined object and union of the two.

Although Christ is the manifest central figure in Christian mythology, there is the counterpart of Christ, the paired anti-christ in its various forms. The antichrist has various shapes (58)—Judas, the Jews, the Devil, and other horrible forms. Some of the antichrists have been romanticized and treated on a grand scale, for example Goethe's Mephistopheles. But Judas has not. The best role that Judas and the Jews have been able to attain has been that of comedian in mystery plays and comic *Zwischenspiele* (51). A review of many early religious plays indicates that the antichrist role is about evenly divided between figures of the Devil, Judas, and the Jew.

In many Latin and German speaking countries (2, 64) there is an annual celebration of the death of Judas, when his effigy is destroyed, but with a curious ambivalence. Sometimes the effigy is filled with silver or food and then exploded, giving the populace a bonanza for which they all scramble. And Judas has been used not only in curses but also in beneficent roles. Mygatt and Witherspoon (40), as well as Taylor (56), record old charms invoking Judas against many dangers, especially burns.

Christian mythology solves its ambivalence by having two scapegoats, Christ and Judas. One is for love and the other for aggression, one for killing and the other for being killed, one for eating and the other for being eaten. One figure is pale and ascends to Heaven (although he too made a trip through Hell), the other is dark and assigned to the Devil and the lower regions. One is connected with oral bliss, the other with anality

and aggression. Happiness seems expressible in oral terms but not in anal. Not only is Heaven depicted in oral terms, with nectar and ambrosia, but is up above. Manna rains down from Heaven. I suspect that this arises from the fact that to the nursing infant the mother's face and breast are always above. A schizophrenic female patient of mine had frequent hallucinations of her mother's face, which was always over her head. On the other hand, the Devil and Hell are below, for Hell is anal-ity. In medieval art Hell often appears as a sea of feces in which the poor condemned souls swim forever. The stool falls below and behind. The only exception to this allocation is among certain Eskimos who, I have been informed, place Heaven below and Hell above. This may be related to their weather and to the fact that their food supply is below the surface of the sea. Only conjecturally, they may also have infant sleeping and feeding patterns sharply different from ours.

What are the problems which call for scapegoat solution in Christianity? For the Christian, Christ provokes envy because of his passive homosexuality and supreme masochism, and also because he is so close to God. Identification with Christ is attained only at great cost. The acceptance of such masochism comes easily only to schizophrenics and mystics. The problems provoked by the scapegoat for aggression take a different turn. We envy Judas his role as lover and executioner of Christ. Our difficulty in identifying ourselves with either of these attributes leads to hatred and projection. Simmel (53) and Fenichel (15) discuss the problem of aggression most thoroughly, though the libidinal side of the problem is neglected. Loewenstein (38) hints at it. It might be remarked that the aggression has not always been disowned by the Christian. Judas has been pictured not only as a villain but as a savior and hero (28), the latter by heretical, grateful sects who quite logically worshipped Judas for saving the world by providing the necessary human sacrifice.

Allied to attitudes toward Judas are certain public attitudes toward assassins, executioners, and executions. Throughout his-

tory public executions and torturings have attracted enormous crowds. There is great envy of the role of public executioners or even murderers. There are many applicants for the position of hangman. The public is fascinated and repelled by him, as if he could kill without guilt. This is, of course, not true. Elliott (13), the longtime executioner at Sing Sing, did not like to look his victims in the eyes. The Jewish ritual slaughterer of animals (the *schochet*) utters a prayer at the moment of slaughtering; this prayer puts the onus for the slaughtering on God. I have been informed that in a certain section of Hungary where the Jews were under Chassidic influence, the *schochet* was also required to go through Kol Nidre twice on the Day of Atonement.

The attitudes to the executioner may be delicately ambivalent. If a hangman bungles his job, or through poor technique makes a victim suffer unnecessarily, the crowd may turn on him in fury. Several medieval executioners of Nuremburg were mobbed and killed by an enraged public (33). Synge (54), in *The Playboy of the Western World*, illustrates the ambivalent attitudes to a hero assassin. When the young hero appears in a small town with the story of having killed his father in some distant place, he is idolized, especially by the women. However, when it seems that the killing took place in the town itself, he is shunned.

Some assassins have become great public heroes. The individual assassin is generally of little importance to the community (14). The community creates its own hero according to its needs; the assassin has his own special personal relationship to the victim. The assassin may have no motive such as he may be credited with by the community. Judas was a hero to some sects, a villain to others.

#### DISCUSSION AND CONCLUSIONS

In discussing the universal appeal of Christianity, Brierley (8) notes among other facets that one critical advantage over other religions is 'the Christian emphasis on love. . . . The doctrine

that "God is love" is re-enforced by the doctrine of the Incarnation and by the greater ease, for many men and women, of themselves feeling love for God Incarnate in Christ Jesus. The Son of Man albeit Son of God offers a personal target for personal affection as well as a suitable object for certain types of identifying relationships.' In my opinion, the advantage lies not simply in the opportunity for love, but rather in the opportunity for aggression, partly for its own sake and partly in the service of love and for the purpose of being converted into love. A good share of the aggression is displaced onto Judas. The love is not only passive, but also active in an archaic, antithetical unity. This is the emphasis of this essay.

The Abraham-Isaac story is relevant as a contrast to the Judas-Christ myth. In the Jewish myth the urge to human sacrifice is overcome; in the Christian myth it is carried through and ritually celebrated. Medieval Jewish myths about Abraham and Isaac (4, 62) bear a clear oedipal pattern. For example, one story has Isaac spending his last night before the trip to the mountain with his mother and in another Isaac asks that his ashes be placed in his mother's bedroom. Though aware of his aggression against his father, Isaac, like Jesus, willingly accepts the role of victim. Isaac also resembles Jesus in his gentleness after the ordeal.

The Judaic solution is renunciation of the oedipal object and renunciation of aggression between father and son. The Christian solution is to keep the oedipal object; thus father murder and son murder are perpetually necessary in the ritual. The tie to mother is not surrendered, and this in a preoedipal and pregenital sense too. Fromm (22) makes the interesting observation that the two great representations of Christ are Christ on the Cross and Christ in his mother's arms. The first dramatizes the oedipal castration theme and the second the oral problem, the tie to and identification with mother. With virgin birth, there is total separation from father.

I think it is easier to support a preoedipal construction than the oedipal one of Christian mythology, even though the oedipal construction is relatively obvious. The Judas theme has also

been elaborated in the œdipal direction, both psychoanalytically and historically (20, 44).

### SUMMARY

This essay has attempted to delineate the libidinal aspects of the Judas-Christ relationship as well as to provide 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 Jesus with the load of aggression, by the invitation to be the lover and ritual executioner. Various clinical and anthropological data are used to illustrate killing in the service of libido. Surrender in love is equated to being killed and eaten. The intense oral aspects of love of the dead are emphasized. The cadaver is equated with the orally giving mother who never frustrates. Ritual sacrifice or ritual murder may have further libidinal motives such as the magic renewal of life or fecundation. Jesus and Judas are pictured as the pair of scapegoats necessary to solve by projection the ambivalent problems of the Christian: Jesus for passive love, Judas for active. The relationship between the two, however, is one of identification and love, expressed in the theme of the killer and the slain. The equation of love, murder, and death is also viewed as a regression to loss of ego boundaries and reunion with mother, and also as regression to a state of antithesis and ambiguity. Various data suggest that the relationships in love-murder express the oral tie to mother and reunion with her. Our studies may have general theoretical and clinical bearing beyond the limits of this topic. Theoretically, the problems of ambivalence, instinct fusion, and especially the theory of aggression might be further scrutinized. Clinically, the approach to certain dreams and symptoms of an apparently aggressive content might develop libidinal implications of an interesting and useful nature.

### REFERENCES

1. ANDREYEV, LEONID: Judas Iscariot and Others. In: *The Crushed Flower and Other Stories*. Trans. by Herman Bernstein. New York: Alfred A. Knopf, 1916, pp. 162-268.

2. ANONYMOUS: *Will Judas Return?* Mexico This Month, IV, April 1958, pp. 9-10.
3. BARING-GOULD, S.: *The Lost and Hostile Gospels: An Essay on the Toledoth Jeschu and the Petrine and Pauline Gospels of the First Three Centuries of Which Fragments Remain*. London: Williams and Norgate, 1874.
4. BIN GORION, MICHA JOSEF: *Die Sagen der Juden. Die Erzväter*. Frankfurt a. M.: Rütten u. Loening, 1914.
5. ———: *Die Sagen der Juden. Mose*. Frankfurt a. M.: Rütten u. Loening, 1926.
6. BONAPARTE, MARIE: *The Legend of the Unfathomable Waters*. Amer. Imago, IV, 1946, pp. 20-31.
7. ———: *Deuil, Necrophilie et Sadisme à propos d'Edgar Poe*. Rev. Français de Psychanalyse, IV, 1930-1931, pp. 716-734.
8. BRIERLEY, MARJORIE: *Trends in Psychoanalysis*. London: The Hogarth Press Ltd., 1951.
9. BRILL, A. A.: *Necrophilia*. J. Criminal Psychopathology, III, 1941, pp. 51-73.
10. CREIZENACH, WILHELM M. A.: *Judas Ischarioth in Legende und Sage des Mittelalters*. Halle a. S.: Druck von E. Karras, 1875.
11. DUNBOYNE, LORD, Editor: *The Trial of John George Haigh (The Acid Bath Murder)*. London, Edinburgh, Glasgow: Wm. Hodge and Co., 1953.
12. EDEL, LEON: *Hugh Walpole and Henry James: The Fantasy of the 'Killer and the Slain'*. Amer. Imago, VIII, 1951, pp. 351-369.
13. ELLIOTT, ROBERT G. and BEATTY, ALBERT R.: *Agent of Death. The Memoirs of an Executioner*. New York: E. P. Dutton & Co., 1940.
14. FELDMAN, HAROLD: *The Hero as Assassin*. Psychoanalysis, III, 1954, pp. 48-64.
15. FENICHEL, OTTO: *Psychoanalysis of Anti-Semitism*. Amer. Imago, I, 1940, pp. 24-39.
16. FERENCZI, SANDOR: *Psychoanalysis of Sexual Habits*. Int. J. Ps., VI, 1925, pp. 372-404.
17. FRAZER, JAMES: *The Scapegoat*. London: MacMillan Co. Ltd., 1955.
18. ———: *Spirits of the Corn and Wild*. Two Vols. London: MacMillan Co. Ltd., 1955.
19. ———: *The Dying God*. London: MacMillan Co. Ltd., 1955.
20. FREMANTLE, ANNE: *The Oedipal Legend in Christian Hagiology*. This QUARTERLY, XIX, 1950, pp. 408-409.
21. FREUD: *The Antithetical Sense of Primal Words*. Coll. Papers, IV.
22. FROMM, ERICH: *Die Entwicklung des Christudogmas*. Imago, XVI, 1930, pp. 305-373.
23. GOODENOUGH, ERWIN R.: *Jewish Symbols in the Greco-Roman Period, Vols. V and VI, Fish, Bread, and Wine*. New York: Pantheon Books, Inc., 1956.
24. GRAVES, ROBERT: *King Jesus*. New York: Creative Age Press, Inc., 1946.
25. ——— and PODRO, JOSHUA: *The Nazarene Gospel Restored*. Garden City, New York: Doubleday and Co., 1954.
26. GROTHJAHN, MARTIN: *Ego Identity and the Fear of Death and Dying*. J. of the Hillside Hospital, IX, 1960, pp. 147-155.
27. HARTMANN, AUGUST, Editor: *Volksschauspiele in Bayern und Österreich-Untergarn gesammelt*. Leipzig: Breitkopf und Härtel, 1880.

28. HAUGG, DONATUS: *Judas Iskarioth in den neutestamentlichen Berichten*. Freiburg im Breisgau: Herder u. Co., CMBH Verlag, 1930.
29. HEWLETT, J.: *God Save Hirohito. Act of Suicide in Japan*. Travel, April 1946, pp. 14-16.
30. HIRSCHFELD, MAGNUS: *Sexual Pathology*. New York: Emerson Books, Inc., 1944.
31. JONES, ERNEST: *Nightmare, Witches, and Devils*. New York: W. W. Norton & Co., Inc., 1931.
32. JOYA, MOCK: *Japanese Customs and Manners*. Tokyo: The Sakrai Shoten, 1949.
33. KELLER, ALBRECHT, Editor: *A Hangman's Diary, Being the Journal of Master Franz Schmidt, Public Executioner of Nuremberg, 1573-1617*. Trans. by C. Calvert and A. W. Gruner. London: Philip Alan and Co., 1928.
34. KOESTLER, ARTHUR: *Darkness at Noon*. New York: Macmillan Co., 1941.
35. KRIS, ERNST and KAPLAN, ABRAHAM: *Æsthetic Ambiguity*. In: *Psychoanalytic Explorations in Art*. By Ernst Kris. New York: International Universities Press, Inc., 1952.
36. LEWIN, BERTRAM D.: *Countertransference in the Technique of Medical Practice*. Psychosomatic Med., VIII, 1946, pp. 195-199.
37. ———: *Dream Psychology and the Analytic Situation*. This QUARTERLY, XXIV, 1955, pp. 169-199.
38. LOEWENSTEIN, RUDOLPH M.: *Christians and Jews. A Psychoanalytic Study*. New York: International Universities Press, Inc., 1951.
39. MOORE, T. STURGE: *Judas*. Chicago: Covici-McGee Co., 1924.
40. MYGATT, TRACY D. and WITHERSPOON, FRANCES: *The Glorious Company. Lives and Legends of the Twelve and St. Paul*. New York: Harcourt, Brace & Co., 1928.
41. NEUMANN, ERICH: *The Great Mother: An Analysis of the Archetype*. Trans. by Ralph Manheim. New York: Pantheon Books, Inc., 1955.
42. O'NEILL, EUGENE: *The Great God Brown*. In: *The Best Plays of 1925-1926*. New York: Dodd, Mead & Co., 1926.
43. POMER, SIDNEY L.: *Necrophilic Fantasies and Choice of Specialty in Medicine*. Bull. Phila. Assn. for Psa., IX, 1959, pp. 54-55.
44. REIDER, NORMAN: *Medieval Œdipal Legends About Judas*. This QUARTERLY, XXIX, 1960, pp. 515-527.
45. REIK, THEODOR: *Der eigene und der fremde Gott. Zur Psychoanalyse der religiösen Entwicklung*. Leipzig, Wien, Zurich: Internationaler Psychoanalytischer Verlag, 1923.
46. ROBERTSON, J. M.: *A Short History of Christianity*. Second edition. London: C. A. Watts and Co., Ltd., 1913.
47. ———: *Christianity and Mythology*. Second edition. London: C. A. Watts and Co., Ltd., 1910.
48. ———: *Pagan Christs. Studies in Comparative Hierology*. Second edition. London: C. A. Watts and Co., Ltd., 1911.
49. RÔHEIM, GÉZA: *Some Aspects of Semitic Monotheism*. In: *Psychoanalysis and the Social Sciences, Vol. IV*. New York: International Universities Press, Inc., 1955, pp. 169-222.

50. ROTH, CECIL: *Iscaiot*. London: The Mandrake Press, 1929.
51. SCHIDROWITZ, LEO, Editor: *Sittengeschichte des Theaters*. Wien, Leipzig: Verlag für Kulturforschung, 1925.
52. SEGAL, H.: *A Necrophilic Fantasy*. Int. J. Psa., XXXIV, 1953, pp. 98-101.
53. SIMMEL, ERNST: Anti-Semitism and Mass Psychopathology. In: *Anti-Semitism, A Social Disease*. New York: International Universities Press, Inc., 1946, pp. 33-78.
54. SYNGE, JOHN M.: *The Playboy of the Western World*. Boston: John W. Luce and Co., 1911.
55. TARACHOW, SIDNEY: *Forepleasure Aspects of a Hobby as a Defense Against Castration Anxiety*. J. Hillside Hosp., III, 1954, pp. 67-72.
56. TAYLOR, ARCHER: *Judas Iscaiot in Charms and Incantations*. Washington U. Studies, VIII, 1920, pp. 3-17.
57. ———: *The Burning of Judas*. Washington U. Studies, XI, 1923, pp. 159-186.
58. TRACHTENBERG, JOSHUA: *The Devil and the Jews*. New Haven: Yale University Press, 1943.
59. VAILLANT, GEORGE C.: *Aztecs of Mexico*. Garden City, New York: Doubleday and Co., 1953.
60. VAN HEURN, ANTON and ELLY: *Judas*. Philadelphia: Muhlenberg Press, 1958.
61. VAN OPHUIJSEN, J. H. W.: *The Sexual Aim of Sadism as Manifested in Acts of Violence*. Int. J. Psa., X, 1929, pp. 139-144.
62. WELLISCH, E.: *Isaac and Oedipus. A Study in Biblical Psychology of the Sacrifice of Isaac, The Akedah*. London: Routledge and Kegan Paul, 1954.
63. WERTHAM, FREDERIC: *The Show of Violence*. Garden City, New York: Doubleday and Co., 1949.
64. WALSH, WILLIAM S.: *Curiosities of Popular Customs*. Philadelphia: J. B. Lipincott Co., 1914.
65. WILLIAMS, TENNESSEE: *Desire and the Black Masseur*. In: *One Arm and Other Stories*. New York: New Directions, 1954.
66. ———: *Suddenly Last Summer*. New York: New Directions, 1958.
67. ZEITLIN, SOLOMON: *Who Crucified Jesus?* New York and London: Harper & Bros., 1942.

## Karl Easton

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## FURTHER REMARKS ON FUGUE AND ORALITY

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In a previous publication<sup>1</sup> the thesis was proposed that fugue states may be sleep equivalents associated with particularly intense oral regressions. This hypothesis was suggested by the psychiatric treatment, lasting one year, of a schizophrenic adolescent boy who had been experiencing fugue reactions and somnambulistic states accompanied by intense oral preoccupations. In these dissociated states he behaved as if he were a predatory animal. He would howl, growl, snort, and move about on all fours as if he were stalking prey, and on one occasion he actually bit the leg of a chair. Acute attacks of uncontrollable anxiety always ushered in the fugue states, which were probably regressive phenomena through which oral sadistic drives, constantly striving for expression, were discharged. In his waking state this patient harbored an unfixed delusion that he was a werewolf, a particularly oral-sadistic creature.

During the therapy, oral fantasies were overwhelmingly prominent. Active aggressive-sadistic fantasies of biting, eating, and devouring, and passive masochistic fantasies of being eaten constantly presented themselves. The most prominent theme in the projective psychological data was the passive wish to be eaten.

