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MENTAL PROCESSES IN THYROTOXIC STATES

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In spite of the great amount of literature dealing with the thyrotoxicoses, the information concerning the attendant mental states is usually limited to generalities. It is said that states due to an excessive function of the thyroid gland—hyperthyroid states—are accompanied by various nervous and psychic alterations:—mental unrest, exaggerated reaction to mental stimuli, and accelerated mental tempo, flight of ideas and a tendency to sudden shifts of mood, from unmotivated euphoria to depression. Besides these general characteristic symptoms of the hyperthyroid state, there are true psychotic states, of which a large proportion resemble the manic-depressive conditions. According to Parhon (1) 57 of 86 hyperthyroid psychoses observed were manic-depressive disorders. Whether, or to what extent, one should regard the hyperthyroidism as a causal factor here is not to be determined; it is known that the psychoses have been greatly improved by treatment of the thyroid condition, and similarly that psychoses of this type have been precipitated by the administration of thyroid preparations; yet in most cases it was impossible to exclude concomitant psychogenic factors, and it is equally well known that strong mental excitement can produce Graves' disease abruptly and acutely. Admitting then the obscurity of the causal relationships between Graves' disease, hyperthyroid states, and psychoses, we may nevertheless agree with Ewald (2) that "the frequency with which the particular combination of manic-depressive and Basedow's disease is found depends on more than a coincidence".

My contribution to this problem will consist chiefly of the presentation in detail of two cases, in which the mental features were those of a depression, with the hope of indicating why manic-depressive clinical states occur so frequently in hyperthyroid disorders.

1.

In the first case the initial symptom of the depression was a morbid fear. The patient, a woman of thirty-three, as a sequel to a mental shock had developed a typical Graves' disease with all classical symptoms and an accelerated basal metabolism, for which she was under medical treatment. She was referred to me because of states of intense anxiety: she did not dare enter her kitchen because she was afraid of the door in it that led to the balcony. When I first saw the patient she was agitated, wept, seemed reluctant to speak and spoke in a confused manner. Asked concerning her children, she answered that she had three, vaguely reproached herself for the death of her only son, and said that the life of her oldest daughter, then seriously ill in the hospital, was on her conscience. But this discussion did not hold her interest; she was predominantly fearful, afraid "of the door to the balcony", for which reason she could not stay alone at home.

Superficially the story of the balcony door is as follows: In the same house as the patient there was a family, B. Mrs. B. lived alone, was ill and depressed and sought the patient's company and friendship. A few months before the patient became ill, Mrs. B. had made her first suicidal attempt. The patient had taken her to a neurological hospital, but Mrs. B. was discharged prematurely, and one day shortly thereafter hanged herself from the door in her kitchen that led to the balcony. Greatly shocked, our patient attempted to avoid all further thought of or contact with this event; she refused to speak to the widower or look at the orphaned child. She began to feel oppressed, she could not rightly tell why, but would repeat to her husband, "If I had only never known Mrs. B.!" To avoid hearing of Mrs. B. she kept away from persons who had known the dead woman,—yet she persistently followed the newspaper accounts of suicides. Her unrest and anxiety were finally focussed: she became afraid to enter her kitchen, for fear of the door to the balcony. She moved away from her house, at first visiting in another city (where a physician was suspicious

of a hyperthyroid development), but on her return even in the new house her gradually increasing sufferings forced her to seek treatment.

Our first impression here is surely that a mental shock precipitated a Graves' syndrome. The patient's history indicated some possible earlier dysfunctions of the thyroid gland. She was frigid, had at one time had a small inactive goiter, and her menses were scanty and of brief duration.

The patient was the youngest of ten children in a lower middle class household. Her mother was hysterical, often threatened to commit suicide, and probably was hyperthyroid. The patient was affectionately devoted to her mother, and had been a jovial merry girl, who had made a conscious effort to escape from this milieu into the security of a good marriage. Married at nineteen, she was a happy active wife with few worries. She enjoyed spending money, liked her own comfort, and did not take her household responsibilities too seriously. However, one thing could disturb this equanimity profoundly: she could not endure that anyone should be ill or in pain. Thus when her oldest child had a heart attack, the patient had to run from the room. When her husband, or someone else, became ill she was so tormented by fear that she had to leave. It is possible to say that the patient reacted to others' illness by identifying herself with them, but up to the time of Mrs. B.'s suicide she had never been considered ill.

It is not difficult to see that her ensuing fear of the "door" expressed the depressive idea: "I shall hang myself like Mrs. B.", an idea which, arising from her identification, was excluded from consciousness. Indeed, when the analyst gave the patient this interpretation of her "door-phobia" she was amazed and much excited.

The patient had gone blithely through life until she was rudely checked by the tragic event. Her identification then with her friend expressed itself as an alteration of the relation between her ego and superego. She suddenly began to feel severe guilt for what till then she had regarded lightly, her sufferings and self-accusation accumulated, and she defended

herself against this sense of guilt by keeping apart in consciousness the guilt and the fear, refusing to perceive their causal relationship. The "door" was, for her, isolated, and her desperate self-reproach did not seem to her a reason for suicide. That is, repression of suicidal thoughts and isolation of the sense of guilt formed the defensive mechanism employed by her ego to combat her aggression. The attendant anxiety was focussed on "the door", and she tried to avoid the door to avoid her inner impulse to commit suicide.

2.

The second case which I shall report is that of a thirty-four-year-old woman. When first seen, she was a thin, quite obviously excited woman, with rather wide-open eyes, but without the typical signs of hyperthyroidism. According to her statement, she had been ill for five and a half months, her illness being easy to date because it coincided with her moving into a new apartment. During the moving she had been extremely restless, and increasingly so in the new home. This restlessness became possessed with the thought that the occupancy of the new apartment was illegal, that she had one room more than was allowable under the housing regulations, and the reflection that she had in fact been granted this apartment with all due consideration by the official housing bureau did not serve to allay her fear and uneasiness: she went to the bureau and denounced herself! Even when the official there reassured her, her sense of guilt and anxiety persisted. It was thought that she might be helped by a vacation trip to another city, but actually this journey only increased her anxiety. She stopped worrying over the legality of her apartment but suddenly began to wonder whether she was not to blame for the murder of a young girl whose body had been found in the mountains. The assailant had not been apprehended. She could not free herself of the accusation, "You are the murderess! You killed that young girl!" In despair she would marshal arguments to prove that she could not have committed the crime.

It must be noted that these ideas were not hallucinations,

nor true delusions, but struggles between her ego and superego, which she always perceived as such. "I must defend myself before the judge", she would say, but her proofs of innocence quieted her for a short time only; the anxiety and accusative rumination constantly recurred. Thus she would demolish her own defensive arguments by presenting the idea that she might have murdered while in an *absence*. She kept her obsessions secret not because she was afraid of being arrested but because she realized that she might be considered insane. She did not take even her husband into her confidence. She understood then the nature of her anxiety, but had a frantic need for "reasons", for rationalizations that might explain it to herself.

But she could not hide her anxiety indefinitely and sought the aid of a "magnetic healer". Then she revealed her secret to her husband, and was sent to me for treatment. She stated that her symptoms were not always of the same intensity but bore a striking relation to her menstrual cycle. Her periods were very regular, occurring every twenty-three days (which is "male periodicity" according to Fliess), but the flow was scanty, the blood pale in color and serous, and the duration only one-and-a-half to two days. The relation between the intensity of her anxiety and her menstrual cycle was that, though the obsessions were constantly with her, her anxiety only began to increase appreciably ten days or two weeks before the onset of her menses, becoming most intense just before her bleeding began. After the flow was over her anxiety was relieved and for a week or so she would be free of anxiety and depression—when a new cycle would begin.

The patient had been frigid for years, but her conflict concerning sexuality did not resemble the usual frigid woman's. That is, she did not refuse to have intercourse or submit with indifference (she thought, or rationalized, that this might drive her husband to other women), but she worried during the act as to whether she would have an orgasm. She would "try hard" to have one, and did not want to have intercourse unless she could have. Thus one aspect of her frigidity was her

anxiety during the act and her rumination, "Will I have an orgasm?" accompanied by an introspective attention comparable to the narcissistic interest of a hypochondriac; and the other aspect was a fear of becoming pregnant. This latter fear, she admitted, had no rational grounds, for her husband was careful and efficient, and in addition she really loved the one child she had and could well have supported a second. This frigidity and anxiety during coitus had been present for five years before the patient came for treatment, but she would not have thought of them as symptoms,—her new symptoms alone were a source of inquietude. She added, she had always been much interested in murder, had read the murder news, and attended murder trials, declaring, "They excited me!" But this proud declaration could not be used by the analyst to show the patient what was troubling her, for any increase in aggression would have heightened the sense of guilt and increased the danger of a suicide.

In the patient's personal history it was revealed that she came of a lower middle class family, in which the father was subject to depressions and drank to excess; the mother was suspicious, strict, stubborn, not only with her daughters (of whom the patient was the youngest), but with the father too. Indeed she actually punished her husband so that the daughters often pitied him, and her severe punishment of her daughters evoked in them an attitude of submissive love and reverence. The patient, overgood, developed an obsessional character; she became orderly, overconscientious in her studies, and timid about playing pranks with other children, for which she suffered mentally even when she was not caught. Yet she yielded to her husband before marriage despite the strict parental background. Her first act of intercourse was followed by pain in the urethra and a condition that was treated for years as a cystitis with hundreds of irrigations. After about ten years these pains suddenly disappeared for good; their disappearance coincided with the onset of the anxiety states that, five and a half months later, brought her under my care.

Nevertheless, the first years of her married life had been

happy. Though not easy to gratify sexually, she was not frigid vaginally. In the fifth year of her marriage while she was pregnant, she discovered her husband playing sexually with a young girl of fourteen in the household. Jealous and indignant, her dominant emotion was nevertheless a sense of guilt, for she felt that she was responsible for the girl. Not wishing to become embroiled with her husband because of her pregnancy and not wishing to hate him, she consciously fought to control her feelings of hostility. She delivered at term a little daughter, whom she loved strongly from the beginning, and towards whom she felt no conflict and no aggression. She nursed the child at the breast for seven months. Whatever relative influence may be attributed to the mental shock, the pregnancy and lactation, or the conflict concerning her husband, the fact remains that after this time she became frigid, obsessive about the orgasm, lost her appetite, became stubbornly constipated, suffered from headaches, and lost weight, but the symptoms did not immediately suggest a hyperthyroid condition.

As I have stated above, when I first saw the patient her intense agitation precluded the immediate initiation of analytic therapy and I merely prepared her for it. At the same time I wished to have her attempt endocrine therapy, since her acute anxiety states and depressions bore the definite relationship to her menstrual cycle. Hence, an interferometric hormone examination, according to Hirsch's method, was carried out by Professor Hirsch himself.¹ The blood was drawn seven days before the onset of the menses, at a time when the patient was agitated and anxious. The interferometric examination showed markedly increased lysis of the thyroid and ovaries; lysis of testes was almost as great as that of the ovaries; and lysis

¹ [TRANSLATOR'S NOTE.—The Hirsch reaction is a modification of the Abderhalden reaction. The serum is tested for the presence of proteolytic antibodies against glandular substances by being exposed to small quantities of dried gland. The products of proteolysis alter the refractive index of the serum. This change is measured quantitatively with an interferometer against a standard consisting of the same serum not exposed to dried gland. See Paul Hirsch: *Klin. Wchschr.* IV, pp. 1365, 1412. 1925.]

of the pancreas was exceptionally elevated (22.40): from which I should like to emphasize the endocrinological proof of bisexuality and to remark that this is not an exceptional but a usual finding.¹

I will now describe the stages of this treatment and the sequence of the mental processes. The examination having shown increased lysis of the ovaries and the mental disorder

¹ In the discussion of this paper at the meeting of the German Psa. Society it was said that my arguments seemed based solely on the Hirsch test and were consequently insecure, since the validity of this method is still in dispute. It is true that the value of the interferometric method in determining the products of hormonal lysis is still debatable: some investigators, among them Hermann and Witzleben (3), contend that the method is scientifically interesting but diagnostically useless, though others (4) after careful study believe that their technique will reveal findings characteristic of the individual phases of the disease process (5). However, this need not give us pause, for the essential point is that bisexuality—recognized from the beginning in its mental manifestations by psychoanalysis—is placed on an assured physiological basis. In the interesting papers of W. Petterson (6), who uses bisexuality as a “two force system” (male-female) on which to base his theories and therapeutic experiments, use is made of Hirsch’s method to furnish endocrinological proof of bisexuality. In every case the presence of the lytic products of the male and female hormones substantiates the existence of bisexuality; and only a disturbance in the relative proportion between these two is to be regarded as pathological. For instance, if lysis of the product appropriate to the opposite sex is substantially increased, there would be such a disturbance. This appears to be the case in hyperthyroidism and other disorders of the thyroid function.

Psychoanalysis has always recognized that bisexuality in general was a motive for the formation of symptoms. Its biological demonstration affords further support for this view. In a state of bisexual equilibrium one action (masculinity) does not interfere with the other (femininity). But if the equilibrium is disturbed, the instinctual demand correlated with the opposite sex remains ungratified and demands discharge. It is the task of the psychic apparatus to master the ungratified instinctual demands, and a number of the mechanisms through which this mastery is effected have been described in the psychoanalytic literature. Among these are symbolization, projection, etc. (Groddeck.) However, if the energy is dammed up excessively so that the psychic mechanisms are inadequate, the tension will be perceived as anxiety, which in turn must be mastered by the psychic apparatus.

It is important not alone that we could demonstrate the bisexuality by physiological means, but that the psychic representatives of bisexuality were observed as symptoms (anxiety during coitus, fear of pregnancy, repressed hatred of husband), which then disappeared when the therapy had succeeded in restoring the endocrine equilibrium.

being associated with the menses and accompanied by frigidity, I first attempted to influence the action of the ovaries. The endocrine therapy (begun November 27, 1930) was also designed to affect the antagonist of the ovaries, the thyroid gland, and with this in mind the patient was given one to two Horpan tablets (anterior lobe plus ovarian hormone) and one Ostranin tablet daily. She reacted immediately; her sexual interest increased and with this her mood became cheerful. But at first this mood was by no means constant; symptom-free states alternated rapidly with states of anxious excitement. Besides the endocrine therapy above noted, the patient was treated by psychotherapeutic discussions. The first important change occurred in the seventh week of treatment, when the patient told me that for several days she had been hating her husband intensely. This was the first occasion on which this guilt ridden woman had been conscious of any feeling of hatred. It was not difficult to explain to the patient that it was her husband whom she accused of the assault and murder, because of his misbehavior during her pregnancy.

This was the first good psychotherapeutic effect. It showed that here as in other cases the depressive self-accusation was really an accusation of someone else, of the introjected object, her faithless husband. This hatred, repressed for years, had originally referred to him, but was then loosed against her own ego. In fact, the patient had been a devoted and grateful wife, who made few difficulties in her everyday life with her husband. But the repressed hatred had shown itself during coitus; her restless, jealous, narcissistic attitude during coitus meant: "He thinks only of his own pleasure; he is a murderer; he is poisoning me; he is giving me a child".

From this recognition of her hostility we may date the second phase of her treatment. Her depressed agitation altered so that it came after instead of before her periods, and her sexual appetite increased. She took greater pleasure in sexual activity and soon found that she no longer feared becoming pregnant during coitus. The latter fear was the first symptom to disappear and did not recur. Her worry as to whether she would

have an orgasm persisted somewhat longer. The increased sexual interest also was expressed in dreams and fantasies. Previously able to think of her guilt only, she was now able to imagine sexual relations with strange men.

The hormone therapy used up to this point served to increase the ovarian substances and in this way appears to have stimulated her heterosexual libido. Her ego too had been sufficiently fortified to enable her to recognize her hatred of her husband, which in itself militated against her sense of guilt.

The next depressive phase, which appeared with great anxiety about her menstrual period (October 2, 1931), was ushered in with the idea that though she was not a murderess, she might be reported as one by the magnetic practitioner who had treated her. Her anxiety was now just as intense, her despair equally great, as when she was tormented by the idea of having murdered someone while in a twilight state. There is, however, a new "structure" evident in this idea: the superego is now replaced by a man with whom she had been in a transference, whereas previously she had been tormented by her own superego. Now her superego is projected outward, the former love-object becomes an objectified portion of the superego, and we see a nascent paranoid idea, which we can trace to its origin, and of which we can understand the economic significance. It is a successor of the depressive idea, after the identification had been replaced by an object relationship, and represented a "reparative attempt" in Freud's sense.

The endocrine therapy, we may assume, had altered her libidinal situation. Whereas in her depression, aggression had been too strong and libidinal tension too weak, now her repressed hostility was released and the fear of heterosexual activity disappeared. The physiologically increased anxiety met with a fortified ego, which, more firmly attached to objects, defended itself by an object relationship, that is to say, a projection. The paranoid idea, at the same time that it projected outward her superego, clearly protected her from her own forbidden wishes, so that she could repudiate her love for the

practitioner: "I cannot love him, for he is persecuting me".

As time went on, the strength of her forbidden heterosexual wishes became increased; not only was she afraid of being reported by the magnetist, but she began to fear that she might become involved because of a certain Mr. R— or because of neighbors who might have heard her discuss her illness with her husband. Her good transference to me kept her from bringing me into these fantasies. The paranoid ideas related only to men. Thus we see that the patient's heterosexuality has improved, for she enjoyed intercourse without anxiety and always had an orgasm; and in the fifth month of her treatment she became freer of paranoid preoccupations, so that she thought only, "The neighbors may have heard something, but I am innocent."

Except for a brief relapse after a grippe, the patient continued to improve during the succeeding weeks. She became freer from anxiety and depression, but the delusion of being a murderess and the ideas of persecution recurred from time to time. She would write all the proofs of her innocence on pieces of paper and when she began to accuse herself would read these over. The paranoid system thus became an obsessional one, and as time went on and her anxiety diminished the mere thought of the paper would dispel her worry. She could finally say, "These ideas are merely worries".

Her condition then appeared stable, and feeling that ovarian therapy had done all it could, I administered another antagonist of the thyroid function in the form of small doses of insulin (five to ten units) three times weekly. This inaugurated the third phase of her treatment.

The paranoid ideas faded away, but a trace persisted in the obsession that people, knowing she had so much fear, would say she must have a bad conscience, and others hearing this would not realize it was due to her illness. But this notion was not accompanied by any intense anxiety or despair: she was pained by the thought that people might talk, but knew they would not think her a murderess nor do her any harm—a markedly less aggressive phenomenon than her previous ideas.

She knew furthermore that she was projecting her own conscience on to her neighbors.

Her improvement now became more firmly grounded. Though she was not entirely free of self-reproach, she projected less, and she reproached herself for having made herself ill, saying that her illness was her own fault, in which we still see traces of her original delusion but much attenuated. She said, "I cannot forgive myself for becoming ill", but her illness in its original form was overcome. She was able to read the newspapers, including the court news and the police reports, without anxiety, no longer identifying herself with the murderers. Her superego was in harmony with her previous obsessional character and with the strictness that had forbidden all pampering of herself. Occasionally a vague unrest arose within her and she had to say, "But you have a clear conscience".

An obsessional-neurotic symptom appeared at this stage. The patient stated that she dreaded making an error while writing, and she had a compulsion to keep every letter or card for several days before mailing in order to reread it several times for possible errors. The sense of guilt, as we see, appears again but not expressed in the identification of being a murderess; instead, the ego-superego relationship appears as a doubt. The uncertainty, Is my superego stronger than my ego? Am I a murderess or not? is no longer projected, and object relationships are wholly untouched by it. It is displaced to an unimportant matter, the writing which might betray her. This symptom lasted only two or three days, then disappeared, to recur at intervals for a short while.

The patient's other symptoms also gradually disappeared, including her chronic constipation. From November 13, 1931, on she received no insulin and remained free of symptoms except for the short periods of obsessive doubt recorded above. In the spring of 1932 she received a prophylactic series of twenty insulin injections. The minor symptoms, fears of being under suspicion, self-reproach, etc., also disappeared and she was discharged as cured.

It may well be asked why this story of a nonpsychoanalytic therapeutic procedure should be reported in such detail. Its justification lies in the mental changes that took place. Essentially they were the same in both cases. In the first case, where there was a hysterical character, the illness developed more acutely, and the depressive idea formed by identification with a friend who had committed suicide was immediately relieved through a projection; during the treatment of her hyperthyroidism her anxiety and guilt feelings diminished and her phobia disappeared.¹

The second, more complex, case consisted in a chronically progressive hyperthyroidism in a woman with an obsessional character. The sense of guilt, originally expressed in a minor matter, found expression in the acute worry over the housing situation. But this attempted rationalization was not suited to the intensity of the aggression, corresponding to which there then arose the delusion (*a*) "I am a murderess", altered during treatment so that it became in the second phase (*b*) "I am not a murderess; they think I am",—a projection which occurred when the libido was increased and the ego structure correspondingly changed. With the diminution of her physiologically determined anxiety, the delusion and the projection waned, so that in the third phase there appeared (*c*) "I am not a murderess, but people might ask why I have a bad conscience", and later (*d*) "I am angry because I have tortured myself with such unnecessary thoughts".

Here her sense of guilt is referred back to her own superego, which, now grown less severe, no longer reproaches her with murder but with having caused her illness. Hence in this patient in rapid succession we may observe three different mechanisms of defense:

1. identification—the depressive idea,
2. projection—the paranoid idea, and
3. displacement—the obsessive doubt.

¹ In the clinic she had been treated with phosphorus preparations; I administered hormonal preparations—thymoglandol and insulin.

It is my impression that in the course of the illness just described these are correlated with different ego cathexes. The greater the anxiety and the aggression, the weaker was the ego: so that the very weak ego was overwhelmed in the identification; the more strongly libidinally cathected ego could defend itself by means of projection, maintaining a better relationship with the environment and objects; and finally the still more strongly cathected ego fought out the conflict with its superego in an obsessional neurosis.

The displacement could be observed more clearly in the relations between id, ego and superego that were manifest in the form of resistance to repressed material. In the beginning, totally incapable of appreciating her own aggressive tendencies, the patient's first advance was marked by her ability to entertain hostile ideas consciously. Her severe anxiety too prevented the emergence of any but conscious material; but under insulin therapy the patient finally was able to see the origin of her aggression and hatred in her early relationship to her mother. Thus, she dreamed:

"Mother did something bad. They wanted to arrest her and she was frightened and hid. She heard steps and said, 'Now they are coming!' I noticed that it was the waitress and reassured her, saying, 'I'll keep them away!' Then my mother's father appeared and I said to him with joy, 'I am quite free from guilt. I always have the best possible conscience. Only mother hasn't.' Afterward I dreamed I was pregnant; the doctor came and I went through labor and had a boy."

Even the patient recognized in this dream what she had previously not been able to admit—that she was blaming her mother and knew how much her mother was to blame for her ambivalence and conflict.¹

¹ In his essay on the sexuality of woman (*This QUARTERLY* I, 191). Freud writes ". . . that this early dependence on the mother has in it the germ from which a woman may later develop paranoia. This germ referred to is apparently the surprising but typical fear of being killed (eaten up) by the mother". The analysis of this dream actually brought out this original fear of the mother.

Hence, reconstructing the development of the patient's illness, we find that she originally felt that her mother hated her; then she repressed her reactive aggression, "I do not hate mother, but she hates me; I love her", and "I must love her, though I have reason enough to hate her". The patient's obsessional character developed on the basis of this ambivalence-conflict; and because of her endocrine imbalance her acute depressive psychosis superseded her obsessional character.

The dominant symptom in the clinical picture is thus determined by the type of defense mechanism which the ego can employ against the destructive forces of the superego (Helene Deutsch). The patient was keenly aware of her conflict, and very precise in her formulations; she would often declare, "My ego is weak today and cannot protect itself". Freed from the need to accuse herself of murder, she perceived the unburdening and strengthening of her ego.

It would be well to specify on what the ability of the ego to defend itself depends. In the two cases here reported the impression is that the defensive forces available for mobilizing against aggression depend upon the intensity of the free-floating anxiety to be overcome. The question then arises, What determines the strength of this anxiety? The second case is instructive in this regard, for the anxieties of the different phases could be studied separately.

In the most severe stage of her illness, when the aggression was most intense and directed against her ego, the anxiety attaching to the fear of conception and her narcissistic anxious self-observation represented some aggression directed outward, and this anxiety and aggression did not disappear until endocrine therapy had increased her heterosexual libido. These two symptoms were directly related to her bisexuality; and the heterosexual libido then available was being employed to neutralize the aggression and the anxiety. Hence therapy fortified the ego in two ways: it diminished the aggression and anxiety, and increased the quantity of ego libidinal cathexis. The fate of the aggression, and the outcome of the attempt to

overcome anxiety, therefore, depend not only on the intensity of the aggression but also on the heterosexual libido value of the orgasm. If the orgasm is effective, aggression and anxiety are opposed by a strong ego and the resulting defense has a different structure.

By means of hormonal medication, we succeeded in increasing the heterosexual libido, establishing a new ego structure, and were able to demonstrate the mechanisms inferred in a different manner by psychoanalytic studies. It was found that heterosexual libido, even with the possibility of normal orgasm, still did not bind all the anxiety, for in the latter part of the treatment this affect continued to make its appearance, when it seemed to represent the inwardly turned hostility. Whence, then, arose this anxiety?

Psychoanalysis has never asserted that all anxiety is due to psychic situations. On the contrary we are accustomed to seek the source of anxiety in a stasis of the libido; the somatic factor is always given first consideration in a discussion of anxiety. Freud in his first studies assumed that the anxiety was a direct modification of libido, although he later came to believe that the anxiety develops in the ego as a reaction to the disturbance in the instinctual life. Yet, ignorant as we are of what constitutes "libido stasis", we may believe that it has a different endocrine basis in different cases. In our second reported case, a more specific form of libido stasis has been demonstrated more precisely than has been possible previously. In the cases here presented, an increased thyroid secretion, through irritation of the vegetative nervous system, particularly the sympathetic, produced anxiety and nervous symptoms; but in other cases research demonstrates that Graves' disease represents a disorder of several glands—an obvious fact considering their mutual dependence.

In view of the physiological antagonism between thyroid and ovaries (see Peritz [9]), manifested in cases of hyperthyroidism either as sexual inhibition and frigidity or sexual excitability (but with vaginal frigidity), or as dysmenorrhœa, and the clinically important manifestation of the antagonism in Graves'

disease, it may be interesting to refer to recent experiments that appear to explain more fully the physiological process by which thyroid hyperfunction leads to ovarian dysfunction. The experiments of Lundborg show that normally the ovaries contain a thyroid-inhibiting substance; accordingly they inhibit thyroid and sympathetic system. Leopold and Lundborg have shown that thyroid and gonads affect each other reciprocally; Zawadowsky that thyroxin is absorbed in the ovary and that its overproduction paralyzes ovarian function. (All cited by Peritz [9].) This latter finding serves to explain why female sexual functions, including many mental ones, are inhibited in this disorder.

In the cases reported in this paper the inhibition of ovarian function so altered the hormonal status as to disturb the bisexual equilibrium, and made the male hormonal action more conspicuous, although uncertainty attaches to their seat of origin in the female, and there is reason to doubt whether they are specifically the ones that produce stasis. Psychoanalytically it is known that certain symptoms are directly due to stasis based on bisexuality, and that a certain increase of aggression and anxiety has the same source.

Accustomed to link maleness with activity and femaleness with passivity, we could assume that an increased production of male hormone would result in an increase of aggression. However, it is conceivable that this would be true only if in addition to the bisexuality there is for any cause a defusion of instincts.

A third case may be of interest. A young woman had been under analysis for a long period of time because of an obsession that she might strangle a man—any man, possibly the one who might have become her future husband. As a result of the treatment she had married and had a child, but remained frigid during intercourse. After the birth of the child she went through a severe organic illness, and as a result of her physical exhaustion her mental illness recurred in a severe form. She developed hostile impulses against her husband and child, reacted to this aggression with marked anxiety, feared her own

ability to cope with them and was stricken with a strong sense of guilt.

As in the previous cases, the Hirsch test was performed, and showed a greater lytic value for testes than for ovaries. Therapy was based on an attempt to improve the ovarian function.

During the treatment much psychoanalytically interesting material came to light. With the increase in libido there was no relief; but often with the general mental laxness aggressive tendencies also were produced. Observation revealed that the patient became anxious whenever the libidinal pressure was frustrated or disturbed by aggressive impulses. The impression was that in this case an increase in the quantity of tension immediately brought about a defusion of instincts and that the liberated aggression was transformed into impulsion and anxiety.

In view of the small doses of the endocrine preparations that brought about these psychic reactions, it might well be asked whether there was a quantitative or qualitative correlation between the two. In the New Series of Lectures on Psychoanalysis, Freud expresses the hope that our advancing knowledge of endocrine action will furnish us the means of successfully dealing with the quantitative factors in disease. The cases here reported may possibly exemplify this statement. Mindful of Freud's feeling that endocrinology, our biological neighbor, will some day overtake us, we may say from our observations that our "good relation" with this neighbor is just beginning; but that it will be the psychoanalytically schooled observer, capable of distinguishing the fine points of mental life, who will be best equipped—better indeed than the laboratory man—to observe the effect of hormonal action.

It was not stated above which we thought primary, the anxiety or the aggression. Both appeared at the same time. Consistently with Freud's theory of anxiety as a danger signal warning the ego of instinctual tension, it might be assumed that due to endocrine tension or irritability of the autonomic nervous system there occurs a defusion of instincts with the

liberation of aggression and a consequent danger signal, namely, anxiety. Psychoanalysis has shown that symptoms, indeed fantasies and sublimations, are used to overcome anxiety; could it not be stated also, to overcome aggression? May not the anxiety be decreased, metapsychologically speaking, because the aggression is bound? Or if the converse is the case, can it not be that aggression and anxiety are connected as though they were functions of one another?

In our second case, libido and aggression gradually became bound in paranoid, later in obsessional, symptoms. In these new mental structures the libido binds the aggression and with it the anxiety.¹

Summary

The study of two cases of hyperthyroid psychoses demonstrates that the organically determined anxiety appears in the psyche as symptoms or manifestations involving the destructive instinct. In these cases it is impossible to say whether anxiety or aggression is the primary state; both appear together. An increase in heterosexual libido in both cases bound the aggression and anxiety, so that libido appeared as an antagonist of the aggression. Concerning the principles involved in hyperthyroid psychoses, it seems to be a new point that the anxiety and aggression produced by a thyrotoxicosis are elaborated by the psychic apparatus to increase the severity of the superego and give rise to a clinical picture of depression. The mental processes follow the same course as those which we have learned

¹ In his essay *Der masochistische Charakter* (Int. Ztschr. f. Ps. XVIII, 1932), Reich criticizes me for identifying the structure-forming process with the death instinct. The discussion above should prove that according to our dualistic conception psychic structures cannot arise from one factor alone. Reich states that in my paper *Todestrieb und Angst* (Int. Ztschr. f. Ps. XVII) I identify the anxiety with the structure that is formed, though my arguments there were intended to prove that anxiety is the motive force in forming symptoms and by no means the same thing as the symptom itself. It is unnecessary to remark here that anxiety is an affect with a dynamic quality, etc., and that we cannot speak of "congealed anxiety". Anxiety itself appears to operate more like an instinct, so that it seems to me to be a psychic representation, or an intrapsychic perception of the aggressive instinct.

from the psychoanalysis of comparable neurotic states. Thus our knowledge of the organic processes at work here throws light upon the analytic material.

Translated by WILLIAM J. SPRING.

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Polysurgery and Polysurgical Addiction

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POLYSURGERY AND POLYSURGICAL ADDICTION

BY KARL A. MENNINGER (TOPEKA, KANSAS)

The propensity of certain neurotic characters for securing repeated surgical operations is a phenomenon even more familiar to the surgeons than to the psychoanalysts. When a patient submits to a surgical operation at least two persons are concerned—the patient and the surgeon. Naturally, unconscious motives determine the surgeon's behavior in operating no less than the patient's behavior in submitting to the operation. A consideration of the unconscious motives of surgeons in general would lead us too far astray, although in passing we may point out the obvious conclusion that surgery is a very immediate sublimation of sadistic impulses. It is true that psychoanalysis, teaching and the practice of medicine may also be sublimated sadism, but less immediate in form.

But if surgery is truly a sublimation and not merely a neurotic disguise, objective factors alone, i.e., the realities of infection, deformity, hæmorrhage, etc., will determine the decision to operate, so far as the surgeon is concerned. Unfortunately, even the most superficial inspection of surgical practice must dissuade us from this optimistic view. Leaving aside all secondary conscious motives for operating other than those provided by reality, we realize that much surgery betrays evidences of being undisguised sadism.

Certainly there is nothing in the practice of medicine so barbarous and so fraught with psychological danger as the prevalent custom of taking a child into a strange white room, surrounding him with white-garbed strangers, exhibiting queer paraphernalia and glittering knives and at the height of his consternation pressing an ether cone over his face and telling him to breathe deeply. The anxiety stimulated by such horrors is probably never surpassed in the child's subsequent life. Also the way in which surgery is proposed to

children and the reasons advanced for it by the surgeon frequently betray the surgeon's own neurotic motives. Within a month I have observed the incident of a surgeon telling his own son that unless he behaved better in school he would take him to the hospital and cut his insides out. If such a surgeon would tell his own child this, one can only imagine what his surgical work really means to him and what he would tell patients.

In this same connection I should like to cite briefly an incident in the life of a three-year-old boy, recalled by him 25 years later when he was recovering from his third attack of depression under psychoanalytic treatment.¹

"I remember very distinctly", he said, "that a slight rash or eczema came on my penis and my father accused me of masturbating. The next day my mother was taking me to see the family physician when we met a woman neighbor. She asked us where we were going and before my mother could reply, I said, 'We're going to the doctor to have my punanny cut off.' " The details of the hospital operation (circumcision) which followed remained vividly in his mind as a scene of intense horror and fright. Many years later when he had his first attack of depression this experience seemed to him to be reenacted. His family physician asked him if he had been masturbating; he was brought to our psychiatric hospital where for days he remained in a mute, fearful state, expecting to be castrated for his sexual sins. In his analysis he described how his first treatment in our hydrotherapeutic department revived his memory of his childhood trauma. He saw again the ghostly, white-gowned attendants and thought that he was again to be operated upon by them. The sleep in the pack represented the anæsthetic and when he awoke he anxiously examined his genitals expecting to find himself castrated.

But it is only fair to look at the other side of the picture. Many surgeons are keenly aware of the psychological factors that enter into their work and the most bitter denunciations of

¹ For this material I am indebted to Dr. Margaret Ribble, formerly of our clinic.

surgical cruelty and the unnecessary operations have come from the surgeons. I recently heard with astonishment an influential middle-aged surgeon, of whose interest in psychoanalysis I had not the slightest knowledge, express himself at a medical meeting concisely but clearly, on the subject of gastric ulcer:

"I have operated upon a great many cases of gastric ulcer. Except in the case of hæmorrhage or perforation I shall never operate on one again. I have come to realize that these things are caused by something in the patient's subconscious mind and you can't get things out of people's minds with surgery. You've got to get it out with psychoanalysis."

I shall not pause here to discuss the scientific merits of this surgeon's attitude. I use the illustration only to show that the surgeons themselves, at least in some instances, recognize that psychological surgery has a function which to some extent may supplant the operative surgery upon which medicine has hitherto so completely depended.

Psychiatric and surgical literature contains many reports of psychoses directly precipitated by surgical operation,¹ and while they are not so frequently reported, all of us know of many neurotics who date their symptoms from an operation. I can vividly recall my own feelings of disapproval when patients would come on account of long-standing neurotic or recently crystallized psychotic conditions with a history of having gone to one or more surgical clinics to be successively relieved of teeth, tonsils, appendix, ovaries, gall bladder, etc. We visualized, I think, a defenseless, suffering, distracted victim, snatched at by meretricious, or at best, overenthusiastic surgeons, who, whether for money, prestige, or honest conviction applied a mutilating treatment which only added a further burden to the woes of the afflicted one. This was in the days before I, at least, realized, as I think many of us have now come

¹ In one instance, which I have reported, it seemed quite clear that the depression which developed immediately after the operation seemed to replace the suffering previously caused by the duodenal ulcer which was successfully removed but which for ten years had afforded the apparently necessary suffering. (Menninger, Karl A.: *The Amelioration of Mental Disease by Influenza*, op. cit. infra.)

to do, how frequently the neurotic patient forces himself upon the surgeon, demanding the operation either verbally, or, as is more often the case, demanding it in some physiological way. We all know the facility with which the hysterical patient can produce symptoms which gratify his unconscious needs and if that need can be further gratified through a surgical manipulation, the means will not fail him to bring about a condition which even the most conscientious surgeon will be inclined to regard as indicative, if not imperative, of surgical interference.