The coexistence of this active and passive oral preoccupation with fugue reactions was strikingly reminiscent of Lewin's oral triad—the wish to eat, to be eaten, and to go to sleep. The basic thesis of my paper was that the fugue reactions were orally regressive phenomena and related to the oral triad as equivalents of sleep.

This hypothesis has received additional support in rather dramatic fashion from the symptoms described by a middle-aged business executive seeking psychiatric consultation because of 'black-out spells'. He was the only child of lovingly devoted and somewhat overly protective parents. In childhood his quick temper and touchiness led to frequent battles with child friends. He stated,

<sup>1</sup>Easton, Karl: *An Unusual Case of Fugue and Orality*. This *QUARTERLY*, XXVIII, 1959, pp. 505-513.

'I was never one to turn my back on a fight'. Nevertheless there was an underlying quality of softness in his make-up which led to his having many friends and to his being well liked.

The proclivity to aggressive outbursts remained in his adult life, but he learned to suppress explosive surges of anger. He was a chain-smoker and drank heavily during social engagements, when he was often emotionally effusive and overbearing. Aggressive energies were especially sublimated in his work, at which he had the reputation of being hard-driving, ambitious, and efficient.

He married at the age of twenty-two a somewhat compulsive, proper, perfectionistic, and emotionally undemonstrative woman. They soon moved to the rural suburbs of the city, and a daughter and then a son were born. He emphasized the lack of love and closeness felt toward his wife during the entire marriage. However, in spite of extramarital desires and opportunities, he remained faithful, but seemed to drive himself harder at business as the years wore on.

His acute emotional problems started at the time of a series of business reversals. He noticed that irritabilities and surges of anger he had learned to master could no longer be contained. He began to lose his temper at subordinates. Smoking and drinking increased. At home not only did he shout at his wife, he even began to push her around physically. This demonstration of hostility toward his wife was distressing to him, was ego-dystonic, and was always followed by enormous guilt.

He started a platonic relationship with a divorced woman ten years older than he, through which he experienced relief by discussing his discontents and frustrations. He became aware of an increasing desire to visit his elderly and devoted parents who were living in an adjoining state.

The black-out spells, which were actually fugue reactions, began three months before the initial psychiatric consultation. During this period four dissociative reactions were experienced. Each fugue was preceded by a prodromal period of a few days during which he was enormously irritable, and each time the fugue was set off by an episode of uncontrollable fury at his wife.

He knew nothing about his activities during the first fugue. During the second fugue he knew he had been driving his car, because his gasoline ticket had been punched. He remembered one isolated

incident during his third fugue. He had been driving his car and stopped at a roadside stand where he began consuming large quantities of milk. He remembered hearing the counterwoman exclaiming, 'What, another glass of milk?'. During the fourth fugue he drove off to the home of his woman confidante. She later informed him that after unexpectedly arriving, he quickly drank two quarts of milk and abruptly left. She told him he was strange, distant, and rather uncommunicative.

It is striking that this patient's postfugue state was always associated with an intense thirst which could be satisfied only by drinking large quantities of milk. He found this craving for milk odd because he had stopped drinking milk in his adult life. Each fugue ended with the patient at home, not remembering what had previously happened, except for the isolated remark during the third fugue, and with his satisfying his thirst for milk by drinking at least one quart in a short time.

Two repeated dreams, one regularly following the other, occurred every night during the prodromal periods. They were described as follows:

I was looking at my piano—the one that my mother gave me and is in our living room. The eighty-eight keys seemed to be looking at me and taunting me. They seemed to be laughing at me. I wanted to return the piano to my mother.

All my friends and relatives had turned into ice, but they moved about. I was walking amongst them. They were unsmiling and did not respond to my presence. I was terrified. In the distance I saw a ray of hope. The sun was shining, and as I approached I saw the manger scene. The Christ child had just been born to Mary. Joseph was standing by. I felt comforted.

## DISCUSSION

Strong, innate, aggressive drives, enhanced by frustration, presented a problem for this patient's ego to master. The usual defenses utilized were suppression, repression, intellectualization, rationalization, and especially sublimation. Acute decompensation of these defenses, caused by overwhelming rage, resulted in the dissociative states.

The patient's affective state during the periods prodromal to the fugues made him vulnerable to regression. Regressive elements were strongly manifested in the dreams. In the first dream the piano rep-

resented his mother. The infantile exhibitionistic wish and the defense against this wish were exposed. In the manger scene of the second dream, the Christ child represented the patient, Mary, his mother, and Joseph, his father.

The fugue reactions were sudden regressions associated with collapse of the ego. Oral drives were discharged during the fugues and in the state immediately following them. The drinking of milk was a dramatic discharge of oral drives.

In the patient who thought he was a werewolf, active oral-sadistic biting drives, represented by wolflike behavior, were released during the fugues. In the present patient, oral incorporative impulses, represented by drinking milk, were discharged. In both cases the egos were relatively impoverished and the fugues were sudden oral regressions precipitated by unbearable excitation.

The dissociative reactions in both cases appear to be equivalents of sleep and are related to Lewin's oral triad—the wish to eat, to be eaten, and to go to sleep—, a constellation apparently most deeply embedded in the human psyche.



## BOOK REVIEWS

PSYCHOANALYTIC EDUCATION IN THE UNITED STATES. By Bertram D. Lewin and Helen Ross. New York: W. W. Norton & Co., Inc., 1960. 478 pp.

It seems appropriate to begin a discussion of this book with a statement which the authors themselves make about their conception of it:

. . . This is not, in the surveyors' opinion, an opinionated book. Our wish was to present facts rather than preconceptions, to speculate rarely, to philosophize overtly and separately. 'How to do it' when 'it' is to educate psychoanalytically, is up to our professional educators. The surveyors have tried to abide by the Armorer's Oath that Shaw recites in *Major Barbara*, to supply arms to all parties and to all causes.

For psychoanalysts this is a happy opportunity. It is not often, in our work, that we are permitted to see facts untrammelled by rationalizations and, in our literature, to be presented with data so clearly distinct from inference and reconstruction. Considering that so many of the divergent views which have concerned us have reached their crises in the United States in issues of training, and recalling how all of this has eventuated in a numerology of training regulations, in lieu of a general psychoanalytic theory of psychoanalytic education, it is good to have before us, at last, a definitive statement of the actual state of affairs in our institutes and training centers. It may be that from the clinical situation in the field we will be able to retrace our steps toward a congruent theoretical outlook. For what is most impressive about the reported findings is that the unique problems of psychoanalytic training and education which they bring into focus also highlight the problems of analytic process and analytic goal, leaving little room for the simplifications of theory and practice which have been so tempting.

In this review I shall not attempt to deal with facts and figures as such. Their presentation in the book is already a masterpiece of condensation. Further efforts in this direction would be gratuitous. Rather will it be my purpose to discuss some of the generalizations and speculations which the authors have permitted themselves, and to try to draw some warranted conclusions.

Perhaps the most important problem of psychoanalytic education

which the book calls to our attention is that to which the authors have applied the term 'syncretism'. Originating in attempts which have been made to resolve various religious and philosophical differences, and, in that context, meaning egregious compromise, illogical and inconsistent, uncritical acceptance of divergent beliefs and principles, 'the word has come to mean the *use* of conflicting and irreconcilable assumptions'. In psychoanalysis, education and treatment are different concepts but, like the wave and particle concepts in the theory of light, 'the two models, "psychoanalytic patient" and "student" complement, alternate with, and oppose each other. . . . The education introduces a parameter for the therapeutic procedure, and the analytic procedure an even larger one for the education.' The task of the institutes, to 'cure' and to 'educate', inevitably introduces syncretism into our concepts of psychoanalytic education. 'At present there is no unitary theory of psychoanalytic education. . . . The principles of psychoanalysis are being tested against the demands of education; the principles of education are being tested by psychoanalysis. An experiment of nature is being carried on in institute teaching. It is conceivable that a synthesis will arise from the present antithesis, a new entity, "psychoanalytic education".'

The first four chapters of the book move toward a culmination in the discussion of the problem to which the preceding paragraph refers. Formally, they constitute an introduction to the results of the Survey of Psychoanalytic Education, on which the American Psychoanalytic Association embarked in 1956. But they could also be looked upon as the statement of a major conclusion. As such it is nothing new but it has never been so clearly and completely stated. To begin with there was no alternative, in the early master-pupil relationships, to the combining of therapy and teaching. Hanns Sachs's decision to divorce himself from teaching, in order to clarify his therapeutic role as a training analyst in the first psychoanalytic institute, represents the earliest attempt—a heroic one—to deal with the problem. But it has evidently remained unsolved. The authors state this clearly in the concluding paragraph of their fourth chapter:

In almost all the chapters that follow and in almost all aspects of psychoanalytic education, whether didactic or administrative, some reference to this educational dualism will be made, and many facts and opinions garnered from the survey's numerous informants and from observation

will be found relevant to the syncretistic attempts now in progress at the institutes.

The chapters that follow are twenty-nine in number (there are thus a total of thirty-three), and they do cover 'all aspects of psychoanalytic education': the student, his age, his origins and quality, his frame of mind and his finances; the selection process and its vicissitudes; the training analysis and the training analyst; supervision, teaching, and curriculum; student progression, school problems, and student neurosis; advanced study, and the place of child analysis; research, clinic, and residency in psychiatry; and finally, such housekeeping facts of life as the executive secretary, institute financing, quarters, library, and publications. Out of all this I shall select and discuss only a few topics which illustrate the ramifications of the problem of syncretism in our educational system.

In a section on the age range of students (national mean: 33.1 on admission, 39.3 on graduation) as a school problem, we are told: 'Just or unjust, there is a displacement of the student's protest . . . against his long preparation as a specialist . . . and all the stored conflict of the long education may be poured into the situation; and some of the resentment, whether externally provoked or projected from within, appears in resistance to the institute [and to the training analysis]'. The authors raise the question as to whether the long maintained student 'identity' may sustain a conflict around the wish to be back in school; and further, 'do their teachers, too, identify themselves with the undergraduates?'.

In a section on admission to training, the concept, 'admission', is seen to have at least three meanings: at a university-affiliated institute it is synonymous with 'registration', an academic view which ignores the dualism of psychoanalytic education; at another institute the phrase, 'beginning of training', designates the time when the student starts his personal analysis; and at a third institute 'the date of approval by its admitting committee [is used] as the moment of enrolment'. Students thus make at least three possible beginnings, according to the point of view. 'The training analysis complicates all measurements'—especially when one considers that it may precede, long overlap, or even be recurrent during and extend beyond the curricular and clinical program. Thus it seems to become 'impossible to pass or flunk a student in analysis the way a college faculty flunks a student who has not studied [or cannot study, or is

inept], . . . the student committee is vitally [preponderantly] interested in whether he is passing his training analysis and secondarily his supervision . . .'. And the remedy for learning difficulties—too often, in the reviewer's opinion—is more personal analysis and/or more supervision. The dualistic problem in this aspect appears too as one of the reasons given for the large number of deferrals which institutes report. There is 'a disinclination to reject applicants who are at all *possibly* [reviewer's italics] acceptable'. This reflects not only an absence of an upper limit for acceptances in most institutes but is also the consequence of the perennial hope that personal analysis will make the difference.

Selection of students 'is the weakest link in our training program'. The authors quote this statement from the Rainbow Report.<sup>1</sup> Their further discussion of this problem exhibits the existence of a 'split' within the already complicated area of syncretism in psychoanalytic training. Thus, the Commission on Students is reported to have asked: 'What *guiding image* [reviewer's italics] determines the selection? Are we selecting students for their potential value in practice, research, or teaching? . . . What are the qualities which make a good analyst, no matter where his main interest [or aptitude] may lie?' These questions, though they do not make the reference explicitly, must, in my opinion, be looked upon as cogent to our strongly experienced, even though nebulously defined, concepts (or are they fantasies?) concerning 'the image of the psychoanalyst', about which there have been so many discussions.<sup>2</sup> It is not merely that we lack words to make this definition but rather that the vicissitudes of psychoanalysis in the United States have introduced a third factor into the intrinsic and perhaps ineradicable conflict between the therapeutic and the didactic elements in psychoanalytic education. That factor is the neopsychoanalytic or 'liberal' point of view toward theory and practice. To the extent to which this comes into play the most difficult problems of syncretism are produced.

<sup>1</sup> The Rainbow Report, the various sections of which were typed on different colored paper, is the record of a conference on psychoanalytic education held in New York in December, 1955, preliminary to the beginning of the Survey of Psychoanalytic Education. The conference was divided into six 'commissions', each of which discussed a different aspect of psychoanalytic education.

<sup>2</sup> The most recent of these emerged among the Group III participants in the Curriculum Conferences which have been organized by the Committee on Psychoanalytic Education as the first follow-up of the Survey.

It cannot be surprising that 'the use of conflicting and irreconcilable assumptions' should make the very foundation of the psychoanalytic educational process shaky. Education for a career in the physical sciences and their application presumes the validity of atomic theory. Without a comparable presumption in our field we are bound to hear the confusing sound of many tongues. This does not render the prospect for 'a new entity, "psychoanalytic education"', more certain of achievement.

The survey, of course, was not concerned with such issues. This had not been its mandate. However, it is one of the many merits of the surveyors' report that the explicit data which are assembled in it, and the definition of the problem of syncretism which these made possible, enable us to make some relevant extrapolations. For example, in the further discussion of the problem of selection: 'From place to place, committees vary in their opinion concerning the validity of equating competence as a psychotherapist with aptitude for psychoanalytic work . . . there may be two opposing views on this point among the members of the same committee. . . . In point of fact, opposing views may arise in the same individual teacher, each lemma of the dilemma expressed at different times and in different contexts and guarded from registering as an inconsistency by means of the mechanism of "isolation". . . . Selection, accordingly, [this refers to a longish quotation from John Dewey on page 137] is only with risk separable not only from the practical problem of "progression" . . . but also from curriculum and from ultimate goals, ends, and mastery.'

The excerpts which have been presented make it clear, I think, that the authors do not overlook the bearing that their findings may have on the problem of the basic assumptions with which an educational process must begin, and the importance of this factor in the context of the problem of syncretism. Of course, this is not meant to imply that, given a unified theoretical outlook, the problem of selection vanishes. The diagnostic difficulties presented by applicants, the human factors operating in several like-minded members of a selection committee, and various other problems remain. These receive extensive and able consideration in one of the longest chapters in the book. Nevertheless, it is not insignificant that in the end the authors close their discussion of this problem with what strikes the reviewer as a superego appeal:

It will be seen that this chapter ends where it began, and where the Rainbow Commission began—with the goal of selection. Each institute, avowedly or tacitly, has its own goal, and this is a resultant of factors coming from the environment and from the will of the school's students as well as of its educational leaders, now with conflict, now with essential agreement. It is a school's privilege to select the type of students it desires as well as it can. In the medical world, the goal of one great university—to educate medical scientists—was changed for another—to educate better practitioners. Professional schools may (if they can) select only the top applicants, however they are defined. It is similarly a psychoanalytic institute's privilege to aim in one way or the other. It may believe in either wagon: the Mahayana or the Hinayana. *In either case it should know itself; it should analyze itself, if it can, in terms of its aims, and especially in terms of what Dewey in the passage mentioned earlier in this chapter called its 'movement' and its 'direction'.* [Reviewer's italics.]

We cannot help thinking that all this must refer to more than the polarity, psychoanalysis-psychotherapy. Could this exhortation also be referring to the 'third factor' which I have mentioned above? Assuming this, one could also assume that the elimination of disjunctive views of basic psychoanalytic theory might be an important factor in making possible the replacement of 'syncretism' by 'synthesis' in psychoanalytic education.

In the light of Sachs's early effort to separate the training analysis from training and education, it is interesting to learn that two 'unspoken, perhaps unconscious' and opposing positions have been taken by psychoanalytic educators vis-à-vis the length of the personal analysis and the role which this plays in the syncretistic problem. Both assume that 'the institute is a school, the training analysis consequently a course'. One position may be stated as follows: 'the training analysis is "over" before the student enrolls in the institute, so that it becomes a prerequisite for official admission'. The other position is that 'since the student is at a "graduate level", formally, his actions in regard to his personal analysis should be largely left up to himself'. But, 'in point of fact, the student's psychology usually does ultimately determine how much and, in a certain sense, when, he shall be analyzed'. And, 'the fact behind all figures here [Chapter X, The Training Analysis: Length—national mean: graduates 1957-1958, 734 hours; applicants for membership, American Psychoanalytic Association, June, 1958, 696 hours] seems to be this: there is as yet no way to "measure" an analysis in psychoanalytic units. . . . How many quanta of psychic energy, free,

bound, or neutralized, get shifted per hour? The primary process is timeless; and there is where the "analysis" resides, if it has any locality.'

The evidence for this in the record (Chapter XIV, The Training Analysis: Pedagogic) is that 'short analyses have not driven out long ones' despite the fact of the minimal standard of three hundred hours. 'At a certain point in his work the student becomes aware of the earnestness of the psychoanalytic procedure. Where the training analyst or the institute officials have been content with less than the best, the student has often made up for lacks through further analysis undertaken privately . . . in some groups, it is known, well over half of the local society members have been "reanalyzed"'. The consequence of all this is the abiding overlap of training and treatment.

The same problem is seen in the selection of training analysts (Chapter XII, Training Psychoanalysts: Numerical). While, by and large, the survey has not found this to be worse or more prejudiced than is the appointment of university professors, 'one inherent element makes in general for a cautious trend'. This is 'that same *syncretism*'. Intellectual and pedagogic ability in themselves are not convincing of an analyst's therapeutic effectiveness. Appointments committees, 'laboring under the syncretistic net', vacillate between the ideal model of the educator and that of the therapist. Again the added difficulty is the prevalent one: how to decide who is the good psychotherapist (and he is not to be depreciated) and, all other things being equal, who is the effective practicing psychoanalyst (and do we have any alternative for the purposes of *psychoanalysis*?)? Having decided this, then, who is the teacher and/or the thinker? Various institutes and various students emphasize the one or the other. The extremes present, on the one hand, those who are not primarily or exclusively committed to psychoanalysis as such but who look upon it simply as a 'theory' and a 'tool', and on the other hand those who are devoted to *the psychoanalytic career*.

Finally, we see that the problem of syncretism is further complicated by the interlocking manifestations presented in the 'school problem' and the 'student neurosis'. It cannot be said that these are psychological characteristics solely of psychoanalytic education. Administrators of graduate schools have begun to acquire a surface awareness, at least, of their importance.<sup>3</sup> The apparently inexorable

<sup>3</sup> Cf. A Criticism of the Graduate School of Arts and Sciences in Harvard University and Radcliffe College, reported by Dean J. P. Elder, Spring, 1958.

fact that it takes so long to become a psychoanalyst intensifies the regressive pull inherent in the student status. This has its repercussions not only in the training analysis, but also in the administrative, curricular, and clinical areas. Particularly is the supervisory situation a locus for the consequent entanglements. In their study of these complications the authors introduce us to a formulation of which, as of the problem of syncretism, we have been dimly aware, but which until now has not been explicitly analyzed. To our usual conception of the psychoanalytic situation, comprising the actual situation, the transference situation, and the past, they add a fourth: *the school situation*. The discussion of this in the chapter on Student Progression and School Problems (XXII) is of the utmost importance to the prospect held out to us in an earlier chapter: that the ecology of the school is a necessary part of the analytical material of a present-day training analysis, and that 'from the student material at the training analyst's disposal there should arise a new psychoanalytic educational psychology and psychopathology'. Among teachers and graduates, as well as training analysts, there is a reservoir of experience and knowledge 'which could be organized to supply a theory and guide to practice for many prevalent, characteristic, or standard situations'.

It should not be concluded that what I have canvassed in these few pages constitutes a complete 'overview' of the contents of this book and of the results of the Survey of Psychoanalytic Education. I have said nothing of its breadth of view nor of its scholarly elegance. This is a prodigious work. And, at that, the book is only an index to the vast data and rich insights which Dr. Lewin and Miss Ross have acquired. But the case is—I have taken advantage of the 'Armorer's Oath'. I have made particular use of the material provided by the surveyor-authors to pursue an interest and an end which may be peculiar to myself. Nevertheless, I do believe that I have followed a thread that runs through the material. Perhaps my attention was called to it by a negative perception: the fact that the survey findings seem to be presented in the context of an *unaffirmed* assumption that *psychoanalysis* is the same thing for all institutes and training centers, and for all psychoanalysts. Of course, no one actually makes such an assumption. But, for the record, I have thought it worth-while to recall that even as 'there is no unitary theory of psychoanalytic education', there is also no concordance on

basic psychoanalytic theory. A careful reading of the text will, I think, reveal that this factor in the syncretistic problem in psychoanalytic education has not been overlooked.

The authors have said of their book that 'it is up to our professional educators' to put it to work. But it is also of the first importance that all for whom psychoanalysis is a preoccupation as well as a career be deeply aware of the facts they have presented. For, 'as the twig is bent . . .'.

MAXWELL GITELSON (CHICAGO)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLUME XIV. New York: International Universities Press, Inc., 1959. 433 pp.

In this volume of *The Psychoanalytic Study of the Child* a subdivision on Research Projects appears for the first time. It contains two papers: one, *Some Considerations of the Psychological Processes in Pregnancy*, by Grete L. Bibring; the other, *Clinical Studies in Psychoanalysis: Research Project of the Hampstead Child-Therapy Clinic*, by Anna Freud.

Bibring's research project is an investigation of the relation between the difficulties of young children and the psychopathology of their mothers. In the Prenatal Clinic at the Beth Israel Hospital in Boston, good results were achieved after short psychotherapy with pregnant women diagnosed as borderline cases of different degrees of ambulatory, beginning, or arrested psychosis. Bibring considers pregnancy a physiological crisis comparable to puberty and menopause; as such, it may bring to the fore disturbances which resemble psychoses. However, when help is given during the critical time, the acute disturbances seem to be transient. Change of family structure in modern times, which has deprived the young pregnant woman of the support of a larger family—that is, her parents, sisters, brothers,—appears to be one etiological factor. Often her only support is a husband who is not home a great deal. Feeling unequipped to handle the new situation alone, the young woman develops a near panic state. The psychiatrist is a substitute for the support received in previous periods from the larger family, the minister, or neighbors. If the young woman is given help during the pregnancy, she recuperates quickly and is then able to handle the baby and give him the necessary amount of mothering. Thus, the project is di-

rected toward psychiatric management during pregnancy and mental hygiene of infants.

Anna Freud's paper describes the various research projects in process at the Hampstead Child-Therapy Clinic. Studies are being made of a number of cases that have one or two characteristics in common and that are treated by different therapists who pool their material and report at weekly conferences. Inquiries are also being conducted into the analytic treatment of adolescents and of borderline cases. Institutionalized children are being studied in an attempt to verify the hypothesis that continual absence of mothering from early childhood causes severe abnormality. Research on children blind from birth is focused on the problems of identification and compensatory processes. A project, new in its approach, is a study of child heroes, carried out by a variety of methods. Histories of children who have performed heroic acts in reality are compared with the heroic fantasies of neurotic children in analysis and to the analyses of child heroes.

Both Bibring and Freud apply methods of investigation developed in fields other than psychoanalysis, in addition to the usual analytic technique. Bibring also uses sociological methods; Anna Freud's project on heroic children makes use of sociological as well as psychological methods. Analytic material is organized in such a way that research methods can be applied. These approaches to psychoanalytic theory and clinical material have been long overdue.

Three of the clinical papers show similarities to the approach which Anna Freud uses in her research projects. Augusta Alpert's paper, *Reversibility of Pathological Fixations Associated with Maternal Deprivation in Infancy*, describes corrective object relations therapy (abbreviated as C.O.R.) with severely disturbed children. This expression is reminiscent of Alexander's corrective experience, a perfectly good phrase. Oddly enough, however, in the rather extensive survey of the literature Alexander is left out. The reviewer cannot see the necessity for the use of an abbreviation like C.O.R.; it is not descriptive of the sensitive method used by Alpert and reminds one more of a chemical formula. The paper deals with the problem of reversibility of pathological fixations in selected cases. The ages of the children are not given exactly but one assumes they are three to four-year olds. Children with high intelligence quotients seem to have more favorable prognoses. The children are treated by

special teachers for seven to nine months, then referred to an analyst. Since the differences in methods used by the special teacher (who does the main work) and the analyst are unclear, the reviewer wonders what results are expected from analyses of these children.

Anny Katan reports on The Nursery School as a Diagnostic Help to the Child Guidance Clinic. She points out that in a number of cases it is helpful to know about the contrasting behavior of children at school and at home. Particular emphasis is placed on the mother's behavior and her expectations regarding her child, and distinction is made between the behavior of children who are directly dependent upon the mother's behavior and the behavior of those children who already deal with an internalized conflict. Of particular interest is the report on a pseudoepileptic child who was referred to analysis as an obsessional case after observation in the nursery school.

A paper by Ekstein, Wallerstein, and Mandelbaum, *Countertransference in the Residential Treatment of Children: Treatment Failure in a Child with a Symbiotic Psychosis*, deals with an important aspect of countertransference. The authors state that relations between house staff and therapy staff members, as well as their respective relations to the child's parents, are part of the treatment process and complicate it a great deal. The agreement or disagreement of the people engaged in the treatment is vitally important, sometimes to the point of decision over life and death of the patient. A type of countertransference of the female therapist is discussed, namely, identification with the patient to the extent of the therapist's loss of sense of reality. In the failure of treatment reported, obviously the therapeutic staff was divided into two camps: one in favor of permissive therapy, the other in favor of limit setting. Here one senses the well-known dilemma between the use of 'pure analysis' and 'parameters'. The divergent views of the staff must have been disturbing to the therapist, coloring her countertransference and conceivably promoting some acting out against the patient. The authors fail to discuss why the particular therapy was chosen in this case. However, their foregone conclusions are often dangerously close to prejudices, suggesting unresolved transference feelings toward the people who represent those ideas. While this is a controversial paper, the authors do expose what they know to be their own weaknesses leading to a failure. Generally we are loathe to expose

failures even though their discussion helps us to avoid similar mistakes.

Other clinical papers are by Lubin, Elkisch and Mahler, and Green, Schur, and Lipkowitz. Lubin's *A Boy's View of Jesus* deals with the analysis of identification with Jesus in homosexual, passive, masochistic men. Elkisch and Mahler's paper, *On Infantile Precursors of the 'Influencing Machine'*, is an interesting case presentation of a psychotic child born with a hernia, which played a large part in his development and in his relationship with the mother. Mechanization is one of the main features of this case. Discussion of the complicated theory is based on a wealth of psychoanalytic literature. Green, Schur, and Lipkowitz present *A Case Study of a Dwarf*, from which they make somewhat far-reaching assumptions.

The section on applied psychoanalysis contains two studies on the Schreber case of interest to the child therapist. Maurice Katan's *Schreber's Hereafter: Its Building-Up and Its Downfall* is, like his previous papers on Schreber, a careful study. What interests the child analyst is the statement that Schreber in his attempt at restitution 'had to fall back upon infantile material. The lack of material became recathected possibly even more than in the original state and now obtained a significance which it perhaps had never had before. Under the influence of the psychotic development, it acquired a distorted value.' This interesting idea can also be supported by longitudinal studies on children and their later analyses, such as Kris's case, Dorothy, in *The Recovery of Childhood Memories*.<sup>1</sup> From Dorothy, as well as from a few other cases analyzed as children and then later as adults, we know that childhood conflicts show different aspects in different periods of life. A comparative study of such material would be an interesting project.

The other study on Schreber, *The 'Miracled-Up' World of Schreber's Childhood*, by William G. Niederland, is an interesting and revealing reconstruction of Schreber's childhood from ideas expressed in publications of his father (a physician, educator, religious reformer, public reformer). The paper is an attempt to elicit the historical truths contained in Schreber's delusions in distorted form.

The theoretical section of this volume comprises four papers, three dealing with different aspects of narcissism. Bing, McLaugh-

<sup>1</sup> *The Psychoanalytic Study of the Child, Volume XI*. New York: International Universities Press, Inc., 1956, p. 73.

lin, and Marburg begin their paper, *Metapsychology of Narcissism*, with a comprehensive survey of Freud's formulations on narcissism. The authors discuss Freud's various concepts, which changed with his changing libido theory. As is known, Freud developed many contradictory ideas which he did not always reconcile, leaving this task for his followers. In addition to putting Freud's various formulations into the setting of the libido theory where they belong, the authors attempt to coordinate the concept of narcissism with the present knowledge of infant development. They develop a schematic outline, using the concept of ego as developed by Hartmann, Jacobson, and Rapaport. This paper is useful for any student who wishes orientation, particularly on Freud's varying views on the subject.

K. R. Eissler's *On Isolation* is a theoretical paper based on clinical experience. Eissler differentiates between isolation of elements of the same class, which he calls 'equiparant', and elements of different class, which he calls 'disquiparant'. He describes how isolated elements may undergo different vicissitudes. Particular attention is devoted to the phenomenon of the 'gap' or 'pause' which signifies a withdrawal of cathexis from an area of conflict. Eissler contends that this withdrawal of cathexis may provide the person with energy that can be productively used and thus furnish a useful defense mechanism. He thinks this happens more often in compulsive character disorders than in obsessive-compulsive neurosis, both of which are the main users of the mechanism of isolation. Eissler speculates about the genesis of isolation and wonders whether there could be primary isolation, just as we suppose there is primary repression. Most of these ideas are considered as merely speculative. He pursues the role of isolation in different phases of instinctual development, as well as in identification and thought processes. He looks upon his considerations about isolation as a step toward reaching a unified theory of defense mechanisms.

Leo A. Spiegel's paper, *The Self, the Sense of Self, and Perception*, is divided into three parts. First, Spiegel gives an excellent review of the literature concerned with the self and the sense of self. Second, he brings interesting clinical material to illustrate his theoretical points, particularly distinguishing between the loss of feeling of identity and the narcissistic cathexis of self and depersonalization. Third, he discusses some self-observations on perception

and some literature on perception, which he uses as a frame of reference for the understanding of the self. The observations on perceptions seem, however, to have very little relation to the clinical material. They do not add anything to the understanding of dynamics if the following comparison is made: a patient who becomes sick when she realizes that her spatial orientation is contradicted by her sense of gravity 'oscillates between spatial orientation and gravity', while the patient who is in conflict between a drive and reality 'oscillates between those two' and, therefore, is similarly sick. Such comparisons can be used only as similes and not as explanations. If taken too literally they become confusing.

Phyllis Greenacre's paper, *Play in Relation to Creative Imagination*, begins with a thorough discussion of the literature. She then goes on to give her views on sublimation versus creativity, which she considers mutually contradictory. This is in accord with her idea that 'creative imagination implies a capacity for originality and inventiveness rather than creative in the sense merely of ability to synthesize, to reach a product'. She regards the role of anxiety as not necessarily connected in content with the fearful fantasies. Play is discussed in its various aspects, one of them being a functional expression of physiological needs. The easy access to primary process imagery in play and in the creative process is stressed. Although this paper does not offer anything particularly new, it is full of interesting and stimulating ideas.

Edith Jacobson's paper, *The 'Exceptions', An Elaboration of Freud's Character Study*, and K. R. Eissler's, *Notes on the Environment of a Genius*, are also somewhat related to the topic of creative imagination and the problem of creativity. Jacobson, in an entertaining and delightfully written essay, discusses two characters from literature: Shakespeare's Richard III, the bad 'exception', and Erskine's Helen of Troy, the beautiful 'exception'. This excursion into the field of literature is followed by clinical material. Jacobson's thesis is that people who overstep the oedipal boundaries without punishment consider themselves exceptions throughout life.

Eissler's paper is a painstaking collection of many details of Goethe's life, in themselves very interesting. However, the interpretation is at times arbitrary and unconvincing. For instance, he comments on the age difference between Goethe's father, his mother, and Goethe himself, and says, 'Thus, the age difference between

mother and son was three years less than that between the parents. This numerical distribution itself would suggest that the mother felt closer to her first-born son than to her husband.' It is well known that Goethe had a close relationship to his mother. The 'numerical distribution itself' would not suggest anything about her relation to him, unless it were substantiated by her own words. A similarly unwarranted speculation is made about Goethe's heterosexual relations: 'It seems almost certain that the first time Goethe had sexual intercourse was at the age of about thirty-nine'—very close to the age of Goethe's father when he married. Undoubtedly we would find this significant. However, the interpretation of this neurotic identification becomes a eulogy of Goethe. Eissler says: 'The delay in genital gratification would thus be the expression of a supreme loyalty to his father. It is indeed a maximum sacrifice when a young man, out of respect and loyalty to his father voluntarily (or not so voluntarily?) renounces for the years when the sexual urge is at its peak the full establishment of his virility.' The problem of homosexual attachment to his father is not mentioned at this point. Eissler has some interesting and probable speculations about the role that environment may have in bringing a genius to his full efficiency. But his improbable interpretations detract from the validity of the paper.

Lili Peller's paper, *Daydreams and Children's Favorite Books*, concludes the volume. It is a survey of daydream topics categorized as precædipal and cædipal.

On the whole, this volume of *The Psychoanalytic Study of the Child* does not offer as much new and stimulating material as previous volumes. Here there is much reviewing of the literature and much recapitulation of old ideas. The most promising parts, to this reviewer, are the papers on research projects and the related clinical papers. The approach used by Grete Bibring and Anna Freud seems to be a fruitful one, pointing as it does in the direction of collecting material from institutions, clinics, and hospitals in order to verify or refute conclusions drawn from a single or a few cases in private practice.

EDITH BUXBAUM (SEATTLE)

MAN AND TIME. PAPERS FROM THE ERANOS YEARBOOKS. Edited by Joseph Campbell. Bollingen Series XXX-3. New York: Published for Bollingen Foundation, Inc. by Pantheon Books, Inc., 1957. 414 pp.

This volume, the third in a series sponsored by the Bollingen Foundation, contains twelve selections from Eranos Yearbooks XVII (1949) and XX (1951). (The Eranos symposia, held in Ascona, Switzerland, were started in 1933.) A wide range of specialties is represented, among them archeology, history and comparative study of religion, zoology, and electrical engineering. Only a few of the papers seem of more than passing interest for the psychoanalyst.

Erich Neumann's contribution, *Art and Time*, follows essentially the Jungian persuasion: 'The roots of every man's personality extend beyond the historical area of his factual existence into the world of the numinosum. And if we follow the course of these roots, we pass through every stratum of history and prehistory. We encounter within ourselves the savage with his masks and rites; within ourselves we find the roots of our own culture, but we also find the meditation of Asia and the magical world of the Stone Age medicine man. The challenge of this transpersonal world of powers must be met by modern man, despite his characteristic sense of inadequacy.' This is a fair sample not only of this author's thinking, but also of the pretentious and cryptic style pervading most of the papers.

Neumann maintains that in the early stages of development of human consciousness art is 'a collective phenomenon, which cannot be isolated from the context of collective existence'. Although from the very beginning the group receives its main impulse from outstanding individuals, 'even they themselves, in accordance with the dialectic of their relation to the group, never give themselves as individuals credit for what they have done but impute it to their inspiring predecessors, to the spirits of their ancestors, to the totem, or to whatever aspect of the collective spirit has inspired them individually'. The author stresses 'disintegration of the cultural canon' as one of the characteristics of modern art. 'The disappearance of the certainty and security once conferred by the cultural canon shows itself primarily in a sense of isolation, of forlornness,

of homelessness and alienation, which has vastly increased in the course of the last hundred years. . . . The concepts of school, tradition, and unity of style seem to have vanished.' This pessimistic view likewise extends to modern literature: 'The line from Goethe to Dostoevski to Proust and Joyce is not a line of degeneration, but it does mark the increasingly conscious dissolution of style, human personality, and the unified work. In Dostoevski's novels, for example, we have no longer a plastic individuality but a psychic movement which shatters all form, even that of the individual; what he essentially reveals is not any single man but the numinous powers of the inner world. Even in such great portrayers of character as Balzac and Tolstoi we find an analogous dissolution of the plastic individual. A collective process, the group or the epoch replaces the individual as the actual "hero". This does not mean that the individual is no longer characterized as an individual or that there is no emphasis on literary form. But the central character is a collective entity, which is seen not only in sociological but in much more universal terms: war, money, marriage, etc. The novel has ceased to be purely personal and is peopled with transpersonal powers. And where the family novel does appear as such, its emphasis is on the passing generations, the changing times, and epochs and their decay.'

In his reference to psychoanalysis Neumann takes no account of Freud's thoughts on art and of the accepted analytic approach. He sees in the method of free association ' . . . a destroyer of form and of conscious systematization'. This basic misconception appears to underlie his arbitrary generic distinction between 'great' and 'little' artists. Where this reviewer tends to agree with Neumann is rather in the general view that the spirit of our time is marked by an ominous disintegration of ethical values.