Instances of repeated operations excite varying reactions of sympathy, suspicion and ridicule in proportion to the transparency of the unconscious motives for the polysurgical demands. They cannot always be labeled unnecessary operations because such patients are very often able to make the particular operation appear to be imperative. Moreover, there is frequently no doubt about the necessity of the operations, the only question being whether the necessity is a psychological one or a physical one. Such individuals dominated by the repetition compulsion, return again and again for more surgical castrations; Jelliffe, for example, refers to a woman whom he saw at the age of 21 who had already obtained for herself 28 different operations on different parts of the body. Perhaps one is therefore justified in describing this phenomenon as addiction to polysurgery.¹

It would not be scientific to leave unrecorded the fact that however unnecessary these operations appear to be from the physiological standpoint and however much in the nature of placebos they may seem to be, they not infrequently achieve therapeutic results. Freud points out in *Beyond the Pleasure Principle* that organic disease or injury often relieve traumatic neurosis, depressions and schizophrenia by binding the unmanageable quantities of libido stimulated by an unprepared-for

¹ Needless to say, I do not refer to or include instances of skilful two or three stage operations or to the frequent operations necessary in certain bone diseases and plastic surgery where the greater the skill of the surgeon, perhaps, the more attenuated and gradual the technique.

stimulus.¹ He might justifiably have added, in the same tenor, surgical operations. It is the disturbing experience of every psychiatrist to have treated a psychiatric case without success only to have the patient get well promptly after an operation which the psychiatrist did not believe was necessary or even advisable; indeed, sometimes performed by a quack or an irregular surgeon because more conservative and conscientious surgeons had likewise felt it inadvisable.

Jelliffe, in a recent stimulating article,² cites a case in which a protracted analysis was only brought to a successful conclusion after the patient had obtained for herself a final surgical attack. It would be just as unscientific for psychoanalysts to deny the psychotherapeutic utility of surgery as for the surgeons to deny the psychotherapeutic value of analysis. What we must do is to evaluate more accurately the real significance of the surgical operation which, of course, entails a consideration of the whole problem of somatic conversions.

The most luxurious opportunity for the indulgence of polysurgical wishes is to be found in plastic surgery where the patient undergoes two, four, ten and even twenty successive operations on the same part of the body. I have been particularly interested in the work of the plastic surgeons through the suggestion of one of them that his results were achieved as much psychologically as mechanically. It is very striking in studying the surgical literature that the plastic surgeons themselves recognize "a morbid neurotic craving on the part of the patient to have something done" to correct a defect which they rarely evaluate objectively. Blair and Brown³ for example, advise caution in the correction of slight defects to which the individual seems to attach an exaggerated importance. They mention many cases in which the operation was clinically suc-

¹ See Menninger, Karl A.: *The Amelioration of Mental Disease by Influenza*. J. Amer. Med. Assn., 94:630-634. 1930.

² *The Death Instinct in Somatic and Psycho-Pathology*. The Psia. Rev. XX, 1933.

³ Blair, Vilray Papin, and Brown, James Barrett: *Nasal Abnormalities, Fancied and Real*. Surgery, Gynecology and Obstetrics LIII, 797-819. 1931.

cessful but the patient remained as dissatisfied as ever and they also mention cases in which the clinical result was not successful but it appeared to satisfy the patient surprisingly well. On the whole, one gathers from the literature that the surgical correction of facial deformities usually results in a gratifying improvement of a patient's mental condition.

The impression of clinicians, both surgeons and psychiatrists, seems to be that surgery may sometimes result in the relief of a neurosis or a psychosis but that such a result is, in the first place, inconstant, and in the second, transitory in its effects. The latter assumption is probably not always true. All we can say at present is that we have insufficient data upon which to conclude how frequently surgical operations avert or relieve mental illness.¹

I once had a patient with an hysterical aphonia who had three times been cured of it by a major operation and who still insisted that nothing else would cure her. Every imaginable type of psychotherapy except psychoanalysis was tried in vain, and she could find no surgeon, on this occasion, who would risk his reputation by operating for no other than a psychological reason. Since then I have had the opportunity to study several similar patients psychoanalytically. In addition, I have paid particular attention to psychiatric cases passing through our clinic in which surgical operations have entered into the previous treatment. On the basis of data obtained from these cases I have tried to formulate some conclusions as to the prevalent motives and mechanisms in them. These I shall submit, together with brief excerpts from the clinical material.

1. One of the obvious unconscious motives for which a surgical operation is chosen by an individual is *to avoid facing something else which he fears more* than he does surgery. Of course, this same motive of flight from the unpleasant and, on a deeper analytic basis, bribery of the conscience, also finds

¹ Of course there are many recorded instances of mental illness being *precipitated* by surgical operations. See, for instance, a recent intelligent account by P. P. Barker: *Neuropsychiatry in the Practice of Medicine*. U. S. Vet. Bureau, Med. Bull. VII, 571-582.

expression in many nonsurgical illnesses. But the peculiar advantage of a surgical operation is that a third party is brought in and made to assume the responsibility. As I write these lines I am reminded of the reason for this vacant hour. A patient has telephoned that she has had to have a minor operation on her ear and although she protested that she felt well enough to come for her analytic hour, *the surgeon* would not hear of it!

Recently a patient of ours who had been engaged to a professional man postponed her wedding date for the fifth time. This exasperated her fiancé and he insisted that she come to us for examination. The history recited many attacks of typical anxiety hysteria with much rightsided abdominal pain. Time after time she had been examined by physicians who were in doubt as to whether or not to operate. The leucocyte count was occasionally as high as 12,000 but it must be added that the following day it would fall to normal. (Cases of feigned appendicitis have been reported in which even the fever was not lacking.) Finally the patient actually begged for an operation and it was performed. Her attacks of panic and pain in the right lower quadrant were relieved only, however, until the approach of the postponed wedding date. Then they all returned and again she insisted upon going to a hospital. In such a case it is quite evident that the demand for surgery is only a choice of the lesser of two evils as a way to escape a heterosexual relationship which her infantilism made it impossible for her to face. Other motives contributed but this one was conspicuous.

All psychoanalysts are familiar with the following phenomenon: A patient is referred by a physician for a neurosis of long standing. It is discussed with him and psychoanalysis recommended; the patient concurs in the idea that this is the only satisfactory treatment, decides that he will make arrangements to undergo it and suggests that he go home, arrange his affairs and return to begin his analysis in sixty days.

A few weeks later a letter comes from his physician stating that the patient whom he had sent us and who was planning to

return for treatment had unfortunately been taken with an attack of appendicitis (or gall stones, or hyperthyroidism or hæmorrhoids) and will have to have an operation. Dr. Franz Alexander, in a personal communication, tells me that he has come to look upon this as an almost regular prelude to the analysis of individuals of certain types. Very often after convalescing from the surgical operation they come on for analysis anyway, but not always.¹

That flight into a surgical operation is sometimes an attempted flight into health is strongly suggested by such cases as the following: A university student of twenty-three who had twice been chosen on the all-state football eleven began to feel uneasy, vaguely disturbed, incapable of grasping his lessons and sleepless. After some months of distress he left school and demanded that his parents take him to several doctors. They could find no physical basis for his illness and told him so. Subjectively he seemed to grow worse. He demanded that his tonsils be removed. A physician thought it unnecessary. He insisted and it was done. Thereafter he felt distinctly better for a month or so, after which the same symptoms recurred and continued to grow worse until at his own suggestion he was brought to our psychiatric clinic; we found him to be definitely schizophrenic.

In such a case I think it would be erroneous to assume that the operation aggravated the illness; I think we may take the patient's word for it—and that of the relatives—that it partially and temporarily relieved him. I think we may assume that it represents a frantic effort at staving off the mental dissolution by an attempted flight back to health by way of surgical sacrifices. The deeper meanings of the operation we will discuss later, but here I wish only to stress the fact that the unconscious may grasp at the surgical operation to escape mental disease as well as to escape mental treatment. I have cited this case only

¹ In one instance which I observed, the patient obtained an appendectomy before his analysis. Near the end of the analysis he developed (again) attacks of severe abdominal pain reminiscent of his old "appendicitis".

because it is brief. I have carefully studied numerous others in which not one but repeated operations are sought by the patient prior to a complete surrender to psychotic regression. This is in line with the suggestions of Sullivan and others that the personality threatened with disintegration grasps frantically at various neurotic compromises in order to avoid the catastrophe of psychosis.

2. A second motive which determines the choice of surgical operations, as it does also the choice of medical, religious, athletic and other relationships, is dependent upon a (father) *transference*, in this instance to a strong dynamic surgeon. The incisiveness, firmness, strength—one might almost say ruthlessness—of the surgeon, and the general mental and physical superiority common to so many surgeons cannot but be of great influence in the unconscious choice of the neurotic patient. To this one must add the sadistic-masochistic complex which undoubtedly strengthens the transference (positive and negative) to such surgeons for some patients. To those who crave the love of a father and will submit even to surgery in order to obtain it, we must add those whose acceptance of love from the father is conditioned by masochism such that they can only accept love from a father which is conveyed in the form of pain. It is well known that some of the most successful surgeons have been the least noted for the tenderness of their clinical approach.

One of my patients had a series of nasal operations which he is now convinced were totally unnecessary except that they enabled him to continue to be the chief object of his father's solicitude and anxiety. "I remember to this day", he said, "how the blood which seeped from my nose after the operations seemed to fill my father with loving apprehensiveness which more than paid for the pain of the operation and was infinitely better than the beatings I had formerly had."

3. That operations are sought by both men and women to fulfil an ungratified infantile *wish for a child* would also seem

to be strongly indicated,¹ particularly where the Cæsarian section theory of birth has been well developed. In my experience this is apt to coincide with the denial of the vagina which Karen Horney has recently so clearly expounded.²

I once had as a patient an adolescent girl with conversion hysteria whose symptoms were that many times a day she would try in vain to move her bowels, insisting that there was something in her abdomen. Most of the time, of course, she would be unsuccessful. Then she would demand an operation. I shall not give all the details except to mention that shortly before this she had had an erotic experience with a boy, had seen a calf born and thought it came through the cow's rectum and had known that a relative went to the hospital to have a baby. Obviously her theory was that she had a baby within her which must come out through the rectum or else through the abdomen and if she couldn't expel the fæcal child she must have a Cæsarian operation.

A more carefully studied case was that of a woman who had been operated on thirteen times in thirteen years. From the earliest recollections of her childhood she had wanted babies above all things. She had wanted to have ten children; for reasons that I shall not go into now it was impossible for her to have but one. As a girl, she too had confidently believed that babies were born through operations. Therefore, she concluded that the man most likely to give her a lot of children would be a surgeon and she married a surgeon. And then,

¹ Nearly thirty years ago this was recognized by Freud as indicated in his account of the treatment of "Dora". An attack of "appendicitis" had occurred shortly after the death of an aunt of whom she had been very fond; there had been high fever and pain in the abdomen. Dora had previously read about appendicitis (and perhaps also about sexual matters) in the encyclopædia because a cousin of hers had been reported ill with it and Dora developed just the symptoms she read about. They occurred, furthermore, just nine months after an episode in which she received improper proposals from a man whom, it afterwards developed, she secretly hoped might marry her and for whose real children (by his real wife) Dora cared and whom she loved tenderly. It was clear, Freud pointed out, that the appendicitis was the realization of a childbirth fantasy.

² Horney, Karen: *The Denial of the Vagina*. Int. J. Ps-A. XIV, 1933.

year after year, she developed symptoms which made it necessary to have a surgeon perform operations, most of them abdominal sections.

"I see now", she said, "that I was simply trying over and over again to have a baby according to the conceptions that I had held as a child." The most amazing thing about this case is that twice the operation actually did discover an unsuspected ectopic pregnancy! In other words, this woman's infantile theory that the baby must come out of the abdomen instead of the womb was twice correct!

Not only does the woman obtain a child in this manner, a child for whom she has to suffer extremely, because of the guilt associated with it (i.e., because in fantasy it is a child conceived of the father), but also she obtains by this painful means the longed-for and coveted penis. Later I shall indicate how the surgical operation serves as a castration, a taking away of the penis, but in the case just cited it was clear that the surgical operation served also as a means of obtaining a penis.

Perineorrhaphy, in particular, seems to serve this function. It is striking how often this operation is justified by both the surgeon and the patient in some such words as these which I heard quoted the day I wrote this: "He said she would never have her health until she got herself fixed up down there", referring, of course, to a perineorrhaphy but in the unconscious mind of the patient hinting at a restoration of the lost penis, or a surrender of the guiltily acquired fantasied penis. (See next section.)

4. This leads directly to a fourth type of satisfaction derived from the unconscious wish for the surgical operation, namely the *wish to be castrated*.¹ In such a wish we must recognize at least two elements: (1) the need for punishment, and (2) the erotic capitalization of it (masochism, exhibitionism, etc.). The form of punishment which accomplishes this double gratification with the greatest economy is castration. In submitting

¹ More specifically—the wish to be relieved of anxiety by submitting to castration.

to castration a person pays the penalty for his crimes (the wish to castrate his father, the wish to cohabit with his mother, and masturbation as an equivalent of both) and at the same time he emasculates himself, i.e., converts himself into a castrated or feminine person so as to be more capable of receiving love from the avenger.

That patients frequently actually demand castration, although usually in the sense of testicle removal rather than in penis amputation, is attested by much clinical material. In line with our theme of multiple surgery I should like to refer to a case which came under the observation of Dr. R. M. Brian of the Topeka State Hospital.

This patient first persuaded surgeons to remove the epididymis on one side, later that on the other side; later still of one of the testicles and finally the other testicle. This seems to me to be a clear acting out in a less disguised form of the polysurgical addiction.

How it may be rationalized by the *patient* appears clearly in the following case for which I am indebted to Dr. Henry Shaw of Harvard.

A rather brilliant young scientist was determined to accomplish certain researches, in pursuit of which he felt his erotic impulses to be a most unwelcome distraction. He ascribed his inability to complete his studies to the intrusion of these carnal desires. It is a surprising fact to record that he was married, and his sexual inclinations had reference neither to masturbation nor to prostitution but to legitimate cohabitation with his wife.

The young man concluded that if his testicles could be removed his sexual desires would abate and he could then accomplish his great purpose. Accordingly he consulted various surgeons petitioning them to perform this operation. One of them agreed to do so if it were recommended by a psychiatrist. But no psychiatrist could be found who would approve of such focal self-destruction. Finally, however, a surgeon was found who performed the operation, to the patient's great satisfaction; he recounted afterwards his great

feeling of relief when he was actually shown his own severed testicles. The sequel to the story is rather astonishing; his virility was, curiously enough, not lost, in spite of the operation, but he came to regret exceedingly his emasculation when, having divorced his first wife, he desired to remarry and have children. His researches were, of course, not furthered.¹

How it may be rationalized by the *physician* may be discovered by reference to the current medical literature; in the Index Medicus castration is even recently reported as a form of therapy for neuroses, perversions, sexual crimes, sexual abnormalities, mental diseases and even tuberculosis.²

In psychotic cases self-castration is very common and the request that someone perform the castration is no less so. In the neuroses the same thing occurs except that the request is more subtly disguised and the self-castration is indirectly achieved, for example by impotence, financial failure, marital disaster, etc.

¹ The literature contains several references to similar instances: this one, for example, reported in 1843 (Chowne: *Castration for Neuralgia*, London Lancet I, 131). A man of 33 ascribed "great bodily weakness and great mental depression" to "an irritable testicle". He went to various physicians for treatment, demanding operations. One testicle was removed in 1841; he improved, then developed similar symptoms in connection with the other testicle which he finally succeeded in having removed in 1842. Again he improved for a short time, only to be oppressed again by the same pains, weaknesses, exhaustion and depression of which he had complained in the first place.

The author remarks that it appears extremely probable that the man's symptoms prior to the operation, as well as afterwards, were the result of "a morbid state of mind". It says nothing of the state of mind of the surgeons whom he inveigled into performing the operations.

² Mühsam, R.: *Effect of Castration on Neurotics with Sexual Disturbances*. Deutsche med. Wchnschr. 47:155. 1921. Bricker, F. M.: *Effect of Castration on Clinical Course of Tuberculosis*. Ztschr. f. Tuberk. 40:198-202. 1924; ab. J.A.M.A. 83:725. 1924. Kartal, S.: *Results of Castration of Male in Treatment of Perversions* (Exhibitionism, Homosexual Practices, etc.). Arch. f. klin. Chir. 155:324-335. 1929. Boeters: *Advisability of Castration of Sexual Derelict* (Exhibitionist). München. med. Wchnschr. 76:1683-1685. 1929. Bohme, A.: *Psychotherapy, Psychoanalysis and Castration as Measures to Prevent Sex Crimes*. München. med. Wchnschr. Pp. 1580-1584. 1930. Meyer, E.: *Castration as Therapeutic in Mental Diseases*. Ztschr. f. psych. Hyg. IV:84-87. 1931. Nitsche, P.: *Castration: Therapeutic Effect on Sexual Abnormalities*. Allg. Ztschr. f. Psychiat. 97:168-188. 1932.

What we have to remember, however, is that this wish to be castrated is not, as many psychoanalytic writers carelessly assume and even state, identical with self-destruction. It is precisely the antithesis of this. It is the wish to *avoid* death. It is offering up the penis as a sacrifice in place of the total personality. This is why the patient threatened with a psychosis seeks an operation and why a boy worried about masturbation goes to a urologist for circumcision. Just as the circumcision is a sacrificial offering tendered in lieu of the entire genitals which the boy fears will be taken from him because he has masturbated, so offering the penis is a sacrifice to propitiate the self-destructive tendencies. It is a substitution of local self-destruction for total self-destruction. It is a last minute attempt at saving the whole by sacrificing a part. This explains why it can be so successfully erotized masochistically—it is actually an opportunity for the triumph of life instincts, not of the death instinct.¹

Recently a psychotic patient who came to us in an acute anxiety over his masturbation reproached his father in these terms: "My father sinned against me because he did not have me circumcised. If he had done so I would not have masturbated. If I had not masturbated then I would not have lost everything." "Lost everything" meant, of course, "lost the penis".

This can be interpreted to mean, I believe, "If my father had accepted the smaller sacrifice I would not have had to pay this greater price of psychosis, confinement, disgrace, etc." It is only a more advanced degree of the same thing when the psychotic patient says, "Cut off my penis, castrate me, or I cannot live."

Another patient undergoing psychoanalysis made almost the same reproach against his father who was a doctor. Because this surgical punishment (circumcision) was denied the patient proceeded to secure other types of punishment for himself, including several operations.

¹ For an analytic study of the service of an operation in filling the subjective needs of an individual see Oberndorf, C. P.: *Submucous Resection as a Castration Symbol*. Int. J. Ps-A. X, 1929.

Through the courtesy of Dr. H. L. Updegraff, of Hollywood, California, a plastic surgeon, I had an opportunity to study superficially several of his patients in some of whom the mechanisms seemed to be quite accessible. One was a school teacher of 40 who had never married although she had had opportunities to do so. Her childhood sweetheart with whom she had been on terms of exhibitionistic intimacy appeared after 15 years absence and importuned her to marry him. She applied under an assumed name to the plastic surgeon for reconstruction of the labia, complaining of intense discomfort due to a slight enlargement, extreme pruritis and a fear of developing malignancy. In the course of the consultation, however, it came to light that she felt great guilt over her masturbation. She had read somewhere that one of the results of masturbation was enlargement of the labia. The childhood sweetheart, she thought, would discover her guilt in this way, and so, after a severe mental conflict, she had applied for aid to the plastic surgeon. A minor removal of the excess tissue gave her complete relief, both mentally and physically.

It remains to discuss how this cutting-off process can be still further displaced so that organs of the body become the sacrificial offering. We know Ferenczi's brilliant suggestion that somatic conversions seem to serve as genitalizations of different parts of the body, and just as the penis may be offered to save the total body, or the foreskin offered to save the penis, so other more remote organs of the body may be offered, as it were, to save the foreskin—of course, more accurately, a substitute penis to save the real penis. As Freud has said, we do not know exactly how it comes about that other organs become genitalized psychologically, but our clinical experience indicates that this is what happens.¹

¹ Alexander (*The Psychoanalysis of the Total Personality*. New York: Nervous and Mental Disease Publishing Co., 1930) puts this as follows: "The neurotic rids himself of his inhibiting fear of his superego through self-inflicted punishments (which are) symbolic castrations. Instead of rejecting certain instinctual urges . . . the neurotic ego inflicts upon itself . . . punishments . . . and having suffered sees no further reason for denying itself instinct gratification." These symbolic castrations, oral and anal, are

A Jewish merchant¹ came to a plastic surgeon to have his nose reconstructed, not because of its Semitic character, but because it had been injured in childhood so that it gave him, as he thought, a pugilistic appearance which he believed intimidated his business associates and was in direct antithesis to his peaceable proclivities. The operation was successful and he was much relieved of feelings of anxiety and "isolation" from which he had previously suffered. This patient was very coöperative in an effort to analyze these factors and told me spontaneously that just preceding the operation he had had a dream that it had already been performed and had rendered his nose larger and uglier so that he was "hideously deformed". From this one could suspect that the operation was sought by him as a punishment and served him in that capacity.

When I told him this he immediately denied any conscious sense of guilt. A little later, however, in retracing the events leading up to the operation he revealed the fact that he had broken off a love affair with a Jewish girl and begun one with a Gentile girl. He was quite sure, he said, that he had no discomfort from the fact that he was a Jew, that he had no fealty to Jewish traditions. Immediately after his affair with the Gentile girl, however, which may have been an effort on his part to deny or relinquish his Jewishness, he felt a great depression and it was in this depression that he consulted the surgeon in regard to an operation. One can see how, in spite of his conscious feelings to the contrary, he had a strong conflict on the Jew-Gentile question, felt very guilty about his behavior with respect to the two girls, realizing that he had been very aggressive toward both of them, and had sought and obtained punishment, whereupon he felt relieved.

The sense of guilt seems to have a curious propensity in some cases for dissatisfaction, i.e., for demanding the sacrifice successively of one organ after another, and one frequently feels

accomplished through regression, i.e., an increased erotization of non-genital areas of the body, particularly those predisposed by the infantile history, because such castrations are less feared than the actual genital castration.

¹ Seen through the courtesy of Dr. Updegraff.

that there is a frantic effort on the part of the unconscious to find enough sacrifices to prevent the threatened destruction of the whole. All parts of the body may become genitalized, one after the other, so that some individuals literally permit themselves to be cut in pieces. It is these compulsory repetitious castrations that I think are so well represented in the phenomenon of polysurgical addiction.

Every physician sees many instances of the successive genitalizations of the different parts of the body so that the surgical necessity seems to migrate like a metastatic septicæmia. But as a rule, such cases do not come to the analysts because an equilibrium is apparently established so that the unconscious punitive demands are held in abeyance or perhaps because such patients are directed toward psychotherapeutic treatment only after it is too late, if at all.

In one case which I had the opportunity of studying over a considerable period of time there had been four or five attempts at a surgical solution, first on one organ and then on another. Apparently these were not successful, however, in preventing the development of recurrent depressions for which he came to analysis. When thwarted by his mother in favor of a preferred brother this patient had developed a great hostility toward her and punished himself by an unconscious homosexual submission to a very strict father. From the dominance of this father he made a temporary escape during adolescence and had an orgy of rebelliousness, doing all the things that a normal boy would do in the way of masturbation, stealing, heterosexual experiments, etc. He did all these things, however, in a very aggressive spirit, directed primarily toward the father. After a very free life of this sort for several years he one night went to bed with a prostitute in the town that he and his parents had visited when he was a small child at which time he had slept with his mother. He made no conscious association of these episodes then but while sleeping with this woman he woke up from a terrible dream feeling that everything had suddenly gone to pieces. He feared he had contracted gonorrhœa, that his penis had become so small as

to be useless and only a source of humiliation; he had nervous chills, sweating, persistent palpitation, extrasystoles and an overwhelming fear of sudden death. His parents took him immediately to leading heart specialists and internists in several of the larger cities. They were told that their son was seriously ill, that his systolic blood pressure was 240 and that he must therefore cut out alcohol, tobacco, women, work, exercise, and lead a life of simplicity and privation. This he did only, however, to develop a depression. This disappeared with the institution of a series of surgical operations. First his appendix was taken out; the following year a goiter was to have been operated upon but X-ray treatments were substituted as a compromise; shortly thereafter his tonsils and adenoids were removed; two years later—hæmorrhoids. Meanwhile his depression had been held in abeyance but it reappeared with the cessation of the surgery.

Such a case also illustrates how the punishment repeats the crime, i.e., the persistent wish to be castrated carries with it the erotic possibilities of an enforced feminine submission which, in turn, is used for the more subtle purposes of passive aggression. In the case just cited the resignations and self-punishments of the patient were really more costly and more distressing to the father than the rebellion for which they were the atonement, and, moreover, they served the purpose of obtaining for the patient the love from his father which he so much craved, opportunities for exhibitionism, passive submission to the surgeon, etc.—all of them secondary capitalizations or utilizations of the punitive situation.

This capitalization of the surgery for secondary satisfactions was very clear in this patient just referred to. Early in his analysis he had become very mortified over the preoccupation he found he had with his rectum and fæces, ascribed to a pruritus ani. He would scratch himself so much that he would soil his garments considerably and then feel very guilty about this and go to some lengths to avoid having the stain detected by the nurse, laundress, etc. In his dreams this hiding of the

evidence turned out to be also the hiding of the evidence of his passive, homosexual (rectal) wishes.

Many months later he had the following pair of dreams, explaining this guilt about his rectum. On the previous day he had dreamed that he was driving aimlessly about in his car and fell asleep so that the car ran on automatically until it hit a barrier. He remarked that perhaps this related to his being asleep on the job in the analysis, in not taking it seriously enough, allowing himself to drift and, more particularly, to get into certain sexual alliances recently which he recognized to be dictated by his resistances to analysis.

The pair of dreams was: (1) It is as if he were listing on a long roll of paper (which he promptly identified as toilet paper) his earnings since the age of 21. This paper is being rolled up just as Mr. Jones enters the room. Jones is not curious but the patient feels ashamed of the smallness of the total earnings. He realizes he has done little enough since he came of age, but has depended mostly on his father. He is sorry to make such a poor showing before Mr. Jones. Jones stays awhile but goes home before nine o'clock, which is strangely early.

(2) The second dream, he insisted, had something to do with the first one, although the content seemed quite different. An operation **upon his bowels** seems to be immediately imperative. It is suggested that Dr. Leo Stone (one of the members of our clinic who occasionally sees the patient and in whom the patient has much confidence) perform the operation. But the patient feels he prefers Dr. Morgan.

Free associations: "My friend, Jones, is actually such a poised fellow and accomplishes an enormous amount of work. I wish I were like him. He often works ten or twelve hours a day. Doctor, you work too hard. I noticed you were here very late last night. You keep such long hours."

(Do you perhaps identify me with your friend, Jones?) "Yes, undoubtedly; and I'd like to be doing something, like you both do, instead of loafing along here. Doctor, I feel I ought to

pay my bill up so I could be more antagonistic to you, but I just drift."

Here I reminded him of the dream of the previous day in which he had been drifting aimlessly and pointed out the sense of guilt he seemed to feel on account of his passive aggression against the analyst and also against the sanitarium where he had always defeated the purposes of the institution by indifference and inactivity. He immediately saw then the punitive significance of the second dream. "I see that is why I am such a hound for punishment. Even in the dream I thought I had to be operated on and the funny thing is that Doctor Morgan actually did operate on me once—on my bowels, too, because it was for hæmorrhoids.(sic!) My father went with me. There was a gallery of nurses watching the operation and I remember my thoughts as they wheeled me in there. It pleased me to have these girls there, 'because', I thought, 'they will see my genitals'. 'I am an old whoremaster', I thought, 'and I don't give a damn if they see what I have. I want them to see'." (Note here the frank confession of *exhibitionistic satisfactions*.)

"It was shortly after my break-up with Ruth. That was in August." (Ruth was his mistress for many years, the only woman toward whom he ever showed any real affection and with whom he had had an intensive sexual life, stimulated and also interrupted by the fact that she had a husband of whom the patient was much afraid.) "I broke off with her in August because I thought there was nothing else to do and then, as you know, I got married on the second of September to a girl I had only known two weeks. I lived with her two weeks and in October I was divorced from her and returned home. I was so nervous and erratic, I probably was having a manic attack right then. Anyway, my father said I was *non compos mentis* and the two of us (sic!) went to the Mayo Clinic to be checked up. The only thing they found on me were these hemorrhoids. I always thought they probably began one time when I ran off from school and sat on some cold stones to smoke." (Note the fantasy of anal punishment for oral guilt.) "Anyway, these hæmorrhoids were bleeding and a doctor said

they should be removed and this Dr. Morgan was the one that did it. I liked him. I really did. He reminds me of you." (*Note the wooing.*) "Dr. Stone, on the other hand, reminds me of Dr. Simpson, who wanted to operate on my thyroid and would have done so except that my father objected. He was a severe fellow." (*Note the anal castration preferred to oral.*)

I pointed out here that he had evidently elected to have an operation from a less severe physician and seemed similarly now to prefer punishment at my hands, instead of Dr. Stone's, for the passive aggressions against us, because he regarded me as less severe. (Of course, he was also pleading for greater severity from me.)

The following day he came in with some protestations of remorse, relating that he had called up a girl with whom he had been having an affair and had her come to his apartment and had intercourse with her twice, following which he dreamed that some man was in bed with him masturbating him, and he awoke with an emission.

From this I pointed out how the whole episode with this girl had been merely masturbation *per vaginam* and represented an aggression against the analyst which he had the courage to do again after the punishment dream and its interpretation had to some extent alleviated his sense of guilt, together with an acting-out of his masculine protest and the denial of the homosexual allegations.

This interpretation was confirmed by more dreams and activity of the same sort, during the next few days. For example, he dreamed he was lying on the deck of a ship and crossing the lake to Canada but when he got there it was Mexico. He was reminded that in Mexico he saw a man and woman demonstrate sixteen ways in which to have intercourse and he was also reminded of a previous session in which some near-homosexual activities took place on a trip to Mexico and this reminded him of the dream of the day before. He wondered why all these homosexual indications were coming up. I pointed out to him how this was obviously the content of the masturbation, i.e., that intercourse with this girl was,

therefore, also a sexual attack on the analyst toward whom he had expressed some conscious wish that he might be more antagonistic and for which he was inclined to punish himself in various ways, just as he evidently obtained punishment at one time through the means of an operation.

As will be recalled, at that time he was also pretending to be heterosexual (mistress, compulsive marriage and divorce, etc.). A few days later he further mentioned in regard to this mistress that when marriage to her had been blocked by her unfaithfulness, his family's opposition and his fear of her husband, he first developed his suicidal thoughts. The reason for these was not brought out, but the analyst had the impression that the affair with this mistress was also on a homosexual basis, or at least was an acceptable substitute for his homosexual strivings. When he was thwarted with regard to her, he was immediately obliged to have another woman to protect him against his own homosexual wishes, the danger of which appears to have been that homosexual indulgences and submission masked the passive aggressive intent with a murderous objective.

All of this was—temporarily—neatly solved by the operations. He could, via surgery, be punished and manipulated anally, associate with and obey his father, exhibit himself to nurses (mother), avenge himself on the forbidding parents, and withal, prove how much he was a **man**!

At this point I should like to refer **again** to the **woman** of thirteen operations in thirteen years. It was pointed out that she was seeking to obtain a child and to obtain a penis. It is scarcely necessary to add that she was also sacrificing the concealed (introjected) penis and submitting to punishment for her aggressions all at the same time. One of her dreams revealed this most clearly. She dreamed that a vicious cow with a knife in its mouth was violently pursuing everyone who came near; in particular it pursued one person (the analyst) over a porch upon which the person had taken refuge. Time after time it made lunges over this porch (referring to the daily analytic sessions; my office is over a porch). Finally "it fell back on to the knife, and was killed".

She immediately interpreted the knife as her sharp tongue which was worthy of being thus represented. At the time of the dream she had bitterly attacked the analyst for many days and had herself remarked that this was precisely the way in which she had brought about her own marital unhappiness. Her husband whom she confessed to have attacked in a similar fashion she had fallen in love with suddenly at the death bed of her brother whom she had most tenderly nursed but toward whom her analytic material showed she had the most intense penis envy. She remembers that as he lay dying, gratifying the unconscious wish she had had to castrate and kill him, she had the thought, "There is a man who can see right through me", meaning the doctor, her future husband. The idea was "There is a man who knows I want to castrate my brother and to whom I can go for punishment."

This she promptly did, submitting to an operation on a chronic appendix shortly thereafter. She always thought it extraordinary that, although she was engaged to this man at the time, she insisted on paying her bill like any other patient.

Less than a year later she had her tonsils removed. A few months later she developed an ectopic pregnancy. Within the next eighteen months she had borne a child and had submitted to a perineorrhaphy on account of childbirth injuries. Within another three months she had had a breast abscess opened and an infected toe nail removed. Two years later more perineal repair. For years later three impacted wisdom teeth which had caused her no trouble whatsoever were removed at the suggestion of the dentist. (This was the first operation performed by anyone other than her husband.) This operation was particularly severe, causing her more suffering by far than any of the others.

The following year her tonsils were again removed. The next year an abortion followed by a curettage. The next year another ectopic pregnancy and shortly afterwards another abortion and curettage. Finally, just before beginning her analysis, although she is a handsome, well-formed woman, she

insisted that her abdomen was too protuberant and had her husband remove the adipose panniculus.

The analytic material indicated that, without doubt, the driving motivation of her life was the penis envy directed toward her brothers, chiefly toward the one who died. She was the only girl in a family of six. These operations, in addition to the neurotic gratification and their erotic satisfaction, served to punish her for castration wishes against these brothers and later her husband. To "fall back on the knife" is clearly a reference to her polysurgical addiction, the fate that befell her because of her own surgical wishes toward men. Each operation was for her a propitiatory death and she herself commented on how little she suffered, how quickly she recovered and how well she always felt afterwards.

It will be recalled that I introduced the fourth unconscious motivation for compulsive submission to surgical operations, not as the wish to be *punished*, but as the wish to be *castrated*, pointing out that this embraced not only the need for punishment but the erotic satisfactions derived from punishment and from suffering—in short, masochism. To have deferred until last a discussion of this is by no means to underestimate its importance, but, aside from the logical order followed, my reason would be the incompleteness of our knowledge concerning it.

In considering the motives for surgical operations, aside from the objective, surgical purpose, one must distinguish, of course, between the primary or paranoic gain and the secondary or epinoic gains. In the latter category I should class the amenities associated with the hospital experiences, particularly the period of rest subsequent to and sometimes preceding the operation, the solicitousness of friends and relatives, the physical attentions of nurses and the reassurances of the physician. I am not sure, however, that some of these factors may not enter deeply into the primary motivation for the surgical operation, particularly in connection with the wish to receive attention, sympathy and even pity as the only acceptable form of love and the wish to be mothered in one's suffering by solicitous father-

and mother-surrogates. This is an aspect of the matter, the deep significance of which I had overlooked until I heard a paper by Dr. Karen Horney on Female Masochism (read before the American Psychoanalytic Society in Washington, December 26, 1933) and discussed with her a case in which the repeated attention of physicians (including surgeons) had been solicited chiefly, it would appear, in order to give the patient the satisfaction of being pitied for her suffering in lieu of being loved in a more normal way which a sense of guilt prohibited her from asking or accepting.

In another of my own cases cited above the exhibitionistic value of the operation is clearly apparent in the confessed fantasies at the time of the operation—his perineum and genitalia being exposed to the surgeon and nurses. An over-reaction to this is, of course, frequently seen during the pre-operative hours in many patients in the form of shame and apprehensiveness in regard to the exposure. Convincing evidence as to the widespread existence of such hidden satisfactions is to be derived from observing the frequency with which operative experiences are discussed socially, and the success of numerous capitalizations of this—for example, in Irvin Cobb's *Speaking of Operations* and in one of Eddie Cantor's pictures (and the corresponding play *The Nervous Wreck*) in which two men vie with each other in displaying their surgical scars. Psychoanalytically we must regard this as the wish to prove that one is castrated, i.e., "See, I am castrated—you need not (or may not) kill me, but you may attack me sexually." This is the exact reverse of the conscious content of my patient's fantasy (above) and of the thought content in overt exhibitionism (namely, "See, I am not castrated, I really do have a penis").

This wish to be seen, however, is certainly an essentially passive satisfaction no matter what the content and this substantiates the justifiability of including exhibitionistic satisfactions under the general heading of the wish to be castrated. The female dancer who genitalizes her entire body and makes of it a freely moving and beautiful phallus is, after all, demonstrating by virtue of such a conversion that she has no real phallus.

The theme developed by Horney, referred to above, may make it necessary to exalt this masochistic element of the wish to be castrated to the dignity of a separate category, for it is certainly true that to be driven to surgery for the purpose of suffering, to suffering for the purpose of obtaining pity and to the seeking of pity as a substitute for love is a psychological trend quite different from secondary (masochistic) erotization of punitive suffering as a device for making the best of a bad bargain. For the present we shall have to leave this question unanswered.

In conclusion, I should like to indicate a viewpoint with regard to the surgical compulsion which will serve as a macroscopic psychoanalytic orientation. In a study of suicide recently published¹ I have pointed out that the motives back of suicide arise in part from the ego, in part from the super-ego, and probably also in part from the id; I have suggested that the introjected wish to kill joins hands with the wish to be killed and that every suicide therefore is like other neurotic symptoms in that it represents an aggression neutralized and modified by a punishment, the whole being erotized. I have also suggested, however, that actual suicide probably cannot result unless the death instinct, the unconscious wish to die, lends support to this neurotic constellation. Otherwise one would be faced with the paradox that the wish to live more than neutralizes itself and becomes a wish to die. But a recoil cannot be greater than the initial drive. This is what we recognize intuitively when we say that the neurotic patient is usually not suicidal. It is only in those individuals in which something releases the death instinct for direct action that actual suicide results. What happens in the neurotic is that a partial suicide, partial either in time or in space, is substituted for a complete suicide.

When the partial suicide is attenuated in time, we have ascetism, martyrdom, the neurotic character, and perhaps some organic diseases like tuberculosis. Instead, however, the

¹ *Psychoanalytic Aspects of Suicide*. Int. J. Ps-A. XIV, Part 3, 1933.

suicide may be limited in space, i.e., it may be focal or localized. In this sense it is identical psychologically with castration. That the human being wants to castrate himself we know, and the degree to which he overcomes this is an index of his normality.

As to why he seeks castration, our psychoanalytic experience shows us that he seeks thereby to avoid a more complete destruction.¹ As to how he accomplishes this, we must continue to make psychoanalytic observations. Self-mutilations of all kinds surely belong in this category, as do many purposive accidents and much malingering.² There is reason to believe that many localized organic diseases likewise represent focal self-destructive attacks. Finally, it is the thesis of this paper that surgical operations also may be unconsciously sought for the same purposes, the local destruction being obtained in this way at the hands of a second party, a punishment and a bribe, with the secondary satisfactions afforded by erotization of the experience (masochism), childbirth fantasy gratification, and in the transference situation created with the surgeon. Thus, we may conclude that the compulsion to submit to surgical operations is a form of localized or focal self-destruction, a partial suicide, allied in its motivation to major suicide and differing from it in this respect, (1) that the pervading dominance of the death instinct is absent, death of the total organism thus being averted by the sacrifice of a part for the whole, (2) that the responsibility for the act is partially shifted to a second party, and (3) that opportunities for secondary capitalizations are utilizable to a far greater extent.

¹ Not always; a few months ago the papers were full of the account of a fairly distinguished surgeon (Dr. Kane of Kane, Pa.), aged 70, who at 59 gave himself a local anæsthetic and removed his own appendix and at the age of 70 operated for an hour and three quarters upon the repair of his own abdominal hernia. Two days after this operation this doctor walked to the operating room, and assisted a colleague in a major operation. A few weeks later he was dead.

² Rado calls this "The Choice of the Lesser Evil", and mentions accidents and the "unprofitable surgical operation" among his examples. (This *QUARTERLY* II, p. 74¹.)

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THALASSA: A THEORY OF GENITALITY

BY SÁNDOR FERENCZI †

EPICRISIS

CHAPTER 9

COITUS AND SLEEP

"Sleep's a shell, to break and spurn!"

—*Faust*, Part II. 1

To the far-reaching analogy between the strivings which are realized in coitus and in sleep we have made reference too often and too insistently to be able to retreat now from the task of examining somewhat more closely into these two biologically so significant adaptations, their resemblances and their differences. In my "Stages of Development of the Reality Sense" the first sleep of the newborn—to which the careful isolation, the warm swaddling by mother or nurse contribute—was described as a replica of the intrauterine state. The child, frightened, crying, shaken by the traumatic experience of birth, soon becomes lulled in this sleeping state which creates in him a feeling—on a reality basis, on the one hand, and on the other hallucinatorily, that is, illusorily—as though no such tremendous shock had occurred at all. Freud² has said, indeed, that strictly speaking the human being is not completely born; he is not born in the full sense, seeing that through going nightly to bed he spends half his life in, as it were, the mother's womb.

But if we have been compelled to compare sleep on the one hand, and coitus on the other, with the intrauterine state, then logically we must also compare sleep and coitus with each other. As a matter of fact, we believe that in both phenomena the same regressive goal is attained, even though in different degree and by quite different means. The sleeper, inasmuch as he halluci-

¹ Bayard Taylor's translation.

² Freud: *Introductory Lectures on Psychoanalysis*. London, 1922.

natorily denies the disturbing environment in its entirety and concentrates his cathexis of physiological and psychic interests and attention upon the desire for repose, attains the goal of regression by an unreality and fantasy method almost exclusively; whereas we were obliged to assert of coitus that it attained this goal, in part in merely illusory fashion, in part in a reality sense, for the organ of copulation and the genital secretion do in very truth penetrate into the uterus. Sleep and coitus are therefore both the beginning and the end of the development towards "erotic reality" hitherto undergone. The sleeper is an autoerotic; he represents *in toto* a child who is enjoying repose inside his mother's body and who in his absolutely narcissistic absorption is altogether indifferent to the environment. The individual indulging in the sex act must make many detailed preparations, must above all secure a suitable *object*, and thus evidence a much higher degree of reality sense, before he is able in orgasm to vouchsafe to himself *in toto* the illusion of happiness similar to that which sleep provides; there are thus set for him many difficult conditions which have to be fulfilled if wish is to be translated into fact (Freud). One might also say that sleep makes use of an autoplasic technique, coitus of an alloplastic; that sleep employs a mechanism of projection, coitus of introjection. But even in coitus careful provision is made that the erotic regression shall not overstep limits such as might endanger the rest of existence; only a part of the body (the genital) is destined for gratification in a reality sense, while the rest of the body participates in the act only as an auxiliary organ and without altogether suspending the activities immediately necessary to adaptation (respiration, etc.).

Characteristic of both phenomena, sleep and coitus, is the exclusion of external stimuli, the giving up of the "life of relationships" (to use Liébeault's expression): the reduction of receptivity to stimuli, the abandoning of interest in every purpose except that which serves wish fulfilment. In respect of this characteristic both phenomena imitate, certainly, the intrauterine mode of existence, and this too with curious

fidelity. Since we have already discussed this point at length in connection with coitus, we should like merely to quote the characterization of the state of sleep given by Piéron, As "caractères du sommeil" he mentions "inactivité, immobilité, relâchement du tonus musculaire, position compatible avec le relâchement, absence générale de réactivité induite, persistance de réactions réflexes, manque de réactions volontaires", and, in general, the "disparition de la plupart des rapports sensitivo-moteurs avec le milieu".

Both coitus and sleep are characterized by certain body postures which, especially in the case of the first sleep, have been described by quite unbiased observers as the "fœtal posture". The extremities are drawn up to the body, so that the whole body assumes the so to speak spheroid shape which exigencies of space made a physical necessity *in utero*. Between sleep and the embryonic state far reaching analogies can be demonstrated with regard to metabolic function. Animals are occupied in the daytime with the obtaining and digestion of food, but its absorption proper, that is, its assimilation into the tissues, takes place rather during the night, so the physiologists assert. (Qui dort dîne.) Thus sleep creates the illusion of an effortless providing with nourishment similar to that obtaining *in utero*. It is often maintained, furthermore, that growth and regeneration take place for the greater part during sleep; while growth might be said to be the sole activity of the embryo in the womb.

Respiration, the changes in which during the sex act we have already referred to, becomes notably deeper during sleep. It is possible that the diminution of the oxygen supply due to the lengthened pauses in breathing approximates in the sleeper to the apnœic state of the fœtus. Water-inhabiting mammals, such as the seal, inflate the lungs in sleep and stay under water, to come to the surface again to breathe only after a protracted interval. It is also stated of the chameleon that in sleep it inflates the lungs to a prodigious degree.

Of the plantar reflex of the sleeper it is said that it gives the so called Babinski reaction; the presence of the Babinski sign

in the newborn is asserted by observers who have carried out this test on infants immediately after birth. This sign is a manifestation of the incomplete development of the pyramidal tracts, and in particular of the deficient inhibition of the spinal reflexes. But the sleeper, too, according to the statement of a famous physiologist, has only a "spinal soul". This utterance agrees very well with our contention regarding phylogenetic regression; we can assume the participation of an archaic regressive trend in the sleeping state also. (The sex act would provide an analogy to this phase only in its termination, in orgasm.)

Particularly to be noted is the innervation of the ocular muscles in sleep; the eyes are rotated outwards and upwards. The physiologists state absolutely that this is a return to the position of the eyes which obtains in animals not possessing binocular vision (as for example the fishes). The eyelids are closed in sleep, not in the manner of a ptosis, but through voluntary contraction of the muscles of the eyelid.

Further, the changes in temperature regulation which are observable in the sleeping must be mentioned here. It is a familiar fact that one becomes easily chilled during sleep and that extra care must be taken to keep a sleeping person sufficiently warm. This too would be a return to the embryonic state, in which the temperature is taken care of by the maternal *milieu*. But it is even possible that we have here to do with a deeper regression to the poikilothermia of the fishes and amphibians.

By way of strengthening the analogy with coitus, there are also "social sleeping habits" whereby two (or more) animals lie against each other in sleep for mutual warmth. Doflein describes how partridges and certain large bats sleep in a conglomerate mass, the latter forming a circle with their heads to the periphery. Many birds form dense masses of themselves in sleeping by perching on and clinging to each other; certain South American monkeys hold assemblages for the purpose of sleeping.

There also exists a certain reciprocal relation between geni-

tality and sleep in that the periods of sleep diminish, while sexual activity increases, with maturity. "C'est par le sommeil que commence notre existence, le fœtus dort presque continuellement", says Buffon. The child when it comes into the world sleeps no fewer than twenty hours daily, and it is herein that his autoerotic gratification commences. In the adult ungratified genitality is often, as we know, a potent disturber of sleep: sleeplessness is often bedfellowlessness,¹ says the psychoanalyst. In old age both sleep and the genital drive are gradually intermitted, probably to allow fuller scope to the antecedently existing destructive drives.

In favor of a genetic relationship between sleep and genitality there is likewise the frequent occurrence of autoerotic, masturbatory and pollutional acts in sleep; and this is perhaps also one of the causes of enuresis nocturna. On the other hand there prevails among certain northern peoples, such as for example the Samoyeds, a kind of hibernation through the dark winter months, during which the women do not menstruate.

The close connection between sleep and hypnosis is familiar; on the other hand, psychoanalysis has had to take note of the complete identity of sexual and hypnotic relationships.² Psychotherapists often take advantage of a normal state of drowsiness to render their subjects compliant; and the parental command, "Go to sleep!" has a definitely hypnotic effect upon the child. Continued deliberate interference with the normal need of sleep is instrumental in many religious sects in breaking the self-will of neophytes, much as the falconer with only the aid of constant prevention of sleep induces in the bird of prey an obedience which makes it the servant, devoid of any will of its own, of its master. Clearly the desire to sleep, hallucinatorily to retire in the face of fatiguing reality into intrauterine or a still more archaic repose, is such an intense one that for its sake and in its interest all the mental and physical forces are bent to this end in an exceptional degree. It is in this

¹ Or, more aphoristically in the original: *Schlafllosigkeit ist meist Beischlaflosigkeit*.—TRANSLATOR'S NOTE.

² Ferenczi, S.: Introjection and Transference, *loc. cit.*

respect no different on the whole from the submissiveness of hypnosis, which we have had to ascribe to feelings of love and of anxiety directed to the parents ("father- and mother-hypnosis"). We have seen, furthermore, that genitality does not disdain to make use of quasi-hypnotic expedients when it is a question of gaining possession of the love object (secondary sexual characters). The cataleptic rigidity of the hypnotized subject is a vivid reminder, as Bjerre first pointed out, of the foetal posture.¹ The question often raised as to whether love is an hypnosis, and the view we have upheld that hypnosis is love in a true sense, now finds its common answer, therefore, in the mutual relation of each of them to the mother-child situation, which needs only to be supplemented by reference to phylogenetically much older antecedents (the playing dead of animals, mimicry).

The mental state in sleep, which we have compared with that of orgasm, thus corresponds to that condition of complete gratification, free from all desire, which a higher state of organization is able to reproduce in no other way than by the reestablishment of the intrauterine state of repose. In so far as disturbing stimuli (the "day's residue") tend to interfere with this repose, they are transformed by hallucinatory reinterpretation (the dream work) into wish fulfilments, into dreams; and the most thorough and complete interpretation of sexual dreams according to the rules of Freudian dream interpretation gives as the explanation of the dream either sexual intercourse in the meaning of the oedipus fantasy, on the one hand, or on the other, existence in the maternal womb or the return thereto. Biological and psychoanalytic observations thus compel us to regard the wish-fulfilling character of dreams only as a psychic pendant to the general tendency to regress to the mother, such as is manifest in the biological world.²

¹ The regression of the sleeper to an archaic mode of existence is comparable with the hallucinations of sleep, and might be termed an example of an "organic hallucination".

² I cannot follow Bjerre in his other contention that suggestion is a regression to the prenatal, but must attribute this type of mental reaction to the parental influences of extrauterine life.

The analogy between sleep and coitus is still further strengthened by the periodicity which characterizes both. The accumulation of fatigue products which induces somnolence reminds one strongly of the manner in which we were forced to conceive the amphimictic accumulation and discharge of sexual tension. Compare therewith Claparède's biological theory of sleep: "Nous dormons pour ne pas être fatigués"; and the refreshing effects of sleep may have a good deal in common with the increase of efficiency after normal sexual gratification. Here too we must refer to the intrauterine state as a *tertium comparationis*: the transitory renewal of strength¹ man owes in both sex and sleep to his temporarily being plunged into that paradisiacal life in which there is no struggle for existence but only effortless growth and increase. It is asserted that in the sick the curative process goes on principally during sleep, and one speaks—rightly, we believe—of the miraculous healing power of love; in both cases Nature seems to go back to age-old generative powers and marshal these in the service of regeneration.

We would not neglect the opportunity to refer also in this connection to the pronouncements of folk wisdom and the testimony of intuitive minds which seem to support our conception. One who has had a good night's sleep feels "as though reborn". Sleep according to Shakespeare is

"The death of each day's life, sore labour's bath,
Balm of hurt minds, great Nature's second course,
Chief nourisher in life's feast."

—*Macbeth*, Act II, Sc. 1.

Trömmner, a writer well versed in the physiology of sleep, in the introduction to his little book on sleep has passages abounding in metaphors to which we attach much greater significance than does the author. Of waking from sleep he says: ". . . Thus arise light and life out of the lap of night and nothingness. But the night does not dismiss its creatures for aye; it holds fast to them, and ever and again compels them

¹ See also C. G. Jung: "Wandlungen und Symbole der Libido". Jahrb. f. Psa. IV, 1912. (English translation: *The Psychology of the Unconscious*, 1916.)

back to its silencing bosom. . . . Daily we must return again to the bosom of all-nourishing Night, in whose dark folds dwell the true nurturers of existence."

We will quote too the lines of Hufeland (after Trömner):

"Sleep is when the seeds are sown
Of waxing growth—nor this alone,
For the soul itself, perplexed and worn
By the day's ills, is in sleep reborn."¹

The sleeping state represents also, however, like the mental state in coitus and existence in the uterus, a repetition of long superseded modes of existence, nay, of an existence before life began. Sleep, so runs an old Latin proverb, is the brother of death. Upon waking, however, upon this daily rebirth, there go on acting those trauma-working forces which the material world has "awakened" to life. Every further step in development which necessity impels is, indeed, just such an awakening from relative repose. "Le végétal est un animal qui dort", says Buffon. But embryogenesis too is like a sleep which is disturbed only by the palingenetic repetition of the history of the species, as by a biographical dream.

The principal difference between sleep and coitus may, however, consist in this, that in sleep only the happy existence within the womb is represented, but in coitus the struggles, likewise, which the "expulsion from the Garden of Eden" brought in its train (cosmic catastrophes, birth, weaning, efforts at adjustment).

¹ "Schlaf ist des Menschen Pflanzenzeit,
Wo Nahrung, Wachstum bass gedeiht,
Wo selbst die Seel' vom Tag verwirrt,
Hier gleichsam neu geboren wird."

CHAPTER 10

BIOANALYTIC CONCLUSIONS

Having arrived at the end of the train of thought of which the purpose was to throw light, even if in only a provisional way, upon the meaning of the phenomenon of genitality and of its modes of expression, it is unavoidable that we should look back over the pathway we have followed and render some accounting of the methods we have used in the zealous building of our structure of hypothesis. An analysis—which could almost be called still a physiological one—of the phenomenon of ejaculation formed our quite innocuous point of departure. In connection, however, with the fuller elucidation of this phenomenon, we made use without scruple of an understanding gained from a quite different sphere of knowledge, the psychological. Whether and to what extent such a procedure is scientifically justifiable need not again be inquired into at this point. Let us be satisfied with having established the fact that this combining of psychological and biological knowledge has proved heuristically valuable in dealing with numerous difficult problems of genitality and propagation, and has furnished outlooks which orthodox science did not foreshadow.

The conception of the applicability of psychological knowledge to the solution of biological problems requires modification in a certain regard, however. It is not psychological insight of the ordinary sort, but solely and exclusively *psychoanalytic* insight, which is of help in the solution of our problems, as we will demonstrate by means of examples in the following pages. First, however, we would emphasize in the most general way that the applicability of the concepts and methods of psychoanalysis to other spheres of knowledge is a fresh proof of the fact that Freud's teaching has made accessible to our grasp a not inconsiderable portion of reality hitherto unknown to us.

At the very outset, in discussing the amphimictic mingling of anal and urethral instinct components in the ejaculatory

process, we made use of the concepts, learned from the analysis of the psyche, of *displacement* and *condensation*. The detaching of specific amounts and kinds of energy from its object, its transference to other objects, or the concentration of several different kinds and quantities of energy upon one and the same object—these have hitherto been familiar to us only in the analysis of the psyche; we termed them respectively the displacement of the cathexis of energy from one idea to another, and the condensation of heterogeneous energies in a given idea; biological science has hitherto taught us nothing about such mechanisms as these. As effecting the transition to our assumption of *organic displacement and condensation* the psychoanalytic investigation of hysteria was of service, in that it demonstrated the displacement of ideational energy upon organic activity and function (conversion) and its retransference back into the psychic sphere (analytic therapy). It is to take but one further step to assume that such an exchange and interchange of energy goes forward also in the economy of the purely organic sphere and thus in the mutual relations of the organs themselves—and is accessible to analysis. And this would provide us with the first stone of the foundation of a new *bioanalytic* science such as would carry over into the field of the natural sciences in a systematic manner the knowledge gained and the technique used by psychoanalysis. We will refer presently to certain other of these foundation stones, as it were.

According to the “theory of genitality”, the coöperation of organs and of their component parts does not consist simply of the automatic adding together of useful workmen to give a sum total of performance. Each organ possesses a certain “individuality”; in each and every organ there is repeated that conflict between ego- and libidinal interests which, too, we have encountered hitherto only in the analysis of *psychic individualities*. It is physiology in particular which seems hitherto to have underestimated the significance of libidinal energies in both the normal and the pathological functioning of organs, so that, even if only a part of the assumptions in connection

with our theory of genitality prove sound, the *physiology and pathology of use* which has prevailed up to the present needs supplementing by a *physiology of pleasure*. Even now it is possible to sketch the broad outlines of this new discipline.

In tracing a parallel between *autotomy* and *repression* in an earlier chapter, we reversed this borrowing from psychoanalysis. The withdrawal of cathexis from unpleasantly toned ideas, of which the repressive process consists, clearly has organic prototypes; one can scarcely predict, however, to what an unexpected degree a deepening of insight in the realm of biology might result from being able, through the application thereto of the psychoanalytic point of view, to comprehend the more subtle motivations of all those remarkable vital phenomena which are based upon and attributable to an *organic repression* of this sort.

The conceptual discrimination of erotic trends which subserve only pleasure gain from other trends which subserve utility would constitute a further result of such an inquiry, and would be of general importance for the understanding of organic life. Still greater significance, however, would attach to the *tendency to regression* which governs both psychic and organic life (as Freud has already laid down in his theory of the instincts). It is as though behind the façade which the descriptive statements of biology supply us, there continued to exist and to operate, as the biological unconscious, so to speak, the form of activity and the mode of organization characteristic of apparently long superseded stages in the development of the individual and the species. Not only do these superseded stages function as hidden directors of organ activity as this is outwardly manifested, but under certain special conditions (such as sleep, genitality, organic disease) they dominate the vital activities with their archaic impulses in the same way as the normal consciousness is inundated by psychologic archaisms in the neuroses and psychoses. It will suffice in this connection to refer once again to the examples of sleep and the act of intercourse; in both of these the entire psychic organism, and in some degree the organic also, regresses to the antenatal and

probably likewise to a phylogenetically ancient mode of existence. In precisely the same manner we shall be obliged to conceive of inflammation and fever, of tumor formation, and in fact of the most ordinary pathological reactions, as the recrudescence of embryonic and of still older types of activity.

But if this is so, and if the *meaning* of the manifest symptoms characterizing normal and organic life is concealed at a hitherto unsuspected depth, then the analogy with the assumptions of psychoanalysis becomes even more striking, and we are certainly compelled to supplement what has hitherto been a more or less two-dimensional science of life with a *depth biology*. And related to this is a point to which we have already referred in the preceding pages. This seeing things only in the flat, so to speak, had the result that in the natural sciences one was satisfied, in general, with a conception of vital phenomena limited to a single interpretation of the data. Even psychoanalysis was not so long since committed to the view that it was a prerogative of the psychic sphere alone that its elements, indeed one and the same element, could be inserted *simultaneously* into several genetically different causal series. Analysis expressed this fact by the concept of the *overdetermination* of every psychic act, as the direct consequence of the polydimensional character of things psychic. Just as at least three coördinates are necessary in order to define a point in space, so in the same way neither a psychic datum nor, as we indeed believe, a datum in the field of physical science is sufficiently determined by its insertion in either a linear *chain* of events or in a two-dimensional *nexus* thereof, unless its relationships to a *third dimension* also are established. A curious fact, hitherto observed only in the psychic sphere, is that the same element can be inserted simultaneously (and analytically located) in a series consisting of contemporary events and in one consisting of memories—thus evidencing, moreover, the “timelessness” of unconscious memory traces. By carrying over into biology this piece of insight gained in the psychic sphere, it is possible for us to think of coitus and sleep as the conducting off of current traumatic stimuli and, at the same

time, the expression of the striving to reproduce the intrauterine and thalassal situation seemingly long since transcended—nay, we could even perceive in them a return to still more archaic and primitive strivings towards repose (impulse towards the inorganic state, death impulse). In the same way the bioanalytic investigation of *all* vital phenomena would have to uncover from under the manifest superficies the *biological unconscious*. Thus it would be revealed that all futile questions regarding the meaning and purpose of development would be converted automatically into questions regarding its *motives*, which all have their roots in the past.

It may be possible to refer at this point to certain phenomena to which even now this point of view may be successfully applied. Let us take the nutrition of the infant, clearly so well subsumed under the description of the act of sucking, the various processes of metabolism, the distribution of the food material to the tissues, and its inclusion in the physico-chemical economy of the organism (calculation of caloric values, etc.). But over and above all this it will strike the bioanalyst that the first nutritive material of the infant is in reality the body of the mother (or the tissue elements thereof, suspended in the milk). On the analogy of genital and embryonic parasitism the bioanalyst will conceive that the human being, in consuming mother's milk and other animal products, is after all a life-long parasite who incorporates the bodies of his human and animal forebears but leaves the elaboration of this food material itself to his hosts (mother, animal). On further pursuit of this train of thought one comes to the conclusion that this process, which one might call *phylophagy*, prevails everywhere in the living world. The omnivorous and carnivorous animal feeds upon the herbivorous, and to the latter leaves the responsibility of elaborating provender out of the material of the vegetable kingdom. The herbivore feeds upon plants, and lets these work for it in elaborating vegetable material out of minerals. According to the bioanalytic conception, therefore, the whole developmental history of nutrition is in a manner epitomized in sustenance by mother's milk, although repre-

sented, it is true, in a form well-nigh unrecognizable.¹ Once attention is directed to this fact, however, it will certainly become possible to recognize more definitely in certain anomalies of nutrition—in its pathology, for example—the activation of regressive tendencies which under ordinary circumstances remain hidden. In such fashion one would perceive behind the symptom of *vomiting* not only its manifest immediate etiology but also tendencies towards regression to an embryonic and phylogenetic primevality in which peristalsis and antiperistalsis were mediated by the same digestive tube (*Urmund*).

Inflammatory processes have been described by Cohnheim and Stricker as being not alone a reaction to a current stimulus but a kind of tissue regression to the embryonic stage; but there are also other pathological changes which we shall understand more fully, I believe, if we recognize and describe the operation of regressive tendencies in their processes of disintegration as well as in those of repair.

Bioanalytic investigation of the phenomena of organic disease will demonstrate, I believe, that the majority of its symptoms are attributable to a redistribution of "organ libido". The organs carry on their utility functioning only so long as the organism as a whole provides also for the gratification of their libido. (Compare the libidinal functioning of the genital on behalf of the body as a whole). If this ceases, the tendency towards self-gratification on the part of the individual organs may be revived, to the detriment of their coöperative functioning as parts of a whole—much as an ill-treated child has recourse to self-gratification. (Compare the abandoning of utility functioning in hysterical blindness—Freud). But localized injury, also, may result in the suspension of altruistic functioning and the instigation of "autoerotic" processes in the tissues. When psychic causes give rise to organic disease (Groddeck, Deutsch), this is brought about through the transference of certain amounts of psychic libido to an organ-libidinal system already

¹ Thus the vegetable and mineral past might be reconstructed from the chemical constitution of the animal protein molecule. The analogy between mental and chemical analysis would thereby be greatly strengthened.

in a state of preparedness. Vasomotor and trophic disorders stand on the borderline between neurotic and organic ailments—this latter classification representing in itself a purely artificial distinction. Syncope, for example, is to a superficial view simply the result of cerebral anæmia; the bioanalytic conception must add thereto that in syncope there likewise occurs a regression of the blood pressure control to a period antedating the upright posture, in which the blood supply of the brain required no such increased action of the splanchnics as the upright position demands. In syncope of psychogenic origin this regression is pressed into the service of neurotic repression.

I believe that as prototypes of bioanalytic mechanisms the structure of the neuroses and psychoses, with which we are best acquainted, will always serve. In the last analysis, therefore, it will be for an undauntedly animistic spirit to interpret the phenomena of physiology and pathology in terms of a *psychology and psychiatry of the living*—having always in mind Goethe's ominous lines:

"All forms evolve according to eternal laws,
And in the most divergent shapes is hid the archetype." ^{1, 2}

A not less significant, although at first blush certainly very surprising, methodological departure which we have permitted ourselves in this work has been the utilization of symbolism as a source of knowledge in the sphere of natural science. By conceiving of the "symbols" which can be analytically recognized as such in the content of the psyche—by conceiving of these as not the fortuitous and sportive expression of fantasy activity, but rather the historically significant traces of "repressed" biological situations, we arrived at fundamentally new and perhaps not wholly erroneous assumptions regarding the meaning of genitality in general and of a number of its

¹ "Alle Glieder bilden sich aus nach ew'gen Gesetzen,

Und die seltsamste Form bewahrt im Geheimen das Urbild."

² Ortway refers to the fact that the psychoanalytic doctrine of repression is capable of explaining the Mendelian phenomena of the "dominance" and "recessiveness" of unit characters.

individual manifestations. ●ne can scarcely predict the further developments of which this point of view may be capable, or how much unconscious wisdom lies concealed in the naïve traditions of folklore, of *Märchen* and of myths, and in particular in the luxuriant symbolism of dreams.

The more serviceable to certain disciplines, such as technique, was the one-sided doctrine of utility which at the present time dominates the entire field of the natural sciences, the more it prevented an approach to that deeper biological insight to which no access is possible without taking into consideration, in addition to the mechanical aspects, various pleasure mechanisms of which symbolism may be an expression.

In the analysis of genital processes we were naturally obliged to concern ourselves in more than ordinary degree with the question of *organic evolution and retrogression*—nay more, we made bold to insinuate a novel theory of evolution and development in which we simply transferred to the biological sphere psychoanalytic findings and assumptions regarding developmental processes in the psychological realm.¹ We cannot do otherwise than sketch this attempt, at least in its essentials.

In accordance with our earlier conclusions drawn from an investigation of the "reality sense" and with Freud's detailed investigations of instinctual life, we proceeded also in the case of genital development from the standpoint that invariably only an external stimulus, some exigency or catastrophe, can have forced the organism to change the form of its activity and its organization. In particular, and in greatest detail, we were concerned with the adaptations effected by organic life after one of the most recent geological catastrophes, namely, the recession of the oceans. We said that this life adapted itself to the new situation, it is true, but with the *arrière pensée*, so to speak, of as quickly as possible and as often as possible reestablishing in the new *milieu* the former state of repose.

Sleep and coitus, but especially the development of the

¹ Compare with this the essay on "Selektionstheorie und Lustprinzip" of the Swiss biologist Brun, who demonstrates very prettily in the case of a species of ant the operation of the pleasure principle in development (*Ztschr. f. Psa.* IX).

amnion with its amniotic liquor, and internal fertilization and intrauterine development in general—all these, according to our assumption, are nothing but arrangements for the reestablishing of that seemingly superseded period of development.¹ To what analyst would not the similarity of this process to that of psychic *repression* and the *return of the repressed* immediately occur? The similarity is so great that we must admit that as a matter of fact we have unconsciously made use of this dynamism, learned from the neuroses, to explain developmental efforts. Instead of making our excuses for so doing, however, we propose to consider this a legitimate and scientifically justifiable method, in the persuasion that the consistent adherence to this point of view can only enrich our knowledge of development. Thus we believe that the *wish* for the restoration of a compulsorily relinquished state of equilibrium never completely ceases to exist, but, temporarily put aside, is prevented of realization by a *biological censorship* which is created by contemporary ego-interests.² Thus there exists in the biological sphere also a modification of the pleasure principle which here again we could term the reality principle and which works in exactly the same way here as we are accustomed to observe in the psychic sphere: the same force which impels to regression operates, when it is prevented therefrom by a censorship, in a progressive sense—in the sense, that is, of adaptation and constructiveness.

The first effect of every external shock is in fact to arouse slumbering tendencies to autotomy (the death instinct) in the organism; the organic elements will not allow to go unutilized

¹ That there also exist exceptionally anamniotes which engage in coitus is surely, as regards the whole theory of genitality, the exception that proves the rule.

² A pretty example of the “biological censorship” is supplied by the behavior of certain hibernating animals. The temperature of the body falls progressively with the fall of temperature of the surroundings; but if the body temperature becomes reduced below a certain level, there occurs a sudden production of heat on the part of the body of the animal, the regression to poikilothermia is reversed, and the animal awakens: the spinal animal becomes again a cerebrate animal.

the opportunity for death which is thus presented to them. But if the disturbance is a far too violent one and thus results traumatically, taking place at a tempo too disproportionate to that of the organism's original creation, there occurs an incomplete "refusion" (Freud) of the organic constituents, and the elements of the beginning disintegration become the foundation stones of a further development—much as the sea-urchin eggs artificially fertilized by Jacques Loeb by means of hypotonic sea-water die off at the periphery and undergo cytolysis, but then form from the cellular elements that have died a membrane which protects against further disintegration, while under the continued operation of the traumatic stimulus the cell interior begins to proliferate.¹ The philosophical question as to how we can account for such regeneration and continued development can be answered without recourse to mystical ideas. It may be that the "altruism" therein expressed is merely the clever combination of rudimentary egoisms; but it is also entirely possible that the degree of complexity already attained acts upon the products of disintegration in the manner of a regression or at least contributes thereto, that organisms are not so eager to die but that they can and do rebuild themselves out of their own detritus—nay, utilize for this renewed development the *vis a tergo* which they received on the occasion of their partial destruction.

However this may be, the bioanalytic conception of developmental processes perceives everywhere at work only the wish or *desire for the restoration of earlier states of life or death*. Bioanalysis learned from the psychoanalytic study of hysteria that the mental power of the wish is operative in the organic sphere also, that a wish may become "materialized" in the body and may remold the body in accordance with a program of its own. We have no reason for disbelieving that such wishful strivings operate also outside the psychic and therefore in the biological unconscious; indeed, we are inclined to feel, and may boast of being in accord with Freud therein, that the

¹ The action of the sperm upon the ovum may likewise begin with a destruction, the regressive course of which is then changed into a "progressive" one.

adjuvant rôle played by the wish as a factor in evolution makes the Lamarckian theory of adaptation for the first time intelligible.

To return to our basic thesis: in the biological stratification of organisms all their earlier stages are in some manner preserved and are kept distinct from each other by resistances arising from a censorship, so that it is in the living organism that one must accomplish, with the help of an analytic type of investigation, the reconstruction of the most remote epochs of the past out of present behavior and present modes of functioning.

At all events, we have had to give up considering too complex phenomena as furnishing final explanations of development and evolution. When for example Lamarck makes the use or non-use of an organ responsible for its further development or its retrogression, he overlooks the fact that he evades the very problem in hand, the question, namely, why it is that in the living organism the use of an organ does not result in its wearing out, as in the case of an inorganic thing such as a machine, but instead of this in its strengthening. The observations made by us on hysteria and the pathoneuroses¹ make clear for the first time how, under the influence of the wish for the restoration of the equilibrium which had been disturbed, and under the importation of other cathexes, there is directed to the disordered part of the body an excessively strong countercahexis which acts on the one hand as a protection to the rest of the body against the noxa in question and on the other as a source of curative and regenerative power. This may occur likewise in the case of a chronic disturbance of function of an organ, and we should thus have in the hysterical and pathoneurotic type of reaction a prototype of the energy displacements that take place in the accomplishing of every adaptation and development.

It may be noted in passing that in the thus postulated return

¹ Ferenczi, S.: *Hysteria und Pathoneurosen*. Int. Ps. Bibliothek, No. 2, Vienna, 1919. English translation in *Further Contributions to the Theory and Technique of Psychoanalysis*, London, 1926.

of the repressed pleasure in the compulsorily accepted elements of unpleasure—introjected, indeed, as instinctual forces—there perhaps lies the true explanation of that alternation between *differentiation* and *integration* which according to Spencer governs development. Exigency imposes variations upon the organism; repressed pleasure causes the organism to regress ever and again to the status previously abandoned and to “redintegrate”, so to speak, the latter.

Probably, in adaptation to a new situation which necessity has compelled, the impulse to regression asserts itself primarily in those organs and functions which through development have become “unemployed”. It is, for instance, striking that in all animals with tails (dogs, cats, etc.), the caudal portion of the vertebral column, which once served as an organ of support for body segments since lost, has become an organ of gestures for the expression of emotion; these we learn from Darwin and Freud are properly to be regarded as regressions to archaic modes of reaction. It is in such lurking places, and in others of like kind, that the regressive tendency may be concealed at times of intensive adaptation, to come into play again as a formative factor when the worst of the danger has been surmounted. On the other hand, provision is also made that the most intensive adaptive activity shall be periodically interrupted by rest intervals, in which the whole organism temporarily falls back upon regression and its behavior becomes so to speak a gesture of emotional expression (sleep, coitus).¹

¹ A few further “bioanalytic” considerations bearing on organic evolution and development may here be briefly listed. Adaptation may be of either an autoplasic or an alloplastic character: in the former, the physical organization itself becomes adapted to the altered conditions; in the latter, the organism strives to alter the environment in such a way that accommodation on the part of the body becomes superfluous. The alloplastic type of development is the more “intelligent”; it is the specifically “human” type, although it is also very widespread in the animal kingdom (e. g., building of nests). The changing of the environment is a far more rapid process than that of the animal’s own organization; in those animal species which aspire thereto we may therefore suppose a certain “time sense” as already present. The autoplasic type of adaptation may be purely regressive in character (limitation of needs, retrogression to more primitive stages of development), but it may be progressive

Bioanalysis, the analytic science of life, will not be able to shut its eyes to the duty of taking a position on the question of the beginning and the end of life. In its inquiry into the ultimate basis of sexual attraction the theory of genitality was compelled, indeed, as we have seen, to overstep the boundaries of the living organism; Freud, moreover, perceives in the expressions of chemico-physical attraction analogues of the same Platonic Eros as binds together the world of the living. And in fact the physicist tells us that in apparently "dead" and inert matter active movement, and thus after all a more or less labile "life", prevails. The physicist speaks in an entirely theoretical sense of an actual death, of absolute rest, in saying that all the energy in the world is condemned by the Second Law of Thermodynamics to death through dissipation. There are, it is true, natural scientists¹ who tell us that the dissipated energies must be reassembled again, even though only after

as well (the development of new organs). The development of motility (search for a more favorable *milieu*) results in an economy respecting the accomplishing of autoplasmic adaptations. (The principle of Döderlein sets forth the parallelism between "sessility" (the condition of being fixed or attached) and variability on the one hand, and "vagility" ("wanderingness") and slighter degree of variability on the other.

Adaptation may consist in the weaning from objects which provide gratification or in the accustoming to new objects; that is, in the transformation of an (at first always unpleasurable) disturbance into a gratification. This takes place through identification with the stimulus giving rise to the disturbance, and its introjection; thus from an external disturbance is created as it were a part of the ego (an instinct), and thus the world of the within (microcosmos) becomes the reflected image of the external world and its catastrophes.

Newly created organs in respect to their functions are only superposed upon the old without destroying them; even when the new functions make use of the material medium of the old, the latter organization or function, although apparently given up, remains "potential", "biologically unconscious", and may again become active under certain circumstances. Such superpositions are comparable to inhibition mechanisms: primitive undifferentiated "irritability", for example, is overlaid by reflex irritability of a specific order, and this by the psychically conditioned choice of reaction; in pathological conditions and other deviations from the normal (deep hypnosis, the behavior of the fakir), however, the psyche suspends its functioning and the organism regresses to the stage of reflex irritability or even to that of undifferentiated irritability.