The essays by Puech, Quispel, Massignon, Corbin, Eliade, and Wilhelm have much to say about concepts of time in various religious systems. Among the topics discussed are the differences between cyclical and rectilinear concepts of time: the Gnostic doctrine that time, like all things of the material world, is the work of the 'principle of evil'; early Islamic thought, which viewed time as a series of instants rather than in a sense of continuity or duration, as well as various conceptions pertaining to the beginning and end of time.

No special paper is devoted to time in Jewish thought, but the Jewish concept of God as having been always present is discussed by van der Leeuw in *Primordial Time and Final Time*, and Plessner's contribution *On the Relation of Time to Death* also contains some relevant comments.

Jung's paper on Synchronicity, referred to in the Foreword as 'the center of the present book' and 'the center of the new problematics of our time', is an earlier and briefer version of his study, *Synchronicity: An Acausal Connecting Principle*, which subsequently appeared in *The Interpretation of Nature and the Psyche*. Here Jung presents his views on causality, precognition, telepathy, and related problems. Causality is defined as 'the way we explain the link between two successive events', while synchronicity 'designates the parallelism of time and meaning between psychic and psychological events which scientific knowledge so far has been unable to reduce to a common principle'. Without entering into the debate concerning the existence of telepathy, precognition, and related phenomena, the reviewer may note that Jung's essay adds very little to what others have previously said on either side of this controversy.

Probably most interesting from the standpoint of sheer information are Knoll's paper, *Transformations of Science in our Age*, and Portmann's, *Time in the Life of the Organism*. After a long and somewhat abstruse introduction comparing recent developments in the psychological and the physical sciences, Knoll summarizes certain studies which supposedly show the influence of astrophysical conditions on human affairs. For example, he cites a study published in 1934 by B. and T. Duell who correlated the sun cycle and some phenomena of solar radiation with the incidence of suicide and the death rates from certain specific diseases. Knoll concludes that 'the "cosmic systems" of ancient civilizations and the early astrology that formed a part of them should be regarded neither as mere superstition nor purely as psychological projection or theological symbolism, but must be interpreted in part as a speculative attempt to derive the whole structure of the material and psychic world from comparatively small solar effects on man and nature'. Portmann's paper discusses such biological aspects of time as the phenomena of bird migration and the role of the twenty-four-hour rhythm in the behavior of bees.

Whatever the merits of the varied points of view and speculations presented in this volume, the Bollingen Foundation deserves credit for making them available to the English-reading public.

PAUL FRIEDMAN (NEW YORK)

**THEORETICAL STUDIES IN SOCIAL ORGANIZATION OF THE PRISON.** By Richard A. Cloward, et al. New York: Social Science Research Council, 1960. 146 pp.

This pamphlet is the precipitate of sociological studies by a Conference Group on Correctional Organization, under the sponsorship of the Social Science Research Council; it presents six interrelated papers modified by group discussion.

The authors consider their work an analysis rather than a criticism of the existing penal system, yet they hope to contribute to its eventual improvement, mainly by pointing up the contradictions that arise from the aims of 'custody and punishment' versus 'treatment and reform'. The volume is only of peripheral interest to the psychoanalyst. While most of the authors have a psychological orientation, they approach the prison as a society like any other society—or even as a culture—without considering the special psychopathology of the criminal or the complex psychological and psychiatric problems which confront the 'correctional therapist'. So far as psychological questions are concerned, the discussion remains rather superficial, limited to problems of self-esteem and dependence versus independence, or to the role of power drives and aggression.

Two of the authors, Gresham L. Sykes and Sheldon L. Messinger, describe the adaptive function of the socialization process in the inmates, which they view not only as a means of tolerating frustrations and deprivations of prison life but also and especially of building up the prisoner's self-esteem out of his degraded self-image. Cloward stresses discrepancies between the prison's goals of rehabilitation and social integration and those of the prisoner, and the attitudes of society which bar legitimate means of access to such goals. He shows how the official system accommodates itself to the inmate system by creating illegitimate controls, and how a conservative inmate elite bridges the two systems and binds them together.

In an interesting report on the period of change from an authoritarian to a liberal penal institution in Hawaii, Richard McCleery describes how the inmate society had borrowed the hierarchical

structure of the custodial-official forces. He emphasizes that social control in inmate society rests largely upon informal bases, and he concludes that new programs oriented toward treatment require deliberate restructuring of communication channels.

Donald R. Cressey, who distinguishes three principal hierarchies in prisons devoted to 'keeping, using, and serving inmates', analyzes sharply the difficulties of combining the goals of retribution as punishment, of suffering as a deterrent, of protection from the criminal, and even of reforming criminals, with treatment oriented goals which originate partly in psychiatric and social work theory, and partly in humanitarianism and middle-class ethics. He stresses the limitations of treatment programs caused on the one hand by the dual, custodial and therapeutic, role of professional experts, and on the other by the supervisors, guards, and foremen of modern prisons who are not trained in psychiatric social work and cannot be expected to understand it.

Lloyd E. Ohlin deals very practically with the dilemmas arising from pressures exerted by different interest groups on the correctional administrator, and with the struggle for power to control the correctional field between adherents of a protection philosophy and of a professional social work philosophy.

The last chapter of the book is the most psychologically oriented. Studying the means that keep the symbiotic relationship between prison management and inmates in a state of equilibrium, George H. Grosser discusses problems of aggression and the ideology which the inmate has imported from his group outside. Characteristically, there is no revolutionary ideology, since the inmate has no 'cause'. Nor does he adopt an ideology of submission and acceptance (as in total slavery), or one of self-criticism (as in Alcoholics Anonymous). Grosser suspects this is due to a poor superego development. In connection with the superego problem, this author in a footnote makes the surprising statement that 'the orthodox psychoanalytic formulation . . . denies the development of a superego in criminals'. He regards 'prisonization', like hospitalization, as not conducive to self-direction or independence, but to dependence. Comparing the hospital service organizations, which help to maintain the patient's social status, with those of the prison that downgrade the prisoner, he points to the futility of attempts to change individuals by therapy while their groups and culture remain unchanged. Grosser

finally suggests that the correctional system should make socially acceptable reference groups available to the prisoner, as a possible aid in changing his self-image.

EDITH JACOBSON (NEW YORK)

VOYAGE FROM LESBOS. THE PSYCHOANALYSIS OF A FEMALE HOMOSEXUAL.

By Richard C. Robertiello, M.D. New York: The Citadel Press, 1959. 253 pp.

This book describes the treatment of a homosexual woman by a method called by Dr. Robertiello psychoanalysis. He seems, however, to have taken the patient's statements at face value, overlooked their roots in unconscious fantasy, and proffered good will rather than analysis. For example, when the patient wishes to decrease the frequency of sessions and 'anticipates' that the doctor will angrily refuse this 'favor', he simply assures her that he 'certainly did not mean to be callous about it'. He shows the same attitude toward her acting out when, for example, he mentions that she beat her homosexual partners, but he never explores the meaning of this behavior. The author reveals that he instructed, reassured, persuaded, and praised the patient and that 'almost all of our sessions were spent analyzing her dreams'. This process included his explaining to her that 'a bridge is a sexual symbol' and then asking her 'to put together some of the symbols . . . and try to analyze it'. The patient would then 'guess' what the dream 'probably means', to which he would sometimes reply that she 'had done very well with it'. He also reports that he 'went over the œdipal situation with her', informed her that she had a 'rejecting mother' who deprived her of milk, and told her that 'she is allowed to compete with contemporary women for a man. There should be no real guilt or danger attached to it.' The naïve pedagogy apparent in such remarks precludes our learning about the patient and results in a dull, mistitled book.

MILTON LESTER (BEVERLY HILLS)

MY NAME IS LEGION. Foundations for a Theory of Man in Relation to Culture. By Alexander H. Leighton. New York: Basic Books, Inc. 1959. 452 pp.

This is the first volume of the Stirling County Study of Psychiatric Disorder and Sociocultural Environment, a project conducted by

Cornell University in collaboration with the Department of Public Health of the Province of Nova Scotia. It presents the 'foundations for a theory of man in relation to culture'. Volumes II and III (to be published later) will concern themselves with the findings of the study and their analyses.

Professor Leighton states the main purposes of the book as follows: '1. To suggest a conceptual bridge whereby certain aspects of personality viewed as process, and certain aspects of society and culture viewed as process may be seen as related to one another. 2. To review and suggest ways in which sociocultural factors may affect personality to produce psychiatric disorder. 3. To formulate some problems and show openings for research operations.'

The concept of 'sentiment' takes a central position in Leighton's theoretical framework. Sentiments are described as 'subdivisions and clusters of thought-feeling about a central idea such as home, love, child, and success'. The author suggests that sentiment as a conceptual device be used as a 'bridge for analysis and inquiry between sociocultural processes and personality processes'.

Much in this book deserves praise. It is written in good style. Where Professor Leighton uses case examples they are presented in the manner of an excellent prose writer. Where the book deals with theoretical concepts the presentation is clear. The first two parts of the volume (*Psychiatric Disorders*, and *Psychiatric Disorders and Sociocultural Factors*) can be read as a comprehensive introduction to the problems of psychiatric disorders in their relation to sociological factors. The literature, particularly the recent sociological literature, is used in a very scholarly manner. Where the author engages in theoretical polemics he does so in an urbane manner. In many parts of the book the influence of Adolf Meyer is noticeable. Some psychoanalytic concepts are used but they play a rather subordinate role. Statements such as '... I am diverging markedly from those who feel that unconscious motivation is virtually the same thing as psychiatric disorder, and that the healthy person is one who is aware of most of his feelings and urges and so emotionally poised as to be able to deal with them rationally' (p. 249), sound like polemics against psychoanalysis based upon a misunderstanding. A great deal of effort is made to refrain from onesidedness. The way in which the author traces the possible causes of mental

disorder in many diverse areas of personality and social environment is impressive.

This broad view, however, arouses some doubts regarding the chances of new and original research findings. The Stirling County Study seems to be one of a number of tremendous research projects made possible by foundation grants. The list of staff members contains no less than one hundred professional participants. Can the extensiveness of a research study successfully overcome the difficulty of dealing with the overwhelming number of variables to be considered? Are not 'onesided' research projects based upon an intention to follow one specific direction more promising? This is a serious problem and applies to many other projects beside the Stirling County Study. The future will show whether we are going to learn something new, original, and essential from these mammoth studies.

FRITZ SCHMIDL (SEATTLE)

Joseph Weiss

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## ABSTRACTS

**International Journal of Psychoanalysis.** XL, 1959.

**The Points of View and Assumptions of Metapsychology.** David Rapaport and Merton M. Gill. Pp. 153-162.

Rapaport and Gill consider metapsychology the study of the assumptions upon which psychoanalytic theory is based. In stating what they consider these assumptions, the authors are guided by the basic points of view: dynamic, economic, structural, genetic, and adaptive. The genetic was taken for granted by Freud but never explicitly formulated. The work of Hartmann and Erikson has made clear that psychoanalytic theory has implied assumptions connected with adaptation. The authors stress that all points of view apply to all psychoanalytic propositions; they list a number of assumptions that pertain to each. Under the dynamic point of view, the authors list the following: 1, there are psychological forces; 2, psychological forces are defined by their direction and magnitude; 3, the effect of simultaneously acting psychological forces may be the simple result of the work of each of these forces; 4, the effect of simultaneously acting psychological forces may *not* be the simple result of the work of each of these forces. Each of these assumptions is discussed and 'the necessity, sufficiency, and fruitfulness of the assumptions' indicated by their application to the theory of affects. The authors state that it is not possible to assess whether all of the assumptions they have formulated are necessary, or whether the set of assumptions, when coupled with observational data, is sufficient. On the other hand, the points of view have been verified by experience, and should be accepted for the time being as the framework of psychoanalytic metapsychology.

**The Concept of Narcissistic Mortification.** Ludwig Eidelberg. Pp. 163-168.

A narcissistic mortification may result from the power of someone else over the subject, who uses the subject against his will; or from the power of a part of the subject's own personality, which forces his total personality to do what he *resents*. The psychoanalyst must expose not only the patient's dammed-up infantile wishes, but also his narcissistic mortifications, both internal and external, and the methods he uses to avoid recognizing them. Eidelberg discusses a patient who came to treatment with paranoid ideas. For this patient it was helpful to recognize that he used his belief that others hated him to cover up the narcissistic mortification that he could not deal with his own self-hatred and, on a deeper level, with his sexual needs. The patient preferred to see his conflict as *external* rather than as a neurotic symptom; to have a neurotic symptom was to be narcissistically mortified.

**Psychoanalysis and Its Relation to Certain Other Fields of Natural Science.** Jeanne Lampl-de Groot. Pp. 169-179.

Lampl-de Groot believes that the science of psychoanalysis must develop in coöperation with other natural sciences. Recent research in neurophysiology and anatomy, cybernetics, and ethology throw light on the physical basis of the

mind and its earliest developments. Some of the findings of scientists in these fields, including Adrian, Wiener, Lorenz, and Walter, are briefly reviewed and the author discusses what meaning these findings may have for psychoanalysis.

**Oedipal Love in the Countertransference.** Harold F. Searles. Pp. 180-190.

In the course of a successful psychoanalysis, the analyst goes through a phase of reacting to and eventually relinquishing the patient as his oedipal love object. The analyst develops romantic and erotic feelings toward his patient and may have fantasies of marrying him. The analyst should permit himself to experience such feelings fully, and should not attempt to repress them because of guilt or shame. Their development augurs well for the success of the analysis. Searles does not approve of the analyst's expressing such feelings to the patient, but he feels the patient may be permitted to become aware of them, and know that they are unrealizable. The patient's awareness of the analyst's erotic and romantic attachment, as well as the unrealizability of these feelings, aids his acceptance of himself as a mature sexual individual, and also his ultimate renunciation of the analyst as a sexual object. It may be more important for the schizophrenic than for the neurotic to become aware that his sexual feelings toward the analyst are, in a sense, reciprocated.

Searles believes also that the oedipal phase leads to ego impairment and the evolution of a rigid superego, to the extent that a child's parents are unable to accept their own neurotic feelings toward him. The relationship of the mature parent to his child contains erotic elements that are deeply felt but only minimally acted out. This relationship aids the child in the resolution of his oedipal feelings toward the parent.

**The Body as Phallus: A Patient's Fear of Erection.** Joseph Sandler. Pp. 191-198.

This highly condensed paper, which won the 1958 Clinic Essay Prize of the London Institute of Psychoanalysis, reports the first two years of the analysis of a twenty-six-year-old pilot who came to treatment with symptoms of blushing, discomfort in walking when observed, and sexual difficulties. The patient had been subjected to an unusual amount of sexual excitement as a child by a very seductive mother and by his grandfather, a doctor who supposedly had affairs with his patients. Sandler's emphasis is on the patient's defenses against strong sexual feelings. He fantasied his body to be a phallus as a defense against getting erections; he also dissociated his phallus from his body as a defense against erections and sexual excitement. Sexual excitement was also defended against by inhibition of affect, by the wish for castration, and by fantasies of being castrated.

**Aspects of Defense in Neurosis and Psychosis.** Thomas Freeman. Pp. 199-212.

Freeman compares and contrasts the role of introjection, projection, and identification in neurosis and psychosis. In neurosis a relatively intact ego utilizes these mechanisms to deal with the drives after the failure of repression. Processes of identification, introjection, and projection play a part in the struggle of the ego against the drives. In psychosis defenses are not a primary aspect of the disease. The essence of the disease is in ego defects. It is not the result of a defensive

process but represents a defeat in which the executive agent of defense is wholly or partly out of commission. In psychoses, then, introjection-projection processes and identification processes do not serve the aims of defense as in psychoneuroses. Freeman gives a number of clinical examples to illustrate his thesis and quotes widely from psychoanalytic literature.

**An Aspect of the Repetition Compulsion.** Betty Joseph. Pp. 213-222.

Certain patients repeat the same unhappy experiences, apparently passively. The author suggests that this type of patient is dealing with intense anxieties related to dependency. He fears dependency because of the danger of intense aggressiveness, jealousy, and hatred of the needed object. The patient avoids the dependency by a specific combination of mechanisms: splitting, projective identification, and introjection. Joseph illustrates her thesis with two clinical examples. In one she describes a patient who had a series of love affairs—all of the men 'needed' her, but she was not really interested in any of them. After her marriage she was plagued by relatives who needed her; professional people whom she consulted, including the analyst, she experienced as needing her. She was unaware of her own need of others. She identified with her mother and projected her dependency onto others. The author states that with such patients 'their particular method of splitting and fusion with the idealized objects protects them from psychosis, but their inability to tolerate ambivalence, conflict and therefore integration obviates the possibility of normality'.

**Body Image and Archaic Thinking.** Andrew Peto. Pp. 223-231.

Peto describes a particular type of transference phenomenon which shows features of deep regression. This phenomenon occurs in patients fifteen to twenty-five years of age who have had breakdowns diagnosed as psychotic episodes. In the regressive occurrence the patient experiences fusion of his body with the body of the analyst, both bodies being liquid, or jellylike in consistency. Whether or not the regressive experience is originally in the service of aggressive or libidinal tendencies, it develops to the same point in which the patient feels a kind of nothingness. Before or after the development of this feeling the patient may experience bliss or strong anxiety, as well as tactile, kinesthetic, temperature, and vestibular sensations. Following the experience the patient's transference relationship is at an unusually high level of integration.

Peto believes that tactile, kinesthetic, temperature, and vestibular experiences in the very early development of the ego are not sufficiently stressed. Such experiences, as well as those connected with orality, are important in early ego integration and in the formation of the body image. He also implies that in the infant there are experiences that correspond to the regressed transference experiences of his patients. From one point of view these may be considered to be connected with prethinking and primitive forms of coping with the environment.

**Fate Knocks.** Henry Wexler. Pp. 232-237.

Wexler treats the well-known 'Porter's soliloquy' in *Macbeth* as though it were a dream, protecting Macbeth's sleep. It occurs in the play after Macbeth's remorse for the murder of Duncan is scorned by Lady Macbeth. The light-

hearted, amiable, and nonsensical qualities of the soliloquy contrast with the insistence of the knocking and serve to protect the 'sleeper' from being awakened by the grim demands of his superego. The knocking itself is part of the dream-like reassurance, since in reality fate does not give warning, or choice. The wish fulfilment of the dream is expressed by Macbeth in the scene just before the soliloquy when the knocking awakens Duncan. Wexler supports his interpretation by presenting the analysis of a patient's dream which corresponds to the 'Porter's soliloquy'.