¹ Nernst: *Das Weltgebäude im Lichte der neueren Forschung*, 1921.

extremely long periods of time. This conception stands somewhat in opposition to Darwin's principle of natural selection, in accordance with which all change is ascribable to accident only, and nothing at all is left to the workings of so to speak immanent tendencies.¹ To us, however, who incline, as we have said before, to Lamarck's more animistic ideas of evolution, it seems more plausible to assume that a *complete* defusion of life and death instincts does not in general occur; that there are still "germs of life" even in so called "dead" matter, thus in inorganic matter; and accordingly, also, regressive tendencies to that higher degree of complexity from the disintegration of which they have originated. That there does not exist an absolute life without any admixture of symptoms of death, biology has indeed long asserted; and it is but a short while since that Freud demonstrated the operation of the death instinct among all living things. "The goal of all life is death", for "lifelessness was here before life was". What if, however, death and dying were not anything absolute, if germs of life and regressive tendencies lay hidden even within inorganic matter, if Nietzsche were right when he said, "All inorganic matter has originated out of organic, it is dead organic matter. Corpse and man".² Then we should have to drop once and for all the question of the beginning and end of life, and conceive the whole inorganic and organic world as a perpetual oscillating between the will to live and the will to die

¹ Once one has made up one's mind to assume that there is already somehow foreshadowed in inorganic entities that "irritability" which we recognize as the property of living matter, one can form an idea as to what might motivate the attraction of these elements. The uniting of two elements into one would in any case possess the advantage that the parts thus mutually apposed to each other present a much smaller surface to the hostile environment than they would if existing in isolation, whereby are provided an "economy of expenditure" and the first "pleasure". Something of this sort might even be expressed in the act of coitus (*l'animal à deux dos*). Bölsche, moreover, incidentally compares the attraction between sun and earth with sexual attraction.

² Nietzsche: *Die Philosophie im trag. Zeitalter der Griechen* (Entwürfe zur Fortsetzung, Anfang 1873). English translation by Maximilian A. Mügge: *Philosophy during the Tragic Age of the Greeks* (Notes for a Continuation), in *Early Greek Philosophy and Other Essays*, New York, 1911.

in which an absolute hegemony on the part either of life or of death is never attained.

To us physicians the "death agony"—as indeed its name conveys—never presents a serene or peaceful countenance. Even the organism scarcely any longer capable of life usually makes its exitus with a death struggle; perhaps only in our wishful conceptions, themselves governed by the death instinct, is there such a thing as a "natural", gentle death, an untroubled and tranquil manifestation of the death instinct, for in reality it seems as though life had always to end catastrophically, even as it began, in birth, with a catastrophe. It would indeed seem as though there were discoverable in the symptoms of the death struggle regressive trends which might fashion dying in the image of birth and so render it less agonizing.¹ Immediately before the individual breathes his last, often indeed somewhat sooner, complete resignation supervenes, nay, expressions of satisfaction which proclaim the final attainment of a state of perfect rest, somewhat as in orgasm after the sexual struggle which has preceded it. Death exhibits utero-regressive trends similar to those of sleep and coitus. It is not mere chance that many primitive peoples inter their dead in a squatting or foetal position, and the fact that in dreams and myths we find the same symbols for both death and birth cannot be a mere coincidence.

Thus we return to our starting point, the fundamental significance for the theory of genitality and, as we may now add, for biology in general, of regression to the maternal womb.

Translated by HENRY ALDEN BUNKER, JR.

¹ The connection between the death throes and sexual excitement is well known. Cf. the ejaculation of the man who is hanged, von Hatingberg's "*Angstlust*", the macabre humor expressed in so many anecdotes, etc.

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OUTLINE OF CLINICAL PSYCHOANALYSIS — *Concluded*

BY OTTO FENICHEL (OSLO)

CHAPTER X

CHARACTER DISORDERS

Cases encountered in clinical practice rarely conform to the textbook descriptions of the classical neuroses. They may be combinations of different types of neurosis in varying proportions; but more frequently physicians are now being visited by patients who have no definite symptoms, or who might be hard put to it to say quite why they need help. The disorder in these persons, to put it briefly, is not that the ego's control of psychic activity is endangered by some alien force,—instead the ego itself is involved by the morbid process. Individuals who were once termed “psychopaths” or “eccentrics”, or considered afflicted with “moral insanity”, belong to this group of patients. But these are only the most flagrant examples, for the designation covers in addition cases of complete or incomplete infantilism, cases of persons who are inhibited in their love life or in their work, individuals who pursue futile modes of behavior in vital matters, others who are disturbed in their emotional or volitional life, yet others who are limited in their social contact to certain determined patterns, or who find themselves repeatedly in the same frequently abnormal situational difficulty, and many more. Of all these persons, as of neurotics, it may be said that something takes place in their illness which makes inroads upon the personality; but besides this, the personality itself, the permanent mode of reacting, seems irrational and inconsistent. These individuals are not what they wish to, and in many cases, what they might be. There is no sharp demarcation between the “normal” and the “neurotic”; even more the province of pathology now under discussion overlaps extensively the field of the normal.

Indeed, it might be well to omit all reference to "disease" in describing these disorders, and to speak instead of "inefficiency". But in the absence of any objective criteria of "efficiency", this suggestion is of no particular advantage either. Psychoanalysis can most successfully interpret those elements in this group of disorders which are analogous to neuroses; and if psychoanalytic therapy succeeds in transforming a character disorder into a neurosis, which can then be treated further according to the familiar principles, this must be accounted a triumph. In cases of this group which differ from the neuroses, psychoanalysis has not as yet gone beyond the preliminary steps.

The difficulties involved in constructing a psychoanalytic characterology must not be underrated. The various schools of psychology that have attacked the problem of character are in no position to render aid, for none of them is scientifically objective and free from extrascientific evaluations. In this matter, none of these schools can be scientifically objective, since except for the psychology of the elementary psychic processes, which is of no use in theoretical psychoanalysis, there is no scientific psychology; and writers on character seem especially prone to introduce evaluations into their discussions.

If we consider the history of psychoanalysis, it will be easy to understand why the part that deals with the character should be its youngest branch. Neuroses were the first objects of psychoanalytic research, and in them what we call the character—the habitual mode of reacting—was interrupted; the patient was compelled to act out of character, or to experience emotions that were not in harmony with it. At first, therefore, psychoanalysis was confronted by a thing in the human being that was alien to his character, and therefore the character as such was of no immediate interest. It was, indeed, considered as something necessarily existent, but as something to be taken for granted. When the patient was requested to follow the fundamental psychoanalytic rule of free association, his character was being used as an ally of the technique which was directed against something alien in him. Those without suf-

ficient determination or endurance to adhere to the rule could not be helped, it was assumed, and Freud stated that a "dependable character" was one of the prerequisites for the carrying out of a therapeutic analysis.¹ Under these circumstances, psychoanalysis became familiar with the unconscious before it studied the conscious; it delved into the newly discovered universe of instinctual activities before it approached the part of mental experience that had been the subject matter of academic psychology; it was confronted by the absurd before it knew the usual, and the remote before the near-at-hand. Only after this did we begin to collect evidence, which showed that not only unusual, suddenly erupting mental states, but our ordinary mode of behavior, too, and our usual manner of loving, hating, and acting in various situations, are dependent upon unconscious conditions; and that our ordinary volition is just as determined as disorders of "the will", such as unintentional acts or unwanted dreams.

From our definition of character as the habitual mode of bringing into harmony the inner with the outer world, it becomes evident that character is a function of a constant part of the personality, or we may say, of the organized part of the ego. Indeed, we also refer to the part of the mental apparatus that takes care of the communication between the instinctual and the outer world as the "ego";² so that, in part at any rate, the science of character and the psychology of the ego appear to be two names for the same thing,—which would have as its fundamental problem, the question of when and how the ego acquires those qualities by which it adjusts itself to the instincts and the external world, and later to the super-ego. Under the name of "the principle of multiple function",³ Wälder has described a phenomenon of cardinal importance in ego psychology. Briefly stated the principle is that a given action may simultaneously satisfy demands made from different sides; for

¹ Freud: *Über Psychotherapie*. Ges. Schr. VI, 19. (Trans. in *Coll. Papers* I.)

² Freud: *Das Ich und das Es*. Ges. Schr. V. (Trans. by Riviere.)

³ Wälder, Robert: *Das Prinzip der mehrfachen Funktion*. Int. Ztschr. f. Psa. XVI, 1930.

example, an action fulfilling a demand of the external world may at the same time result in instinctual gratification and super-ego gratification. Thus there may be a fourth type of disturbance in character: besides abnormalities in the habitual adjustment of the ego to the outer world, the id, and the super-ego, there may be a disturbance in the manner in which the various responses are combined. Thus far psychoanalysis has had least to contribute in regard to this fourth element, but in the future it may well prove to be the most important subject for study.¹ The psychoanalytic science of character, particularly when it attempts to understand the character disorders, must include the individual study of all four of these elements.

We may begin our discussion by considering the adjustment that the ego makes with the id; for we are familiar with the fact that, in the origin of a neurosis, the point of departure is a conflict of these two parts of the personality—indicated by repression or other modes of defense used by the ego. Indeed, the study of the neuroses in many places touches upon problems that involve the character. For example, certain alterations in the character form part of the clinical picture of the compulsion neurosis, and they are similar in all cases, no matter how much the patients may differ in other respects; they depend upon the fundamental dynamic factors of the neurosis, and can be understood analytically without making us aware that their being part of the ego creates any special problem. Like the compulsions or obsessions, they can be understood as products of a conflict between instincts against which the ego is defending itself, and the defensive methods employed by the ego,—that is, as anal sadistic substitutive products of phallic œdipal wishes. The same may be said in principle of phobic inhibitions. These too, considered as a definite mode of behavior on the part of the ego, in a certain sense are also part of the char-

¹ A relevant quotation from Radó: "It may be that the individual elements in the mode of operation of the 'synthetic function' (which still awaits investigation) will some day turn out to be the nucleus of that which may be called in psychoanalysis, the 'character' of the ego." *Eine ängstliche Mutter*. Int. Ztschr. f. Psa. XIII, 289, 1927. (Trans. Int. J. Ps-A. IX.)

acter: in such cases, the ego protects itself against the danger which is supposed to be involved in the gratification of an instinct, by overinsuring the avoidance of temptation instead of exaggeratedly acting counter to the instinct, as in the compulsion neurosis. The phobic patient, for whom going out on the street has a sexual meaning, when he wishes to leave his home, will lock himself in; whereas the compulsive patient, because he wishes to do something that is cruel and unjust, will be a particularly kind and just person. Compulsive cleanliness is very clearly a defense against a primary pleasure in being dirty. Such assurances against the emergence of warded-off instincts provide the ego with an especially good opportunity for secondary narcissistic gain. Once we are aware of the fact, it is easy to notice that in addition to reaction formations in the strict sense of the term, there are many traits of character that have a similar purpose. Such traits, which enable the ego to fulfil its function of sifting, or repelling, the impulses that impinge on it from the id, represent a special type of counter-cathexis. During an analysis, these safety-devices are frequently encountered supporting the resistance, all counter-cathexes being indicated then by resistance. The first topic in our study of character, the reaction formations, therefore demonstrates the aptness of the term used by Reich, "character resistance".¹ This term designates the fact that a person's mode of behavior serves the purpose of keeping instinctual elements from becoming conscious or effective, and it indicates the most important problem in the analysis of character disorders—the relative constancy that is included in the conception of the character. Different ideas may be warded off during the course of an analysis, or of life; but to a certain extent some persons oppose widely differing ideational contents with the same character reaction. For example, no matter what the offensive impulse may be, as soon as it approaches dangerously its realization, some persons become spiteful and defensive, others passively compliant, still others

¹ Reich, Wilhelm: *Über Charakteranalyse*. Int. Ztschr. f. Ps. XIV, 1928, and in other articles by the same author.

truculent and active, and so on. The question arises, then, as to what determines the form of the character-behavior that wards off instinctual expression. This is a problem more easily set than solved.¹ For it is complicated by the fact that the ego not only protects itself from the instincts, but, as we shall explain in more detail, more accurately speaking, sifts or censors them:—that is to say, it permits some of them to come to expression in motility directly, others in a somewhat altered form, still others altered in conformity with the character or as characterological alterations. The problem, why character-defenses appear in one or another relatively constant form, is closely connected with the question of content: under which conditions is the ego prepared to give assent to its instincts? At any rate, both questions are intimately related to the history of the individual's super-ego, and accordingly to the history of his infantile sexuality. We shall return to this point later, and for the present rest content to indicate the simplest case, which is also most readily clarified by analysis,—namely, a case in which, despite the superficial impression of a constant character-defense against all types of instinctual content, we can recognize a certain relationship between the type of defense and the instinctual content. In this case, the type of defense selected may be especially adapted for the suppression of a definite idea, or more frequently to permit the instinct in a distorted form to gain an unnoticed entry into the defense itself. The first type is encountered in true reaction formations, where, for example, kindness, as a trait of character, is by nature suited to set limits to cruelty. Modesty, similarly, would affect exhibitionism; disgust—oral instinctual wishes. The second type of defense may be approached by our asking why defense through reaction formation should be so predominant in compulsion neurotics, while the hysterical reaction formations are so ephemeral.² The capacity for establishing

¹ See on this point Reich, Wilhelm: *Über Charakteranalyse*. Int. Ztschr. f. Ps. XIV, 1928. And: *Die charakterologische Überwindung des Ödipuskomplexes*. Int. Ztschr. f. Ps. XVII, 1931. (Trans. Int. J. Ps.-A. XII.)

² Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 100.

far-reaching, constant, reaction formations presupposes a corresponding emotional ambivalence, which is no longer an attribute of genital eroticism; this capacity consequently is correlated with the pregenital compulsion neurosis, and not with genital hysteria. The finding that certain character attitudes (of a defensive nature) are correlated with certain component sexual instincts or erotogenic zones was the first advance made in psychoanalytic characterology and remains to this day its most secure one. Orderliness, frugality, and obstinacy, for example, are defenses against, or substitute satisfactions of, anal eroticism.¹ We shall have more to say of this presently. Obviously, however, a correlation of this sort does not solve all of the problems set for us above; one may react very differently to the same idea under different circumstances, and the relative constancy of a human character, as it maintains itself through individual events, is insufficiently explained. However, we may say in general that some traits of character are assurances against the eruption of instinct.

As in all psychic manifestations, it is evident here too that a dynamic, and not a static, point of view will alone do justice to the real state of things. Character traits such as we have referred to are not only assurances against instinctual expression, but signs of an unremitting conflict with the instincts. The instinct, in a distorted form, invades the product of the counter-cathexis, and the trait of character may change its function and become a source of satisfaction. The conflict then must be continued at a different level. (There are, indeed, "reaction formations against reaction formations"; certain inhibitions can be interpreted as the result of this intricate origin.) For example, by means of a reaction formation, like excessive kindness, it is possible covertly to cause one's fellow-men considerable suffering. In dealing with ego functions, the principle of multiple function must never be disregarded; for if the ego finds it possible to link the fulfilment of a super-ego demand with a concealed instinctual gratification, it will select this particular mode of expression. In the field

¹ Freud: *Charakter und Analerotik*. Ges. Schr. V. (Trans. in *Coll. Papers* 11.)

of character, a very important mechanism for producing this type of condensation is that of idealization. A given act can be veneered and presented as a "good deed", and can be sadistically used to torment other persons. To realize the fulfilment of an ideal requirement brings with it a reward to the ego in the form of pleasure, and this deludes the ego into ignoring that in the deed the instincts found an expression that ordinarily would have been prevented.¹ Each time an ideal is fulfilled, self-regard is elevated and the ego regains some of its early sense of omnipotence. In this state, which is comparable to mania or drug-elations, the ego relaxes its ordinary reality-testing and instinct-testing functions, so that an instinct may penetrate relatively uncensored. Reality, therefore, is much more readily misapprehended in states of intoxication, elation, or self-satisfaction. Many apparently unintelligible outbursts of instinctual activity occur when there is an elevated self-esteem of this type.² The instinctual gratifications that ensue upon obedience to an ideal, according to Alexander's principle of "corrupting the super-ego",³ may not be the only phenomena economically explainable in this way; many other phenomena of human character and conduct have a similar explanation. The "ego fettered by its narcissistic needs" succeeds in believing that an instinct, which at other times would be offensive to it, is a "means of serving an ideal",⁴ and the result may be not merely an outburst of instinctual activity, but even a glorification of it. Edith Jacobssohn reported two cases in which this glorification and the attendant freedom from a sense of guilt proceeded so far that the patients figuratively could be said to have a super-ego which welcomed instinctual expression, and which (in manic states) took over the dominion ordinarily exercised by an instinct-denying super-

¹ Radó, Sándor: *Eine ängstliche Mutter*. Int. Ztschr. f. Ps. XIII, 1927. (Trans. Int. J. Ps-A. IX.)

² Radó: *loc. cit.*

³ Alexander, Franz: *Psychoanalyse der Gesamtpersönlichkeit*. (Trans. Nerv. and Ment. Monograph, 52.)

⁴ Radó: *loc. cit.*, 288. (Trans., p. 224.)

ego.¹ Jacobssohn reminds us that this doubling of ideals must have been made possible by an original division of the parental figures into "good" and "bad" ones. We agree with this interpretation and would add that primitive races, too, do not regard their celebration as a rebellion against the deity, but as a religious rite, which fulfils a divine commandment. The process of idealization may thus deceive the ego very much as to the true nature of the ego's own actions. Again we may observe how difficult it is to distinguish, in character traits, the relationship to the id, the super-ego, and the outer world; the economic interrelation of the adjustments to all three factors (to the super-ego and id especially, in the case of idealization) appears to be the most essential factor.

Other compulsive traits apparently represent instinctual satisfactions which are not obtained by these devious routes, but directly and primarily. To be contradictory, for example, satisfies combativeness; there are not only kind and just persons but cruel and unjust ones as well in whom sadistic impulses form the basis of the character. A person's behavior in sexual matters is also determined by his character, and it is known that this behavior often enough subserves the direct satisfaction of particular component impulses. Such types of behavior, which assist the instincts, may be considered as instinctual tendencies that are included in and influenced by the ego-organization. (Uninfluenced direct instinctual demands are not to be reckoned part of the character.) The problem of their origin and formation is identical with the problem of the origin and the setting into operation of the reality principle,² that is, the capacity of the ego to influence the instincts in accordance with the demands of reality. It also coincides with the problem of the origin and formation of the super-ego, as well as that of the later tensions between ego and super-ego.³ Ideali-

¹ Jacobssohn, Edith: *Beitrag zur asozialen Charakterbildung*. Int. Ztschr. f. Psa. XVI, 1930.

² Freud: *Formulierungen über zwei Prinzipien des psychischen Geschehens*. Ges. Schr. V. (Trans. in *Coll. Papers IV*.)

³ Freud: *Das Ich und des Es*. Ges. Schr. V. (Trans. by Riviere.)

zation is assuredly only one special instance of the mechanisms by means of which the ego can be induced to include modes of behavior in its organization that promote instinctual expression. Distorted gratifications, which are embedded thus in character traits, are often the very ones that are vitally important for the entire libido economy. A person is not willing to dispense with them without more ado, and it is for this reason that such character traits appear during a therapeutic analysis as part of the "character-resistance".¹

This discussion will have given us an initial glimpse into the complexity of the problems involved. Let us for the present be content with a simple formulation that it furnishes: character traits, too, are the precipitates of instinctual conflicts; in principle, therefore, they are analyzable, like symptoms, and like these may be referred to unconscious instinctual origins; a thoroughgoing analysis alone can elucidate the differences between symptom and character trait.

To begin with their relationship to the instincts, traits of character may be divided into those that are in the main defenses against instinctual activity and those that subserve instinctual satisfaction. Most real examples are in fact both, so that in practice the two categories are not sharply delimited. It is nevertheless useful to contrast the two as types. The typical reaction formations, for instance, are included in the first category; the distorted satisfactions approved by the ego because of "idealization", as discussed above, would be examples of the second category.

A counter-cathexis by definition exerts pressure against the force of the instinct, which attempts to gain motor expression. It is the energy continuously expended to suppress the instinct.² If a counter-cathexis is present, something must necessarily be in repression; for the existence of a counter-cathexis presupposes the persistence of something repressed in the unconscious. "Defense by counter-cathexis" in all its forms, such as repression, phobic façade, isolation, and—in the province of char-

¹ Reich, Wilhelm: *Über Charakteranalyse*. Int. Ztschr. f. Ps. XIV, 1928.

² Freud: *Die Verdrängung*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.)

acter—reaction formation, prevents only the direct operation of that which is warded off but it does not demolish it; it persists in the “extraterritorial domain”¹ of the unconscious and exerts its effect from there. This is a fundamental postulate of psychoanalysis, which regards neurotic symptoms as expressions of this persistent effect.² New offshoots of the repressed are constantly produced; their appearance proves the continued existence of the repressed in the unconscious. Reaction formations also depend on counter-cathexis; they conceal the repelled instincts persisting in the unconscious in the same manner as repression conceals the repressed. In this sense psychoanalysis remains an “unmasking psychology” when it deals with character traits that are reaction formations, for it demonstrates the antithetical tendency beneath the manifest. It recognizes that character, or character trait, is as much a false front as a dream-façade,—for it discovers outgrowths of the repelled tendency, and establishes thus the existence and influence of this tendency; either because the outgrowths are manifest as gross eruptions, or because, analogous to the case of symptoms, they are betrayed as more delicate details of characteristic behavior, or because they produce a particular exaggeration and tenseness in the opposite attitude. This type of character analysis is inevitable to a certain extent in every analysis, along with the interpretation of symptoms, dreams and slips. The instability of these character attitudes must be ascribed to an unremitting conflict with the instincts and a continuous expenditure in energy, which economically speaking impoverishes the libidinal forces of the person in question. In consequence, a character that is largely composed of such formations is inefficient. In this case, an analysis will act as with a neurosis, except that since there is less suffering, it is more difficult to induce the patient to realize that he is “ill”—to have “insight”, that is—or to have a desire to be different. Persons of this type, whose

¹ Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 35.

² See, for example, Freud: *Die Abwehr-Neuropsychosen*. Ges. Schr. I, 294 ff. (Trans. in *Coll. Papers* I, p. 63.) And his general summary in *Das Unbewusste*. Ges. Schr. V, 495 ff. (Trans. in *Coll. Papers* IV, p. 112 ff.)

entire behavior is devised to prevent behavior of the opposite kind,—in which design they are never thoroughly successful, due to the resurgence of the repressed from repression—were doubtless the ones Lorand had in mind when speaking of a “reactive character”.¹ (The examples given by Lorand, however, reveal a more complex structure. The manifest character is not alone composed of reaction formations against original instinctual demands but also includes reaction formations that are opposed to ideals and other secondary tendencies, which in turn are themselves complex and based in part on reaction formations.) Examples of this type would be ascetics whose whole life is given over, consciously or unconsciously, to a struggle against all instincts; extremely inhibited persons, who hardly permit themselves any activity, since activities for them are all forbidden instinctual satisfactions; and eccentrics who devote their whole life to the combating of some particular social evil, which represents for them, unconsciously, their own instinctual activity. All these persons stand in perpetual danger of the consequences of their economic impoverishment, or of an outbreak of their dammed-up instincts.

A relevant example from my practice is a patient who was a convinced vegetarian, and for many years in the forefront of the vegetarian movement. He finally decided to change his occupation and become—a butcher. Particular types, of great importance in practice, belong to this group of persons, but will be discussed in another connection.

In the case of idealization, analysis is able to demonstrate that, like a symptom concealing an unconscious sexual wish, the distorted ego-satisfaction covers a wish for the undistorted instinctual activity.

When we come to consider the mode of defense known as regression, we find a different state of affairs.² Genital instinctual wishes, when supplanted regressively by anal sadistic ones,

¹ Lorand, Sándor: *The Reactive Character*. Med. Rev. of Reviews, Psychopathology Number, 1930.

² Cf. concerning this problem, Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 83, footnote.

are not totally extirpated; for among the anal sadistic ideas certain phallic ones will be found persisting. Nevertheless, this regression differs from the mechanism that is present, for example, in an intestinal symptom of a hysterical nature, where the anal sadistic fixation merely determines the site of the symptom, which otherwise in respect of ideational content expresses a completely genital wish. The instinctual wish that is warded off through regression no longer exists in the same sense as a repressed one does, but is more or less completely replaced by its derivative. The question whether a manifest construction is a measure that opposes a warded-off impulse or whether it is a substitute for it, is of especial importance in the treatment of character and its disorders.

It may happen that the ego may replace an original instinctual impulse by one that is not merely somewhat less offensive, as in the case of regression to the anal sadistic level, but by an impulse that is compatible with the ego, organized, and inhibited as to aim; the ego may, that is to say, form a channel and not a dam for the instinctual stream. Freud doubtless had this type of defense in mind when, in his earlier essays, he often referred to successful repression, in contrast to the unsuccessful variety that is found in the pathogenesis of the neuroses.¹ These mechanisms are not of interest to one who is studying primarily the neuroses; but in the study of character they are of the greatest importance, because (direct instinct gratification being excluded from the realm of character) all traits of character, so far as they are not reactive in nature, belong to this class. The transformation of reactive traits into "true" traits of character will be one task in many character analyses; the other will be the treatment of disturbances included among the mechanisms of "successful repression".

Our knowledge concerning such "successful repressions" is still in a problematic stage. One type alone, though perhaps the most important one, has been thoroughly studied (by Freud); its pathological travesty is not to be found in the theory

¹ For example, in *Die Verdrängung*, Ges. Schr. V, 474 (Trans. in *Coll. Papers IV*). But see also *Hemmung, Symptom und Angst*, Ges. Schr. XI, 32.

of the neuroses, but as part of the psychology of manic-depressive psychosis: identification.¹ By this mechanism, in the course of a child's development, the alteration in psychic structure that is most crucial in the formation of character takes place—the formation of the super-ego.

I assume in the reader the knowledge that the super-ego, according to Freud, arises as the "heir of the œdipus complex".² When, for external or internal reasons—let us say, diagrammatically, because of castration anxiety—the œdipal impulses are recognized as futile, and have to be overcome, this is effected normally by means of a regression from object love (or object hate) to identification. So far as this process is successful, the œdipus complex is no longer present. It has been "absorbed" by the super-ego.³ To be sure, the objects of the œdipus complex are not incorporated *in toto*, or the children would become narcissistically psychotic. The parents remain as real persons in the real world, but they are the objects of aim-inhibited impulses only. The crudely sensual and the aggressive portions of the wishes referring to them are dealt with through a partial narcissistic identification. The result is that the objectionable instinctual impulses disappear, and there remains a mixture of aim-inhibited impulses and specific alterations in the province of the ego. It may be remarked that alterations in the ego and desexualization were the criteria that defined successful repressions.

The super-ego does not originate all at once, but has certain preliminary stages (*Vorstufen*). We may use the training in cleanliness, which analytic experience shows to be of great importance in the formation of character, to illustrate how an ego can ever be brought to adopt a position that is opposed to

¹ See Freud: *Massenpsychologie und Ich-Analyse*, Ges. Schr. VI, 303 ff (Trans. by Strachey); further, *Das Ich und das Es*, Ges. Schr. VI, 372 ff (Trans. by Riviere, 34 ff). For a resumé, see Fenichel, Otto: *Die Identifizierung*. Int. Ztschr. f. Psch. XII, 1926.

² Freud: *Das Ich und das Es*. Ges. VI, 378. (Trans. by Riviere, 44 f.)

³ Freud: *Der Untergang des Ödipuskomplexes*. Ges. Schr. V. (Trans. in *Coll. Papers II*.)

its own instincts.¹ Young children find pleasure in uncontrolledly soiling themselves. It is not known whether, left to themselves, they would give up this pleasure; for they are, in fact, trained. They learn, that is to say, that adults will be pleased if they behave differently. If they are cleanly, then, they either win affection or avoid a threatened punishment. As they develop, the rewarding or punitive environment is introjected; through an identification with the mother, they reward themselves for being good by increasing their self-esteem, or punish themselves by diminishing it.² In the description of depressions, it was stated that the internalization of the maternal bidding was also intended to subserve the purpose of wooing an external object, who would be perpetually amiable if one took care of the matter of punishment one's self.³ The conception of a satisfaction as a danger is succeeded in turn by a conflict, which terminates in the victory of the inhibition, in the form of an alteration to resemble the upbringers.

The tendency to identification is profoundly archaic,—the product of "incorporation",—representing as it does the earliest object relationship. It is indubitable that many characteristics are directly taken over from the models, even before there is any training in cleanliness, and surely after this training, whether this is due to the fact that an object relation is regres-

¹ The expression "*Vorstufen des Über-Ichs*" was first used by Reich (in *Der triebhafte Charakter*). The same idea was referred to by Ferenczi as "sphincter morality" in *Zur Psychoanalyse von Sexualgewohnheiten* (Int. Ztschr. f. Ps. XI, 1925. Trans. in *Further Contributions*, etc.), and was also described, without any distinction from the super-ego proper, by Melanie Klein (*Die psychologischen Grundlagen der Frühanalyse*, Imago XII, 1926; and *Früstadien des Ödipus-konfliktes*, Int. Ztschr. f. Ps. XIV, 1928. See, for trans., Klein, Melanie: *The Psychoanalysis of Children*, 1932). For a resumé, see Fenichel, Otto: *Die Identifizierung*, Int. Ztschr. f. Ps. XII, 1926.

² Without mentioning identification, Freud first described the rôle played by the training in cleanliness in forming the character in *Drei Abhandlungen zur Sexualtheorie* (Ges. Schr. V, 61. In Brill's trans. [ed 4], p. 47), then in more detail in *Charakter und Analerotik* (Ges. Schr. V, 264 ff. Trans. in *Coll. Papers* II).

³ Radó, Sándor: *Das Problem der Melancholie*. Int. Ztschr. f. Ps. XIII, 1927. (Trans. Int. J. Ps-A. IX.)

sively degraded into an identification, or whether the identification accompanies the relationship from the beginning. So far as the "preliminary stages of the super-ego" are concerned, they would be characterized by the ego's taking on the quality of a prohibition, and this would be due to the object relationship that simultaneously exists. By a renunciation, undertaken for the sake of preserving an object relationship, the child acquires the inhibitions that limit the aim of his instincts. Such preliminary stages characteristically exist free and independent of each other, somewhat as the component instincts exist before they are integrated into a unitary sexual organization. They lack the essential character of the super-ego: its unity, and its opposition to the ego, which represent the super-ego's legacy from the *œdipus* complex. As Freud demonstrated, it is only after the *œdipus* conflict is solved by introjection, and because of the nature of the ego and of the objects introduced into it, that the antithesis which previously obtained between ego and object finds its intrapsychic continuation.¹

That we illustrated the origin of the super-ego and its preliminary stages by examples of thwartings forced upon the ego by the environment, and not by examples deriving from the child's physiological inadequacies, is not a matter of chance. The physiological difficulties may also lead to identifications, but as experience shows, never to that type essential for the formation of the super-ego. Those who disagree with this statement do not appreciate the social nature of the psychogenic disorders and overrate biology unjustifiably.

The mechanism of super-ego formation is of great importance for characterology, because the variety, form, and power of the super-ego determines the attitude of the ego to its instincts. The formation of the super-ego is of course never a matter that is settled once and for all; numerous objects take part in its building. But there are other "direct identifications in the ego" that are influential in forming the character, as for

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI, 375. (In Riviere's trans., p. 37-) Cf. Fenichel, Otto: *Die Identifizierung*. Int. Ztschr. f. Psa. XII, 1926.

example those discussed in connection with homosexuality. Numerous traits of character, as Freud¹ and Abraham² have shown in detail, are found to be direct copies in the ego of qualities and attitudes of a one time beloved person. Other traits are seen to be qualities opposed to those of the object—the mechanism is the same in both cases. Consequently, the analysis of object relationships that have regressed into identifications is inevitably included in every “character analysis”. It is evident that the super-ego, which arises from a special identification, is of particular importance in shaping character. What the parents are like, with whom the child identifies itself, is important, but not only that: it is also important to know which attitudes of the parents the child adopts, whether for imitation or as prohibitions, in which stage of development this happens, how the old ego regards the part of the personality that is altered by the identification, and whether it fuses with this part or sets itself up in opposition.³ An appreciation of the importance of the form and ideational content of the super-ego for character formation has led to attempts to explain the empiric differences in the character of men and women on the basis of differences in the construction of the male and female super-ego. The super-ego in girls is not formed as in boys by the sudden blow that castration anxiety gives to the œdipus complex, which then in its dissolution produces the super-ego, but is formed by the gradual effect of insight into the impossibility of realizing the œdipal wishes and the less abrupt fear of losing love. Freud gave expression to the idea that “the character traits for which women have always been criticized and reproached, that they have less sense of justice than men, less tendency to submit to the great necessities of life, and frequently permit themselves to be guided in their decisions by their affections or enmities”, might be “due in large part to a difference in their super-ego formation”.⁴ According to Sachs,

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI, 373. (Trans. by Riviere, p. 35.)

² Abraham, Karl: *Psa. Studien zur Charakterbildung*; and: *Versuch einer Entwicklungsgeschichte der Libido*. (Trans. in *Selected Papers*.)

³ Reich, Wilhelm: *Der triebhafte Charakter*. 10–11.

⁴ Freud: *Einige psychische Folgen des anatomischen Geschlechtsunterschiedes*. Ges. Schr. XI, 18. (Trans. Int. J. Ps.-A. VIII, 142.)

the œdipal disappointment in girls brings about a partial regression to an oral impulse to remain attached to the father, through an oral incorporation; and only if this incorporation loses its covert libidinal meaning and the girl really renounces it, is there any true super-ego formation. This again is reflected in the sexual behavior, for the typical conflicts in this field in women center more about demands that they renounce, while in men the impulse that opposes an instinctual urge always resembles a threat.¹

It must not be forgotten that the establishment of the super-ego normally inaugurates the period of latency, the period in which the control of the instincts by the ego and the attendant building of the character becomes the chief function of the organism.²

In addition to the construction of the super-ego, the remarkable, and as yet insufficiently studied, mechanisms of the formation of an ideal in later life are of importance in forming the character. The impression often arises that certain persons who serve as models, or certain ideas, are introjected into the super-ego in the same manner as œdipal objects in early childhood. The adjustment of a newly introjected object of this sort with the true super-ego gives rise to complications. Elsewhere in this work,³ we have referred to what Freud calls a parasitic super-ego,⁴ which may well be operative in the production of certain anomalies of character.⁵

At this point it may be well to attack a subject, which despite its practical importance, still remains in much obscurity—namely, sublimation. It is easier for us to tell what the process

¹ Sachs, Hanns: *Über einen Antrieb bei der Bildung des weiblichen Über-Ichs*. Int. Ztschr. f. Psa. XIV, 1928. (Trans. Int. J. Ps-A. X.)

² Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 51 ff. (In Brill's trans. [ed 4], p. 38 ff.)

³ In the chapter on Traumatic Neuroses.

⁴ Freud: *Einleitung zu "Psychoanalyse der Kriegsneurosen"*. Ges. Schr. XI, 254. (Trans. in *Psychoanalysis of the War-Neuroses*. London: The Int. Psa. Press. p. 2.)

⁵ For references to the literature and a discussion of this problem, see Fenichel, Otto: *Die Identifizierung*. Int. Ztschr. f. Psa. XII, 1926.

is like than to understand the conditions that determine it,—in sublimation, an impulse is diverted from its goal through the influence of the organized ego, and brought into accord with the ego.¹ With Bernfeld, we hold that it is useful to call all such ego-compatible modifications “sublimations”, as it would disturb the scientific nature of our studies if we supplied this concept with ideas of value.² The point is that the defensive forces of the ego embark on a course that is different in principle from the one which leads to neuroses or reaction formations in the character. The instinctual outlets are not blocked or dammed by a force operating in an opposite direction, but figuratively speaking, they are drained into an artificial bed. Metaphorically, the counter-energies of the ego do not, as in the case of a counter-cathexis, oppose the instinctual forces head on, but impinge at an angle, producing a resultant of the parallelogram of forces, which, unifying instinctual energy and defensive energy, is free to proceed. Hence, sublimation is an antithesis of repression proper, for sublimated impulses find an outlet, whereas repressed ones are blocked, and do not reach the motor apparatus.³ Sublimation is further to be distinguished from those outbursts of the repressed from repression that may ultimately be impressed into the service of the ego—as secondary gain for example—by the fact that in sublimation the ego utilizes the instinctual energy for purposes that naturally and primarily have their own inherent reasons for existence; in sublimation all the instinctual energy finds an outlet, so that the original uninhibited aim is no longer present in the unconscious; sublimations are distinguished from neurotic substitute gratifications by their “desexualization”—that is to

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 53. (In Brill's trans. [ed 4], p. 40.)

² Bernfeld, Siegfried: *Bemerkungen über “Sublimierung”*. Imago VIII, 1922.

³ For this reason, sublimations may appear after a repression is removed. Cf. Freud: *Aus der Geschichte einer infantilen Neurose*. Ges. Schr. VIII, 512. (Trans. in *Coll. Papers* III, 546.) Or: *Vorlesungen zur Einführung in die Psa.* Ges. Schr. VII, 473 f. (Trans. by Riviere, *Introductory Lectures*, etc., p. 381.)—Sublimations require an unchecked stream of libido, as a millwheel an unimpeded channeled flow of water. Cf. Hermann, Imre: *Die Regel der Gleichzeitigkeit in der Sublimierungsarbeit*. Imago X, 1924.

say, the gratification of the ego is no longer a direct instinctual one. This brings us to the question of what conditions render possible a fortunate outcome of this type.