**On Bullfighting and the Future of Tragedy.** Martin Grotjahn. Pp. 238-239.

The bullfight symbolizes for the analyst the 'seduction of the aggressor'. It is a common analytic observation that some individuals look for people whom they can seduce into being enemies. This thought leads ultimately to the conclusion that the bullfight may have the unconscious meaning of a Christian festival. To identify unconsciously with Jesus one needs a Judas. In classic tragedy the hero's hubris is the moral ingredient of the tragedy that brings about the hero's fall. In contrast, the Christian drama is essentially a re-enactment of the incarnation and victory of Jesus Christ. We may expect in the development of the literature a renaissance of tragedy in which modern man's hubris may be his ambition to dominate the unconscious.

**The First Dream in An Erotized Transference.** Ernest A. Rappaport. Pp. 240-245.

Rappaport discusses Blitzsten's statement that the appearance of the analyst in the first dream of the patient, in undisguised form, is a bad prognostic sign for the analysis; the patient may then be unable to distinguish the present analytic situation from a childhood relationship. There is danger that the patient will experience the analyst not as if he were the parent image but as the parent himself. Unless the situation can be clarified and worked through early, analysis may not be possible and the patient may have to be sent to another analyst. The relationship of the patient to the analyst in these situations is called an erotized transference; the patient insists that the analyst be his parent, and expects love from him without exerting any effort. In some instances aspects of the analyst's physical appearance or his attitudes to the patient may contribute to the inability to distinguish past from present. Rappaport reports a successful analysis in which the analyst did appear undisguised in the first dream. Looking back at the patient's first dream, Rappaport is able to discern favorable prognostic elements which indicated that the erotized transference had not developed in the complete form.

**The Control of Human Behavior.** Mortimer Ostow. Pp. 273-286.

Ostow devotes the main portion of this article to a listing of the means by which persons or groups may be influenced by other persons or groups. In discussing each method of influence, he refers to analogues among animals and points to examples in commercial, religious, and political life. He then assesses man's resistance to influence and finds solace in the fact that no influence can be complete or permanent.

**A Note on Freud's 'Instincts and Their Vicissitudes'.** Dorwin Cartwright and Frank Harary. Pp. 287-290.

The authors, one a social psychologist, the other a mathematician, have developed a formal axiom system which has as its 'primitives' abstractions of the entities involved in the foundation of ego development, as described in *Instincts and Their Vicissitudes*. The mathematics they use is the theory of balance in signal graphs and they show how diagrams may represent various stages of ego development. They derive various stages of ego development from simple axioms and 'in accordance with a procedural theorem derived from postulated tendencies toward balance and toward clustering'.

**Gesticulation and Speech.** William Needles. Pp. 291-294.

Needles has observed that gesticulation with the hand may occur at the moment speech breaks down and the patient has the wish to cry or scream. There is a synergy between the mouth and hand already developed by the foetus *in utero*. Such a mouth-hand synergy is present too when the infant is sucking at the breast and later when the child is learning to speak. With the acquisition of speech the mouth and hand function autonomously, but the mouth-hand linkage is re-established in moments of stress or strong emotional expression. From this point of view, gesticulation accompanying stress or emotion is essentially a form of regression.

**A Note on the Splitting of Interpretations.** James N. Taylor. Pp. 295-296.

Taylor discusses a case which illustrates the splitting of interpretations. The patient recognized the truth of the analyst's interpretation, but with another part of his mind, stripped the interpretation of meaning.

**Comments on 'Ego Distortion'.** Maurits Katan. Pp. 297-303.

Katan states that 'ego distortion' can be differentiated from the function of the ego in borderline cases. Ego distortion is a reaction of the ego to an early conflict, which remains unchanged and visible when the patient is faced with the same conflict. In ego distortion part of the ego has not shared the development of the ego upwards. In borderline cases there is a tendency to regression and separation from reality which the ego struggles against. In such cases the ego uses the oedipal conflict to maintain a relationship with reality. By contrast the ego defends itself against the oedipal impulses in a neurotic structure (ego distortion). Katan applies these distinctions to a case presented by Gitelson in his paper, *On Ego Distortion*, and interprets this case as an example of a neurosis in which the ego has developed a coherent system of defenses against the oedipal relationships.

**Some Regressive Phenomena Involving the Perceptual Sphere.** Melitta Sperling. Pp. 304-307.

Sperling presents brief clinical fragments of patients in analysis who experienced pathological visual perceptions of objects coming closer (and becoming larger), and of objects receding. The patients were not psychotic. The patho-

logical changes in perception were interpreted as regressive phenomena occurring at a time when there was a threat of massive regression. These pathological perceptions served instinctual needs, had the function of preventing a break with reality by limiting it to the sphere of the specific pathological perceptions, and expressed the basic conflict of the patient. In the examples of objects coming closer, the patient was in danger of being overcome by oral-sadistic impulses; in those in which the objects moved away, the danger was that the patient would lose the anally retained objects which meant losing omnipotent anal control.

**Attacks on Linking.** W. R. Bion. Pp. 308-315.

Bion presents clinical material to illustrate the state of mind that is opposed to and attacks anything that links the subject with the object. Emotion itself is hated, since emotion serves as such a link. These attacks on the linking function of emotion lead to the elimination of emotionally reasonable links, leaving in the psychotic part of the personality such links that may appear logical but are perverse, cruel, and sterile.

**Family Constellation as a Character and Marriage Determinant.** Walter Toman. Pp. 316-319.

According to Toman, the success of a marriage depends partly on the fortunate matching of husband and wife according to the rank of each among childhood siblings. An example of this would be if the husband were an older brother of a sister, and the wife the younger sister of a brother. Neither will tend to have a rank conflict, nor a conflict over accepting the other sex. An unfavorable match would be the marriage of an older brother of a brother to an older sister of a sister. The author discusses various such configurations in detail and illustrates his thesis with a clinical example.

**Chess, Œdipus, and the *Mater Dolorosa*.** Norman Reider. Pp. 320-333.

This article is devoted largely to a study of the myths of the origin of chess. No other game has provoked such a wealth of creative imagination in explaining its origin. Reider considers the theme of father-murder the central theme of these myths. The father-murder story is essentially an œdipal myth with part omitted. The author relates several myths in which this theme is expressed in crude form. Legends that chess was invented as a preparation for war and its substitute derive from the œdipal theme. Many myths further removed from the œdipal theme can be traced by various displacements and substitutions. Several of them are strikingly similar to the *mater dolorosa* story. In these myths, too, the theme of father-murder may be the unconscious one. The son and mother are punished for the death of the father. Reider also explores legends of the Magna Mater to investigate what light they throw on the *mater dolorosa* theme. He concludes that, though perhaps containing fantasies of the bipolar mother-son relationship, they are also disguised œdipal fantasies. The castration of the son in some of them is best explained on the basis of œdipal guilt.

Reider returns to the Christ story and attempts to show that it is an œdipal fantasy in disguise. Evidence for this thesis is found in the Talmudic story of

Jesus as lame, showing the equation of Jesus and Œdipus. Other sources for the equation of Jesus and Œdipus are the medieval Judas myths. The glorification of Christ found its counterpart in the Judas myths, which contain a split-off part of the image of Jesus and closely approximate the Œdipus story.

JOSEPH WEISS

**Journal of the American Psychoanalytic Association.** VII, 1959.

**Consciousness in Psychoanalytic Theory: Some Implications for Current Research in Perception.** George S. Klein. Pp. 5-34.

The crucial importance of a theory of perception for a general psychoanalytic psychology was recognized by Freud and responded to in part by Hartmann and Rapaport. Klein draws upon old and recent research in subliminal perception, from Binet and Pötl to Fisher and his own contributions, to demonstrate the extent and depth of consciously unnoticed registrations. These data indicate that 'consciousness' subsumes a wide range of variations of awareness, plus a wide range of difference in the modes of experiencing this awareness. The author stresses the following. 1. Registration and perception involve distinct and different processes. Registration is extraordinarily encompassing and nonselective; perception is highly selective and structuring. 2. Perceptions are distinct qualities, experiences of being in contact with things as they are; registrations must be enhanced with an additional cathectic quality to become perceptions. 3. The state of consciousness is crucial in determining the structures of perceptions and registrations, in determining how registrations are worked over and organized. Evidence cited indicates that registrations inaccessible as perceptions in the 'waking state' are recoverable as perceptions in a dream, or as images in those special modifications of the waking state in which reality contact and reality investment are minimized. These subliminal registrations are incorporated into a variety of schemata, subject to transformation either on primary or secondary process terms, as determined by the controlling structures that characterize the state of consciousness at the moment. Thus the 'waking state' favors perceptions that reflect schemata adaptively consonant with reality, while still permitting more primary process influence upon waking imagery. Awareness achieves efficiency and economy of cathectic expenditure at the cost of wider encompassing of external reality. The implications of this to creativity and the artist are reviewed. Reactions to registration and to perception can occur on different levels, and the participation of the primary process in cognitive activity can potentially occur at all levels if in different states of consciousness. Laws of perception based on the alert, purposeful, highly motivated perceiving of the academic laboratory probably are valid only for this kind of consciousness which utilizes preponderantly secondary process, and may not be applicable to other states of consciousness in which primary process modes are predominant.

**The Effect of Subliminal Visual Stimulation on Images and Dreams: A Validation Study.** Charles Fisher and I. H. Paul. Pp. 35-83.

The authors report in detail the results of their study on the effect of tachistoscopic visual stimulation at subliminal levels upon the subsequent drawings

and dreams of eleven volunteer subjects. They conclude that visual registration and subsequent elaboration of subliminal stimuli in imagery and dream constitute a genuine phenomenon. They describe the process involved ('Pötzl Phenomenon') as comprising four phases: 1, subliminal registration; 2, cognitive working-over outside awareness, so that the registration becomes a memory trace or is recruited to a preexisting memory schema; 3, delayed emergence of the worked-over registration into subsequent dreams and images; 4, reproduction by elaboration into words and action. The authors feel their data indicate that laws and concepts derived from classical laboratory studies (for example, gestalt psychology), utilizing subjects operating in a state of consciousness highly committed to reality appraisal and distinction-making, may be valid only for this particular state of consciousness, and not for those which, like subliminal registration, are more accessible to primary process modes.

**Meaning and Content of a Pedophilic Perversion.** Charles W. Socarides. Pp. 84-94.

In presenting a clinical study of a middle-aged man with an active pedophilia of twelve years duration, the author stresses the importance of early experiences in evoking excessive aggressive and libidinal impulses and in interfering with the normal progression of introjections and identifications. The perversion may arise as a defensive maneuver against the primitive modes of these processes that prevail into adult life and that are activated by need for love and fear of rejection and abandonment. Profound deprivation and maltreatment in early life and abandonment in the oedipal period produced in the patient intense craving for love plus intense aggression toward his objects. The processes of introjection and identification did not produce the normal resolution of ambivalence. Instead, need for love set off impulses demanding the incorporation of the hated mother image, with resultant fear and rage. Through an idealized child with whom he could identify himself, as good child and as good parent, the patient accomplished an incorporation of a good mother and achieved a fusion with and control over the love object that obviated aggression. Before and during the sexual act he experienced a split in his ego that allowed him to deny his true identity. Simultaneously he carried out a splitting of his perverse object, admitting only those traits that conformed to his idealization of himself and of the good mother, and denying with anxious anger those traits that would remind him of the hateful, dreaded mother. The perversion was a prophylaxis against psychosis.

**The Self-Representation, Anality, and the Fear of Dying.** Bernard Brodsky. Pp. 95-108.

The author repudiates the concept of a death instinct as explaining the fear of death, and supplements Freud's derivation of the fear of death from castration anxiety and object loss. This common fear is related to memory traces of earlier states in which the self-image is extinguished. Data from three analytic patients emphasize the anally fixating influences common to the mothers of the three, and their prolonged interference with the autonomy of the patients in childhood.

The patients had in common a rather tenuous sense of identity, marked fear of the loss of feeling of self, extreme dependence upon the continued existence of the love object, and intense anal-sadistic impulses toward the destruction of the object. For all three, to be dead was to become feces. The author compares these data with the tendency of children to equate loss of thought and mobility with being dead. He theorizes that these various phenomena are linked by the common experience of an immature ego being drained of its limited quantity of neutralized energy cathecting the self-image by excessive instinctual and affective tensions. When this occurs the self-image is temporarily extinguished and ego boundaries blurred. Anal rage is particularly linked with ideas of death in so far as the stool epitomizes that which is lifeless, useless, and worthless. In all three patients separation and castration anxiety complemented and intensified the anal contributions to extinction anxiety.

**Freud and Schnitzler—(*Doppelgänger*).** Herbert I. Kupper and Hilda A. Rollman-Branch. Pp. 109-126.

A comparison of the lives of these contemporary figures reveals interesting corroborations of Freud's expressed feelings of having a *Doppelgänger* in the playwright and author, Arthur Schnitzler. Both were the first born of large, Jewish, middle-class families and experienced the loss of a younger male sibling before reaching age two; both became physicians, then neurologists with special interest in hypnosis and the French school of psychiatry. In a common setting of Viennese culture each went on to develop a sensitive awareness of unconscious processes, and to explore, in his own field, a knowledge of self and of the unconscious instinctual processes that constitute psychic conflict. Each employed in his conceptualizations the key idea that character is fate, and both were preoccupied with the polarity of love and death.

**The Masochistic Character: Genesis and Treatment.** Charles Brenner. Pp. 197-226.

Brenner endorses Reik's proposition that masochistic phenomena are a normal part of psychic functioning, an inevitable accompaniment of superego pressures. Their manifestation as perversion or character distortion is a quantitative matter. Factors contributing in infancy and childhood to the ubiquity of the masochistic bent are: 1, the psychic state of the neonate in which both destructive and erotic drives are self-directed; 2, the inevitable patterning of frustration and gratification furnished by the environment. The author surveys the apparently contradictory formulations in the literature concerning the purpose and function of masochistic behavior, and synthesizes them through Waelder's concept of multiple function and intrapsychic compromise. All components of the psychic apparatus contribute to the masochistic act. Every such act inevitably carries out a sadistic intent, along with a passive submissive wish; it enacts punishment and atonement, wards off greater dangers through acceptance of lesser ones, and preserves an object relationship in the face of profound ambivalence. Such multiple determination underlies the author's concluding point that the analysis of the masochist is a lengthy and many-sided matter demanding the broad focus of any other character analysis, plus special attention to the han-

dling of the negative therapeutic reaction. The author endorses adherence to the classical analytic position modeled upon 'that of an understanding adult who has the task of dealing reasonably with a sulky, stubborn, provocative child'.

**Stimulus-Response Cycles and Ego Development: With Special Reference to the Masochistic Ego.** Norbert Bromberg. Pp. 227-247.

Bromberg employs his concept of the stimulus-response cycle to provide an understanding of the fundamentals of masochism. The full cycle consists of the four phases of equilibrium, stimulation, reaction, and integration, in that order. In all situations of stimulation, however painful, there is invariably a component of sexual excitation, and the response made combines both sexual pleasure and the aggressive discharges necessary to ensure this pleasure. Bromberg draws upon Freud's dictum that in the infant situations of pain extend into sexual excitation to produce conditions that are pleasurable, but considers this process to be still active in adult life. Using the itch-scratch complex as a model, he describes the source of pleasure associated with pain as being the sexual excitation and concomitant longing for its gratification (stimulus hunger), associated peripherally with any painful state. Genetically, the eventual masochist is one who early in life has suffered repeated experiences (inadequate feeding and care) which flood him with unpleasant stimuli, yet do not provide avenues for adequate discharge, so that large quantities of aggression are stirred up and 'the ego tends to exploit the trapped energy for the gratification of the stimulus hunger'. The author delineates traits he has observed in the parents of moral masochists, emphasizing their practice of severely inhibiting drive expression while simultaneously stimulating the impulses that are proscribed. The moral masochist dislikes suffering as much as anyone else, but has learned through disappointments to extract what libidinal gratification he can from the stimulus-hunger-eliciting effect of the consequent pain.

**Some Aspects of Masochistic Involvement.** Gustav Bychowski. Pp. 248-273.

Bychowski emphasizes the weakening impact of a distorted child-parent relationship upon all aspects of development of the ego of the masochist, from the early transactional patterns to the subsequent projection of internalized images onto external figures in adulthood. In identifying the serious 'narcissistic mortifications' prerequisite to the crucial ego weakness involved, he alludes to the rigid aggression and hostility encountered in some parents, but stresses more the early loss or impairment of a parent, or a severe crippling disease early in life. These factors stimulate excesses of need, rage, fear, and submission that impair ego progression. Out of this ego weakness results the masochistic bond to the object, which importantly includes 'ideas of permanent exchange': fantasies conceived by an angry, fearful child intensely aware of his weakness and hoping to remove this by establishing a permanent, give-and-take relationship with the parental figure. The conditions necessary to preserve this permanent bond are renunciation of autonomy and power, denial of aggression and revenge, and a decisive shift from activity to passivity. All these tendencies are attributed to the all-powerful and vengeful parent figure. The infantile wish to placate and seduce

the parental image with helpless submission leads to secondary frustration, rage, and guilt. The repetitious enactment of this pattern fulfils the following aims: 1, to attract the object and undo the pain of separation; 2, to court real separation in counterphobic fashion, then ward it off; 3, to discharge aggression in covert fashion; 4, to provoke retaliatory hostility, guilt, and expiation.

**Humiliation in Masochism.** Ludwig Eidelberg. Pp. 274-283.

Eidelberg restates his concept of 'narcissistic mortification' as 'a sudden loss of control over internal or external reality caused by the force of internal or external "enemies"'. Punishment and humiliation are important components of this mortification, and it is important to distinguish between these entities. Mortification derives from any defeat or failure, whereas punishment is a withholding of pleasure or inflicting of unpleasure in retaliation for wrongdoing. Humiliation is a form of punishment specifically involving exposure to ridicule by others. This is the final aim of the masochist. Society tends to combine punishment with humiliation so as to re-enforce the deterring power of the punishment. If punishment is to achieve its societal aims of providing deterrence, expiation, and reintegration, it is necessary that there be agreement between society's standards and those of the culprit's superego. Otherwise rebellion, defiance, and counterretaliatory aggression can be released by 'unfair' punishment. The masochist actively seeks humiliating punishment that he may deem unfair, thereby gaining him the right to a discharge of aggression. The punishment and humiliation endured also provide oblique gratification of aggressive and exhibitionistic wishes by way of identification with the sadism of the punisher. Lastly, through the fact of his actively provoking humiliation, the masochist persists in the belief in his omnipotence and denies the fact of his earlier, passively experienced, narcissistic mortifications.

**On Teething.** Otakar Kucera. Pp. 284-291.

Kucera describes the Isakower phenomenon as a regressive experience involving an aggregate of widely varied sensory impressions clustering about the mouth region. He cites clinical material to illustrate his thesis that teething makes a specific contribution to the Isakower phenomenon and a general contribution to the genesis of normal and pathological mental life. The particular significance of dentition derives from the pain experiences it introduces into an oral mode that previously was highly gratifying. Pleasure-yielding acts of the sucking phase produce only further pain and tension. In this way an early and firm link is formed between the satisfaction of libidinal and aggressive drives and painful experience. Teething represents the key situation for the origin of primary masochism: its physiological organic foundation. The ubiquity of the teething experience explains the ubiquity of a basic quantity of erogenous masochism in human behavior.

**Masochism and Fantasies of Preparing to be Incorporated.** Alex Blumstein. Pp. 292-298.

In masochists Blumstein notes the frequency of fantasies and acts concerned with preparing oneself to be incorporated, the wish being that of self-destruction.

tion for the purpose of achieving a secure and gratifying union with an omnipotent figure. The consciously expressed component of such fantasies emphasizes preparation, while analysis is required to reveal the unconscious wish for passive incorporation by and identification with the object. This self-preparation to be incorporated is considered a basic motive for masochistic behavior. Analytic data from several patients demonstrate the predominance of oral and respiratory modes in the fantasies, although individual circumstances may contribute genital and other representations through which the incorporation is envisioned. In general, sadism and masochism represent aspects of the wish to eat and to be eaten. The masochistic fantasy of preparation to be incorporated is a defense against earlier sadistic impulses aimed at incorporation of the powerful object, a reversal occasioned by fear of object loss and retaliation. The basic objective of the masochistic defense is to maintain a bond, conceived of in oral terms, with a frustrating, omnipotent figure.

**The Loss Complex: A Contribution to the Etiology of Depression.** Gregory Rochlin. Pp. 299-316.

Clinical depression as it is described in classic psychoanalytic literature is a superego phenomenon which, like mania, does not occur in childhood. Object loss, so important a precipitant of adult depression, produces crucial effects in childhood but does not lead to the kind of depressive state characterized by a cleavage between the criticizing faculty of the ego and the ego as altered by identification. Object loss produces in a young child crucial disturbances in his processes of identification. He exists exclusively in relation to an object, mainly through identification with the object. If this process is disrupted by loss, the child employs various substitutive identifications. Clinically he will manifest increased narcissism, rapid cathexis of secondary and often inanimate objects, enhanced animism, arrest of executive function, and surrender of acquired ego achievements through regression. The result is not depression, but rather behavior distortions often marked by overt aggression and pregenital drive enactment. Object loss in early childhood distorts ego development, and in somewhat later youth impairs superego development. Both are a consequence of the disturbance in the identification process.

**On the Appearance of Primal Scene Content in Dreams.** Sanford M. Izner. Pp. 317-328.

Primal scene dreams of patients in analysis often fulfil a defensive function importantly related to the transference. In his patients the author has found that such dreams promptly followed transference interpretations regarding feelings of dependency and desertion, feelings occasioned by the analyst's vacations and schedule changes. At such times the patients uniformly were in a transference phase of passive-dependent, oral helplessness. Their states of regression were such that they could not employ any form of overt negation by which to ward off or deny the interpretation. Instead, the interpretation and the feelings of being abandoned, unwanted, and left out were passively accepted. Denial came only in the primitive form of a primal scene dream as though to say: 'You are wrong. I was not left out; I was really there. I even took part in it.' Both the gratifica-

tion of an infantile wish and the denial of the interpretation of abandonment and loneliness are attempted through the dream.

**Retardation, Acceleration, and Psychoanalysis.** Simon Weyl. Pp. 329-349.

The slow process of body and ego maturation in the human is seen as the outcome of both retardation and acceleration processes. Weyl divides the qualities of the mental apparatus into two groups paralleling Bolz's division: 1, primary functions of retardation: ego and consciousness; and 2, consecutive functions of acceleration: inherent and acquired automatisms utilizing the speed of unconscious processes. The latter retain the original speed of the reflex mechanism (primary process) and can be used to counteract the retarding processes of the ego and consciousness (secondary process). Weyl demonstrates that all mental functioning can be aligned oppositely: thinking, speech, the symbolic function, and the use of unconscious processes are seen as consecutive procedures corrective of and contributing to the retardation functions of the ego, superego, and conscious processes. Sublimation, love, social interaction, culture, and religion are seen as primarily reflecting retardation processes affecting the handling of aggressive and sexual instinctual strivings.

JAMES T. MC LAUGHLIN

**Psychosomatic Medicine.** XXI, 1959.

**Role of a Vicarious Object in the Adaptation to Object Loss. II. Vicissitudes in the Role of the Vicarious Object.** William A. Greene, Jr. Pp. 438-447.

In a previous article, the author presented studies of thirty-two women who developed lymphoma or leukemia following loss and threat of loss of important objects. In this article, he reports that in thirty-three children suffering from leukemia, the prodromal circumstances included the loss of their status as a vicarious object for the mother. The mothers developed psychological depressive manifestations and the children developed leukemia. Greene postulates that the disruption in this mother-child relationship leads to the manifest somatic illness based on the biological determinants predisposing to leukemia.

HARVEY POWELSON

**American Journal of Psychiatry.** CXVI, 1959.

**Some Psychoanalytic Ideas Applied to Elation and Depression.** Bertram D. Lewin. Pp. 38-43.

Issue is taken with the semantic absurdity of the concept of an 'underlying depression' in manic states, the author pointing out that this could be interpreted as implying the coexistence of two simultaneous affective states: a conscious elation and an unconscious depression. The proper question is felt to be one of the relative level of regression. The anlage of elation corresponds to omnipotent satiety at the breast; it precedes the anlage of depression which develops later.

**Aggression, Guilt, and Cataplexy.** Max Levin. Pp. 133-135.

Cataplexy is seen as a manifestation of a conditioned inhibition of aggression in response to guilt. This is so marked that it produces cataplectic response even in the implied hostility in jokes and play.

**The Relationship of School Phobia to Childhood Depression.** Stewart Agras. Pp. 533-536.

It is hypothesized that school phobia occurs in the natural history of depressive disorders, the basis of the phobia being depressive anxiety. A family constellation felt to be characteristic for children with this problem is seen as consisting of a tendency to depression in the mother and an inadequacy in the father.

LAURENCE LOEB

**American Journal of Orthopsychiatry.** XXIX, 1959.

**The Life Space Interview. Strategy and Techniques of the Life Space Interview.** Fritz Redl. Pp. 1-44.

Redl and his co-workers discuss the necessary modifications of child analytic technique required for the intramural treatment of six boys in latency, suffering from 'explosive acting out'. Ego supportive measures as well as interpretations are utilized by ward personnel in close conjunction with the long-range therapy conducted by the therapist. Indications and contraindications for these modifications are discussed.

This paper is of particular interest because it is one of the relatively few papers by analysts dealing with hospital treatment of children suffering from severe impulse disorders. One would hope that in a future paper the authors would tell us in what ways interventions by the auxiliary therapists affected the treatment process with the main therapist.

**Learning Impotence: A Suggested Diagnostic Category.** Ben O. Rubenstein; M. L. Falich; Morton Levitt; Rudolph Ekstein. Pp. 315-323.

The authors present a few case excerpts and a review of ego concepts pertaining to the beginning of learning disturbances.

Learning difficulties in their patients began during the symbiotic phase of infancy and were caused by severe deprivations and the resulting heightened ambivalence toward the mother. Sublimation and neutralization opportunities were interfered with as a consequence of this ambivalence. To learn is to surrender to the mother.

**Antisocial Character Disorder: Its Etiology and Relationship to Delinquency.** Sidney Berman. Pp. 612-621.

Berman stresses the importance of defusion of aggressive and libidinal energies in a group of delinquent patients. Sudden physical or emotional withdrawal by a mother who has conflicts about her own dependency needs is felt to be the specific trauma toward the end of the first year of life, which results in the later antisocial character formation.

**Passive Motion and Infancy.** Joseph C. Solomon. Pp. 650-651.

In this brief communication, Solomon draws attention to the possible relation between the wish to re-experience passive motion and the active motor activities of head banging and body rocking. He postulates that these active motoric phe-

nomena are substitutes for the wish to experience passive movements. In this active way, the child defends against the feeling of being passively abandoned by the mother.

**The Role of Psychological Factors in Delayed Growth in Adolescence: A Case Report.** Milton Rosenblum. Pp. 762-771.

The author describes some of the psychodynamics underlying a fear of height in a young adult who had a retarded growth pattern during adolescence. The beginning and end of the retardation in growth were chronologically connected with emotionally significant events in the patient's life. In view of the possibility of hereditary factors and the limitations of this clinical study, Rosenblum remains cautious in regard to conclusions.

HEIMAN VAN DAM

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

**The Nature of the Bizarre: A Study of a Schizophrenic's Pseudo Slip of the Tongue.** George Devereux. Pp. 266-278.

In a 'direct analysis', a schizophrenic woman persistently responded to the therapist's demand that she request coitus by saying, '. . . Will you have intercourse *with I*'. Her compliant negativism immediately succeeded in diverting attention from sexuality to good grammar. This mocking diversionary tactic enabled her to turn the tables by way of a bizarre response. She interpreted the order as a dual, self-contradictory one; namely, to request coitus and to formulate her request in a particular way. By pitting one against the other she defeated the real purpose of both. The various meanings of 'I' are described: 'I' = eye, the vulva-mouth-eye equation; 'I' = phallus; 'I' (active) versus 'me' (passive).

Extreme and complex overdetermination distinguishes this pseudo slip from a true slip and is one of the characteristics of the bizarre. Another characteristic is that the overdetermining factors belong to multiple and mutually contradictory levels of abstraction. An unambiguous command is interpreted as an ambiguous, self-contradictory one, and has to be dealt with by retaliating with a double dilemma of one's own making. This is related to the schizophrenic's tendency to convert situations or requests into an insoluble double dilemma, held by the author to play a major etiologic role in this illness.

**An Unusual Childhood Theory of Pregnancy.** L. Bryce Boyer. Pp. 279-283.

The analysis of a man with an obsessive-compulsive character disorder uncovered his theory that babies came from blood blisters incised by doctors. This dated back to age four when he had interpreted an illness of his mother as a pregnancy. Her treatment consisted of applying suction cups to her skin. He had observed blisters raised by these and thought he had seen the doctor incising them.

**Identification in the Service of Denial.** Joseph W. Slap. Pp. 284-289.

Denial of reality may be effected via identification with a person who has mastered an analogous unwelcome reality. Two examples are given. In one, a

young man identified with the character of Scaramouch, whose birth origins are unclear and who found himself free to marry a woman whom he had incorrectly thought a close relative. The patient, also of uncertain origin, had grown up in a large polymorphous perverse family, believing his mother to be his sister. In the second case, a young man attempted to rid himself of a strong infantile attachment to his mother by doing what his father had done—fighting, drinking, and deserting his family. Such primitive identifications serve to deny the continued existence of an unpleasant reality.

JOSEPH AFTERMAN

**International Journal of Group Psychotherapy. IX, 1959.**

**Transference Neurosis and Psychoanalytic Group Psychotherapy. J. Spanjaard. Pp. 31-41.**

This article reports five years of group psychotherapy with five male students, about twenty-five-years old, suffering from serious character neurosis, evidenced by work disturbances and feminine, passive traits. They had not been considered suitable for psychotherapy at the Amsterdam Psychoanalytic Institute. They were seen for three hundred sixty-six one-hour weekly sessions. At first the members reacted with phallic narcissism, extolling their sexual prowess; later they manifested sibling rivalry. They remained at this postöedipal stage of parent-child relationship, the group formation preventing further regression. However, there was regression in the group as evidenced by their promoting a sense of safety and allowing an open discussion of personal problems, which signified mutual sexual play to the members. Transference to the leader developed. The author compares the conditioning effect of the pedagogic role of the leader, with that exerted by the members identifying with him. He concluded that the therapeutic effect was lessened by the fact that deep regression did not take place.

**The 'Rescue Fantasy' in Group Treatment of Alcoholics. Hendrik Lindt. Pp. 43-51.**

In a clinic for alcoholics, sober, healthy, well-dressed people accompanied sick, often intoxicated patients and waited to go home with them. Interested in Alcoholics Anonymous as the most successful group project of our time, the author studied these 'sponsors' to find motivation for the loss of time and money involved in the activity. He concluded that sponsorship afforded these ex-alcoholics an ego defense against their own emotional conflicts, namely, the acting out of the fantasy of rescuing the parents from a distasteful sexual relationship.

**Observations on Analytic Group Psychotherapy. Frank W. Graham. Pp. 150-157.**

It is the author's thesis that when groups are relatively unorganized, primary processes are revealed, stripped of secondary elaboration, rationalization, and distortion. These latter appear only after the group acquires structure. Experience with groups of two to eight neurotics demonstrated the advisability of giving minimal instructions on beginning therapy. This helped to avoid

guilt when the leader's commands were not followed. Resistances such as silence, breaking silence to lessen embarrassment, ignoring emotions, and changing the subject were analyzed to reveal ego defenses.

The author feels that a few sessions of individual therapy is the best introduction to a group. New patients, too readily responsive or silent, seldom return. Introduction of a new member may revive paranoid hostilities in the group, followed by an attitude of benevolence toward others. Urging or probing are useless with silent patients, but close observation often reveals their nonverbal reactions. Such patients often arouse latent aggression in others.

Group therapy requires as long a period as individual therapy. When group members pair off, for libidinal or aggressive reasons, or because ego defenses can be reciprocated, the attachment should be analyzed, lest it break up the group. Abreaction is greater the larger the group, when ego defenses are projected onto other members with resulting depletion of an individual's ego. This is similar to the panic reactions of crowds. A pseudo-friendly attitude masking hostility, anxiety, and suspicion appears when the group starts, but becomes more real and deeper as mutual identifications and aim inhibited libidinal investments are made. Hostility may occasionally unite the members against the therapist or a scapegoat.

Experience with analytically oriented therapeutic groups illuminates the structured gatherings of society, where the procedure takes over the ego functions and the paranoid formation of a threat unites the members.

**Analysis of Masochism in Group Therapy.** Henriette T. Glatzer. Pp. 158-165.

Analysis of the passive oral masochistic tie to the 'bad' mother image accelerates treatment, especially in the hostilely dependent individual. Interpretations of masochism are well taken by such patients in a group situation, since the narcissistic blow of insight is lessened when the same mechanisms are seen in fellow members. Clarification is received more easily from fellow members than the leader, on whom the preœdipal wish fantasy is largely projected.

**The Efficacy of Group Therapy in a Case of Marriage Neurosis.** James Jackson and Martin Grotjahn. Pp. 420-428.

A married man in group therapy for two and a half years made little progress because of his transference wish to defeat the therapist, while in marriage he showed his transferred hostility to his mother and sister. When his wife was invited to the group as a visitor, the œdipal situation was recreated for him, since he could no longer separate the parents by keeping the father in the therapeutic group, the mother at home. A new positive relationship was established as the father-leader's approval was sought. Later the patient was able to work through his hostility to his mother who he felt had deserted him by dying.

GERALDINE PEDERSON-KRAG

*Journal of Nervous and Mental Diseases.* CXXIX, 1959.

**A Methodological Study of Freudian Theory. I. Basic Concepts.** Pp. 11-19; **II. The Libido Theory.** Pp. 133-143; **III. Narcissism, Bisexuality, and the Dual Instinct Theory.** Pp. 207-221; **IV. The Structural Hypothesis, the Problem of Anxiety, and Post-Freudian Ego Psychology.** Pp. 341-356. Abram Kardiner, Aaron Karush, and Lionel Ovesey.

This series of four articles attempts to subject to a critical examination the assumptions on which freudian theory is based. The authors are concerned with the methodology and reasoning used by Freud to explain his clinical observations, and they offer alternative explanations from Sandor Rado's adaptational psychodynamics for those hypotheses of Freud that they feel are defective.

They agree with Freud's general 'assumptions': 1, adult behavior is rooted in childhood experiences; 2, frustration of sexual needs leads to neurosis; 3, much of behavior is integrated by unconscious mental processes, because these assumptions are capable of validation or refutation through clinical investigation. However, the authors feel that Freud's libido theory, stressing the sexual instincts, its energetic concept, and psychosexual development, cannot be supported by psychological data. They discuss freudian concepts which they feel do not add to psychological knowledge, those concepts which they hold as scientifically useful, and those they formulate as new. In reviewing the origins of Freud's earliest concepts, they stress that the discoveries in *The Interpretation of Dreams* were inferences drawn from observations of aberrant behavior induced by unacceptable motivations, representing the person's adaptive devices for coping with a conflict and consisting of a modification of the primitive infantile wish, in accordance with the necessities of logic and security, i.e., 'secondary process'.

The fundamental dynamic and topographic principles of freudian psychology with which they agree are: 1, motivation; 2, pleasure-pain principle; 3, the unconscious; 4, psychodynamics; 5, principle of defense; 6, ontogenesis; and 7, continuity of behavior. The concept of psychic energy is rejected as an assumption which adds nothing to our knowledge; rather it is an attempt to interpret psychological events in terms of physical forces. The authors feel that there is no neural basis for the concept of psychic energy. They maintain that Freud felt the bulk of human behavior to be instinctual and predetermined by organic evolution. In contrast they believe most of human behavior to be adaptive and learned. While acknowledging that Freud was aware of the influence of parental character and of cultural demands, they feel that the use of energy concepts tells us nothing about relationships between individuals and they object to attempts at quantifying affects.

The major disagreement seems to be in the authors' attempts to explain human behavior in terms of interaction between society's demands and the individual's drives, and Freud's formulation of intrapsychic conflicts. They advance explanations of character traits, as well as the oedipus complex in terms of the child's responses to parental behavior and establishment of dominance-submission patterns, and refute the freudian idea of unconscious memories. They

apparently agree with Freud's concept of the depreciated role of woman in our society.

Rejecting Freud's views that narcissism is the result of investment of libidinal energies in the ego, the authors advance a formulation of narcissism without 'energetic trappings', which concern itself with the selfconcept of the infant in the first months of life as primary narcissism. Secondary narcissism is described as a regression to the earliest self-image in which objects are merely extensions of the self. They discuss homosexuality from the adaptational point of view of inhibition of 'assertion and aggression' rather than from the position of bisexuality as a result of identification with both parents.