A completely satisfactory answer to this question will not be forthcoming. To begin with, let us recognize that sublimation is characterized by an inhibition of aim and a desexualization of the libido involved, by the complete absorption of an instinct into its outgrowths, and by the attendant alteration in the ego. Sublimation possesses all these qualities in common with identification, as may be seen from our account of the origin of the super-ego. Let us then consider that according to all experience the sublimations, especially those that arise in childhood, depend upon the presence of models, upon incentives directly or indirectly supplied by the environment, as the analysis of cases of disturbances in the capacity to sublimate shows, since such incapacity is found, constantly, to be due to difficulties in making identifications.¹ This increases greatly the probability of Freud's assumption that sublimation stands in intimate relationship to identification, and that sublimated libido is libido that has been taken from objects back into the ego.² The extent to which the "diversion of libido by the ego" may occur varies greatly. In some cases—and these may be designated sublimations in the strict sense—this diversion is limited to an inhibition in aim; the person who has made the sublimation does exactly what his instinct urges him to do, but only after the instinct has been desexualized and subordinated to the reality principle and the ego-organization. (To give an example, the surgeon, who while at work is really performing as bloody a deed as his original instinct would require.) It is interesting, in this connection, to reflect on the various component impulses as they unconsciously affect many technical inventions.³ But there are changes in object and aim that are more thoroughgoing. It is, indeed, possible even that an

¹ Bornstein, Berta: *Zur Psychogenese der Pseudodebilität*. Int. Ztschr. f. Psch. XVI, 1930.

² Freud: *Das Ich und das Es*. Ges. Schr. VI, 390. (Trans. by Riviere, p. 64 f.)

³ Giese, Fritz: *Sexualvorbilder bei einfachen Erfindungen*. Imago III, 1914.

activity opposite in direction to the original instinct may not be a reaction formation maintaining the balance against the suppressed instinct, but may really have taken its place. Freud may have had such an activity in mind when he spoke (in somewhat unclear terminology) of "sublimations through reaction formation".¹ Many reactions of disgust and modesty that are natural to every civilized person, in which no trace remains of the infantile instinctual tendencies against which they were originally developed, belong in this category. The modification of the instinct described by Freud as "transformation into the opposite" is identical with this, if this transformation means that the entire force of the instinct henceforth operates in the new direction.

To give an example of an adjustment of an instinct through identification, and to show the complexity of the interplay of reaction formation and sublimation, we may devote a few words to the psychogenesis of pity. Pity is indubitably a character-trait defense against sadism. Since the original instinctual aim—to give pain to others—is transformed into its opposite—to avoid giving pain—pity may justly be called a reaction formation. This is often enough confirmed when, in an instinctual outburst, or through analysis, the original instinct is found to be at work behind the façade of pity. But at other times, pity seems to be a sublimation through reaction formation of the type referred to above, so that the sadism is really supplanted by pity. In both instances, however, the mechanism used to ward off the instinct appears to be an identification with the object of the sadism originally present. It is evident, therefore, that in this case an identification does not insure that there will be a desexualization. For when sadism turns into (still entirely libidinal) masochism, the same type of identification is employed, and many persons, when they pity, experience definitely masochistic erotic pleasure.

Jekels has reported still another variety of pity, which at first glance does not appear to involve an identification, but instead

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 53. (In Brill's trans. [ed 4], p. 40.)

an express rejection of the tendency of identification, a rejection that is sustained by castration anxiety. If we think of the person whose pity depends on identification as wishing, for example, that another person should be beaten by his father, he would counteract this wish by saying, "No, he must not be beaten. I must be." The type of person described by Jekels would reject this second idea and say, "No, I should not be beaten. I wish to be loved." But whence the pity, then? The pity arises because the person in question wishes to be loved not only by his external father, but as well by an introjected father, his super-ego. He treats the object as he would wish his own super-ego to treat him. It was this new and unquestionably correct observation that Jekels contributed.¹ Is it correct to say that in this form of pity, identification plays no part? For did not the super-ego originate through the process of identification? Nevertheless, there is here an attempt to settle narcissistic conflicts with the super-ego, in terms of the environment—a procedure of which we shall find many examples. But the desexualization which the sadism was subjected to in this type of pity, seems to us to be definitely a product of the object's passage through the ego—of the identification that took place when the super-ego was constructed. To know that a character-defense against instinct is the result of identification does not tell us whether it is a successful one,—that is to say, whether the original instinctual tendencies are completely absorbed by the defense. Reaction formations also occur which are based on identifications; and there are the "true" identifications, which proceed at a profound (oral) level, and lead to desexualization and complete absorption of the instinctual energies.

The contrast between those phenomena in the formation of character that forcibly suppress the original instinct, and those that supersede it, is instructive and permits the understanding of many normal and pathological manifestations.

The nomenclature in this field is not uniform; hence in

¹ Jekels, Ludwig: *Die Psychologie des Mitleids*. Imago XVI, 1930; and in: *Almanach der Psychoanalyse* 1932.

order to avoid misunderstandings, it would be well to outline what has been stated:

We distinguish the modifications of the instincts by the character, according to whether these modifications suppress, or supersede the original instinct (though in reality, they do both to a certain extent). Independently of this distinction, they may be divided into those that work in the same, more or less modified, direction as the instinct, and those that are diametrically opposed. We then may draw the following diagram:

		Traits of character, which work	
		A. in the same (modified) direction as the instinct.	B. in the opposed direction.
Traits of character by which the instinct is	1. suppressed.	1 A	1 B
	2. superseded.	2 A	2 B

On this diagram, the typical compulsive reaction formation would be represented by 1 B, the activity of the good surgeon by 2 A, the "reversal of instinct into its opposite" or sublimation by 2 B; 1 A could be considered "neurotic substitute gratification", as in a sadistic teacher fond of flogging. The terminological difficulties arise from the fact that "reaction formation" is sometimes used to designate category B, which comprises 1 B and 2 B, and "sublimation" occasionally for category 2, which comprises 2 A and 2 B, and at other times for category A, which comprises 1 A and 2 A.

From what has been said, it will be evident that we prefer the "1-2" division nomenclature. Sterba's contribution, which contains many interesting ideas and agrees in respect of content with our views, is unfortunately opposed to them in respect of terminology.¹ Sterba wishes to designate 2 B—

¹ Sterba, Richard: *Zur Problematik der Sublimierungslehre*. Int. Ztschr. f. Psa. XVI, 1930.

formations in which there is no trace of the original instinctual demand—as “true reaction formations” (thus accounting the origin of the super-ego, for example, among the reaction formations), and he would designate category 1 B as “reaction formations attendant upon counter-cathexis”. Because of the fact that in psychoanalysis the term “reaction formation” has gained currency to designate formations due to a counter-cathexis, we would not prefer Sterba’s usage.

In the measures that are taken by means of a character to ward off anxiety—measures which play an important rôle in practice—the situation is exactly the same in principle as when the dangerous instinct itself is warded off, so that it requires no separate exposition. Among these measures one also finds category 2 frequently, and more rarely category 1, in which an anxiety is really overcome by an identification with the object of which one is afraid.

The relative prevalence of categories 1 or 2 among the character traits cannot fail to be of importance for the fate of the individual.

When the œdipus complex is modified by the character, it may happen that it is usefully “transformed into characterological reactions”, or that useless traits are formed, “which represent reaction formations against its fundamental components”.¹ Owing to the work of Reich,² there is in the literature a schematic, telling, comparison of these different processes.

To give two examples of the elaboration of instinctual energies by the character:—A child that learns to write well and does so with much application, and a child that does so very constrainedly and meticulously, a child that smears, and another that has an inhibition for writing, all may be said to have displaced anal erotic instinctual quantities to the function of writing. But in the first child, we have a sublimation; it no

¹ Reich, Wilhelm: *Die charakterologische Überwindung des Ödipuskomplexes*. Int. Ztschr. f. Ps. XVII, 1931. (Trans. Int. J. Ps-A. XII.)

² Reich, Wilhelm: *Der genitale und der neurotische Charakter*. Int. Ztschr. f. Ps. XV, 1929.

longer wishes to smear but to write. The other children do not succeed in channeling this impulse. They are forced either to fix it through reaction formations, allow it its own way, or inhibit it through counter-cathexis.¹—We tell the neurotic that he must renounce his infantile objects; but the healthy person, too, will love most the woman that reminds him of his mother. The neurotic, however, has repressed his love for his mother, so that it becomes inflexible and unalterable. The normal man loves a woman who may resemble his mother in one respect, but who may otherwise be a totally different sort of woman; and he loves her instead of his mother.

It will be readily understood (and we shall discuss the matter in more detail later) that since reaction formations are pre-conditioned by ambivalence, they play a correspondingly less important rôle the greater the genital concentration of a given person's instinctual activities. Of the advantages for character formation that accrue with the attainment of genital primacy, as described by Abraham,² not the least important is that due to the saving in psychic expenditure that attends the recession of reaction formations and the prevalence of sublimations. But even more than in the case of the neuroses, it is important to emphasize that the formulation of contrasting types is always

¹ This example leads us to mention Müller-Braunschweig's theory, that the process of finding the organs or functions, in young children, is a mechanism that closely resembles identification, and furnishes opportunities for sublimations. (Müller-Braunschweig, Carl: *Beiträge zur Metapsychologie*. Imago XII, 1926.) Through an "identification" with organs or excitatory processes, auto-erotic libido becomes desexualized narcissistic libido. Thereby, the desexualization (sublimation) signifies an augmentation of function in the organ cathected by the libido, in contrast to autoerotism, which impairs the function. Thus though a masturbator and a plastic artist have both "libidinized" their hand, the former has impaired its ego-function, while the latter, having desexualized the hand-libido, has sublimated the masturbatory impulse. Hermann in his article on organ libido and endowment (Hermann, Imre: *Organlibido und Begabung*. Int. Ztschr. f. Ps. IX, 1923) has studied this contrast and (not entirely accurately) calls the one an instance of "genitalization", the other "an erotization that is in process of becoming a sublimation".

² Abraham, Karl: "Zur Charakterbildung auf der 'genitalen' Entwicklungsstufe." In: *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.)

an abstract procedure. Every person possesses both types of character traits, and in behavior that is not grossly instinctual, modifications of the original instincts in conformity with the reality principle (sublimations) are always to be found along with reaction formations against them. The extremes of the two types are readily distinguishable:—the excessive kindness of the compulsion neurotic is pure reaction formation; the good surgeon has sublimated. But in between there are many mixed instances. The ideal “post-ambivalent” character¹ without reaction formations is a conceptual limiting case. Hence, the intermingling of the two types can be best demonstrated in the “pregenital characters”.

For this purpose, we choose an example with which we are already familiar,—the overcoming of an aggressive impulse directed against some person through an identification with this person, such as we found in the genesis of mild homosexuality.² When love appears where hatred previously existed, we may speak of a character change, if this change is not limited to an attitude toward the one person only, but modifies the individual's entire social behavior. When we find, however, that for example intense “hero-worship”, a well-meaning enough identification, is almost always accompanied by traces of the original hostile attitude, perhaps of an equally intense envy, we again have evidence that the trends warded-off persist in the unconscious, concealed by the defensive measures. In this case, there is therefore a combination of identification and reaction formation of the type described in the first category of pity; part of the original hostile cathexis is desexualized through identification, another part preserved and suppressed through a counter-cathexis. (This counter-cathexis may dispute with the first part the use of quantities of cathexis.)—All “social emotions” are of this type. According to Freud, the members of a group are identified with each other, and when the original aggressive cathexis is absorbed because of this

¹ Abraham: *loc. cit.*

² Freud: *Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

identification, they cease fighting one another.¹ It is well known, however, that in such a group, the aggressive tendencies are no less easily aroused and ready to break out, for which quite small economic changes, regroupings that affect the "narcissism based on small differences",² suffice as a provocation. In other words, in spite of the identification, much of the defense against hostile tendencies has the characteristics of a reaction formation. And it is intelligible that the relative proportioning of identification and reaction formation in the struggle with aggressive impulses in a social group, is of great importance in determining the social psychological structure; for this determines how much of the stabilization or limitation of the aggression is dependable, and how much of it is merely a specious mask, preserved with great effort.

An even better example of how closely the (to a certain extent, ineffective) reactive defenses and the modifications of the instincts through identification or sublimation approximate each other, is to be found in the above-mentioned "pregenital characters".³ The correlation of certain definite traits of character with certain definite erotisms was, as we said, the first discovery in the field of psychoanalytic characterology, and remains to date its best studied phenomenon. We stated that in this case the type of solution, whether reaction formation or sublimation, appears to be determined by the nature of the ideational content that is warded off, or by the erotogenic zone in which the instinct has its source. The individual process of displacement from the original instinctual aim to behavior conformable to the ego, the relation of original aim to the sublimations, and the developmental history of the reaction formations and of breaches through reaction formations, have been best studied in this field.

¹ Freud: *Massenpsychologie und Ich-Analyse*. Ges. Schr. VI. (Trans. by Strachey.)

² Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI. (Trans. in *Coll. Papers* IV.)

³ Cf., in this connection, Ferenczi, Sándor: *Mischbildungen von erotischen und Charakterbildungen*. Int. Ztschr. f. Ps. IV, 1916. (Trans. in *Further Contributions*, etc.)

As is well known, Freud first discovered that the traits, orderliness, frugality, and obstinacy, are found in persons who were particularly anal erotic as children.¹ These character traits are consequently continuations of anal erotic activities, and are, indeed, not only reaction formations against the activities but substitutes for them as well. That they are both reaction formations and substitutes, and that they have a very complex relationship to the original instincts, was demonstrated in a second essay by Freud, on modifications of the instincts.² Like infantile sexuality itself, these relationships were first recognized by inference from the analysis of adult persons, and only later observed directly in children. The important advance from the pleasure principle to the reality principle, which permits the ego to influence the instincts successfully, as it learns to postpone or renounce direct instinctual gratification out of consideration for the environment (that is, in order to please love objects),³ takes place to a very great extent in connection with the training in cleanliness. It takes place in conformity with the relative instinctual intensity of the anal eroticism, which is determined by the constitution and antecedent experiences, and with the behavior of external objects, and is consequently quite varied. The anal character traits formed thereby, in part have the features of the resistance offered by the instinct to the demands of the environment, in part of obedience to them, and in large part of a compromise between the two trends.⁴ The resistance prevails in those traits of character that make their appearance concomitantly with an acute regression to the anal sadistic level in children or adults, which, in keeping with the fact that they appear as regressions,

¹ Freud: *Charakter und Analerotik*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

² Freud: *Über Triebumsetzungen, insbesondere der Analerotik*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

³ Freud: *Formulierungen über die zwei Prinzipien des psychischen Geschehens*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.)

⁴ More detailed expositions of the anal character, besides those of Freud, are: Sadger, I.: *Analerotik und Charakter*. Die Heilkunde 1910; Jones, Ernest: *Über analerotische Charakterzüge*. Int. Ztschr. f. Ps. V, 1919. (Trans. in *Papers on Ps.*); and Abraham, Karl: *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.)

consist in a more ambivalent and more bisexual attitude to the object. Of the character traits that may be called anal in the stricter sense, too, many are simple expressions of such resistance. This is true of obstinacy and defiance, which can be traced back to their origin in the child's refusal to accede to the environmental prescriptions in the regulation of its excretory functions. When there is a very intense anal *Anlage*, it is well known, these traits may become so extreme that the person in question ultimately will do the exact opposite of that which is required of him by his environment. Thus, one of my anal patients was so stubborn that he slept only during the day and remained awake all night, because he "could not see the point" of doing the customary thing.

But in part the anal traits represent a complete obedience; we may mention tidiness, punctuality, meticulousness, propriety, all of which signify a displacement of the compliance with the environment's requirements in regard to defæcation. In this group is to be included the disgust felt for the excreta; we have quoted Freud's statement that this is an example of "sublimation through reaction formation".¹ But the very character traits that represent obedience evince themselves as partly reaction formation. The opposite mode of behavior replaces them or permeates them only too readily. It is the paragon of punctuality that in many instances is surprisingly unpunctual, the most cleanly person that is in some curious respect astonishingly dirty. This paradoxical behavior reflects the conflict between the defense and the instinct. Abraham reported a number of such points of attachment in the character of a perpetual struggle with the counter-cathexes; for example, persons who were scrupulously neat in regard to their top clothing, and as scrupulously untidy in regard to their underclothes, others who ordinarily kept their things in a very disorderly fashion but who suddenly from time to time had to clear things up (which corresponds to the autoerotic habit of retaining the fæces for a long while, then "settling everything

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 53. (In Brill's trans. [ed. 4], p. 40.)

at once") etc.¹ Again, since an individual's adaptation to society depends entirely on the extent to which he is willing to impose restrictions upon himself for the sake of others, or the extent to which he defies these restrictions, it is easy to recognize the importance of anal eroticism in shaping an individual's attitude to the environment.

Finally, certain anal traits of character represent a direct sublimation, a diversion of the instinct by the ego either on to a new aim or a new object. There are anal sublimations that owe their origin to displacement from the product of defæcation, and those due to an elaboration of the process. After Freud called attention to the displacement from the idea "fæces" to the ideas "gift" and "money" (the connections with the genital ideas, "penis", and "child" are of minor interest here),² Ferenczi succeeded in tracing the steps by which the interest in fæces is transmuted into an interest in money.³ Every sensory path that originally brought the child into contact with its fæces, and its relation to the fæces through the skin, the eye, and the nose, are found sublimated in the relation to money. When the sublimation process is disordered, the attitude to money will take on as many forms as the anal erotic's attitude to fæces. A successful sublimation is characterized by the fact that the interest in money is determined by objective considerations. But when, owing to an excessively intense anal impulse, or because of unfortunate circumstances in the defensive process, the sublimation is pervaded by reaction formations, the old instinctual wishes referring to fæces are found effectively determining the attitude to money, and behavior in relation to money becomes as irrational as any other behavior that depends on an ego-function which is thrown out of order through "sexualization". Money then becomes an object for pleasure—that is, a substitute for fæces,

¹ Abraham, Karl: *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.)

² Freud: *Über Triebumsetzungen, insbesondere der Analerotik*. Ges. Schr. V. (Trans. *Coll. Papers* II.)

³ Ferenczi, Sándor: *Zur Ontogenie des Geldinteresses*. Int. Ztschr. f. Psch. II, 1914. (Trans. in *Contributions to Psch.*)

rather than an objective thing. It can be irrationally retained or irrationally thrown away; and these contrasting attitudes may even be combined in various ways.

There are similarly successful and unsuccessful sublimations of the function. For example, the fact that drawing is a sublimation of smearing fæces is best demonstrated by the cases in which, instead of pure sublimations, there are fateful reaction formations, so that in the unconscious drawing retains its original meaning,—which then either leads to the failure of the person as an artist, or—when the ego, recognizing the forbidden impulse in the sexualized function, enters a protest—to an inhibition of the ability to draw. The displacement of cathexis from defæcation to speech and the thinking activities, where this evolution is betrayed by irrational modes of retaining or expelling words or thoughts, can be seen not alone where these functions are inhibited, but also in their characteristic hypercathexis in the compulsion neurosis. The previous childhood attitude to fæces is often to be found transplanted in the later attitude to what the individual has achieved in his work. There may again be many types of outcome in keeping with what really happened during the anal period. A person may have a self-satisfied admiration for what he has done, if this was his childhood attitude, or may be discontented with all his achievements if such discontent marked the anal activity of his childhood.

A patient's tendency to ruthless self-criticism was traced back historically to her third year of life, when she had been afflicted by an intestinal illness, which set in after she had been trained in toilet habits. In this illness she was incontinent and her stool was unformed. From this time on, she was convinced that she could produce nothing properly—in the unconscious, no child and no penis.—Another patient, an author, dreamed of the galley proofs of her book being squeezed out of a small opening.

The attitude towards one's occupation is closely connected with one's attitude towards property. Abraham first demonstrated the relationship between anality and property, pointing out that not only etymologically but originally quite literally what one "pos-sesses" (*possedere*, *Besitz*) is really what one sits

upon.¹ Cupidity and collecting mania as well as prodigality have their correlated determinants in the infantile attitudes to fæces.

Anal characters have the same attitude to time as to property; they may be stingy or prodigal—or both, alternately—, they may be unpunctual and too punctual, they may sometimes be accurate to a fraction of a minute and at other times grossly unreliable.

Abraham's statement, that "patients often save time in small amounts and squander it in large ones",² found an extreme exemplification in a case observed by Garma:—The patient, a man who had no occupation but spent his time in neurotic activities or hour-long daydreams, whenever he wished to leave his home would open a window to watch for the suburban train that would carry him to the city. When he heard the train he would call his maid, who would then open the door, holding his coat in readiness for him. The patient would seize the coat, rush down the steps to the station, which was across the way, and catch the train just as it was pulling out. The whole procedure was a simple repetition of his childhood habit of waiting till the last moment to go to the toilet.

In addition, the behavior of anal characters is pervaded by manifestations of the sadism that is always simultaneously at work, or of reaction formations against the sadism. It must also be mentioned that the child finds in retention pleasure a new kind of enjoyment, namely, the narcissistic satisfaction of controlling the sphincteric functions, which is also a point of departure for sublimations and reaction formations. A strong desire for power may be derived from the sense of power that accompanies the control of the sphincters; the power desired may be obtained through self-control or the control of other persons.

In respect of form, the most important part of the training in cleanliness, as it affects the character, is the yielding of the pleasure obtained by retention for the sake of objects, whether for love or fear of them; that is to say, the individual learns to give, whereas during the oral period the emphasis was mainly

¹ Abraham, Karl: *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.)

² Abraham: *loc. cit.*, 23. (Trans. in *Selected Papers*, p. 384.)

on receiving. Disturbances of this period of development therefore determine the disturbances in relation to objects in which no equilibrium is reached between giving and taking. In those identifications that require the individual to yield are bound up not alone super-ego demands on erotic instincts, but many limitations of primitive narcissistic requirements as well. The inner injunction to repay for everything that is received is the basis of gratitude. The "thanks-offering" shows that in other instances the severity of the super-ego or upbringer is dreaded. The offering may be made prophylactically also, to guarantee that future happiness may be "accepted" without guilt. In the character trait of modesty, primitive narcissism is superseded by a reaction formation (in persons who thus cover their arrogance) or by a "sublimation into the opposite".

Abraham's classical exposition¹ permits us to attribute a large number of less fundamental traits of character to anal eroticism: the tendency, for example, to look at everything "from the rear", the fear of "starting" that causes the beginnings of all new activities to be postponed as long as possible, though once started an interruption is impossible, the tendency to have others do everything for one when enemas figured in the history of infantile anality, the tendency to decide everything for one's self when everything was decided by other persons in childhood; further, individual features in the paradoxical attitude towards time and money, the tendency to do many things all at the same time, which depends on auto-erotic games played while defæcating, usually continued in a compulsion to read while sitting on the toilet or to engage in other activities with a covert anal erotic meaning.

A patient recalled that her father, a very anal erotic person, would remain on the toilet so long that the rest of the family suffered. Listening at the door, they would finally hear the clink of coins, and they would then know that he was counting his money, which he did every day before leaving the toilet.

The corresponding description of oral eroticism and its contribution to the formation of the character we owe to

¹ Abraham, Karl: "Ergänzungen zur Lehre vom Analcharakter." In *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.)

Abraham¹ and Edward Glover.² The picture is not so clear-cut as in the case of the anal character,—which difference Abraham ascribes to three circumstances:—In the first place many more oral elements than anal ones persist as erotic activities even under genital primacy, so that oral eroticism contributes less to the formation of character. Secondly, it is very difficult for analysis, investigating regressions, to find oral character configurations free from later anal admixtures. And thirdly, oral eroticism in its two sub-types already described assumes quite varied tendencies and attitudes.

Anal eroticism was important because while being trained children learn for the first time to relinquish immediate instinctual gratification in order to please their objects; but in the field of oral eroticism children become acquainted with objects and learn to assume relationships with them. The way in which this happens consequently remains basic in determining the whole later relationship to reality. Unusually marked oral satisfaction therefore results in remarkable self-assurance and optimism that persists throughout life, while exceptional oral deprivation determines a pessimistic (depressive) or sadistic (redress-demanding) attitude. If a person remains fixed on the world of oral wishes, he will in his general behavior present a disinclination to maintain himself, and require others to look out for him. Doubtless in keeping with the contrasting aims of the two substages of oral eroticism, this demand for care may be expressed through extreme passivity or through highly active oral sadistic behavior.

I reported a case in which there were a number of fixating oral experiences: breast nursing for a year and a half while living with a grandmother, who doted on the child and spoiled it in many ways including the oral one; then a sudden expulsion from Eden, removal to the home of an excessively severe father; the result was a character ruled by one predominant motive—to have the father reimburse him for the oral gratification that the father took away; failing this, a resort to force to regain it. The patient had no occupation, lived on his father's money, and persistently regarded himself as being discriminated against

¹ Abraham, Karl: "Beiträge der Oralerotik zur Charakterbildung." In *Psychoanalytische Studien zur Charakterbildung*.

² Glover, Edward: *Notes on Oral Character Formation*. Int. J. Ps-A. VI, 1925.

by his father. Similar modes of reaction were found to be characteristic of many "impulsive" personalities, and of nymphomania. The tendency to respond to disappointment by turning to sadistic measures ("I will get what is kept from me!") always indicates oral fixations.¹

These oral sadistic tendencies are often "vampiric" in character; persons of this type request or demand a great deal, will not relinquish their object, and so to say affix themselves by suction.

The "clamping" of many schizophrenics to their object suggests to us that during the period of oral dominance the fear of losing an object, objectively based on the disappearance of the breast, was especially great and may cause this "suction". The so-called "epileptic character" may also be involved by this process.

Oral sadism may also be in the main represented in the character by more or less successful reaction formations. There are persons with disordered feeding functions, who are exaggeratedly unable to "impose" on anyone, refuse all presents, are unable to ask for anything, etc. The reflection of oral fixations in the relationship with the environment and with the super-ego will be discussed below.

The sight of a younger brother or sister being nursed at the breast is often discovered, empirically, to be the cause of the connection of envy or jealousy with oral eroticism. The relation with jealousy was especially emphasized by Eisler.²

In addition, many directly erotic ways of using the mouth for pleasure may be reflected in the character (attitude to food, drink, smoking, kissing), and these erotic enjoyments may be supplanted by sublimations or reaction formations.³ That which oral eroticism contributes to the speech function, which is normally a sublimation and pathologically a reaction formation, is of especial importance in the psychogenesis of stammering. Correspondingly, among the oral traits of character, there are the antithetical qualities of volubility, restlessness and haste, and the tendency to most obstinate silence. By a

¹ Fenichel, Otto: *Zur prägenitalen Vorgeschichte des Ödipuskomplexes*. Int. Ztschr. f. Ps. XVI, 1930. (Trans. Int. J. Ps-A. XII.)

² Eisler, Michael J.: *Über Schlaflust und gestörte Schlaffähigkeit*. Int. Ztschr. f. Ps. VII, 1921. (Trans. Int. J. Ps-A. III.)

³ Spielrein, Sabina: *Verdrängte Munderotik*. Int. Ztschr. f. Ps. VI, 1920.

displacement of the constellation "hunger" to the mental field, curiosity may become an oral trait of character and under certain conditions may be equipped with all the voracity of the original oral appetite. In keeping with this, the means of quieting the curiosity, reading as a substitute for eating especially, appear to represent specifically the oral sadistic incorporation of alien objects, frequently of *fæces*. The analysis of disorders of reading constantly reveals pregenital conflicts of this order. Strachey has recently made these relationships the subject of an interesting article.¹ This linking of the ideational field of "seeing" and "eating" may often be due to historically important incidents in which the child saw someone eating—for example, a little sibling being nursed. To quote the beginning of a poem by Morgenstern: "Korff erfindet eine Mittagszeitung, welche, wenn man sie gelesen hat, ist man satt." ('Korff invents a midday newspaper, which when read completely satisfies the hunger.') Correlated with reading there is frequently an intense inquisitiveness—a spasm-like voracious looking—that can be recognized as a substitute for gluttony.²

In keeping with the two contrasting substages of oral eroticism, marked generosity and marked envious niggardliness may both be attributed to oral sources. All positive or negative emphasis on taking or receiving in human relationships indicates oral origins.

The relationship of urethral eroticism to the character trait, ambition, was first pointed out by Jones³ and later by Hitschmann.⁴ Analytic experience shows that competition in the ability to urinate is the main idea in infantile urethral eroti-

¹ Strachey, James: *Some Unconscious Factors in Reading*. Int. J. Ps-A. XI, 1930.

² An excellent account of the way in which the oral mastery impulse evolves, via directly instinctual and sublimated transitional links, into an impulse to acquire knowledge is included in the article by Wera Schmidt: *Die Entwicklung des Wissstriebes bei einem Kinde*. Imago XVI, 1930. This paper is also very instructive in regard to the early development of the child.

³ Jones, Ernest: *Urethralerotik und Ehrgeiz*. Int. Ztschr. f. Ps. III, 1915.

⁴ Hitschmann, Eduard: *Urethralerotik und Zwangsneurose*. Int. Ztschr. f. Ps. VI, 1920. (Trans. Int. J. Ps-A. IV.)

cism. The ambition that is thus developed may be derived from older oral sources, and in girls particularly, because of the futility of urethral competition, may be secondarily displaced to the anal field.¹ We may consider as phallic the qualities of pride and courage, or bashfulness and timidity, according to the historical development in childhood of the anxiety concerning the safety of the genital. Much that passes as "courage" is a secondary overcompensation of anxiety, the triumph attained through identifications over such an original fear. The "lack of courage" which figures so largely in the theories of Adlerian individual psychology can usually be attributed to the castration complex. (The topic of neurotic feelings of inferiority was dealt with at some length in the chapter on the manic-depressive states.)

In many women, an important contribution to the formation of the character is furnished by the castration complex. It was stated that there is hardly a little girl who does not evolve an envy of the penis. But the later fate of this penis envy may be quite varied. If it is not too intense it may practically speaking be superseded when the girl assumes her feminine rôle: certain parts of it may be sublimated in various ways or may determine individual features in the sexual behavior. If it is intense, however, or if repressed at too early an age, this solution is impossible. We have seen how often it plays the crucial part in the pathogenesis of the neuroses. It figures to no less an extent in the general shaping of the character. Abraham distinguished two types of reactions to penis envy, a "wish-fulfilling" and a "vindictive" type, according to whether the woman in question is characterized in her behavior by desires to take over the male rôle, or by phantasies of having or acquiring a penis (as a "present"), or by impulses to revenge herself on the favored male, which impulses may then be expressed in a great variety of ways.² The reciprocal

¹ See, also, Coriat, Isador: *The Character Traits of Urethral Erotism*. *Psa. Review* XI, 1924.

² Abraham, Karl: *Äusserungsformen des weiblichen Kastrationskomplexes*. *Int. Ztschr. f. Psa.* VII, 1921. (Trans. in *Selected Papers*.)

relations between penis envy and œdipus complex may be reflected in the female character in many ways, particularly in "reactive" traits. Karen Horney described, for example, ostensibly masculine women who ward off feminine attitudes,¹ and Joan Riviere externally feminine women who oppose their deeper male tendencies.²

Since everyone must regulate, through the behavior of his character, his relation to property, money, and the objective world in general, it follows from what we have said that even in the most rational of characters, certain traits must originate in pregenital eroticism. We may speak of anomalies only when such erotic increments are dominated qualitatively by reaction formations, or by directly erupting expressions of the instincts, instead of sublimations, or if they are quantitatively too prominent. This is in keeping with the fact that every human being possesses pregenital instinctual components, but that only some human beings remain fixed at a pregenital stage of libidinal organization. The absorption of quantities of pregenital instinct by the character is therefore a normal process, which represents an essential part of the function of the period of latency, but which should take place in certain well-defined qualitative and quantitative ways. The question then obtrudes itself as to what happens to the remnants of pregenital instinctual quantities in normal persons, when they do not persist in the unconscious in a state of repression; in other words, how we may conceive in general of an advance from one stage of libidinal organization to the next higher. Can it be that with this, pregenital libido turns into genital libido? That is to say, is the libido displaced from its erotogenic zones to the genital? To a certain extent, this is surely the case. Abraham, for example, was able to recognize in anal retention a sucking process displaced from the mouth.³ Analytic experi-

¹ Horney, Karen: *Flucht aus der Weiblichkeit*. Int. Ztschr. f. Ps. XII, 1926. (Trans. Int. J. Ps-A. VII.)

² Riviere, Joan: *Womanliness as a Masquerade*. Int. J. Ps-A. X, 1929. (In German, Int. Ztschr. f. Ps. XV.)

³ Abraham, Karl: *Psychoanalytische Studien zur Charakterbildung*, 38. (Trans. in *Selected Papers*, 396.)

ence has also found oral components in normal vaginal erogenicity. According to Ferenczi's unquestionably strained conception, genitality in general is composed of such displaced pregenital quantities of cathexis.¹ It must be borne in mind, furthermore, that in normal persons too, part of the pregenital eroticism persists unaltered, not to be sure in a state of repression, but subordinated under the primacy of the genital and appearing in the form of fore-pleasure mechanisms.² Another third part is utilized, in the way described, in character formation. And one part of this part is lodged not in the form of sublimations but as counter-cathexis. It is this share that is completely absent in the ideally normal person and is very large in the neurotic. Its extent is proportional to the deficiency there may be in the amount displaced from a lower zone to the next higher and to the deficiency in genital primacy. Such deficiencies become more apparent, however, the larger the share of pregenitality that is overtaken by repression. We may then understand what the genital primacy means for character formation. It not only brings about the overcoming of ambivalence in regard to object choice, and hence the initial possibility of a complete understanding of, and consideration for others, but intrapsychically it signifies a harmonizing of different traits of character, a maximum of sublimation, and a minimum of reaction formation with its attendant consumption of counter-cathexis.³

The preceding account enables us (1) to understand the manifoldness of human character, and (2) to group pathological characters so far as they adjust themselves to the instincts. From the first point of view, character appeared to us as a mirror image of the fates of the primitive instincts and

¹ Ferenczi, Sándor: *Versuch einer Genitaltheorie*. Vienna: Int. Ps. Verlag, 1924. (Trans. PSA. QUARTERLY II, 1933.)

² Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 85. (In Brill's trans. [ed 4], p. 68 f.)

³ See Abraham, Karl: "Zur Charakterbildung auf der genitalen Entwicklungsstufe." In *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.) And Reich, Wilhelm: *Der genitale und der neurotische Charakter*. Int. Ztschr. f. Ps. XV, 1929.

the defense mechanisms employed against them. Their fate must be as varied as their respective inheritance and experience. In regard to neuroses it was impossible to overlook that their theoretical principles, like those, say, of morbid anatomy or physiology, could have only a general validity, that concepts such as the œdipus complex or the castration complex are formal in nature, to which then are added in individual cases, other special and unique ideational contents.¹ These considerations apply even more to the question of character formation, for this depends not alone on the various shapings given the instincts by constitution, experience, the relation of pre-genitality, and the specific forms of the œdipus complex—all of which factors are shared with the neuroses—but also on the varied forms of solution arrived at. If the factors that entered here were to be counted, there would have to be (as in the case of Mendelian inheritance) a calculation of variations that would run into incredibly large figures.² Consideration in detail of instinctual development and the formation of the super-ego demonstrates the numerous possibilities for disorders; it shows also that in principle such disorders are no less corrigible by analysis than neurotic symptoms, for they are similarly rooted in the previous history of the individual. The importance of the time at which the disorder sets in is therefore self-evident. An injury to a frog's egg at the two-cell stage is more momentous than an injury to the tadpole; similarly, disturbances in the oral period are more disastrous than those in the genital period. But the stage of evolution of the total personality at the moment of the privation is not the sole decisive factor in determining the character; the specific stage of evolution of the instincts affected is equally important. Since the reciprocal dynamic interplay of instinct and defense when there is a thwarting differs in appearance in accordance

¹ See Fenichel, Otto: *Spezialformen des Ödipuskomplexes*. Int. Ztschr. f. Psa. XVII, 1931. (Trans. Int. J. Ps-A. XII.)

² A table of the factors to be taken into account is given by Reich in *Die charakterologische Überwindung des Ödipuskomplexes*. Int. Ztschr. f. Psa. XVII, 1931. (Trans. in Int. J. Ps-A. XII.)

with the different stages of development, the characters that are produced, as Reich has shown in many individual instances, must also be quite different.¹ Therefore the individual configuration of the character will depend on unique experiences in the history of the individual, upon the number and type of persons in the environment, upon whether the child was reared at home in a family or not, how large this family was, what the character of the parents was,—so that we must again point out the general nature of our exposition, which can be corrected and supplemented only by a knowledge of specific case histories.

The fact that some types of character are developed only in persons who have a certain position among the siblings in respect of age was recorded in an early paper of Sadger.² An only child has the most intense œdipus complex and the least opportunity of adjusting to society;³ the oldest child is best able to identify himself with his father and exert authority on the younger children; the youngest runs the danger of being spoiled; the middle child, of not receiving sufficient affection.⁴ According to special circumstances the transference of the impulses of the œdipus complex to brothers and sisters may bring emancipation, or may entail new potential conflicts.

A dream reported by one of my patients will show the importance that the number of siblings has for social adaptation; the patient had several older brothers. "I return home with my mother after a walk and find that a band of robbers has meanwhile taken possession of it." The robbers stood for his brothers, with whom he would have to share his mother after returning from their walk together.

For the comprehension of character anomalies, we are thus presented with the following points: there are (1) characters too much dominated by pregenital traits; (2) characters too much dominated by reaction formations; and (3) characters

¹ Reich, Wilhelm: *Die charakterologische Überwindung des Ödipuskomplexes*. Int. Ztschr. f. Ps. XVII, 1931. (Trans. Int. J. Ps.-A. XII.)