Repetition compulsion and aggression are reviewed in terms of mastery and ego adaptive mechanisms. Here, too, the authors overemphasize Freud's attempts to explain these phenomena and instead speak of the observations of clinical behavior as though there can be only one view. For example, the child, abandoned by his mother, who plays a game of throwing the doll under the bed and retrieving it, is not repeating the painful trauma but is attempting to master it. The authors imply that Freud would have rejected both explanations as mutually exclusive.

There is a section devoted to the adaptational view of sadism and masochism, both seen as mediators of the pain-pleasure principle. Masochism is viewed as pain-absorption to achieve the ultimate goal of pleasure. Sadism is seen as adaptive aggression against a dangerous situation. For example, the inflicter of pain in sexual behavior wards off anticipated injury by his actions. The nuances of sadistic behavior which are not adaptive are brushed aside as 'poetic excursions into vivid imagery'.

The authors emphasize the differences between classical and adaptational theory. The former they equate with instinct psychology, in which the drive furnishes not only the goal of an activity but also the means for executive action. Adaptational theory, on the other hand, deals not only with inborn patterns but also with 'the contingency of the integrative pattern on experience and the contingency of motivation on the integrative pattern'. But since when are considerations of ego function not an integral part of 'classical theory'? Apparently at the authors' convenience.

In discussing post-freudian ego psychology, the authors agree with Hartmann's thesis that adaptation is a central concept of psychoanalysis and his idea of conflict-free ego spheres. However, they disagree with his synthesis of a new concept of ego functions and Freud's instinctual and energetic hypothesis. They feel that ego functions are independent and not products of the various phases of development of an instinctual organization. They point out, in summary, that the usefulness of Freud's psychological constructions are impaired by the instinctual and energetic frame of reference in which they are placed. They hold that their own theories are built around Freud's dynamic point of view and his concept of unconscious mental activity.

How the development of the authors' theses would read devoid of polemics is not obvious. Perhaps it would be clearer. At any rate they seem to be unaware of the energetic implications and content resident in the parts of freudian theory that they accept. In their zeal to get rid of the theory of psychosexual

development, they are impelled to get rid of all energetic hypotheses. This is done cavalierly, leaving a large gap in an already not too well-organized theoretical system.

RENEE L. GELMAN

**Revista de Psicoanálisis. XVI, 1959.**

**A Contribution to the Understanding of the Secret Societies.** Mauricio Abadi. Pp. 213-225.

Any secret group represents a successful or unsuccessful attempt to handle unconscious fantasies with certain specific characteristics. It uses collective phenomena, eventually becoming strict, autocratic, reactionary, with other superego aspects being predominant; it requires great masochistic surrender from its members, and tends to dissociate and therefore project all that is bad. It also forms some sort of a 'crust' or isolation as a means of defense. It has the elements of the 'hero figure', as well as certain magic and omnipotent gratification by its creation. According to the author it is also helpful in denying the trauma involved in the primal scene as there is a change in role by penetration of the 'womb' (society).

**The Regressive Intrauterine Fantasy and Its Relation to Hypochondria and to Psychopathy.** Alberto Emilio Fontana. Pp. 226-241.

Two clinical cases and the literature are used to study the different unconscious fantasies underlying hypochondriacal phenomena. Hypochondria is seen as a bodily-expressed psychosis based on an intense oral cannibalistic desire and the frustration and anger associated with it. As a narcissistic regression and through the language of the body the patient attempts a restitution to achieve control of his environment. Such patients also express the fantasy of a permanent union with no separation from the internalized love-object. This is also true in temporary hypochondriacal manifestations; even brief somatization conveys the same fantasies and fears of anything new that is experienced as a rebirth.

**Symposium on Interrelationship Among Analysts.** Pp. 319-492.

This issue is a symposium on the relation of analysts to outside groups and laymen, relationships among analysts and their different 'schools', relationships of analysts within one school, and the relationships among analysts, teachers, and candidates. Since justice cannot be done to all of the nineteen papers included in the symposium, the best one can do is to give a glimpse of some of the observations in the hope that the interested reader may refer to the articles more fully.

Leon Grinberg stresses the narcissistic gratifications involved in the analyst's work, the need to maintain or obtain prestige, the looking for a refuge in long working hours, and the masochism involved, as potential sources of conflict within analysts. Angel Garma discusses the fact that the analysis of candidates cannot have the same effect as patient-analysis because of the artifacts: e.g., the analyst participates in the curriculum, the candidate has social and scientific

proximity to the analyst and accepts patients from other teachers and colleagues. Garma stresses the fact that an analyst may have psychological attitudes which increase his aggressivity against more fully-analyzed colleagues. Working conditions may not be satisfactory either, i.e., the analyst has to deny himself many instinctual and economic gratifications; his work is constantly being criticized; he has to identify himself with the patients for long periods of time. Garma compares a surgeon's work with sadism, and the analyst's with scoptophilia. The analyst obtains intense libidinal gratifications in a controlled way through observing the genital activities of his patients. An analyst may still harbor deep resentment against analysis itself, against his own analyst and his teachers, which tend to mobilize his castration fears and hence make for poor relationships with his colleagues. Since the layman very often has feelings of distrust or hostility toward analysts, the introjection of this hostility and then its projection against one's fellow men also help to create painful aggressions against his colleagues.

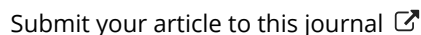
This symposium includes articles by many other authors, which are of equal interest to the analyst.

GABRIEL DE LA VEGA

Eugene Nininger, Joseph Lander, Joseph Lander & Irwin Solomon

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## NOTES

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 5-8, 1961, at the Palmer House, Chicago, Illinois. Scientific papers, brief communications, and suggested topics for future panel discussions should be submitted, prior to February 10, 1961, to the Program Committee Chairman, Charles Brenner, M.D., The American Psychoanalytic Association, 1 East 57th Street, New York 22, N. Y.

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### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 26, 1960. THE CONCEPT OF REGRESSION AND THE STRUCTURAL THEORY. Jacob A. Arlow, M.D. and Charles Brenner, M.D.

A continuation of a previous paper presented before the Society concerning the contradictions in the topographic as compared with the structural theory, and the advantages of the latter over the former, this presentation specifically deals with the concept of regression and whether it needs any revision in the light of the structural theory. In the course of its development regression has come to be used within the context of the topographic hypothesis in several different senses, sometimes complementary and sometimes contradictory. These can be grouped under the headings of temporal, topographic or systemic, instinctive, phylogenetic, and biogenetic. Temporal regression is defined as a return to an earlier mode of mental functioning that was more primitive in both a temporal and functional sense; systemic regression as a return to the mode of operation of the system Ucs. These meanings were first outlined in *The Interpretation of Dreams*. Instinctual regression, growing out of the discovery of infantile sexuality, refers to a return to an earlier libidinal phase of development and to modes of operation characteristic of that phase. It has also come to mean a retreat from object relationship to narcissism, the extent of this retreat being correlated with the earlier libidinal phase. Phylogenetic regression signifies a return, through the reactivation of inherited tribal memories of the unconscious, to modes previously followed by the human race. Biogenetic regression is an even broader concept indicating a return to modes of behavior characteristic of more primitive forms of life.

The authors postulate that of these various types of regression only temporal regression should be retained. It is suggested that phylogenetic and biogenetic regression can be dismissed on the grounds that the phenomena they explain—for example, the universality of castration fears—can now be explained adequately by genetic reconstructions. Systemic and instinctive regressions fail to include limited, specific regressions in the absence of regression in other spheres of the ego; they equate regression with pathology when pathology is not necessarily present; and they fail to include the fact that ego regressions can take a separate course from id regressions. Temporal regression, as something applicable to the ego and to the drives of the structural theory, at once simplifies the concept and explains more adequately the phenomena encountered clinically. In the frame-

work of the structural hypothesis, the essential criteria by which regressions may be judged are the elements of ego control and their relationship to the ego's function of adaptation as first delineated by Hartmann.

**DISCUSSION:** Dr. Max Schur questioned the dismissal of phylogenesis from the concept of regression. He quoted a 1919 footnote of Freud in *The Interpretation of Dreams*, and suggested that most of Freud's phylogenetic formulations could be reformulated in terms of selective evolution. The recognition of the intrinsic origin of instinctual drives freed psychoanalysis from its originally purely environmental orientation. Ego psychology as we know it today became possible because Hartmann, following Freud's *Analysis Terminable and Interminable*, recognized the intrinsic origin of certain ego functions. The work of Schneirla, Maier, and others traces development from simple tropism to inherently rigid instinctive behavior and from there to the increasing plasticity and widening range of ontogenesis in mammals, a development reaching its peak in ego psychology. In man we can see the interlocking of rigid, instinctive behavior with adaptive, plastic, autonomous functions. Viewed against this framework, repetition compulsion, for example, can be seen as a regression to a phylogenetically older, instinctive, rigid type of behavior.

Dr. Rudolph Loewenstein agreed that the structural theory was an advance over the topographic one but questioned whether the latter could be dispensed with in all cases. The diagram in Chapter VII of *The Interpretation of Dreams* lends itself to conditions of man in sleep, while the diagram of the structural theory is not apt in representing dream formation. For instance, in the dream the conversion of a wish into a perception is well represented by the diagram of Chapter VII but not by the diagram of the structural theory. Neither of them lends itself better than the other for dynamic and genetic propositions. Moreover, any graphic representation of a complex mental process must always remain a vague approximation. The topographic theory was abandoned in favor of the structural theory because of the ambiguity and elusiveness of the criteria of consciousness for the purpose of theory formation, and because of the discovery that moral and defensive forces, as well as drives, can be unconscious. Nevertheless, it remains important during a psychoanalysis or a dream analysis to distinguish whether the phenomena under observation are unconscious, preconscious, or conscious despite all the ambiguities at times resulting from these terms. The differences represent distinct functional modalities within the ego. In this connection it would seem logical to put the topographic diagram into the ego of the structural diagram, thereby pointing to the importance of the unconscious, preconscious, and conscious qualities of processes in the ego.

Dr. Philip Weissman mentioned the importance of superego regression and assumed it was only omitted because of time. In any given clinical entity one must ask whether there is more ego regression or more superego regression. Where obsessional illness is concerned ego regression leads to obsessional character formation, while regression of both ego and superego leads to obsessional neurosis.

Dr. Brenner emphasized that in discarding the topographic in favor of the structural theory, he and Dr. Arlow were not dispensing with the meaning of

preconscious, but were only questioning whether the word, topographic, was any longer necessary.

In conclusion Dr. Arlow first took up the question of phylogenesis. Devaluation of the significance of inherited or constitutional factors in the determination of modes of mental operation or types of instinctual organization was not meant. What he wished to emphasize was the lack of evidence for establishing a parallel in mental life to what is known about phylogenesis. Regarding a parallel between the evolutionary development of animal behavior and man's psychological development, it must be observed that in the latter a leap takes place. Man can form symbols while lower animals cannot, a fact which places his functioning at a quite different level. As to the relative value and importance of the topographic compared with the structural theory, Dr. Arlow stated that the topographic theory cannot be viewed as a more limited conception, included within a nook of the ego. There is a fundamental cleavage between the two systems. In the old theory, the criterion for functional organization was accessibility to consciousness with all that was inaccessible being seen as archaic and governed by the primary process. In the new theory it is quite different. The functional organization deals with the problem of mediation between the inner and outer worlds, the problem of adaptation and integration of the various systems. In this new theory the quality of consciousness or inaccessibility to consciousness may apply to all elements of the psychic apparatus and includes—for instance, the phenomenon of controlled regression—the healthy accessibility of quite primitive elements into consciousness. Dr. Arlow agreed with Dr. Weissman's remarks regarding the importance of superego regression. This is discussed in the written version of the paper.

EUGENE NININGER

February 9, 1960. SOME TECHNICAL AND THEORETICAL OBSERVATIONS CONCERNING ASSESSMENT OF ANALYZABILITY. Herbert F. Waldhorn, M.D.

The complete paper is published in this number.

DISCUSSION: Dr. Phyllis Greenacre applauded the goal of establishing prognosis on a more sound basis. Because, since the advent of shock and tranquilizer therapy, phenomenological psychiatry has practically disappeared, analysts are under pressure to provide psychoanalytic service where it had not been indicated before. Nevertheless, she questioned the feasibility of achieving the goal of early and more accurate prognosis during the course of initial interviews. Aside from the importance of good intelligence, reality sense, capacity for emotional relationship, she stressed the feeling of need, of which the wish to get well is the greatest positive derivative. As to the complex conditions described by the author, these are often seen only in constellations or patterns which are brought out in the course of analytic work. This is especially true with respect to phenomena that may be expected to occur in the transference.

Dr. Albert A. Rosner pointed out that the author's consideration that some of the resistances come from the side of the ego reflects a beginning of understanding in terms of the degree of autonomy of sets or subsets of ego functionings. These are now endowed by some with a specific structural and functional iden-

tity, and their influence within or outside the sphere of conflict may mark the difference between patients who may or may not be analyzable. Structural and libidinal properties of such subsets, and the degree of their autonomy, vary according to many factors but one important factor is the amount of cathexis invested in the main transference object. The presence and absorption of attention-cathexis disturbs the synthesis of ego functions and may facilitate the separation or splitting off from the rest of the ego of a transference-dominated subset of ego apparatuses. To illustrate this proposition, Dr. Rosner told of a case in which analysis failed while the patient's father was alive, and showed promise of success only after the father's death.

Dr. Annie Reich was impressed by the careful survey and comprehensive study of the difficulties in assessing analyzability, but felt that Dr. Waldhorn was too pessimistic, since he included as danger points practically everything which is to be found in patients in the form of general resistances and character anomalies. Many of these details are in fact susceptible to analysis, though many cannot be assessed during preliminary interviews.

Dr. Walter A. Stewart stressed the desirability, from the point of view of prediction as to analyzability, of clarifying the relationship between the childhood and the adult neurosis. Most important, too, is an early assessment of the patient's capacity for working-through.

In concluding, Dr. Waldhorn emphasized that an early appraisal of the many factors described in the paper is not feasible. Whatever can be evaluated at that time should be examined, including countertransference, without aiming at anything resembling a mechanical scoring process.

JOSEPH LANDER

February 23, 1960. WOMAN AS ARTIST. Phyllis Greenacre, M.D.

Published in This QUARTERLY, XXIX, 1960, pp. 208-227.

DISCUSSION: Dr. Heinz Hartmann noted that the difficulty inherent in this subject is compounded by the complexities of the psychological differences between the sexes. Although we should not overemphasize the hereditary factors, it is at least likely that there are such factors that determine the ways in which creativity can or cannot be realized. He recalled the seven generations of unusual creativity in the Bach family, without a single woman musician, and that among the innumerable gifted Bach musicians not one was highly talented in any other area. There are different forms of creativity, and different forms in which it manifests itself. The preponderance of distinguished women writers as compared with women painters or musicians points to a high degree of specificity, possibly relating to the psychological sex differences. As to the gifted, Hartmann believes that displacements and symbolizations are generally a form of primordial learning, illustrating, as Kris said, an instance of the use of the primary process for purposes of the ego. Oversensitivity as well as other factors represent a primary autonomy of the ego. There are differences in ego development, sexual differences between boy and girl in affectivity even outside of the narrow sphere of sexuality and aggressiveness, and sexual differences in superego development. As to the twofold identity in creative people, cultural factors also play a role.

Dr. David Rubinfine stressed the significance of the very early sensory sensitivity of the gifted, with particular reference to the unique gestalt quality of their experiences and the subsequent derivatives of these. Apropos of the fact that women have been least creative in music, he postulated that this might stem from the vague, diffuse organization of music, parallel to comparable vague diffusion in woman's phallic sensory experiences. Creation has tumescent features and is closely linked to phallic and masturbatory experiences, as shown in clinical illustrations. For one of his woman patients, gifted in several areas, 'completion' signified castration and death. Dr. Rubinfine emphasized the importance of feminine psychology, with its special sensitivities, the confusion in sexual identity, and the consequent interference with reality sense and conceptualization. Identification with the father adds further difficulties. He believed also that conflict in the anal phase has special meaning for women.

Dr. Robert Bak spoke of biological survival and narcissism. Man's narcissism focuses sharply on his genitals, with 'their precision and function', woman's on hers and their 'mystery' and 'vagueness', with a consequent much broader distribution of her narcissism. In keeping with his intense narcissism, man employs restitutive processes as denial of, and compensation for, his great destructiveness.

JOSEPH LANDER

March 15, 1960. THE EFFECT OF DREAM DEPRIVATION AND EXCESS: AN EXPERIMENTAL DEMONSTRATION OF THE NECESSITY FOR DREAMING. William C. Dement, M.D. and Charles Fisher, M.D.

Dr. Dement presented the experimental method and results, and Dr. Fisher the psychoanalytic implications of this study. The method followed that used by Kleitman, Aserinsky, Wolpert, and Dement, whose studies showed that in sleeping persons there are measurable physiological signs (ocular movements and EEG characteristics) of the presence of dreaming. Dream deprivation was accomplished by awakening subjects when eye movements and EEG patterns indicated the presence of dreaming. The major finding was a great increase in 'dream time' following dream deprivation. Apparently there is a quantitative dream need, with a dream deficit building up when the total dream time per night does not approach the established baseline average. Controls indicate that the need for increased dream time is dream deficit, rather than fatigue or the forced awakenings. Dreaming appears to be necessary and may play a role in inhibiting hallucinations and in effectively dealing with reality. Subjects who were 'dream-deprived' showed certain disturbances in ego functioning (anxiety, tension, difficulty in concentrating, fatigue, muscular incoordination, and 'lapses'). Frequently extreme hunger, overeating, and gain of weight occurred.

Dr. Fisher stated that the experiments confirmed Freud's assumption that dreaming is a necessary psychobiological function, as well as his ideas about the extent and time of dreaming. The authors felt that if the experiments were carried out for longer periods serious mental derangements (hallucinations) would occur. The hallucinations seen in sleep deprivation experiments, in prolonged sleep therapy, and in transient combat psychoses may all be explained on the

basis of a marked dream deficit. Dr. Fisher described the frequency of dreams with oral content and discussed the possible role of dream suppression in activating oral conflicts, in the light of well-known psychoanalytic formulations relating to orality, sleep, dreams, and hallucinations. The essential feature in discharging the dream need may be the fact of dreaming, rather than the dream content. It was noted that male subjects frequently experienced the experimental situation as a homosexual threat or temptation and this factor influenced the dream content. The possible relationship between drive energy displacements in dream formation and the rhythmic ebb and flow of brain activity in the dream-sleep cycle were also discussed.

**DISCUSSION:** Dr. Robert Holt proposed 'that the dream's function is that it provides hallucinatory gratification of infantile needs that cannot otherwise be gratified. The pressure of undischarged infantile drives would then account for the peremptory character of the need to dream when one is deprived of the opportunity.' He wondered why dream-deprived subjects did not merely increase their amount of daydreaming, and felt that the critical difference might lie in reality testing which remains in daydreams but not in dreams. He thought that in psychosis the need for hallucinatory gratification was too great to be satisfied in the usual dream time. He raised the question of the relationship between dream time and the degree of sublimation.

Dr. Mortimer Ostow disagreed with the interpretation of the data. He felt the formulation that the 'amount of useful sleep was proportionate to the total duration of sleep' was inaccurate, and questioned the entire concept of a dream deficit, as well as its possible role in the hallucinations associated with sleep loss in psychosis. He recalled his proposal that the function of sleep was the regeneration of libidinal energy, and reinterpreted the data in terms of this formulation.

Dr. David Rapaport emphasized the fact that the experiments proved conclusively that there was a peremptory need to dream which paralleled Freud's postulation of something peremptory working in the mental apparatus (instinctual drives). This characteristic of dreaming seems to be a physiological phenomena which appears as an indicator and perhaps a necessary condition of a psychological process. He took issue with Dr. Ostow's formulation of the data, as well as with Dr. Dement's thought that the content of the dream was unimportant.

Dr. Albert Rosner noted that 'the demonstration of the invariant factor of dreaming extends the libido theory of dreams beyond the usual limits. The finding may require changes in dream theory such as have already been made with respect to the vicissitudes and especially the autonomy of other psychic processes.'

Dr. Louis Linn suggested that to call the first phase of sleep the 'period of dreaming' may be fallacious and hence limit the usefulness of the experimental data. He preferred the utilization of a term like 'period of vigilance' and suggested several reformulations of the data without utilizing the term 'dreaming' at all.

IRWIN SOLOMON

## MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 21, 1960. THE FRAGMENTIZING FUNCTION OF THE EGO. ITS ROLE IN THE TRANSFERENCE NEUROSIS AND THE PATHOGENESIS OF A MASOCHIST. Andrew Peto, M.D.

The hypothesis is presented that there is an ego function which aims at 'fragmentation' of the dynamic complexes of drives, of object representations, and of the emotions and feelings permanently or loosely connected to them. This function precedes and accompanies all the known defense mechanisms and complex defense measures and is the necessary precondition for these defensive processes. This function of the ego, which can be called the fragmentizing function, prepares those changes in the nature of mental energy which have been variously called defusion, desexualization, and neutralization.

Freud, Jacobson, Ferenczi, and Melanie Klein are cited as having observed phenomena which could be considered manifestations of the ego's fragmentizing function in neurotic and psychotic patients. The same fragmentation phenomena may occur under normal conditions—for instance, in dreaming and in children's play—as well as in the transference neurosis. The wish to sleep, which is one of the important preconditions for dreaming, is viewed as a function which aims at fragmentation and, in a sense, destruction of mental representations. This follows Lewin's oral triad, attributing to the wish to sleep a definite cannibalistic, destroying connotation. Children's play is assumed to consist of alternating disintegration and integration processes in the ego. The child always knows that his play is make-believe; the healthier he is, the greater the ability to switch from the integrated ego to the functioning of the disintegrated parts. In a sense, play furthers integration through disintegration. Observation of transference phenomena indicates that transference interpretations, because of their revival of the original traumatic situation, cause a transient disintegration in the ego. This phenomenon is a manifestation of the fragmentizing function of the ego. It seems to play a role in those energy changes which enable the ego to use libido and aggression in the great variety of its manifold adaptive and integrative processes.

The inefficiency of this fragmentizing function of the ego may be one of several factors responsible for the pathogenesis of masochism in the case reported. After eighteen months of analysis a patient experienced a positive transference to the analyst. At the same time, he became strongly attached to his mother, for whom he had previously felt nothing but revulsion. He experienced shame and guilt, and further defenses were paranoid and depressive attitudes which were supported by olfactory hallucinations. Severe hypochondriacal symptoms appeared. He discovered 'cancer' in various parts of his body, including the heart and shoulder, a symbol of the threatening mother image. The ego's attempt to deal with this representation could be followed by the changes in the nature of the symbol. The 'cancer' shrank, broke up into smaller cancers, and constantly changed its site from dangerous to less dangerous parts of the body. When, as frequently happened, it became painless, the accompanying anxiety was correspondingly reduced. Then, after failure of 'pulverization' of the mother image, it appeared elsewhere in its full strength. This process represented the ego's fragmentizing function. It involved an extreme fragmentation of an image, which then enabled the ego to use the fragments and their altered energy for other

purposes. It was as though the extreme splintering enabled the primary process to rebuild nonexistent images from parts of previously functioning images. The increased fragmentation precipitated by the transference neurosis led to some improvement and to a transitory cessation of the masochism. One factor involved was the severance of the mother image and its further fragmentation and subsequent subjection to renewed defense operations. The fragmentizing function of this patient's ego was apparently insufficient at a critical stage of his infantile development: his ego was not able to fragment dangerous mother representations and this played a role in the etiology of his masochism.

DISCUSSION: Dr. Nathaniel Ross opened the discussion by asserting that Dr. Peto's concept of 'fragmentizing' might be considered a special aspect of a more inclusive concept, differentiation. In the process of ego development, differentiation and synthesis are both essential features of the movement toward mastery of the instinctual drives, of reality, and of the achievement of satisfactory object relationships. The influence of aggression in initiating the forward movement and elaboration of the fragmentizing function was implied, but it is often not clear in Dr. Peto's paper what is 'fragmentizing' and what is simply the eruption of infantile aggressive impulses. Just as displacement is a prime characteristic of the primary process and yet is subsequently elaborated by the ego into a defensive function, so the differentiating process, of which splitting seems to be one aspect, precedes the formation of ego functions proper, and later also becomes elaborated by the ego into a defensive function. Dr. Ross would prefer to think of fragmentizing as one particular aspect of differentiation. When it reaches the extreme degree seen in the patient described by Dr. Peto, it seems difficult to conceive of it any longer as a normal manifestation of ego functioning.

Dr. Otto Sperling noted that in its generality, Dr. Peto's idea reminded him of Otto Rank's concept of partialization. It also seemed similar to the ego's ability to subdivide affects, and experience the parts at different times. However, Dr. Peto's fragmentizing function of the ego is much more general and is not directed merely against affects but against any id derivative, against the superego, and against itself. Dr. Sperling felt that Dr. Peto might have gone too far in seeing fragmentation as an ego function even where fragmentation was noted to occur as a result of causes related to instincts and their vicissitudes.

Dr. Edith Jacobson felt that the fragmentizing process described by Dr. Peto in his clinical material seemed to depict an archaic level of ego functioning, as well as archaic imagery. This involved the introjected archaic image of the bad mother finding symbolization in the idea of cancer. It seemed almost like a caricature of what the normal fragmenting function of the ego would be. Dr. Jacobson attempted to conceptualize the process of fragmentation as involving the separation of the images of the object and as this progressed, a simultaneous enrichment of the object images would occur and this would relate to the gradual progress in terms of identification from total to partial. With a normally functioning ego, the several images would form different images and these would then be integrated.

Dr. Jan Frank cited Thomas Mann's story about the Holy Sinners in an attempt to question the difference between Dr. Peto's concept of fragmentation

and the developmental lines that occur in ego maturation, in which various ego nuclei and apparent ego arrests occur and may give the impression that the ego is being fragmented.

Dr. Max Schur noted that Dr. Peto seemed to indicate that fragmentation is a precursor of defense as, before repression or other defenses can be introduced, the drive representations and ideas can be fragmented. This seems inconsistent as Dr. Peto later treated this fragmentation process as a defense.

Like the previous discussants, Dr. Gustav Bychowski commented upon Dr. Peto's stimulating and thought-provoking paper, as evidenced by the questions it raised. Dr. Bychowski was not certain that Dr. Peto differentiated splitting from fragmenting. He found it difficult to understand how fragmentation of images, as observed in the realm of pathology, could be viewed as a normal ego function.

Dr. Ludwig Eidelberg complained about the confused manner of presentation and questioned whether Dr. Peto was describing a pathological defense mechanism, something which precedes each pathological mechanism—prior even to primary repression—or a normal process. From the point of view of the technique used, he questioned whether the patient was aware that his accusations against the analyst represented pathological formations and whether the patient was able to see the analyst as the analyst and not as the mother. Dr. Eidelberg also indicated that perhaps the patient broke off the analysis as a defense against the fear of developing a psychosis.

In conclusion, Dr. Peto observed that analytic working hypotheses stress the integrative aspects of mental functioning while the disintegrative aspects of this functioning are relatively neglected. The paper attempts to highlight this disintegrating or fragmentizing manifestation in mental processes.

AUSTIN SILBER

April 18, 1960. A SECOND CONTRIBUTION TO THE THEORY OF WIT. Ludwig Eidelberg, M.D.

This paper includes observations on the phenomenon of pleasure. The analytic examination of the two jokes presented indicates that the pleasure in hearing jokes is an æsthetic pleasure. Freud indicated that two kinds of forepleasure are experienced—erotogenic and psychic—and that forepleasure rather than end-pleasure is significant in the dynamics of wit. Further, he stated that forepleasure results from stimulation of the erotogenic zones. Dr. Eidelberg believes that forepleasure is the result of anticipation of a final discharge which may take place while the erotogenic zones are stimulated but that it is not necessarily dependent upon them. He also believes that end-pleasure may be produced by the gratification of pregenital wishes, as contrasted with Freud's opinion that such gratification does not produce end-pleasure. Psychic forepleasure, as described by Freud, is connected with the sensory organs and mental apparatus functions. It is related to the pleasure associated with laughter occurring after hearing and understanding a joke. Dr. Eidelberg believes that this pleasure has the characteristics of æsthetic pleasure, which differs from other pleasures in that it does not need motoric discharge nor does it require possession of the object. Thus, by separating the form from the content which requires the ability for developing abstract concepts, one

may derive complete enjoyment from the inspection and contemplation of a work of art. A joke is used to illustrate that the form of a joke and not the content is responsible for the pleasure manifested by laughter.

Psychoanalysts tend to be more interested in content, particularly unconscious content, of the material (art and wit) and tend to neglect the significance of form. Thus while many analytic interpretations may be made in relation to a joke, none are important in understanding the pleasure derived from hearing a joke. The requirements for experiencing such pleasure are a desire for the experience, a sense of humor, listening and understanding rather than motoric discharge and possession of an object. The necessary conditions for the enjoyment of a joke are suspense, surprise, and the pleasure resulting from our ability to penetrate the hidden meaning. The joke must have a double meaning and only after the curtain hiding the second meaning is pierced does one experience laughter. The double meaning conceals but at the same time exposes an infantile wish. It is not suggested that æsthetic pleasure is a substitute for ordinary pleasure connected with gratification of our basic needs. Dr. Eidelberg believes that all jokes gratify an aggressive wish directed at the infantile superego. In some jokes ridicule is directed at superego representations of feared authorities for whom contempt is being expressed. In harmless jokes, the infantile concept of order and morality is being attacked.

From the economic point of view, there is disagreement with Freud's impression that the saving of energy results in æsthetic pleasure and the phenomenon of laughter. The concept suggested instead is that the illusion of infantile omnipotence is experienced because of the ability easily to overcome the inhibition which is therefore responsible for the laughter. The energy used is a sublimated energy, discharged through the functions of the sense organs and mental apparatus and not by incorporation of objects.

The fact that psychic forepleasure does not change to unpleasure even though there is no available object or motoric discharge is explained by the examination of a joke based upon a slip of the tongue. The author believes that the word eliminated in the slip of the tongue represents an unconscious wish from the id and is not harmless, as Freud believed. Thus, when the patient, escorting a lady to dinner, said to the headwaiter, 'May I have a room?', the omitted word 'table' represented an unconscious, oral, scopophilic, sexual wish and was therefore repressed. The word was also related to the memory of an external, narcissistic mortification which the patient wanted to keep repressed. On the other hand, the word 'room' served a partial gratification of aggressive, exhibitionistic, and phallic wishes, as well as the acceptance of an internal narcissistic mortification which was preferred to the external one.

By turning the slip of the tongue into a joke, the unconscious dynamics become clearer. The æsthetic pleasure and laughter are not related to the deprivations of the persons involved but to the perceptions that the word 'room' hides and indicates a desire to go to bed with the lady. In separating the teller of the joke from the listener, it is seen that the former experiences æsthetic forepleasure when the witty idea occurs to him and end-pleasure when he makes the listener laugh. Anticipation of hearing a joke creates forepleasure for the listener, who

then experiences end-pleasure when he comprehends the hidden meaning of it. The patient and his friend are participants in ridiculing the authorities who enforced moral rules in their childhood. It is a playful acceptance of the infantile wish, based on the ability to divide the personality in two: the one who enjoys and the one who remains serious.

The form of a joke not only permits experience of æsthetic pleasure but also enables us to understand the hidden infantile wish with relatively little resistance. Dr. Eidelberg believes that the content of the joke stems from the unconscious rather than the preconscious. His conclusion is based on the similarity of the infantile wishes expressed in jokes and those seen in the analysis of neurotics.

SAMUEL LANES

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A symposium on PSYCHOANALYTIC STUDIES IN OBJECT LOSS AND DEPRESSION, October 21-23, 1960, commemorated the tenth anniversary of the Child Psychiatry Unit at the Massachusetts Mental Health Center. Topics under discussion dealt with the emotional disturbances which catastrophic events bring into the life of the child.

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The State University of New York, Downstate Medical Center, Department of Psychiatry, announces a PROGRAM OF ADVANCED STUDIES IN PSYCHOANALYSIS to begin with the Fall semester 1960-1961. The courses to be offered are intended to further the knowledge of psychoanalytic theory and practice already obtained through formal training in psychoanalysis. Further information may be obtained from: Office of Admissions, Downstate Medical Center, 450 Clarkson Avenue, Brooklyn 3, New York.

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The CHICAGO INSTITUTE FOR PSYCHOANALYSIS has announced the appointment of Dr. Charles Kligerman to its staff.

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The MENNINGER FOUNDATION announced the appointments of Dr. Konrad Lorenz and Dr. Frederick J. Hacker as the thirteenth and fourteenth Alfred P. Sloan Visiting Professors in the Menninger School of Psychiatry, for three months beginning in October 1960.

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The THIRD WORLD CONGRESS OF PSYCHIATRY is being held at the invitation of McGill University and under the auspices of the Canadian Psychiatric Association, in Montreal, Canada, from June 4 to 10, 1961. Meeting on the American continent for the first time, the Congress is expected to attract some three thousand delegates from sixty-two nations. Representatives will come from psychiatry and such allied fields as general medicine, psychology, biochemistry,

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## BOOKS RECEIVED

- SAUL, LEON J.: *Emotional Maturity. The Development and Dynamics of Personality*. Second edition. Philadelphia: J. B. Lippincott Co., 1960.
- FINCH, BERNARD: *Passport to Paradise . . .* New York: Philosophical Library, Inc., 1960.
- MALZBERG, BENJAMIN: *Mental Disease Among Jews in New York State*. New York: Intercontinental Medical Book Corp., 1960.
- HOOK, SIDNEY, Editor: *Psychoanalysis, Scientific Method, and Philosophy. A Symposium*. Paperbound reprint. New York: Grove Press, Inc., 1960.
- TELFER, DARIEL: *The Caretakers*. (Novel) Paperbound. New York: The New American Library, 1960.
- GUTHEIL, EMIL A.: *The Handbook of Dream Analysis*. Paperbound reprint. New York: Grove Press, Inc., 1960.
- SEARLES, HAROLD F.: *The Nonhuman Environment. In Normal Development and in Schizophrenia*. Monograph Series on Schizophrenia No. 5. New York: International Universities Press, Inc., 1960.
- WOLFF, PETER H.: *The Developmental Psychologies of Jean Piaget and Psychoanalysis*. Psychological Issues, II, 1960, Monograph 5. New York: International Universities Press, Inc., 1960.
- Report No. 46. Administration of the Public Psychiatric Hospital*. (Formulated by the Committee on Hospitals). New York: Group for the Advancement of Psychiatry, 1960.
- SCHER, SAM C. and DAVIS, HOWARD R., Editors: *The Out-patient Treatment of Schizophrenia. A Symposium*. New York: Grune & Stratton, Inc., 1960.
- SIDMAN, MURRAY: *Tactics on Scientific Research*. New York: Basic Books, Inc., 1960.
- HARROWER, MOLLY; ROMAN, MELVIN; VORHAUS, PAULINE; BAUMAN, GERALD: *Creative Variations in the Projective Techniques*. Springfield, Ill.: Charles C Thomas, 1960.
- SOLLEY, CHARLES M. and MURPHY, GARDNER: *Development of the Perceptual World*. New York: Basic Books, Inc., 1960.
- Symposium No. 6. The Psychological and Mental Aspects of the Use of Nuclear Energy*. New York: Group for the Advancement of Psychiatry, 1960.
- MC GUIGAN, FRANK J.: *Experimental Psychology. A Methodological Approach*. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1960.
- BOWMAN, PETER W. and MAUTNER, HANS V., Editors: *Mental Retardation. Proceedings of the First International Medical Conference at Portland, Maine*. New York: Grune & Stratton, Inc., 1960.
- WHYTE, LANCELOT LAW: *The Unconscious Before Freud*. New York: Basic Books, Inc., 1960.
- MENDELSON, MYER: *Psychoanalytic Concepts of Depression*. Springfield, Ill.: Charles C. Thomas, 1960.
- MOWRER, O. HOBART: *Learning Theory and the Symbolic Processes*. New York: John Wiley & Sons, Inc., 1960.
- RICKERS-OVSIANKINA, MARIA A., Editor: *Rorschach Psychology*. New York: John Wiley & Sons, Inc., 1960.
- FREUD, ERNST L., Editor: *Letters of Sigmund Freud*. Translated by Tania and James Stern. New York: Basic Books, Inc., 1960.
- ABRAHAMSEN, DAVID: *The Psychology of Crime*. New York: Columbia University Press, 1960.