² Sadger, Isidor: *Zur Psychologie des einzigen und des Lieblingskindes*. Fortschr. d. Med. 1911.

³ Meng, Heinrich: *Das einzige und das einsame Kind*. Neue Erziehung X, 1928.

⁴ Hug-Hellmuth, Hermine: *Vom "mittleren" Kinde*. Imago VII, 1921.

whose identifications and sublimations are abnormal. It is obvious that this classification is not systematic, that cases in one category usually will be included in another category as well, and that the second and third categories are probably merely subdivisions of the first,—for as we know, the prevalence of reaction formations is correlated with a pregenital fixation.

In regard to category (1), what is meant by “anal character” and “oral character” has been given in detail. Since pregenital fixations characterize certain definite neuroses, experience might be expected to demonstrate the existence of this correlation, so that, for example, compulsion neurotics would be found to have anal characters, and depressive patients oral characters. We must recognize that the relation of neurosis and character may be defined from this point of view. “Character disorders” are not alone difficult to define as forms of neurosis, and deserve to be placed in the last chapter of a book on the specific neuroses, but it must be said that all neuroses have their root in the character, in the particular variety of adjustment which the ego makes with the external world and with the instincts (or how it defends itself from the latter), which adjustment also originates in the particular history of infantile sexuality.¹

Our anticipations are realized. The compulsion neurotics all have an anal character. To describe the compulsive character, we may round out our account of the anal character as given above, by specifying that besides the above-described relationship of the ego to the external world and the super-ego, the compulsive character is determined and defined by the alteration in thinking (hair-splitting and doubt), ambivalence and bisexuality (for the deflection of masculinity through anal eroticism is not restricted to the sexual field proper), and besides this by the reflections in the character of “double counter-cathexis”, and by a tendency to certain definite varieties of social anxiety. What is called the “compulsive character” is therefore, nosologically, probably the best defined diagnosis within the group of character disorders. There exist

¹ See Reich, Wilhelm: *Über Charakteranalyse*. Int. Ztschr. f. Ps. XIV, 1928.

compulsive characters entirely free of any compulsions or obsessions. Unfortunately we know only too little of the differential etiology of compulsion neurosis and compulsive character.¹ It is possible that the compulsive character (similar to chronic neurasthenia) represents a disorder in evolution rather than a regression; or possibly, which would not be in contradiction to this idea, the crux lies in a difference in the relation of ego-development and libidinal development—that is, in the particular history of the infantile identifications. Compulsive characters may be treated analytically in a manner similar to compulsion neuroses. Because of their deficient recognition that they are ill and because of the great secondary gain alone, they are on the whole more difficult to treat than compulsion neurotics; otherwise the two classes of patients resemble each other extraordinarily, for the underlying mechanisms are the same. The analysis of a compulsive character is therefore generally speaking long and complex, but not at all hopeless.

The “cycloid” would be expected to have an oral character. But this, unfortunately, is not as unequivocally true as in the analogous relation of the anal character, although outspoken as well as neurotic abortive manic-depressives present, along with a surprisingly large number of anal traits, the above-described aspects of the oral character.² This notwithstanding, when the phrase “cycloid character” is used, it ordinarily immediately brings to mind another feature, the changes in mood that color the individual’s general behavior. It is the diffuse quality of this symptom that permits its inclusion among the character traits; as in the case of true manic-depressives, it belongs in the chapter on the “adjustments with the super-ego”, which, as we learned, copy the adjustments made with the oral objects, which were discussed in the previous chapter. The depression and the mania that are comprised in a cycloid

¹ For this problem, see Lewin, Bertram D.: *The Compulsive Character*. Med. Review of Reviews. Psychopathology Number, 1930.

² Abraham, Karl: *Untersuchungen über die früheste prägenitale Entwicklungsstufe der Libido*. Int. Ztschr. f. Psa. IV, 1916. (Trans. in *Selected Papers*.)

course may each be replaced by other related phenomena. We have mentioned "intoxication and the 'morning after'"; there are also physical equivalents of depression, as reported by Landauer,¹ and the cycloid symptoms of "wanderers" and of other "impulsive personalities" are probably depressions cut short by means of special defense mechanisms. In this group may be included many of the "neurotic characters" described by Alexander² (*vide infra*), in whom success and failure alternate in a manner resembling mania and depression. These all present the distinguishing signs of the oral character. The indications for analysis were discussed in the chapter on the manic-depressive group.

Anal and oral traits of character should be, and are, correlated with the narcissistic fixation of schizophrenia. Those persons said to have "schizoid" characters are always equipped with anal and oral traits; they have in addition, however, abortive schizophrenic mechanisms; that is to say, there is present an ego, which is weak, which was either disordered during its development or suffered by regression, and which, particularly, cannot meet the requirements of the environment. To differentiate this group from the cases diagnosed "schizophrenia mitis" would be arbitrary. In all psychoses the ego is affected, and a "psychotic character" is the same thing as a "mild psychosis". The psychotic misapprehends the objective world of reality completely, the normal and the neurotic only somewhat; the "paranoid character" stands midway between the two. He is characteristically suspicious and jealous, i.e., there are present abortive delusions of persecution and jealousy. Transitional states between delusion and normality have been discussed in the chapter on the schizophrenias. We have referred to the fact that general hebephrenoid inhibitions often are in nature huge reaction formations that (as a rule) oppose aggressive tendencies; they are correspondingly more difficult to treat than compulsive characters, in the first place

¹ Landauer, Karl: *Äquivalente der Trauer*. Int. Ztschr. f. Ps. XI, 1925.

² Alexander, Franz: *Der neurotische Charakter*. Int. Ztschr. f. Ps. XIV, 1928. (Trans. Int. J. Ps-A. XI.)

because of the smaller amount of insight into the fact of being ill (i.e., there is less healthy "remnant" of the personality), and secondly because of the danger of precipitating the patient into a psychosis. For more discussion, the reader is referred to the chapter on the schizophrenias.

The concept of the "hysterical character" is much less unequivocal.¹ We should anticipate that it would be composed of phallic traits, and present simultaneously an inclination for and a rejection of the universe of objects; it should present traits of character that reflect the alarm felt for sexuality and the constant inner preoccupation with this field. Suggestibility might thus express the readiness to reactivate infantile object relationships.² The "histrionic" quality in the hysterical character is dependent upon the introversion; that is to say, it is a turning from reality to phantasy and, perhaps, an attempt to return to reality as well, as if the process underlying artistic productivity were being travestied. As to the mendacity which is usually ascribed to hysteria, and its extreme form, pseudologia phantastica,—here too we may observe the effect of introversion, or phantasy; besides this it represents an act of revenge for having been lied to in regard to sexual matters; in addition the mechanism at work in impulsive stealing is also operative here, an effort to coerce or trick persons into giving the love that they withhold. The most remarkable feature in pseudologia is that the patient really is speaking the truth, as Helene Deutsch showed,³ and that unwittingly the phantastic lies are distorted expressions of his repressed infantile sexual history. In the sole case of pseudologia in my practice, the lying appeared only in certain

¹ The paper by Fritz Wittels: *The Hysterical Character*. Med. Review of Reviews, Psychopathology Number, 1930, does not sufficiently define this conception and does not subserve our present purposes.

² Ferenczi, Sándor: *Introjektion und Übertragung*. Jahrb. f. psa. u. sps. Forsch. I, 1909; also in *Bausteine zur Psa.* I, 9 ff. (Trans. in *Contributions to Psa.*)

³ Deutsch, Helene: *Über die pathologische Lüge (Pseudologia phantastica)*. Int. Ztschr. f. Psa. VIII, 1922; and Sadger, Isidor: *Kinder und Jugendliche als Verleumder*. Ztschr. f. psa. Päd. III, 1928.

definite periods, which on analysis were seen to be manic equivalents. I do not know whether this connection is in any way typical.

Finally the impulse-ridden characters, to be described later, might be considered as "perversion characters".

In regard to category (2), it may be said that a certain amount of reaction formation takes place in every human being. Analysis, as has been said, is an "unmasking" psychology, and particularly in the study of the reaction formation, it shows that persons are "really" opposite of what they seem. A character dominated by reaction formations is inefficient because the psychic energies are engaged in a repression-conflict, so that it is torn constantly by recurring instinctual outbursts and is consequently inconsistent. The essential features of such a "reactive character" were recorded above, and it was also stated that this type often coincides with the "pregenital character" as seen from a different perspective. This type of character is found, in principle, in every neurotic, for neuroses originate from repressions and the reaction formations are the part of the repression that is to be seen in the character.¹ It is also known that this is more especially evident and persistent in the compulsion neurosis than in hysteria, for which the reasons have been stated. The answer to the question raised above, as to why the selfsame reactive character should constantly attempt to ward off varied ideas through the selfsame means (though only when an attitude with this constancy is present may we speak of a trait of character), has now been implicitly given: the reason must depend on the infantile sexual history, especially on the identifications. Character traits of this type thus appear as the sequel and insurance of general or specific repressions; so far as they are sequelæ, we deal with "inhibitions"; so far as they are "insurance" with overcompensations. Certain individual types may be specifically mentioned: we have already referred to the general character-defense against instincts that marks the ascetic.

¹ Reich, Wilhelm: *Über Charakteranalyse*. Int. Ztschr. f. Ps. XIV, 1928. And *Der genitale und der neurotische Charakter*. Int. Ztschr. f. Ps. XV, 1929.

More specific is the emotional coldness that may accompany a markedly sensitive emotional activity, so-called "general frigidity".¹ In analyzing such persons, Ferenczi² introduced as a technical device the provocation of phantasies. The over-intellectuality of the compulsive character also appears to be a flight from emotional and instinctual activity, and one that as a rule fails. A sub-variety of this class is the theoretician, who has set up reaction formations, particularly against his scotophilia, and who does not look at things but at their abstract or verbal reflections only. It is important in analytic therapy to recognize this type of person for technical reasons, as he will be only too ready to agree to interpretations intellectually, without overcoming his "character-resistance". Consequently there is no point in discussing the unconscious ideas of these persons during their analysis until they have broken through the isolation mechanism that separates them from the emotions. The general rule of technique, to make no interpretation of content while there is a resistance but first to analyze the resistance, in this case means that the thing to be analyzed first is not so much what the patient says, as how he says it—the form of his presentation. Reich is surely correct in his statement that this is only an especially clear instance of a general principle in "character analysis".³

A patient was so inhibited in his peeping impulses that though possessing an excellent knowledge of philosophy, he knew nothing about the most elemental objective things in life; he doubted the correctness of all analytic interpretations. In the end it transpired that he was willing to believe in the oedipus complex if it could be shown to him, in the literal, material sense of the word. In this way the scotophilia, from which he protected himself by his displacement to thinking, "returned from repression".

Related to this process is depersonalization, in which, also, internal perceptions of a psychic nature are repressed—a process which may occur in many forms in schizoid characters. Simi-

¹ See the chapter on Inhibited States in this *Outline*.

² Ferenczi, Sándor: *Über forcierte Phantasien*. Int. Ztschr. f. Ps. X, 1924. (Trans. in *Further Contributions*, etc.)

³ Reich, Wilhelm: *Zur Technik der Deutung und der Widerstandanalyse*. Int. Ztschr. f. Ps. XIII, 1927.

lar individual repressions find expression in inhibitions of talents, and among those persons who do not subjectively have one or another "experience-quality".

If as Jones assumes there is an "anxiety character",¹ that is to say, human beings whose personality is dominated by the tendency to react to all stimuli with anxiety, or reaction formations against anxiety, this character also belongs in this category, for anxiety is a signal to the ego to protect itself from the instincts.

Many "reactive" traits do not hold forbidden instinctual inclinations directly in check, but are designed (somewhat like the phobic productions) to ward off the anxiety, which should have warded off the instinct in the first place. Persons with this trait are those whose entire behavior is shaped with the idea of avoiding events attended by anxiety, and it is the task of analysis to discover this intention and frustrate it.

Work inhibitions that utilize phobic mechanisms are common; for example, some persons find that when they go to their place of business, which unconsciously has come to have a sexual meaning, they react with anxiety. For them the natural aggression necessary for a healthy occupational career is homosexually libidinized and hence forbidden.

The emotionally most frigid patient in my practice, who discussed monotonously apparently indifferent matters for many analytic months, who considered all aggression "unintelligent", who neglected his technical profession because, as he said, all technical inventions had been utilized by military men to promote destruction and he was not willing to assist in this,—this patient, nevertheless, could not associate freely for two minutes without subjecting conventional institutions or the behavior of other persons to intense criticism. Indeed, intellectual critique was the exclusive matter of his associations. His warded-off sadism in this manner "forced itself out through all pores".

Of another emotionally paralyzed patient, who turned all his aggression against himself and could not harm a fly, it was learned one day that he aggravated his symptoms and yielded to compulsions of the mildest sort; for which he offered in justification: "I want to find out if my analyst can remove my symptoms if I don't want him to." Thus he falsified the analytic situation into a combat, satisfying in it all of his repressed aggressive intentions.

¹ Jones, Ernest: *The Anxiety Character*. Med. Review of Reviews, Psychopathology Number, 1930.

An inhibition of aggression may have in its train not only occupational disturbances of the type just described, but it may happen that the passive way in which the aggression is avoided is again sexualized, so that the occupational and competitive struggle is shunned as an equivalent of sex in both an active and passive sense. This is a variety of the "return of the repressed from repression" in a passive feminine character: as we have had several occasions to state, the person whose activity is paralyzed by castration anxiety has only one course left—he must find gratification in the passive attitude into which he was forced. A character of this type literally or emotionally withdraws from the world because for him it is a world filled with murder and death, which he might either deal or suffer—a distorted expression of his sexual wishes. It is self-evident that in the analysis of such passive characters, it is especially important to keep in mind the need to overcome the "character resistance".¹ Reich in one of his articles demonstrates very ably that besides such passively compliant persons, who conceal a combativeness that must be uncovered through analysis, there are analogous dare-devils who are overcompensating their passivity or fearfulness.² "Occupational inhibitions" may be constructed on quite other patterns. Of practical importance is the "neurasthenic occupational disorder", in which unallayed excitement destroys the peace of mind needed for any orderly work.

Reaction formations always have a certain compulsive quality that betrays their counter-cathetic nature. There are for example the "hard workers" who are under the constant necessity of working to keep from becoming unbearably tense, like the compulsion neurotic that represses his compulsion. One of Reich's patients aptly enough called himself a "robot".³ It is not necessary to point out why work of this sort would be

¹ Reich, Wilhelm: *Zur Technik der Deutung und der Widerstandsanalyse*. Int. Ztschr. Psa. XIII, 1927.

² Reich, Wilhelm: *Zwei narzisstische Typen*. Int. Ztschr. f. Psa. VIII, 1922.

³ Reich, Wilhelm: *Der genitale und der neurotische Charakter*. Int. Ztschr. f. Psa. XV, 1929.

less valuable—in objective respects also—than that accomplished by a sublimation. We may refer here to the “Sunday neuroses” described by Ferenczi,¹ determined, among other reasons, by the absence on Sunday of the opportunity to work, that is, to use work as a reactive defense. These persons do not flee from something in the objective world that is equivalent to a sexual activity in order to avoid anxiety or instinctual activity, but must flee from a sexually equivalent, and hence anxiety-charged, phantasy into an external reality, if they wish to preserve themselves.

These character counter-cathexes have all been compared by Reich to an armor, donned by the ego as a protection against the instincts (or external world).² The armorial character originated as a result of the continued clash of instinctual demand and thwarting environment, and “derives its strength and its enduring right to exist from the current conflicts between instinct and environment”.³ (This statement obviously should be heeded if we wish to avoid the pitfall of ignoring the dynamic living nature of mental functioning.) According to Reich, this armor is perforated to admit of communication. In the normal, the perforations are large and numerous; in the abnormal characters described, small and narrow. A therapeutic analysis, which aims to make a breach through the counter-cathexes and reach the instincts, must demolish the armor. Theoretically it should be able to do so, for the “armor” is a product of infantile sexual development. We referred to the fact that to a certain extent a character analysis in this sense of the word—a variety of “resistance analysis”—is an indispensable condition of every neurosis

¹ Ferenczi, Sándor: *Sonntagsneurosen*. Int. Ztschr. f. Psa. V, 1919; and in *Bausteine zur Psa.* II, 178 ff. (Trans. in *Further Contributions*.)

² Reich, Wilhelm: *Über Charakteranalyse*. Int. Ztschr. f. Psa. XIV, 1928; *Der genitale und der neurotische Charakter*. Int. Ztschr. f. Psa. XV, 1929. A theoretical and practical summary of this aspect of the theory of character is to be found in the same author's article, *Die charakterologische Überwindung des Ödipuskomplexes*. Int. Ztschr. f. Psa. XVII, 1931. (Trans. Int. J. Ps-A. XII.)

³ Reich, Wilhelm: *Die charakterologische Überwindung des Ödipuskomplexes*. Int. Ztschr. f. Psa. XVII, 1931. Pp. 58. (Trans. Int. J. Ps-A. XII, p. 454.)

analysis.¹ Yet when the removal of such anomalies of character is the main task of an analysis, there is as compared with the analysis of a neurosis the added difficulty that arises from the deficient insight and the pregenitality. The first of these is particularly important. If the person has no insight into the fact that he is ill, he must have such insight awakened in him, for it is impossible to analyze a symptom unless it is felt to be one, or a person's habitual behavior until he himself begins to question it.

In regard to category (3), an inability or diminished ability to sublimate in the broadest sense may appear as a simple inhibition such as we have assumed in the case of inhibitions of talents. Wherever an instinct is held in check by a counter-cathexis so that it cannot find a free outlet, no sublimation is possible. (Consequently, reaction formation, which is the sign that a repression has taken place, is the antithesis of sublimation, which is made impossible through a repression.) Hence too, analysis, by removing repressions, therewith automatically creates the possibility of sublimation.² Disturbances in sublimation through early repression therefore are correlated with the characters discussed under (2). It can also be readily comprehended that when there were early repressions it was impossible to make identifications.³ How essential identifications are for the construction of character, and not only in the training in cleanliness and in the overcoming of the œdipus complex, is apparent only when their disorders are analyzed.

However, all disorders of identification do not necessarily originate through early repression or other protections against instinct brought about by counter-cathexis. Such early disturbances of the relationships with objects, which in general give the identifications a different rôle in later life,⁴ are in part

¹ See also Reich, Wilhelm: *Zur Technik der Deutung und der Widerstandsanalyse*. Int. Ztschr. f. Ps. XIII, 1927.

² See Freud: *Aus der Geschichte einer infantilen Neurose*. Ges. Schr. VIII, 512. (Trans. in *Coll. Papers* III.)

³ Cf. Bornstein, Berta: *Zur Psychogenese der Pseudodebilität*. Int. Ztschr. f. Ps. XVI, 1930.

⁴ For an example, see Müller, Josine: *Früher Atheismus und Charakterfehlentwicklung*. Int. Ztschr. f. Ps. XI, 1925.

correlated with character anomalies that have already been discussed (a particular type will be described below). But identifications may be made in the wrong place for many reasons—with the “wrong” object for example, of which the most important special case is doubtless the “sexual misidentification” mentioned by Reich,¹—or the wrong kind of identification may be made with a given object, so that there is, for example, too much identification in respect of the instinctual behavior and insufficient identification in respect of prohibition. Finally, a psychologically speaking entirely normal identification may be made with an object itself pathological, so that the resulting identification will be an abnormality. The most flagrant example of this process would be a son who developed criminal standards because of a criminal father. Less strikingly, but to offset that more frequently, quick changes in the make-up of the child’s milieu, with the entry of new persons into it, may make identifications impossible; the helter-skelter, inconsistent behavior of the selfsame object of identification also imprints upon it a pathological form. Such circumstances would be apt to influence markedly the form and strength of the super-ego, and as we shall learn, are in fact often found in the history of super-ego abnormalities. A frequent change of environment or anomalous family situations are almost constantly found in the anamnesis of delinquent children,² and glaringly inconsistent upbringers in cases of “social anxiety”.³ It is thus apparent that the influence of the social milieu is of even more importance in shaping the character than in giving form to a neurosis, to which Freud first alluded in his parable, *On the Ground Floor and in the Mansion*.⁴ But in all these types the foreground is occupied

¹ Reich, Wilhelm: *Der triebhafte Charakter*. Vienna: Int. Psa. Verlag.

² Aichhorn, August: *Verwahrloste Jugend*. Int. Psa. Verlag, 1925.—For statistics, see Kraus, Siegfried: *Die Verwaisung als soziale Erscheinung*. Ztschr. f. psa. Pädagogik, IV, 1930.

³ Hoffmann, Jakob: *Entwicklungsgeschichte eines Falles von sozialer Angst*. Int. Ztschr. f. Psa. XVII, 1931.

⁴ Freud: *Vorlesungen zur Einführung in die Psychoanalyse*. Ges. Schr. VII, 365/366. (Trans. by Riviere, p. 296.)

not by the relation of the ego to the instincts, but of the ego to the environment and super-ego. Emphasizing again that the essential element in character is the combination of all three adjustments, so that their isolation for the purpose of exposition is necessarily artificial, let us now turn our attention to the attitude to the environment and the super-ego.

Ego anomalies in these relationships have been described several times incidentally in the previous pages. The key to their understanding is contained in Freud's statement that it is possible for the ego to "avoid a breach on any side by deforming itself, acquiescing in a sacrifice of its unity, indeed, even in a cleavage or division".¹

In beginning our consideration of the behavior of the character in its relations with the external world, we are reminded of a certain character type that has been described according to other criteria than those we have been employing, so that the classification which would distinguish the normal from the neurotic would not coincide in this case with the one used so far. Instances of all the types of character discussed previously may fit into this class. I refer to the composite nosological entity that Alexander calls "the neurotic character".² By this appellation he designates persons whose environment is for them an arena in which to stage their inner neurotic conflicts. From analytic practice we are acquainted with the phenomenon of "acting-out", which consists in the patient's attempting to use the transference situation not merely to give an account of his newly mobilized old conflicts, but to experience them again in the relationship with the physician; and it appears that the motive for this reliving is something more fundamental than the pleasure principle.³ The task of analysis is then to

¹ Freud: *Neurose und Psychose*. Ges. Schr. V, 422. (Trans. in *Coll. Papers* II.)

² Alexander, Franz: *Kastrationskomplex und Charakter*. Int. Ztschr. f. Ps. VIII, 1922 (Trans. Int. J. Ps.-A. IV); *Psychoanalyse der Gesamtpersönlichkeit*. Int. Ps. Verlag, 1926 (Trans. by Glueck and Lewin, Nerv. and Ment. Monograph no. 52); and *Der neurotische Charakter*. Int. Ztschr. f. Ps. XIV, 1928 (Trans. Int. J. Ps.-A. XI). Cf. also Glover, Edward: *The Neurotic Character*. Int. J. Ps.-A. VII, 1926 (In German, Int. Ztschr. f. Ps. XII).

³ Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI, 225. (Trans. by Hubback, 44.)

recognize this urge to action while it is in the nascent state and by correctly timed discussion to prevent the activity and have it replaced by memories. But analytic experience proves that there are certain persons who are particularly refractory on this score. The same persons do not limit their acting-out to the analytic situation, for as analysis shows, their usual actions in their real life are repetitions of childhood actions, or attempts to end infantile conflicts, rather than rational undertakings. All "transference actions" in real life, so-called, belong in this class, and therefore most of the transient alterations in behavior that occur during an analysis that have been reported in the literature, such as combativeness, boastfulness, vindictiveness, sensitiveness, defiance, etc. Such an intimate connection of the unconscious with motor activity gives the impression (regardless of the diagnosis) of some basic quality. The types grouped by Alexander as "neurotic characters" possess this quality to an extreme degree. Their entire life represents an "acting-out". The central problem for analytic study is the genesis and mechanism of this peculiarity.

Freud paved the way for the understanding of this character anomaly by describing, in a paper entitled *Some Character Types met with in Psychoanalytic Work*, three instances of this group¹:—"the exceptions", persons who because of early frustrations, which they suppose they have received, grant themselves the right to demand a reimbursement from fate, and behave on this principle for the rest of their life; those who are "destroyed by success", persons who retain so strong a sense of guilt for their infantile sexuality that their severe super-ego does not allow them to enjoy success; and the "criminals because of a sense of guilt", who are driven to commit crimes by a preëxistent sense of guilt, for which the crime serves as a subsequent secondary rationalization. All three types make use of the environment not alone as the object of their libidinal

¹ Freud: *Einige Charaktertypen aus der psychoanalytischen Arbeit*. Ges. Schr. X. (Trans. in *Coll. Papers IV*.)

strivings, but for the presentation of their inner conflicts, particularly those with the super-ego. They have the same conflicts and the same regressions as neurotics but differ from these in one respect: the neurotic symptom is autoplasmic and occurs entirely in the person's own self, whereas here the capacity for alloplasticity—for action in the objective world, that is—is retained, though the action subserves the repressed. As Alexander puts it,¹ that which is phantasied by the hysteric and symbolized in the compulsion neurotic by symptoms of deed and remorse, here actually takes place. A relationship with the phenomena of the manic-depressive field is evinced by the fact that actions satisfying instinctual demands, and actions satisfying the requirements of the super-ego, usually follow each other with a certain periodicity. A relationship with compulsive phenomena is evinced by the patient's subjective feeling of the unconditional necessity of realizing his impulses, although he experiences his actions as voluntary ones without any tormenting compulsion. Instructive examples of this character type have been recorded by Alexander, both from his practice and from general literature.² A particularly good example is the "confidence man" described by Abraham, whose criminal acts represented outbursts of his œdipal wishes.³ In this connection also we may refer to the pertinent accounts given by Aichhorn⁴ and Reich.⁵ Sexuality is almost always disordered, usually has the appearance of a pseudo hypersexuality, such as has been described, and sometimes appears to be isolated from the rest of the person's life in a remarkable way. Clinically the most important special case is that of "moral masochism".⁶ Moral masochists are persons who use reality to dramatize their conflicts with the super-ego, by

¹ Alexander, Franz: *Der neurotische Charakter*. Int. Ztschr. f. Ps. XIV, 1928. (Trans. Int. J. Ps-A. XI.)

² *Ibid.* and in *Psychoanalyse der Gesamtpersönlichkeit*.

³ Abraham, Karl: *Die Geschichte eines Hochstaplers*. Imago XI, 1925.

⁴ Aichhorn, August: *Verwahrloste Jugend*. Int. Ps. Verlag, 1925.

⁵ Reich, Wilhelm: *Der triebhafte Charakter*. Int. Ps. Verlag, 1925.

⁶ Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V. (Trans. in *Coll. Papers II*.)

re-projecting the introjected figures of the parents out into the world, in the form of "destiny". They use their destiny to get themselves "punished". This type of ego may have two sorts of motives for such behavior, which are closely connected.¹ One of these is "conscience anxiety", or the desire to do away with the tension between ego and super-ego. But as the child was once obedient to the father not only to avoid punishment but also to win affection, in the same way the moral masochist—secondarily—attempts to win his super-ego's love. And as there are human beings who have learned by experience that there may be a sexual enjoyment in receiving punishment, or who have no other sexual outlet and must sexualize the punitive acts, so in this case such sexualization of punishment persists intrapsychically. The moral masochist who gets his punishment from his destiny is thereby getting his father to punish him, and this again is the distorted expression of his desire to have the father cohabit with him.²

Concerning the unfortunately as yet completely obscure question of the causes of an enhanced tendency to act out, Alexander is able to say only that there is present "a more intense expansive power in the instinctual realm".³ Surely this is true, but it tells us nothing about the origin of this expansive power. Must we then assume that it depends on some constitutional factor? To a certain extent this is the case. But to a certain extent, too, in some cases the history of the identifications forced upon the child appears to be accountable, as in Abraham's confidence man,⁴ and in some moral masochists.

There is a difference of opinion as to the analytic prognosis of these cases. Alexander considers them exceptionally favorable, for one important task which the analysis of a neurosis must accomplish need not be considered: the patients do not

¹ See the chapter on Compulsion Neuroses.

² Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

³ Alexander, Franz: *Der neurotische Charakter*. Int. Ztschr. f. Ps. XIV, 1928. (Trans. Int. J. Ps.-A. XI.)

⁴ Abraham, Karl: *Die Geschichte eines Hochstaplers*. Imago XI, 1925.

have to take the step to alloplasticity,—that is, they do not have to acquire the capacity for objective action.¹ Nevertheless, in our opinion this therapeutically advantageous point is at the same time a disadvantage, for there is no more difficult resistance to combat than an intense tendency to act out. It seems to us that this tendency must be suppressed as the analysis progresses, if the forgotten memories of childhood are ever to be recovered. The neurotic character, it is true, is alloplastic, like a normal one. But it appears to us that if we desire to change the futile alloplasticity into a more useful form, a transient period of autoplaticity, with active remembering and working-through, must be interposed between the useless alloplastic behavior and that which is desired later. To us it often enough seems a triumph for therapy if it succeeds in changing a neurotic character into a neurosis, which can then be analyzed further. It is recognized that the cure of moral masochism is one of the most difficult tasks that can be required of an analysis.

The behavior towards the environment in nonsexual respects also essentially depends on the fate of the object libido. It is not necessary to repeat here the consequences entailed for objective behavior if the primacy of the genital is not attained. In connection with “mild homosexuals”, it was seen that the so-called social feelings are based on an identification-love, which replaced original tendencies to aggression. When it was necessary to admit the existence of the objective world, the first attitude to it was hostile, and only later came the attempt to win it through an identification (that is, through incorporation), and still later through genuine object relationship.² Certain disorders of development, or regressions, exist, in which the tendency to make identifications overshadows the capacity for object love. Such types have been described frequently in these pages; among them are those narcissists who prefer being loved to being in love,³ those cases in which the entire old

¹ Alexander: *opus cit.*

² Freud: *Triebe und Triebchicksale*. Ges. Schr. V. (Trans. Coll. *Papers* IV.)

³ Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI. (Trans. Coll. *Papers* IV.)

enmity to the world and the desire to become one with it remain crucial in shaping the character. To this type also belong the orally fixated illnesses, such as depressions, cyclothymias, addictions, impulsive activities, and the disposition to psychosexual infantilism. We need not discuss them in detail; but in discussing the oral character it appears that we have given too little space to the primitive attitude to the environment that marks a good many characters, and it may be well to remedy this omission at this point.

The nursling who recognizes the existence of the world of objects desires of it only to be nourished and caressed. Certain human beings remain fixed at this level, in all their relations with other persons their whole life long demand only that these satisfy their narcissistic needs. For them the environment is a means for the regulation of their self-regard.¹ The reader is reminded that we found this particular trait to be the dominant one in the character of manic-depressives. They desire to have self-regard supplied by the environment as the infant is supplied with milk. During their whole life they wish to be requited for oral deprivation. Among these persons are the types, described by Adler, who use real sexual relations for no other purpose than as regulators of their self-regard. (Adler, however, does not inquire into the origin of this anomalous self-regard.) To a certain extent this process may be found at work in everyone. But there are extreme cases of character infantilism (referred to in our discussion of sexual infantilism and the manic-depressive disposition) in which the entire relationship with the environment is completely governed by such considerations. These persons require an uninterrupted confirmation of their ego from the environment—and nothing else.² Certainly, as we stated, in every instance where the instinctual aim is to be beloved, there enters a particle of such archaic

¹ Cf. Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI, 184 ff. (Trans. in *Coll. Papers* IV, 57.)

² Radó, Sándor: *Das Problem der Melancholie*. Int. Ztschr. f. Ps. XIII, 1927. (Trans. Int. J. Ps.-A. IX.)

desire, more in women than in men, according to Freud.¹ Many forms of jealousy are indicators of the intensity of this longing, or this huge fear of losing affection. Frequently this finds very violent expression and may then—as in cleptomania, nymphomania, or the addictions—show its derivation from oral sadism.

Since the self-regard of normal persons is determined predominantly by the immediate acute tension between the ego and the super-ego, persons who require an unusual amount of “forgiveness” from the environment are often those with a particularly severe super-ego. At other times one has the impression that such persons are as if without any super-ego at all, and as if their instinctual activity was not regulated by some internal agency but entirely by external approval or punishment. This paradox brings us to the problems of the “social anxiety” of those persons whose entire life is governed by ideas of what other people think of them and what they require of them.

In the province of super-ego anomalies, so obscure but so basic in the study of character, there are to speak schematically besides dysfunctions only two types of disorder: there are human beings who inhibit their instinctual activity too much, and those who inhibit it too little. The first type is readily seen to coincide with the reactive characters. In contrast, the “impulse-ridden”—persons in whom ordinarily strictly forbidden impulses burst forth either constantly or intermittently—are still problematic. The topics that await our discussion, therefore, are “social anxiety” and the “impulse-ridden” characters.

The super-ego, it is well known, is the power that prescribes which criteria the ego shall employ in its function of censoring the instinctual activities. Its form reflects, therefore, not alone the individual upbringers, but in addition all of society and its demands. Freud has shown the relations of the super-ego

¹ Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI, 171 ff. (Trans. in *Coll. Papers IV*, 45.)

and the most profound biological phylogenetic elements.¹ But the sociological determination of the super-ego—the fact that in it is contained what may be called the social intrapsychic factor²—has not been sufficiently appreciated either descriptively or in reference to its corollaries. Yet the recognition of this seems to us the sole basis for discussion of the problems common to sociology and psychoanalysis. When, with whom, and how, one makes identifications is indubitably the first thing that changes with changes in the milieu, in keeping with the fact that the super-ego is the most recent phylogenetic acquisition of the psychic apparatus. Since we are neither able nor desirous of going into sociological issues here, we shall limit our exposition to individual psychology, and begin with a consideration of “social anxiety”.

Freud has shown that social anxiety is a thing that stands halfway between the child's castration fear and fear of losing love, and the adult's bad conscience.³ The original infantile anxieties have been elaborated—the ideational content of the fears and the persons from whom the danger is supposed to emanate have both been made unrecognizable through the ego's protective devices—but there is no “internalization” of the danger and no introjection of the threatening object. Such a fear of the reaction of the environment to one's deeds, along with love and hatred, plays a large part in objective mutual human relations. Indeed in a hundred ways every individual's existence depends on his taking this into account. Freud has always stated that only the nucleus of the super-ego originates through the introjection of the parent imagos, while later developed parts of it arise from the assumption of the impersonal, universal demands of the social environment⁴—and to a great degree this latter is not the result of an introjection and profound structural alteration, but is forced upon the individ-

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI. (Trans. by Riviere.)

² Cf. Reich, Wilhelm: *Dialektischer Materialismus und Psychoanalyse*. Unter d. Banner des Marxismus. 1929.

³ Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 87.

⁴ Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 80.

ual through anxiety; it is an outgrowth of his castration anxiety that has not evolved into conscience. Therefore, social anxiety arises when the child learns to appreciate that the forbidding parents are not all-powerful but are merely the executors of general social demands, that "grown-ups" and not the individual concrete grown-ups make the demands and do the thwarting. Such an anxiety is consequently in the first place well founded in objective considerations, for the child is in fact dependent for its well-being and existence upon the good will of adults. Anna Freud has given an account of the extent to which the instinctual activity of older children is guided by the same principle, the fear of external dangers.¹ It must immediately be added, however, that the same is true of a good bit of the regulation of instinct in adults, and that this is to a great degree founded on reality, so far as the ruling social forces (or ruling classes) exert a real power over the adult in question. To be sure, neither the naughty child nor the rebellious adult is really threatened with castration; but the old irrational fear of castration furnishes the deep basis for very rational fears of trouble of a hundred sorts, including the loss of life. If social anxiety stands developmentally between castration anxiety and conscience anxiety, and is consequently only approximately distinguishable from either, the social anxiety preserved by an adult may represent either a part of the fear pertaining to an object never completely introjected, or a part pertaining to an object once introjected but later regressively re-projected into the environment. Both processes occur to a certain extent in normal adults; only an excess of these can be termed pathological. Indeed, how many actions are carried out or abandoned, not in obedience to one's own ego, but out of consideration for the environment! To how large an extent are criminal impulses, or merely "naughty" impulses, inhibited when someone else is present and not when we are alone, or inhibited in the presence of stronger persons and not before weaker ones. It is not alone that the introjection of "morality"

¹ Freud, Anna: *Einführung in die Technik der Kinderanalyse*. Vienna: Int. Psa. Verlag, 1926.

remains incomplete; in all normal development there must be a certain amount of regressive replacement of automatized super-ego reactions by sensible consideration of the probable reaction of the environment. After the dissolution of the œdipus complex, we say, the super-ego is at first rigid and strict and in opposition to the ego, and that later in normal persons it becomes more amenable to the ego, more plastic, and more sensible (which it does not in neurotic persons). This course is partly due to the fact that to a certain extent the external world is taken into account where, before that, there had been an archaic super-ego activity, resembling in its operation an instinct. The "reality principle" therefore includes a process that can be recognized as a re-projection of parts of the super-ego into the external world. This normal share of social anxiety, which arises from insufficient introjection and from recent projection and agrees with the reality principle, may be termed "social dread"; and we may think of it as having the same relation to social anxiety as dread of an objective danger has to the neurotic anxiety in anxiety hysteria. To be sure, we must emphasize that in addition to dread on this basis, some anxiety concerning the judgment of others is always present in normal persons—just as some "neurotic anxiety" is universally present—and that we have in mind in the paragraphs to follow, when we speak of "character anomalies", those in whom this anxiety has attained a high degree of intensity and dominates the entire mode of behavior. It has often been the case in the history of psychoanalysis that the comprehension of pathological extremes leads to the understanding of quantitatively less important manifestations in the normal field, and it may be true in this instance.

External anxieties in place of conscience anxiety (which genetically speaking is reducible to external anxiety) occur as the motive for defense against instinct in many neuroses. They are to be found in hysteria, in which fear of being castrated or deserted is unconsciously thought to ensue upon the satisfaction of an instinct; and they are particularly conspicuous in anxiety hysteria, where internal instinctual dangers

have been replaced by external perceptual dangers.¹ But in these conditions the anxiety is a distorted form of castration fear or a fear of losing some one's love, and is not the characteristic derivative which we call "social anxiety", in which the ideas of being observed, condemned or pardoned are prominent. The person so affected are those who do not fear their own conscience but fear being despised, although both bad conscience and fear of contumely may essentially refer to castration. This group of persons obviously includes many types. They can be best understood if we seek similar phenomena in the neuroses. Among the neuroses, there are on the one hand forms in which the œdipal objects have been more thoroughly introjected and the patient tries to relieve his ego of intense super-ego pressure by means of projection—these are compulsion neuroses; on the other hand there are cases in which the incapacity to endure condemnation indicates intensified narcissistic need—these are the psychoses, in which narcissism is markedly strong.

Compulsion neurotics are frequently particularly polite, accommodating, and considerate; and as we learned, this is an expression of the reaction formations that oppose aggressive tendencies. A person who unconsciously hates his fellow-men has every reason to dread them, or their possible revenge.²

A patient with inhibited aggression began while in an analytic resistance to demonstrate his hostile transference by reciting: "Zu Dionys, dem Tyrannen schlich . . ." ("To the tyrant Dionysus crept") but betraying his anxiety he continued: "Damokles, den Dolch im Gewande". ("Damocles, with dagger under his robe.")³

The first variety of exaggerated social anxiety is comprehensible as a corollary of increased ambivalence. But in addition, many compulsion neurotics attempt to assign to their

¹ See the appropriate chapters of this *Outline*.

² See the appropriate chapter in this *Outline*.

³ The verse, taken from Schiller's "Die Bürgschaft", should read: "Zu Dionys, dem Tyrannen, schlich Mörös, den Dolch im Gewande". The slip "Damocles" springs from the patient's anxious association "The sword of Damocles". TRANSLATORS.

analyst in the transference situation, or to some other person, their own super-ego functions on the basis of the alleged universality of its requirements. The super-ego in the compulsion neurosis is, as we know, very strict; and the persons referred to try to avoid an internal sense of guilt by appealing to other persons to forgive them. They say, figuratively, to their super-ego: "Look! it can't be so bad; other people aren't angry about it". Their ego, as English authors put it, seeks an alliance against the super-ego in the outer world.

I observed that one patient would always tell me his obsessive scruples at the beginning of the analytic hour and then not associate any further to them. Interrogated, he confessed that his scruples had disappeared as soon as they were expressed, due to the fact that, since the analyst heard them in silence, he was freed from them immediately. He said to himself that if the analyst was not so infuriated as to fall out of his chair, the scruples were superfluous.

Similar phenomena are uncommonly frequent in a masked form in ordinary social life. A related effort to free himself of a sense of guilt through the applause of the environment is a basic element in the psychology of the artist. His work seduces other persons to share in his own unconscious forbidden mental activity, so that their admission of like forbidden impulses and the perception that all men have the same feelings relieves him of his sense of guilt.¹ Reik has explained that the motive for telling a joke to someone else resides in the fact that the approval of this second person can assuage whatever sense of guilt there may be for the offensive impulses concealed in the joke.² To lead another to share in the same guilt as one's self obviously achieves for the guilt-burdened ego the same end as direct external pardon. Indeed, many manifestations in social life are surely built on this plan. Much objective, desired, successful or unsuccessful association of human beings essentially subserves an analogous end of securing forgiveness. The social regulation of self-esteem is persistently the most important chapter of a thorough descriptive psycho-

¹ Rank, Otto: *Der Künstler*. Vienna: Heller, 1918. And Sachs, Hanns: *Gemeinsame Tagträume*. Vienna: Int. Psa. Verlag, 1924.

² Reik, Theodor: "Künstlerisches Schaffen und Witzarbeit." In: *Lust und Leid im Witz*.

analysis. The phenomenon that Reik has described as the "compulsion to confess"¹ rests on the same basis and has as its objective the bringing of an external pardon to bear against a requirement of conscience.

Thus, the patient referred to above had an obsessive need to read the newspaper aloud. He would become indignant over the many examples of injustice to be found in the world, but he needed the company of another person, who would be equally indignant, to assure him that the injustice was real. His reading aloud was intended to mitigate his internal sense of guilt, the agreement of his hearer justifying his own aggressive tendencies.—As I have been able to convince myself, many forms of an exaggerated need to communicate with others or of compulsive loquacity are varieties of the same order; that is to say, they originate in an effort to have something that is felt inwardly as prohibited approved by other persons.

Through provocation, courtship, seduction, or confession the environment is (often futilely) drawn into the conflict between the ego and the super-ego, in the hope of obtaining some solution. To speak of a "need for punishment" in all such cases would be to put the cart before the horse. They have a fear of being punished and a need for absolution. But in certain cases a punishment that the environment is provoked into inflicting may be sought, in order to relieve tensions of conscience, as in other cases, an immediate pardon or a sharing of the guilt.² It may be that punishments are sought in the environment as "prophylactic measures", since no external object is so severe as a sadistic super-ego, or because the field of punishment has been sexualized and real punishments consequently are henceforth desired for the object libidinal masochistic gratification that they bring.³ The most clearcut illustration of this type of reaction is to be found among the "criminals through a sense of guilt",⁴ and in addition among

¹ Reik, Theodor: *Geständniszwang und Strafbedürfnis*. Vienna: Int. Psä. Verlag, 1925.

² For a discussion of the terminology see the chapter on Compulsion Neuroses.

³ Cf. Reik, Theodor: *Geständniszwang und Strafbedürfnis*; and Alexander, Franz: *Psychoanalyse der Gesamtpersönlichkeit*. (Trans. Nerv. and Ment. Monograph no. 52.)

⁴ Freud: *Die Verbrecher aus Schuldbewusstsein*. Ges. Schr. X. (Trans. in *Coll. Papers IV*.)

the "neurotic characters" in Alexander's sense, who attempt to stage their super-ego conflicts as objective external events.

It may be asked what all this has to do with social anxiety. The point is that in these cases there is an attempt to restore the self-esteem lost because of the demands of the super-ego, by an appeal to the judgment or clemency of other persons. Those who use such measures have a social anxiety, which is, the anxiety due to the failure of such an attempt. Whoever requires the opinion of others to maintain his own mental equilibrium has good reason to fear this opinion. These persons must stay on good terms with their fellow-men and preserve friendships, so that they can throw these into the scale to balance their sense of guilt. An anxiety of this type is illustrated by an artist's fear of failure, or by the stage fright of an actor who requires applause to allay his sense of guilt. In this social anxiety, therefore, there is not a deficiency in the super-ego, but a secondary projection of the super-ego, designed to aid in the flight from its requirements, and consequently in it are reflected the original instinctual conflicts between the patient and the person whose introjection gave rise to the super-ego. The sexualization of the relationship with the persons who do the pardoning, cooperating, or punishing, and the contribution of passive homosexuality and masochism to this anxiety have been described in another connection,¹ and will be discussed again below.

Such faith in the importance of external absolution can occur only in persons who take especial pleasure in feeling loved or esteemed and who have a marked fear of losing the love of others—in other words persons with great narcissistic need. Evidently, this manifestation, which was encountered in our study of the neuroses, is related to social anxiety. It was found that persons with a well-defined oral fixation—that is, such as are predisposed to manic-depressive states, drug addictions, and impulsive behavior—in their relationship with objects betray a deficient differentiation between narcissistic

¹ In the chapter on Compulsion Neuroses.

and libidinal needs; and our discussion explained why such a fixation has as its result that the level of self-esteem, the maintenance of which is much more vital than in the usual run of persons, is not supported intrapsychically through a realization of the requirements of the super-ego, but is supplied by the environment.¹ The social anxiety of such patients represents the loss of this vital supply. The good opinion of others takes the place of a clear conscience, their disapproval of a bad conscience. Self-esteem is increased by the fulfilment of an ideal; however, the decision as to whether an ideal is fulfilled is made not by the person involved but is left to persons of the environment.

An impotent patient, of the above-described type, whenever he was at a moving picture theater would crouch behind the person in front of him, and hide his face behind his turned-up coat collar on leaving or entering. He did not want people to see him there without a girl, for fear they would know he was impotent and laugh at him.—This idea impresses one as almost a delusion of reference, the connection of which with social anxiety will be discussed below.

Such persons not only long to be loved but cannot endure a state of not being loved; they become agitated when they perceive that some person to whom they are totally indifferent is indifferent to them. Their fear of losing the affection of others, usually combined with a marked intolerance of tension, is so great that they even fear losing the love and respect of persons they do not know.

Because of the emphasis placed upon the fear of losing love as the genetic basis of this social anxiety, it is necessary to point out the rôle played by the idea of castration. One patient's excessive concern to gain and insure, at all costs, the approval of whomever he happened to be conversing with, was due to one of his childhood experiences, which had led him to believe that his father might suddenly attack him with a knife. Another patient's incessant worry was to maintain the benevolent regard of all physicians, barbers, and tailors.

Such social anxiety, in which there is an alliance of the environment and the super-ego, especially encourages an energetic suppression of all aggression, so that the environment will remain benevolent; which plunges the patient, who also possesses an intensified oral sadism, into a not inconsiderable

¹ In the chapter on Manic-Depressive States.

conflict. This conflict may be formulated as: "Ought I to get the 'supply' I need by violence or by being 'good' and self-controlled?"—which theme may receive multifarious expression in the character.

Patients of this type either ignore or misunderstand remarks or behavior on the part of the analyst, which should, supposedly, provoke them into contradicting; they do not wish to destroy the "cordiality" of the relations. Disharmony, even the most minute, is unbearable, particularly if they must depart before having completely cleared up the discord.

In the origin of social sentiments in general, the supersession of aggressive impulses by a mild love based on identification is of great importance, and in an enhanced form furnishes a path of egress for these persons. Frequently, this is accomplished by avoiding certain fields of endeavor and relinquishing them in favor of the object—and it is characteristic of social anxiety that the fields are those that involve questions of value, questions of what should be attempted and what rejected, in other words, the functions of the super-ego (the projection of which now comes to supplement the insufficient introjection). The craving to hear the decisions spoken by other persons may then be combined with the general attitude of oral characters that we referred to as "suction", in many forms of an attempt to "extort" the oral supply. Freud's demonstration that the parental figures introjected in the super-ego are constantly projected into the environment in the concept of "fate",¹ proves that to a certain extent such mechanisms may be normal. Exceptional fear of the force of destiny, however, is a characteristic of the oral type.

The production of such types is not always to be accounted for by the conceptions of disordered development or regression in the super-ego, but may also be due to anomalous elements in the formation of the super-ego. Hoffmann has thus very correctly contrasted the normal "autonomous" super-ego with the "heteronomous" super-ego, which instead of demanding chiefly that the ego should behave as it finds it should, requires

¹ Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 80.

that it behave only in accordance with what is demanded at the moment.¹ Such an anomaly can arise only on two conditions. One of these is (again) a great fear of losing love. Since, as we learned, normal super-ego formation subserves the tendency of winning the love of the real parents through good conduct, the second possible determinant of an anomalous super-ego would be an extremely inconsistent behavior on the part of the upbringer, which would make it impossible for the child to foresee which conduct on his part would be most likely to insure for him the continuance of his parents' affection; wherefore, renouncing all attempts at distinguishing between good and bad, he would take his bearings according to the momentary demand only. The "heteronomous" super-ego is the most extreme result of this inconsistent upbringing. To a less degree, it may be that an indecisive pedagogical attitude on the part of the upbringers accounts for the origin in general of character disorders rather than classical neuroses, as the latter depends upon consistent repression. Hence the change in the manifest picture of the neuroses reflects the (economically determined) dissolution of prewar middle-class morality.

One neurotic symptomatic picture, in which social anxiety is a constant finding, is erythrophobia. The social behavior of erythrophobic patients corresponds to their infantile sexual conflicts. Their persistent fear of being looked at, the point of differentiation from conversion hysteria that causes us to consider them in this chapter, brings them nearer to paranoia. Indeed it is impossible to study any severe case of social anxiety without being reminded of paranoia, in which too the opinions of one's fellow-men is dreaded, though with a misinterpretation of reality. We must therefore use our knowledge of paranoid delusions as the third theoretical source—the third related phenomenon—that may make social anxiety more intelligible to us. With his interpretation of the delusion of reference, Freud has clarified this example of a regressive projection

¹ Hoffmann, Jakob: *Entwicklungsgeschichte eines Falles von sozialer Angst*. Int. Ztschr. f. Ps. XVII, 1931.

of the super-ego into the external world.¹ We there learned that the obscurities in this condition all arose because of a sexualization of the relation between the ego and the super-ego, where normally there is desexualized homosexual libido. This desexualized libido became sexualized again, and the delusion represented an attempt to protect the ego against this libido. Or, to put it in other words, after a regression to narcissism the attempted reparative process could capture this particular relationship of super-ego and external world alone. The "projection of the super-ego" then appears as a search for the objects that have been lost.

Related mechanisms are often found in persons who are not psychotic, especially in narcissistic characters who tend to respond to disagreeable stimuli with a partial object loss. Some cases of social anxiety may be explained as the corresponding fear of losing an object. In combination with the other mechanisms described, such persons often require a group with which to commit the transgression in common, a group to which they can fasten themselves with "suckers" to prevent themselves from regressing to narcissism. The cases previously mentioned, that were characterized by an intense narcissistic need to have an "external source of supply" to so great an extent that this was almost their sole relationship with the environment by stressing this relationship, avoid *eo ipso* a complete loss of objects. After our description of the delusion of jealousy it is also intelligible, without further explanation, that social anxiety and delusional jealousy are quite mutually compatible.

A "sexualization of the super-ego sphere", however, influences all other types of social anxiety as well, and the domination of all human relations by social anxiety is clearest, where it has become a distorted representative of sexual relationships. Indeed, it is characteristic of the oral fixation mentioned that in it narcissistic and erotic needs are very little differentiated; the universe of wishes, that is, which busies itself about being

¹ Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI, 179. (Trans. in Coll. Papers IV, 52.)

observed or being condemned, cannot be separated from the object-libidinal universe. The analysis of the infantile experiences in such cases, as Hoffmann¹ was able to demonstrate by way of supplementing Freud's theory of paranoia,² shows that these experiences coerced the patients into thus sexualizing the sphere of punishment, and that there was no possibility for the sexual impulse to come to expression except by investing this field. The pedagogical inconsistency in upbringing, referred to above, along with a precocious inhibition of all aggressive impulses, and the experience that pleasure might be obtained from the inevitable punishments, surely coöperate to produce the same effect.

As an illustration of the above, I refer to a patient of Alexander's, who sexualized punishment and became a masochist upon being put into a chimney as a punishment, which coincidentally provided him with an intense anal erotic satisfaction.³ A moral masochist whom I analyzed had an infantile history very similar to the case reported by Hoffmann: a weak father, a phantastic, religious, inconsistent and strict mother, who constantly roused the child's sexual feelings by excessive cuddling, and then whipped him when he tried to show them. The whipping became an expression of his sexual relationship with his mother. This relationship fixed not only his behavior to all other external objects but, characteristically, his behavior towards his essentially "heteronomous" super-ego as well, a strict super-ego modeled after his mother. The single more intense relationship to objects of which he was still capable consisted in getting himself condemned by them, which was bound up with superficial obsequiousness and more profound rebellion to the standards of the model he had chosen. The unconscious female desire to be beaten had been remodeled into a desire to be condemned, and the defensive fear of being beaten into social anxiety. (He suffered from a severe fear of taking examinations.)⁴

Social anxiety and moral masochism are therefore often found in one and the same patient,—the moral masochism is

¹ Hoffmann, Jakob: *Entwicklungsgeschichte eines Falles von sozialer Angst*. Int. Ztschr. f. Ps. XVII, 1931.

² Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII (Trans. in *Coll. Papers* III); and *Zur Einführung des Narzissmus*. Ges. Schr. VI (Trans. in *Coll. Papers* IV.)

³ Alexander, Franz: *Psychoanalyse der Gesamtpersönlichkeit*, 181-195. (In the trans., pages 128-139.)

⁴ The "projections of the super-ego" in this case have been described in more detail in my article, *Zur Klinik des Strafbedürfnisses*. Int. Ztschr. f. Ps. XI, 1925. (Trans. Int. J. Ps-A. IX.)

the expression of his regressively distorted sexuality, which has as its object the superego-representative, "destiny". Social anxiety is the defense against this form of sexuality.

It is self-evident and implicit in the examples given that the instinctual conflicts which persist in this way represent the main infantile conflicts—the specific forms of the œdipus complex or of its outcome.

Occasionally this is capable of clearcut demonstration, as when a manifestly masochistic patient with a very stern father has renounced all independence in his choice of moral and æsthetic standards, and his joy in thus embracing the opinions of others is seen, on analysis, to reflect his infantile desire to give himself to his father.

Similarly it is comprehensible that sado-masochism, oral and anal components, must dominate such sexuality. However, one component impulse as yet unmentioned is of fundamental importance in this connection,—namely, exhibitionism. The instinctual aim here is to be looked at, and there are many kinds of experiences that might conceivably transmute this aim into fear on the one hand, or on the other might replace genital by masochistic values. The thought, "What will people say about me?" then continues in the unconscious, "if they should see my genital, my anal accomplishment, etc.?" In the social anxiety of women particularly, may often be recognized the unconscious fear of being ridiculed because exposure reveals the lack of a penis.

Fear of standing examinations at school, in one girl, was in the main an outgrowth of her fear of having her upbringers criticize her anal achievements.—Another girl, like the patient reported by Alexander, was led to sexualize the sphere of punishment by a sexually gratifying exhibitory punishment: whenever she wet her clothes, she was made to pin her wet underdrawers to her school bag, so that everyone could see them.

It might be thought that much of the social anxiety that arises in connection with impotence would go to prove the phallic nature of the libidinal desires in it. But a more careful observation of such cases shows that what our discussion of the narcissistic oral problems in social anxiety would lead us to expect is actually here realized: only those impotent persons

whose phallic sexuality has a strongly pregenital basis react in this manner.

The obsessional desire to be absolved by the environment, the narcissistic need for an external (oral) source of supply, the flight from object loss, and regressive sexualization of the social feelings, are not mutually exclusive but mutually supplementary. The person who has the most extensive fixation is the one who most readily tends to use regression; similarly the compulsive character who meets the outer world with a marked narcissistic need that arose during his oral period, is the one who will most easily expect to settle his super-ego conflicts by an appeal to the environment rather than by self-imposed expiations. And this tendency will be all the stronger if constitution and early development force him to cling in general to this variety of relationship with the universe of objects. Again, if an ego with this adaptation to the demands of the super-ego or the environment at the same time succeeds in meeting those of the id, it will be all the more ready to employ them.

A cycloid patient finds that in a group of persons who have a community of opinion critical of the social organization, and with whom she is not intimate, she nevertheless is protected from object loss (depression) and at the same time from attacks by her super-ego (since the others commit the transgression). Combinations of narcissistic wishes and sexual wishes proper in regard to the outer world are so characteristic of partial narcissists—total narcissists having lost the object are independent of the outer world—that it is superfluous to give instances here of this feature.

It must again be emphasized that we have in mind only extreme types. For to a certain extent all the mechanisms described here are to be found in all normal persons, where their interplay, the complete understanding of which would require not only a psychological but also a sociological viewpoint not taken into account here, is much more difficult to penetrate than are the pathological travesties.

What we have learned of the basic mechanisms leads to the conclusion that the analytic therapy of such pathological extremes cannot be in any way simple. Severe disorders of development on an oral basis, the disorganization and ambiva-

lence that come with inconsistent upbringing, as well as the moral masochism and the narcissism involved in the emphasis on the ego-superego relationship, are all therapeutically uninviting factors. We may use this occasion to remark that in theory there is no difference between an "ego analysis" and a "libido analysis"; for how else can we analyze the arrangement between the ego and the persons represented by the projected super-ego, or the arrangement between the ego and super-ego, or between the ego and other introjected objects, than by analyzing the original fundamental object relationships—those of the œdipus complex? The "analysis of the super-ego" can signify nothing but the analysis of its origin, for a mere working through of the super-ego's existence and its mode of operation is not an analysis. Only to the extent to which one succeeds in establishing the reality principle and genital primacy, can one succeed in replacing social anxiety by considered judgments of the reactions to be expected of other persons; which then would enable the ego to consult its interests and either avoid or risk such reactions. This point differentiates the psychoanalytic from the individual-psychology views on this topic, individual psychology being concerned in the main with these questions of demands made by narcissism on the environment.

The term "impulsive character" (*triebhafter Charakter*) was introduced into psychoanalytic literature by Reich.¹ The cases described by this author undoubtedly include a great variety of types differing among themselves in many respects. Some of them would fit in Alexander's category of "neurotic characters";² others among the various types of character described above. All of them, however, may be placed in the same category for there is one problem common to all—namely, severe outbreaks of instinctual activity that affect reality. All

¹ Reich, Wilhelm: *Der triebhafte Charakter*. Vienna: Int. Ps. Verlag, 1925.

² Alexander, Franz: *Der neurotische Charakter*. Int. Ztschr. f. Ps. XIV, 1928. (Trans. Int. J. Ps-A. XI.)

writers on the subject agree that such cases never, or extremely rarely, lack completely a super-ego, but that the problem resides in qualitative anomalies of the super-ego and of its relation to the ego. The anomalies are frequently immediately comprehensible in terms of the childhood history. It was stated above that the typical anamnestic findings among delinquents are a frequent change of milieu, a loveless environment, an inconsistent environmental influence,—that is to say, the anamnesis is one that lends plausibility to the idea that the œdipus complex and its solution would be equally disorganized, weak, and inconsistent. Identifications with persons in the environment that favor instinctual activity and those that hinder it are both present from the beginning.¹ Findings of this sort permit us to assume that in delinquency constitution plays an even less important part than in the neuroses, and that its specific etiology is social. For some forms of “impulsiveness”, Bernfeld has demonstrated the crucial significance of the “social locale”, especially in the case of certain impulsive wanderers, whose impulse to wander is functionally equivalent to a defense against becoming depressed.² Such wandering is determined by the fact that these persons in childhood actually found it possible to run away from impending punishment, a situation that can occur to-day only among certain definite strata of the population.

There are doubtless many kinds of qualitative anomalies of the super-ego and of its relation to the ego that figure significantly in the problem of impulsiveness. One of these is assuredly the “bribing of the ego” by means of a heightened self-esteem, the purchase of instinctual liberties with antecedent or simultaneous fulfilment of an ideal requirement. This has been discussed above with the topic of “idealization”. Probably identical with this is the mechanism described by Alexander, according to which the super-ego is induced, by means of partial fulfilling of its requirements, to relax its strict-

¹ Aichhorn, August: *Verwahrloste Jugend*. Int. Psa. Verlag, 1925.

² Bernfeld, Siegfried: *Der soziale Ort und seine Bedeutung für Neurose, Verwahrlosung und Pädagogik*. Imago XV, 1929.

ness and thus permit an outbreak of instinctual activity.¹ Another mechanism has been given special prominence by Reich: the so-called "isolation" of the super-ego.² Whereas ordinarily the ego endeavors to meet the requirements of the super-ego as much as possible and only occasionally takes steps in some way to repress them, in the mechanism under consideration the ego appears to desire actively and consistently to keep the super-ego at a distance through some means analogous to repression. With this it is probably preserving the situation that exists originally while the super-ego is being formed, when the powerful introjected object contrasts so markedly with the original weak ego. In the normal and the neurotic, according to Reich, "the real environment is ingested piecemeal, in the form of a superego-requirement, and becomes intimately fused with the existing ego".³ Such an isolation is fostered if the ego has previously experienced intense pleasure in the organ, or if it has an unusually ambivalent attitude to objects. Unfortunately this heuristically doubtless very valuable conception of "super-ego isolation" is as yet theoretically difficult to distinguish from other mechanisms that occur in the normal or the neurotic. Many processes that are considered typical of impulsive characters are also to be found in melancholia, and a counter-cathexis opposing the super-ego may be found in compulsion neurotics and to a certain extent in every normal person.

Closely allied to the "super-ego isolation" is the phenomenon known as "idealization" of instinctual activity, which leads to the formation of what might be considered a second, instinct-approving super-ego—one which periodically threatens to overthrow the rule of the genuine prohibitive super-ego—a mechanism which also throws light upon certain asocial behavior.⁴ Though such super-ego anomalies have been convincingly

¹ Alexander, Franz: *Die Psychoanalyse der Gesamtpersönlichkeit*. Vienna: Int. Ps. Verlag, 1927. (Trans. Nerv. and Ment. Monograph no. 52.)

² Reich, Wilhelm: *Der triebhafte Charakter*.

³ Reich, Wilhelm: *Der triebhafte Charakter*. P. 85.

⁴ Jacobssohn, Edith: *Beitrag zur asozialen Charakterbildung*. Int. Ztschr. f. Ps. XVI, 1930.

demonstrated as originating in definite childhood experiences in several individual cases reported, we must nevertheless admit that the theory of difficulty with identification and super-ego anomalies is still open to question. The content of most of the underlying conflicts has been discussed in connection with the "impulsive character". The problems of form were discussed in our exposition of "social anxiety" which included an account of the settling of super-ego conflicts through provocation of the environment.

The question of analytic therapy is probably to be answered variously according to various cases in this category. The difficulties that will be encountered are quite obvious. Usually the patients have no awareness that they are ill; they are distrustful and are able to rationalize their repetitive actions. The tendency to act, even to commit suicide (as might be expected from their kinship with manic-depressives) is quite great. They occasionally act out their transference with an extreme lack of inhibition. They often have much more difficulty in associating than the compulsion neurotics.¹—The deficiency in the patients' suitability for analysis can be made up under certain circumstances by educational intervention during a preparatory period. The measures used during this period, as many of Aichhorn's examples show,² resemble those which Anna Freud³ considers necessary in preparing children for analysis. Many of these persons become ill essentially because they never love anyone and consequently do not identify themselves with other persons in a normal way, and so far as this is the case, pedagogic measures are of more importance than analysis: these measures must in essence aim to make up for what was lacking in early childhood. It is obvious that here even more than in the neuroses, the question of prevention is intimately tied up with social and hence political problems.⁴

¹ For an account of these difficulties, see Reich: *Der triebhafte Charakter*, 115 f.

² Aichhorn, August: *Verwahrloste Jugend*. Vienna: Int. Psa. Verlag, 1924.

³ Freud, Anna: *Einführung in die Technik der Kinderanalyse*, 5-24.

⁴ See my essay: *Die offene Arbeitskolonie Bolschewo*. Imago XVII, 1931.

Many cases of criminality, which are characterized essentially by the execution of ordinarily suppressed impulsive acts, are to be reckoned among the "impulsive" characters. Other criminals appear to be inhibited rather than impulsive. Their deeds have a hidden meaning and are the expressions of a neurotic conflict. These make up a large part of the group that Alexander calls "neurotic characters", and they differ from the other members of this group not because of psychological factors but merely because of the nature of the legal code.¹ The "criminals through a sense of guilt" described by Freud² are a variety of this class. There are undoubtedly other types besides these "neurotic" criminals. Alexander and Staub have recognized an organically determined toxic criminality, criminals with a "criminal super-ego" (who, psychologically considered, are normal and explicable in terms of their social environment³), genuine criminality (human beings without a super-ego, a limiting case), and accidental criminality.⁴ In view of the amount written about the "psychology of the criminal" we think it well to point out the importance of this latter category and the fact that it comprises a large per cent of all criminals. Criminals of this category have an entirely normal psychological structure and their crimes are not of interest to psychopathology. The problems of this criminality are social and political. Even with regard to all other criminals, as Fromm has emphasized,⁵ it is misleading to ask whether instinct or environment is the crucial factor. For the form that the instincts are expressed in are in turn dependent on economic factors.

¹ See Alexander, Franz and Staub, Hugo: *Der Verbrecher und seine Richter*. Vienna: Int. Psa. Verlag, 1929. (Trans. by Zilboorg. New York: Macmillan Co.) A special description of this particular type is given by Alexander: *The Neurotic Criminal*. Med. Rev. of Reviews, Psychopathology Number, 1930.

² Freud: *Der Verbrecher aus Schuldbewusstsein*. Ges. Schr. X. (Trans. Coll. Papers IV.)

³ Bernfeld, Siegfried: *Die Tantalussituation*. Imago XVII, 1931.

⁴ Alexander and Staub: *op. cit.*

⁵ Fromm, Erich: *Zur Psychologie des Verbrechers und der stafenden Gesellschaft*. Imago XVII, 1931.

After this exposition of the most important anomalies of character, and their relationship to instinct, outer world, and super-ego, there would in theory remain for discussion the fourth class of anomaly, that in which the mode of coördination of the urges of these three agencies is disordered. A disorder of this sort, which might be termed an unharmonious or disjointed character, is however so dependent upon the difficulties that the ego develops because of each single one of the other three factors, that we can only repeat: Characters that are pregenital, dominated by reaction formations, and founded on difficulties in making identifications will be least capable of performing their proper function of harmonizing the three different types of demands. For this achievement, the attainment of genital primacy is the best guarantee. We again find Freud's contention corroborated, that sexual behavior is the model for the general behavior of the whole character.¹ Under the genital primacy the different component impulses appear coördinated into an integral organization; similarly in the genital character, the modes of behavior analogous to the various component impulses.²

The analytic therapy of character anomalies is at present a point of convergence for much analytic attention, and as yet permits of no final formulation. The most important points were discussed in the exposition of the individual types. We may say in general that compared with the analysis of a neurosis, the main additional difficulties are the deficiency in the realization of being ill, and the intensity of what Freud has called the "resistance of the unconscious".³ This resistance is a compulsion to repeat, which makes it very difficult for the ego to give up or alter an accustomed mode of behavior. Even more justly than of psychoanalytic psychiatry may it be said

¹ Freud: *Die kulturelle Sexualmoral und die moderne Nervosität*. Ges. Schr. V, 161. (Trans. *Coll. Papers* II, 93.)

² Abraham, Karl: "Zur Charakterbildung auf der genitalen Entwicklungsstufe." In: *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.) Also Reich, Wilhelm: *Der genitale und der neurotische Charakter*. Int. Ztschr. f. Ps. XV, 1929.

³ Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 102.

that the therapeutic significance of psychoanalytic characterology is still a matter for the future. For the desires that influence human character are being given a scientific basis by a characterology still in the process of developing. This principle in our approach to the problem is also responsible for the fact that analytic characterology, unlike other theoretical systems, cannot start with a simple division of human beings into mutually exclusive fundamental categories.

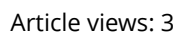
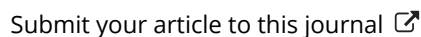
The practicing analyst is most interested in the character when, in the form of "character resistance", it threatens the success of his therapeutic endeavors.¹ As we have seen, there are many cases in which it is futile to give interpretations of the unconscious contents until a certain defensive attitude dependent on the character has been pointed out to the patient. This suggests the thesis that in principle every neurosis analysis should be preceded by a character analysis. Taken in a certain way, this is surely true; for an analysis can proceed in one way only,—the analyst must constantly show the patient how his ego resists the analytic process, why it does so, and why it does so in this one particular way. But formulated thus, this thesis is nothing more than a repetition of the most trite principles of analytic technique. However, the assertion that to cure a neurosis it is necessary to reconstruct the whole character, is surely untrue, for the "character resistance" represents only one definite aspect of the character as a whole. We trust that our exposition of the theory of the neuroses has demonstrated and explained that it is much easier to remove neurotic mechanisms through analysis than to alter the still quite obscure basis of character.

¹ See especially Reich, Wilhelm: *Zur Technik der Deutung und der Widerstandsanalyse*. Int. Ztschr. f. Psa. XIII, 1927; *Über Charakteranalyse*. Int. Ztschr. f. Psa. XIV, 1928; *Der genitale und der neurotische Charakter*. Int. Ztschr. f. Psa. XV, 1929.

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CONTRIBUTIONS TO THE PROBLEM OF HUMOR

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"Humor is wit and love."—Thackeray

1. Humor as a Psychological Process.

The first psychoanalytic study of humor we owe to Freud. In his early writings on wit, Freud stated that humor affords pleasure because it spares an expenditure of emotion. Many years later in a brief article, Freud supplemented this economic point of view with a dynamic one, pointing out the special behavior of the humorist's super-ego in the humorous attitude. The displacement of affective charges which occurs within the mental apparatus during this process suggested to Freud that he might find an explanatory analogy in the alternation of depressive and manic states. Despite the fundamental importance of such analogical observations for the psychology of normal mental life, with the exception of Reik and Hitschmann other psychoanalytic investigators have paid no further attention to humor, and even those two authors have dealt with this topic in a somewhat offhand way in relation to the subject of wit. The opinion seems to prevail that Freud has said essentially all there is to be said about humor. Yet, an attentive student of Freud's works, who has been observant on his own account as well, will recognize that Freud's carefully formulated statements are merely a valuable foundation for further investigation.

According to Freud, the ability to be a humorist resides in the fact that the humorist can hypercathect his super-ego and thereby alter the reactions of his ego. The pleasure of humor afforded the ego by the super-ego originates thus from a saving in the expenditure of the ego's available affect. The unpleasurable emotions set aside in favor of humor may be of various

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kinds. Freud believes that one very common source of the pleasure in humor is the sparing of pity; the undischarged affect may, however, also be anger, pain, contempt, indignation, fright, horror, despair or some other affect. We may assume that the quantity of energy with which the super-ego becomes charged corresponds to the amount of affect which did not make its appearance. The question then arises, why does the ego wish to spare itself affects? The answer is, that the ego fears the consequences of the id's instinctual demands, for behind the inhibited affective manifestations there are lurking instinctual impulses. A part of these are sadistic (e.g., anger, contempt, indignation), others masochistic (e.g., pity, pain, fright, horror). In both cases, narcissistic masculinity is threatened by the same external danger (and it now becomes clear why humor is a masculine trait). The humorist, however, does not repress the painful ideational content connected with the affect; his special endowment enables him to withdraw energy from the potential "painful" activity and convey it to his super-ego. Obviously, this is a defensive function, and Freud quite rightly considers the humor process the most advanced of the various methods used to protect the ego from instinctual demands. At this point we may also raise the question, whether this special form of defense stands in relation to a definite stage of libidinal organization. We may defer answering this question till later.

We may recall that Freud considers forestalled pity one of the most frequent causes of humor. We must first make clear the difference between this process and that other process which, according to Jekels, gives rise to true masculine pity. Castration fear or fear of punishment is the effective motive for the latter process also; reacting against the originally masochistic identification (feminine pity) imperilled male narcissism develops an active attitude which aims to relieve suffering. The regressive process is reversed and the object again cathected with narcissistic desexualized libido. The urge to activity which characterizes masculine pity may also be determined by a hypercathexis of the ego ideal (as in the case of the

humorist). In humor, the super-ego is kind and comforting towards the ego, whereas in pity, the object (the projected ego, so to speak) is treated by the super-ego with the same kindness and benevolence that the ego would like to receive from the super-ego. To summarize, we may say that "active" pity has a progressive quality in harmony with reality—in contrast to humor, which belongs essentially among the regressive processes which guard the ego from reality. This will be made clear in the following pages.

Although Freud has warned us "that we still have a great deal to learn as to the nature of the super-ego", we shall, nevertheless, attempt at this point to form more exact notions of the process of humor. Our point of departure is the assumption that the energy withdrawn from the sadistic and masochistic impulses is supplied to the super-ego. The transformation of object libido into narcissistic libido is in the nature of a desexualization, "a kind of sublimation", as Freud demonstrated in the case of identification (The Ego and the Id). Thus there is a defusion of instinct, and aggressive and destructive tendencies are set free. In the case of humor, because of the quality of the transformed instinctual energy, this should be especially true; the destructive instinct seems to be sublimated here as intellect,¹ and assumes specifically the form of *contemplation*; in playful superiority it depreciates not only reality and its dangers but, in addition, those individuals for whom these things are significant. The person against whom the humor is directed may also represent one's own ego; for the humorist is himself part of his material. It is true that in contrast to active pity, humor annihilates suffering caused by the outer world only in thought. The arbitrariness of the comic connections between ideas, too, is due to the increased thinking activity of the super-ego, the seat of the higher mental faculties. I might assume that the *child at play* is the fore-

¹ I pointed out the close connection between the nature of intellect (as the principle opposed to life or to the libido) and the nature of the death instinct in a lecture before the Vienna Psychoanalytic Society, March 7, 1928, entitled "Reaction to the New."

runner of the humorously disposed adult, since the child also mobilizes activity and thereby overcomes anxiety. Indeed, there is already present something like a super-ego (a parent representative originating through magical incorporation) which comforts the suffering passive part of the personality and offers narcissistic gratification through its activity, which is really not so remote from reality as the activity of humor. Children do not possess a sense of humor.¹ The adult's very different evaluation of play is illustrated in the remark which Freud ascribes to the super-ego of the humorist addressing his timid ego: "The world is merely a game for children, a good target for a joke."

The depreciative attitude which the humorist expresses in his characteristic behavior—in his not taking things seriously—is conditioned by the liberation of destructive instinct as well as by the withdrawal of object libido. The function of reality in this case is put under the control of the super-ego (derived from the adult who does not take things seriously). *Depersonalization* would correspond to another type of defense against external reality. The attitude of not taking things seriously presupposes, of course, conquering the castration fear, fear of the father. For the father is also a representative of the threatening outer world. By identifying oneself with the parents, more specifically with the father, one acquires their (or his) power by magic means; such a magical act is not only the foundation of the super-ego,² but also represents a hypercathexis of the super-ego, as Freud adduces in his dynamic explanation of the humorous attitude. In this attitude, the other person or one's own ego (in so far as they are objects of the humor) are degraded and made to play the part of child.

Up to this point we have given most of our attention to the

¹ "Humor belongs to experience, to education, not to the easy innocence of youth." Fr. Th. Vischer. Anna Freud writes of humor in children who have overcome their fear of punishment, in her paper, *Ein Gegenstück zur Tierphobie der Kinder*. Int. Ztschr. f. Ps. XV, 1929.

² "It must be repeatedly emphasized that the psychogenesis of the super-ego represents an attempt to conquer the fear of the father." Th. Reik: *Der Schrecken*, 174.

fate of the destructive instincts. What, however, happens to the share of libido allotted to the super-ego? My assumption, that in the humorist's super-ego the identification with the mother is more strongly developed than normally, leads to a second assumption—namely, that such an identification is well invested with narcissistic libido (thus explaining the super-ego's kind and comforting attitude toward the ego, which with this support, triumphs over every external threat), while the destructive energy finds its way to the paternal super-ego, where it is used up in contemplative depreciation of the external world.¹ Humor's Janus face has also been a topic for writers on æsthetics. Volkelt, for instance, recognizes in humor a synthesis of feeling and contemplation; others consider it to be a mixture of wit and sentimentality. We might reformulate our previous statement of the situation as follows: rejection of reality automatically results in a regression to the mother-child unity, since the humorist seems fixed at the earlier oral (sucking) stage.² We shall have occasion to refer to this statement later, when we come to consider this type of humorist.

The friendly relationship between super-ego and ego described above quite naturally suggests a resemblance to mania. Freud pointed this out in his paper on humor; Reik brings, not humor (which he mentions only for purposes of differentiation), but Jewish wit into relation with the reversal of a depressive into a manic state. Fenichel, on the other hand, characterizes the affect of humor as a normal prototype of mania (comparable to grief as the normal prototype of depression). This assertion seems to be only partially true, since the humor emotion is a mixed one, and the humor process continually oscillates between "mania" (domination of the kind and motherly super-ego) and "depression"³ (domination of the stern contemplative paternal super-ego)—humor, "laughs amid

¹ "Der Betrachtung *strenge Lust*." Goethe ("The stern pleasure of contemplation").

² Th. Lipps believes that pedantic and headstrong individuals are lacking in humor. Humorists are not anal characters.

³ Æsthetics often emphasizes the "melancholic" basis of humor.

tears". One should add this modification: the relationship of humor and these pathological conditions is surely a distant one, and, furthermore, the oscillation between the partial moods yields a uniform affect—namely, humor, "just as, for instance, yellow-green is a uniform color, but none the less the yellow and the green can be differentiated". (Th. Lipps, *Leitfaden*, 332.) The absorption of the ego ideal by the ego does not take place in the humorist's attitude as it does in the manic phase, nor does the paternal component of the super-ego exercise the violent domination which is characteristic of depression. It appears, rather, that in humor the ambivalent conflict has been overcome, since both the positive and the negative attitude are conscious (unlike mania, where the ego remains unconscious of what it has overcome). With the help of the combining power of a sublimated eros there results a mixed mood made up of equal parts of positive feeling and of contemplation which resolves the situation by ridicule. Humor develops from a process of liberation. Freud's example of humor directed against one's self (the criminal who remarks on his way to the gallows on a Monday, "Well, we are off to a good start for the week") seems to contradict this two-sided basic feeling. I might go so far as to maintain that this is not a pure case of humor,¹ but rather of *irony*. The essence of irony is to be found in its method of evaluation. The object of irony seems to be highly spoken of, but actually the opposite effect (its real point of view) is thereby the more potently achieved. Reik also stresses representation by the opposite and exaggeration as the characteristics of irony. The most horrible opposite of a good start for the week, execution, looms ahead for the criminal on a Monday, but he remarks ironically, "The week is starting off well." This magnificent irony in the face of death presupposes at any rate a secret belief in the indestructibility of the ego, and by virtue of this narcissistic attitude (which

¹ In discussing this example in his book on wit, Freud says that we "laugh off" the extra supply of pity already on hand. But in his later paper on humor, he remarks that the pleasure in humor never spends itself in hearty laughter. Humor only *smiles*.

humor and irony have in common) the criminal's remark may closely resemble humor, which also in its boldness and supreme intellectual freedom is not deterred in the face of death. At any rate, the word "humor" is often falsely used; irony and humor are easily confused,¹ unless any mere funmaker is to be called a humorist.

Humor originates, I believe, in the first oral (sucking) stage. (Humor really means fluidity, at least that dampness in the human body, which according to ancient medicine was necessary for the welfare of body and soul). But according to Reik irony and the closely related sarcasm, which is sharper in its expression (*σαρκάζω*—I tear flesh), have their roots in the oral sadistic stage. Even the comic writer develops an abundance of aggression (against the father who is reduced to the level of son),² but the humorist alone evinces in addition that hearty feeling of good will, that benevolence and understanding tolerance which is smilingly bestowed on the trivial, the unimportant, the nobody, however important he thinks himself. ("Kinder and more penetrating mockery of the Philistine's fate." Thomas Mann.) The spotlight thrown on things which are trivial, but with human value, has its counterpart in the disillusioning light which falls on everything which seems important (Volkelt). Expressed in psychoanalytic terminology: the trivial or the unimportant is the ego to whom the motherly super-ego turns in kindness; the phenomenon of importance is the outside world and its representative, the father, who is looked upon sceptically³ and in no way taken seriously by the super-ego, itself the transformed, incorporated father. A sense for what is small and limited, despised and foolish ("*Vive la bagatelle!*" Swift) is characteristic of humor: the "little world" which it so kindly describes represents as it

¹ Th. Lipps, oddly enough, differentiates between a humorous, a satirical and an ironical *humor*. Many "humorous" writers are in reality masters of irony, Thackeray, for example.

² L. Jekels characterizes comedy as the æsthetic correlate of mania, whereas tragedy corresponds to depression.

³ Sceptical, from the Greek "*σκέπτομαι*", meaning "to consider". The germ for depreciation is already present in consideration.

were the childish ego, or otherwise expressed: it is introjected by means of a tender identification. Thereby also the realistic trait¹ in humorists who in other respects successfully deny the claims of the outer world which threaten their own narcissism.

For the sake of comparison with our psychoanalytic viewpoint, we quote here a description of humor by Dessoir, the well-known æstheticist of the University of Berlin: "By humor we understand a mood in which an individual is conscious at the same time of his importance and of his insignificance. Humor is the fusion of superiority and limitation. The humorist as poet describes people and destinies whose significance instead of being destroyed is actually increased by ridicule. The two outlooks on life progress *ad absurdum* in a remarkable mixture of self-effacement and self-importance, and release that painful-happy feeling which human beings must experience when standing before the last triumph of existence. Misfortune is never touched by humor (whereas wit does not always spare it). The wizard who is able to describe the trivialities of the great without diminishing their importance, and to portray the illogical character of life without denying its rationality, is an artist of humor. Humor glimpses fate behind the chance incident. It links the finite with the infinite, and it teaches one how to conquer fate with a smile". Dessoir also emphasizes the oscillating up and down of humor, which minimizes on the one hand and magnifies on the other, as the essential quality of the humorous mood. Accordingly, to recognize in humor merely the normal prototype of mania does violence to the psychological facts, since this point of view quite neglects the depressive elements.

If one is in a humorous state of mind, one may observe either one's self or the doings of others with humor. In the latter case, one's attitude to others is like that of parents towards children, since one "recognizes the unimportance of the interests and strivings which mean so much to them and

¹ H. Bergson writes in his book, *Laughter*: "Several authors, Jean Paul among them, have noted that humor likes concrete concepts, technical details, exact facts. This is its essence". To be sure, a somewhat onesided explanation.

smiles at them" (Freud). In the former case, the same attitude is being repeated intrapsychically; that is, one repeats the attitude of grown-ups towards one's self as a child.

Humor may make its appearance in still another way. An author may be humorous in his writings. Then, either the style may be humorous and not the characters—who may merely be comical—or the characters themselves may be gifted with a sense of humor, as, for example, Falstaff, Hamlet or the Fool in *King Lear*.

In conclusion, I should like to anticipate an objection which may well be raised. It may be asked, how can the dynamic explanation of the process of humor be brought into harmony with Freud's economic theory. According to my conception, the instinctual energy corresponding to the undischarged affect is not really saved but is used elsewhere; it becomes transformed into cathexis of the super-ego. With this change, the disturbance in ego libidinal relations threatened by the outer world (the narcissistic insult) is avoided by a new equilibrium due to the addition of sublimated object libido. In other words, the pleasure aroused in humor is dependent on an *increase of narcissistic pleasure* and is not merely a matter of economy. The inhibition of emotional expression merely serves to initiate the process of sublimation specific to humor.

Furthermore, the observation that the humorist and his listener merely *smile*, as mentioned above, appears to indicate the narcissistic character of humor.¹ If, however, the entire process was merely the prevention of an expenditure of affective energy, then this quantity of energy would surely be discharged in pleasurable laughing.

2. *The Humorist as a Character Type.*

Nowhere in the psychoanalytic literature have I found any reference to the humorist as a distinct character type, not even

¹ How early in life there may be a connection between narcissism and smiling may be judged from the following quotation from Freud's *Wit and its Relation to the Unconscious* (226, footnote): "To the best of my knowledge, the grimaces and contortions of the corner of the mouth that characterize laughter appear first in the satisfied and satiated nursling when he drowsily quits the breasts."

in Karl Abraham's valuable *Psychoanalytic Studies of Character Formation*. According to the assumption in the preceding section, humor may be thought of as one of the oral erotic contributing elements to character formation. This is in harmony with the fact that many humorists are drinkers, or at least not averse to alcoholic pleasure. In this connection one might mention the names of Luther, Jean Paul, Fritz Reuter, Jeremias Gotthelf, Gottfried Keller, J. V. Scheffel and O. E. Hartleben. In a questionnaire issued by Von Vleuten, the author Karl Bulcke expressed the opinion that practically all of the great humorists of German literature were addicted to alcohol to no slight extent. Kraepelin even uses the term "drinker's humor" (*Trinkerhumor*). Gluttony (a feature attributed to the Russian poet Gogol and to Gotthelf) is also related to an oral fixation. The pessimistic¹ trend which appears so consistently in the true humorist has its chief origin (if Abraham's derivation of pessimism is correct) in the very early disappointment of oral wishes, just as optimism, contrastingly, has its roots in highly pleasurable oral experiences. Moreover, optimism, the reverse side of the humorist's pessimism, always puts in an appearance, since pessimism is not allowed the last word in humor. Again we are touching upon the similarity between the humorist and the manic-depressive type, who likewise evinces a strong fixation at the oral stage of development. Luther, Molière, Swift, Lichtenberg, Jean Paul, Raimund, Reuter, Mörike, Scheffel, Keller, Hermann Kurz and Wilhelm Busch all had a tendency to depressions.² The drinkers among these may very possibly have taken to alcohol as an escape from depression. (Fritz Reuter's drinking excesses were also dependent on a compulsion to increase pleasurable stimulation). Kretschmer in *Körperbau und*

¹ "Humor presupposes the most profound unhappiness of consciousness". Fr. Th. Vischer. And Scheffel: "My comic nature [he means his humor] is often only the reverse expression of an inner melancholy."

² I am not able to contribute any analytic material which might be interesting in this connection about Mark Twain, to whom Freud so often refers in his book on *Wit* when discussing the subject of humor.

Charakter mentions the humorous temperament¹ as one characteristic of manic-depressive patients. Humorous qualities are also associated with the cycloid temperament.² Kretschmer finds that humor shows to "especially good advantage in the intermediate state of the cycloid temperament, where there is the proper mixture of the ability to laugh (from the hypomanic side) and depth of feeling (from the depressive side)" (p. 117). According to the same author, individuals with a creative gift, the humorous poets and authors who belong to the cyclothymic biotype are related, through many biological findings, to the pycnic type and to the manic-depressive group in the widest sense of the word. He groups realists and humorists together, in so far as the former also represent the cyclothymic type of temperament. The productions of realists like Gottfried Keller,³ Hermann Kurz and Jeremias Gotthelf are full of humorous features; on the other hand, a pleasantly excursive realism characterizes the works of humorists of the type of Fritz Reuter or Dickens. The representatives of humorless naturalism, however, are nearer to the schizothymic type. The group of intellectual, sarcastic and ironical writers also tend toward the schizothymic side.

I have already pointed out that the humorist has a strongly developed *maternal* super-ego. This would indeed seem to be characteristic for the artistic type in general, or at least for a certain type of artist (perhaps for those with more strongly marked features of the opposite sex). In another article *Experiencing Beauty* I tried to explain the artists' eternal mood variations by assuming an intermittent cathexis of his super-ego, and drew a comparison with manic-depressive states. The humorist succeeds to a greater or less degree in creating a

¹ Is there a relation between humor and the "free interval"?

² Schizoid and cycloid are the designations which Kretschmer gives to those abnormal personalities which oscillate between illness and health, personalities which mirror the fundamental symptoms of the schizophrenic and circular psychoses, but in a milder degree in a sort of play of personality.

³ Like Goethe, Fritz Reuter, Scheffel and Wilhelm Busch, this author combines artistic with poetic gifts. The former apparently favors the talent for realistic narration.

peculiar combination, which however possesses an independent quality, of serious and cheerful elements. This is to be understood dynamically, not statically.¹ Studies of the family trees² of "circular" families lacking in productive ability, and of biographies of humorous artists suggest the possibility that the humorously gifted individual gets the earnest, serious, depressive propensities more from the father, and the cheerful propensities from the mother.³ Goethe says, "*Vom Vater hab'ich die Statur, des Lebens ernstes Führen, vom Mütterchen die Frohnatur, die Lust zu fabulieren.*" ('I owe to my father my stature, a conduct stern, sedate; to mother, a care-free nature and a gift to fabricate.') Goethe himself was of no pure cyclic disposition (according to Kretschmer he had a considerable schizothymic admixture), and is reminiscent of a certain type of humorist (Keller) only in some respects. But at any rate, the components essential for the process of humor seem to come from the mother, and I have in mind not so much of inheritance as of early identification. In the cases where the father's humorous nature reappears in the son (as in Th. Fontane) we must recognize the identification with the father as the decisive factor. The characteristic play of humor, and accordingly of humorists also, takes place between a pair of opposites, the optimistic, primary narcissistic, reconciled humor, and the pessimistic, melancholic, distracted humor. One can easily find representatives for both literary groups (for instance, J. P. Hebel and Heinrich Seidel for one group, and E. T. A. Hoffmann and Heine for the other). But no humorist is without either the depressive or the hypomanic com-

¹ The aestheticist, A. Zeising, writes very much to the point: "Not only the greater humorous poems but also the individual humorous incidents usually have a *vibrating* character, somersaulting, not resting content with a single change of mood. The qualities of humor which tend toward the comic on the one hand and to the tragic on the other are so closely and intimately interwoven in many phenomena that the impression of an iridescent stuff is created, whose lighter or darker sheen predominates pretty much according to chance."

² Kretschmer, p. 107 f.

³ As in the case of Jean Paul, Scheffel and Th. Mann. The reverse seems true in the case of Keller.

ponent. Goethe's mother, a woman of the sunniest humor, gave strict instructions to her servants never to tell her anything unpleasant. So greatly did this cheerful nature fear the melancholy lurking in the depths of her being—which later made its ominous appearance in her daughter.

Nor did the relationship of humorists and pathological types escape the notice of the literary historian, Eduard Berend. I do not agree in detail with Berend, who summarized the results of his studies of the humorous type in *Der Typus des Humoristen* as follows (p. 115): "The outward characteristics of the humorous type are aversion to marriage, globetrotting, lack of a regular profession, physical anomalies ('Humorists are rarely handsome, women humorists even more rarely'—Jean Paul). The inner characteristics are a split in the personality, a tendency to self-reflection, to play with trifles and absurdities, and indifference to the world's opinion."

Translated by EDITH B. JACKSON

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Towards Mental Health: The Schizophrenic Problem. By Charles Macfie Campbell, M.D. Cambridge: Harvard University Press, 1933. v+110 p.

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BOOK REVIEWS

TOWARDS MENTAL HEALTH: THE SCHIZOPHRENIC PROBLEM. By Charles Macfie Campbell, M.D. Cambridge: Harvard University Press, 1933. v+110 p.

For the 1932 Adolph Gehrman lectures in hygiene, the University of Illinois College of Medicine committee chose as a topic mental hygiene and as a lecturer C. Macfie Campbell. The lectures, presented here in book form, reveal the literary charm, didactic lucidity and persuasiveness that are always to be expected of Dr. Campbell.

These qualities fructify the beginning of the lectures where general medical hygiene is contrasted with mental hygiene. "The laboratory-minded physician", we are told, "who is apt to look upon the patient as the more or less incidental battleground upon which a fascinating conflict of impersonal [i.e., physicochemical, biological] forces is taking place . . . ignores the possibility that the technical methods which have been so productive in the field of internal medicine may have a strictly limited application in the field of mental disorder"—a point surely worthy of much didactic repetition before "an audience of faculty members, alumni, advanced students and undergraduates" in the field of medicine. This audience is called upon to consider that although "the laboratory study of a fanatical agnostic may reveal some anomalies in his biochemical equilibrium, to lay the whole weight of the explanation of his agnosticism on such anomalies and to ignore the fact that the agnosticism developed acutely after his wife had run off with a clergyman seems a mistake". From the self-evident the argument proceeds that this hypothetical desertion might lead to lack of interest, depression, alcoholism and other sequelæ. Having thus gained his audience's interest in the life situation antecedent to the beginning of a mental disorder, Dr. Campbell gives a general empirical definition of mental disorders (including hysterical and obsessive symptoms, morbid fears, delinquency, and "distorted personality" among them) and turns to schizophrenia to find exemplification for his remarks.

It was not merely a reaction against the attitude of therapeutic hopelessness which led to a change of terminology from *dementia præcox* to *schizophrenic disorders* "but rather a doubt as to there

being an actual impersonal disease entity which expresses itself in the disturbed conduct and morbid views of the individual. . . . With the change in the point of view more emphasis is now laid upon the disorder of function as a specific example of individual human nature reacting to a definite social environment, while previously the symptoms were of interest only in so far as they seemed to be indicators of an underlying disease process . . ." (p. 16-17). "To minimize the tyranny of names", the lecturer proceeds (p. 18), "I suggest that we should think in geographical rather than nosological terms, and talk of the schizophrenic territory rather than of schizophrenia. . . . A great deal has to be done in the accurate study of the characteristics of the inhabitants in the various regions, or in other words, of the symptomatology of the disorder. It is difficult to make a general statement with regard to all the inhabitants of the territory; a statement true of those inhabiting one region may not be valid with regard to those from another district."

With seven brief excerpts from schizophrenic case reports Dr. Campbell then proceeds to illustrate the theme, the adaptive value of some schizophrenic behavior and ideas. The study of hysteria has shown that a consideration of personal factors and the setting clarifies symptoms (p. 29). "The mere question, What is the patient getting out of it? throws a vivid light upon the whole situation and gives a clue to treatment", although "the problem of the hysterical patient cannot be looked upon as solved until both sides of the situation have been thoroughly studied, on the one hand the physiological mechanisms with their individual sensitivity, on the other hand the complex forces involved in the personality and the life situation to which the individual has to adapt himself." The author points out the gain to the patients in terms of comfort, when they can repudiate as not theirs the hostility or eroticism that they feel, or when they can obtain "complete respite from the responsibilities of adult life", or the "permanent establishment of life at a simple dependent level".

As the above quotations show there is little that one could object to in Dr. Campbell's presentation as such, and in the following parts of the book there is much solid and profitable reading concerning "the fate of repressed sex factors", the "achievement of independence", "the attaining of a conviction of personal value"; and what Dr. Campbell has to say is well documented by the forty-five fragments of case reports—brilliant intaglios of psychiatric

exposition—that appear in this book. Yet in reading this book and penetrating into the tacit assumptions that underlie Dr. Campbell's method and his approach to the individual case, the conviction grows upon one that with all their merits this method and this approach obscure much of the subordinate theme of this book that gives it its subtitle—the problem of schizophrenia.

The main inherent defect in the method is a clinging to the manifest content of the patient's mind, an evasion of interpretation or of deduction that might aid in formulating a "general statement with regard to all the inhabitants in the various regions". In spite of Dr. Campbell's acknowledgment of the stimulation given by the study of hysteria, and in spite of the fact that most of his general ideas derive from Freud (for he recognizes secondary gain from illness, conflict, psychic determinism, the purposive nature of symptoms, the etiologic importance of events, the analytic ideas on infantile sexuality and in spite of an Adlerian cast of language the development of the ego from primary narcissism), when he deals with the individual case material he becomes data-bound. Thus the patient Thomas U. (p. 66) "was preoccupied with the idea of grandiose accomplishments, among others with that of devising a plane that could make a transcontinental flight and back without refueling". In this, Dr. Campbell comments, "one sees no direct evidence of the influence of the sex instinct . . . the inferiority and the compensatory reactions are on a matter-of-fact level . . . He deals with his professional and economic problems as [another patient] deals with her erotic problems". Again, a young man of twenty-seven, Arthur B., whose mother through "pampering and attention" had made his "normal adaptation to social life an impossibility", occasionally took to his bed, was irritated at his mother, and stated that she was not Marie B. (her real name) but Marie W.—as a protest, Dr. Campbell states, "against the mother who had cramped the patient's personality", and a consequent "denial of her as his actual mother".

Of the interpretation of the latter case, one could only say that it is surely possible; but one might ask why what is known to be true in so many other cases of "turning from the mother" and so many other fantasies that the mother is a strange woman should not be applied here, and why it is not equally explanatory and more in keeping with the violence of the boy's turning from his mother and from reality to believe that he is sexually stimulated by her. Such

motives and reactions (in a less evident and manifest form) are matters of everyday observation in psychoanalytic practice. But Dr. Campbell's interpretation of the airplane fantasy reveals more dangerous defects in his method and illustrates a tacit fallacy that is to be found throughout this book. Really to build an airplane that could make this long journey without refueling would indeed be an adaptation to a person's economic and professional problems. For an automotive engineer to imagine such a plane would still come under the same category. But unless all the empirical evidence collected by the psychoanalytic study of dreams is wrong (and Dr. Campbell may consistently take this position), when Thomas U. in his mind devises such a plane, he is constructing a phallic symbol. He may be compensating for several types of inferiority, but the chances are that he is not simply compensating for economic and professional inferiority and that he is enjoying a sexual fantasy. Dr. Campbell by sticking too closely to the manifest content has fallen here under "the tyranny of names" that he refers to in his discussion of the term schizophrenia, and has introduced into his thinking an intellectualistic literalness. Such a literalness treats terms as if they were mathematical abstractions, so that just as 1 always equals 1 and ab is always ab , an airplane is always an airplane whether it is Lindbergh's or Thomas U.'s and for both serves the same purpose.

Such an attitude carries with it a very grave danger. For if a normal airplane deviser and a schizophrenic have the same motives in imagining an airplane, there is an implication that the difference between the normal and the schizophrenic is insignificant. The persuasiveness of this implication is markedly increased when the differences between the affectivity of these two types are kept in the background, as they are in this book.

This same verbal literalness and the emphasis on similarities between the normal and the schizophrenic enters into Dr. Campbell's treatment of the overt erotic material brought out by schizophrenics, for example, the homosexual material, which may be considered at this point. In the case report excerpts, the homosexual material is quite overt. The patients are called "fairies", they wonder if they are suspected of being "hermaphrodites", and so on; in other words they are "consciously" or "nearly consciously" homosexual. Dr. Campbell indicates that he assumes the break-

down of some patients to be "closely related" to their attitude to sexuality (p. 81). And he writes (p. 39), "The assimilation of the sexual impulse, the bringing of it into harmony with the other urges of human nature, the outward expression of it in forms which are socially acceptable and which do justice both to the vital urges of the individual and the requirements of the cultural situation is a task which makes severe demands on the individual. The severity of the demand may depend partly upon the particular culture in which he is brought up, partly upon the constitutional endowment and the balance between the urgency of the sexual impulse and the strength of the controlling forces." And as a general statement this has obvious merits. But psychoanalysts would be deceived if they interpreted the forms of the sexual urge "which are socially acceptable" to mean sublimations. So far as anything in this book would show, at any rate, the possibility of modifying the sexual impulses is not taken into account, nor is the reader informed that the homosexuality that appears in a crude sensual form in schizophrenia represents the dissolution of such sublimations, as for example in the case of Schreber where the frustration of "socially acceptable" homosexual *sublimations* led to their breaking down into crass sensual fantasies of intercourse with God. And again, the "controlling forces" are not the intrapsychic forces of repression that keep the sexual urges unconscious but are conceived as the laws and customs of the environment. Dr. Campbell seems to conceive of the sexual urges, whether conscious or unconscious does not matter, *ab initio* and at the end, as unmodified sensual impulses "controlled" consciously or unconsciously (again this point is irrelevant) by the patient in conformity with the social standards. This point of view it is that precludes later any linking of the erotic with the problems of a "craving for an independent personality" or the "longing for personal value", where Dr. Campbell in fact deals more nearly with difficulties of sublimating, repressing, or modifying sexual urges including the narcissistic ones, and deters the author from making statements "true of those inhabiting one region" that might be "valid with regard to those from another district".

Consistently with this simple idea of conflict between sensual desire and the mores, Dr. Campbell says: "It is little recognized by teachers in schools and colleges how widespread the homosexual

tendency is, and how frequently the student suffers severe mental distress from this constitutional endowment, in relation to which his teachers show neither insight nor tolerance" (p. 89).

To judge from this account then, homosexuality as it appears in schizophrenia was present as a sexual urge before the appearance of the illness. The schizophrenic homosexual for all logical purposes is the same as a person troubled (or untroubled) by sensual homosexual impulses, due to "constitutional endowment". The urgency of this impulse is in conflict with the "controlling forces" of the cultural situation. The patient then before his breakdown was an overt or nearly overt perverse homosexual, who either indulged his impulses or more likely abstained for moral or external reasons. The mental hygiene advice is that such persons be treated with insight and tolerance. Dr. Campbell's account *may* fit a schizophrenic patient—but not because this patient is schizophrenic. I submit that Dr. Campbell is describing in oversimplified language any person with strong conscious or nearly conscious sensual homosexual impulses, and that the discussion is only very generally related, as any psychological discussion would be, to the problem of schizophrenia.

Consistently enough, as an airplane is always something to fly in, so homosexuality is always an urge to copulation, and modifications of it do not exist. Similarly with the other features of his schizophrenic patients that Dr. Campbell singles out (and isolates) for discussion. Schizophrenic masturbation is a masturbation problem, schizophrenic "craving for independence" is a craving for independence problem. And with all the good things that are said about masturbation or about independence, the old question recurs, Is there then nothing else? Are there only those general human problems and no problem of schizophrenia? Is the single individual the only object of which statements can be made? Is there nothing specific and peculiar to the schizophrenic patient?

These questions take us into the heart of the matter and show us the difficult position of present-day psychiatry in regard to schizophrenia. The modern psychiatrist is in a very uncomfortable situation. He knows that the theories of the organic etiology of schizophrenia are useless and probably fantasies, and that they have been upheld so long and so tenaciously chiefly because of academic pressure, authority and propaganda, and not because of scientific evidence. The clinical criteria too have not been entirely

satisfactory; Kraepelin's criterion of a bad outcome, and Bleuler's psychological formulation only partly approach the gist of the matter. Yet the hopeful field for research is the psychological, and when the psychiatrist turns there he inevitably confronts the freudian conceptions. It is not easy to cope with these; they are a Pierian spring from which one cannot draw the little that one needs with impunity. And though some of the empirical manifest data of psychoanalysis are familiar enough to the psychiatrist, they are not psychology in and of themselves and make no sense unless the freudian psychology is taken with them. So that one cannot (as Dr. Campbell does) speak of repression without meaning that it is an unconscious process, or of sex and mean sensuality without spoiling just what is general and useful in freudian psychology if it is to be scientifically applied. In fact what one does then is merely accommodate one's language to Freud's without acquiring the intellectual tools that he can supply. Furthermore, if the psychiatrist "accepts" the freudian ideas unless he is himself analytically specially trained, he does so on faith and without a first hand acquaintance with the method on which the freudian concepts depend, and these concepts then lack life and conviction.

It may be that the whole dementia præcox-schizophrenia concept is now purely a matter of history, henceforth heuristically sterile. And this is not a strange idea, but one much fortified by a reading say of Gruhle's account of the history of schizophrenia. Dissatisfied with the older psychiatry and sceptical of psychoanalysis, a third course is left for our hypothetical psychiatrist. He may disregard entirely the conception of "schizophrenia" and at the same time not take seriously the analytic psychology, but devote himself to the study of the actual manifest material, remaining a crude empiricist. He might tacitly hold that no theory is applicable to this material, but merely acknowledge that which is immediately evident to the senses, make no inferences, and for a psychological theory that might tie the facts together adopt only the inevitable minimum that is immediately apparent.

It seems to the reviewer that Dr. Campbell in the practical discussion of etiology has taken this third course, and I think with the inevitable result. For these things are only what they seem, and the patient is a good deal like a normal person if we take only that which is immediately intelligible for study, or if we rationalize the oddities into familiar things. So stated the pernicious aspect of

this point of view becomes evident, for wherever the future may take us, the problem of schizophrenia is not solved scientifically by rationalizing away the problem, or by insinuating that there is no special schizophrenic problem but that all can be explained by appealing to bad constitution and improper upbringing. The idea of a "schizophrenic territory" then reveals its weakness. Somewhere in this "schizophrenic territory" there must be something distinctive even if it is not immediately seen in the crude manifest case material—some universals, in the logical sense, that it is our business to determine and not to deny.

BERTRAM D. LEWIN

CHILDREN'S FEARS, DREAMS, WISHES, DAYDREAMS, LIKES, DISLIKES, PLEASANT AND UNPLEASANT MEMORIES. A STUDY BY THE INTERVIEW METHOD OF 400 CHILDREN AGED 5 TO 12. By Arthur T. Jersild, Frances V. Markey and Catherine Jersild. (Child Development Monographs No. 12. Lois Hayden Meek, Editor.) New York City: Bureau of Publications, Teacher's College, Columbia University, 1933. xl+172 p.

It is unfortunately necessary to say that despite the effort and technical care put into this statistical compilation of various phenomena in the fantasy life of children, the study yields rather barren results. The title promises much more than it fulfils, and the psychoanalyst whom it might attract is disappointed in his anticipation that here may be significant comparative statements drawn from extensive research. He finds that the most that this survey yields is corroboration of long-established psychoanalytic knowledge, usually in the form of understatement; and that where the data collected might suggest new and valuable conclusions, these are usually overlooked.

The fault of the study lies with the underlying preconceptions—or lack of them—on the part of the authors, which have placed more limitations than they recognize not only on their methods but also on their insight in appraising their data. Professor Meek considers the value of the study to be "the picture we see of children wishing for everything under the sun, carrying a heavy burden of apparently irrational fears, dreaming dreams of terror and delight". "Many of the findings substantiate opinions of child life which have been held for some years," she adds, "but much of the material will be new to most readers and may be used as a basis . . . for the

reevaluation of certain psychological theories". This study, however, gives by no means so penetrating a picture of the psychological life of children as the analyses of children have produced, and, contrary to providing any basis for the reevaluation of "certain psychological theories", provides only substantiation of the Freudian theory of dreams, of the functioning of the unconscious, of the development of superego in children, as well as other psychoanalytic concepts entirely overlooked by the study either through ignorance or misconceptions about psychoanalytic psychology.

The subjects of this study by Professor Jersild and his associates were 400 children, representing one public and one private school. There were 25 boys and 25 girls at each age level between 5 and 12 years of age. Children with an I.Q. of less than 80 were eliminated. The study was conducted by the interview method, the interviewer recording in the child's presence his responses to such leading questions as "Tell me what you dislike most in the world", "If you had a wish and your wish would come true, what would you wish?", "Tell me about things that scare you, things that frighten you". Though noting cases of hesitancy, uneasiness, hedging, guilt, the authors believe that "the children in this study must either have been excellent dissemblers or they must be considered relatively less subject to conflicts and repressions which some have attributed to individuals at this age". No one will question that on the whole the responses of the children were sincere as far as they went, but since the authors themselves recognize many of the children's statements as contradictory and confusing, one cannot see how they can overlook either conscious or unconscious dissembling. Indeed, such statements as this occur in the study: "It may be questionable, perhaps, whether these children were candid when saying they had no fears." The responses and the figures belie the statement that "even if the interviewer had many preconceptions concerning psychic censorship, conflict, repression and similar matters, he would not have been able to find much grist for his mill". Under the classification headed "No response, nothing, no more, unintelligible", occurring in all the studies, there were sometimes listed as many as twenty-eight, thirty or more children. There are no figures in the study tabulating such hesitancy, hedging, denials, inconsistencies, contradictions and guilt as did evidence itself. Admitting the difficulty of measuring affect, which this study nowhere attempts to do, researchers who

have discovered the "irrational" nature of much that goes on in the child's mind, should be more alive to the bearing of emotion on the ideational content of the material produced by the child. It is, of course, true that the comparatively superficial nature of this "controlled association test" method, gave the interviewers little access to deeper affects, making their task a fairly easy one. For all that, in spite of the care of the interviewer to win the child's confidence, there is sufficient evidence in this study, as in our psychoanalytic interviews, of inhibition, ambivalence and repression.

Classification of the data thus gained was made on the basis of its conscious intelligibility to the authors of the study. In the study of Dreams there are twenty-nine classifications, made inductively on the basis of rational content with no reference to symbolic significance. In the study of Worst Happenings and also of Fears, the items "contact with robbers", "contact with animals", "nightmares", "bodily injury and accident: such as falling, flying, fire", "loss of possessions" are examples of overlapping and unpsychological classification. But this externally descriptive method has its interest in that the conclusions arrived at in no way invalidate psychoanalytic findings about fears, wishes, daydreams and other mental phenomena. Dreams about bodily injury compose the largest group; unpleasant dreams outnumber pleasant ones; fears revealed in dream-life have no relation to "worst happenings" and the dangers of actual life.

However, in failing to recognize from the "expressed" statements signs of the unconscious, in denying the importance of affect, in failing to make use of our knowledge of symbolism, this study treads a rather weary circle of negation in its results. It concludes that "It would be difficult to find in the table any evidence for any particular theory as to the outstanding character of dreams. . . . The element of wish fulfilment can be detected in a number of dreams concerning finding things, having, possessions, occupying an adventurous or heroic rôle. . . . It would be quite as justifiable to say that dreams are a reflection of children's fears . . ." It seems inexcusable for serious psychologists to be so careless in their knowledge of theories they desire to refute.

Where the interpretations keep closer to the figures in the tables, some of them may be of interest to psychoanalysts as belated corroboration arrived at by nonanalytic methods. With reference to age, the study concludes that "Children at any par-

ticular age do not reveal unique characteristics which set them apart from children at any other age". Qualified by the statement "in their fantasy life", psychoanalysis would have no fault to find with this rather general negative conclusion. There are, however, significant items indicating age differences which this study does not pursue. There is, for example, evidence of increased censorship and development of superego control with increase in age. Recollections of good things to eat are more frequent with younger children; altruistic wishes are more frequent with older ones and those from a higher social milieu; older children, too, have more dreams about embarrassment, guilt and social behavior. The differences between children of high and low I.Q. roughly parallel the differences between younger and older children. The similarities between boys and girls are more outstanding than their differences.

Perhaps the most interesting comparisons noted are those of public and private school children, and the socio-economic conclusions are generally more significant than the psychologic ones. Similarities appear in the two groups where widely divergent social and economic status exists: as for example in their aspirations for future occupations which in general showed no relation to the father's actual status. Public school children's wishes, however, were direct, specific and personal, whereas private school children wished in more general concepts under cover of philanthropy and altruism. While the wishes of public school children were more prosaic, their fears were far more fantastic and related to the improbable, than those of children reared in more favorable environment. The private school children appeared more realistic, though subjected to fewer reality dangers. They appeared also to be more interested in school than the older public school children. Younger public school children also appeared to like school. Movies appear to play an important rôle in influencing the fantasy life—especially the fears—of all children, particularly those in the public school. The significance of these conclusions regarding education, street recreation and the moving pictures cannot be too highly estimated. It would seem that children in unfavorable economic and social environment are subject to stimulation that produces more conflict among the "id" impulses, and a less realistic ego and superego organization. These conclusions also suggest the importance of making public school life more interesting, and the

problem of the moving picture is suggested as another and very serious one to study in the formation of children's fears.

"The gates which guard the entrance to the inner life of childhood are high and strongly barred", the foreword to this monograph says very truly. "Only the most sensitive instruments can explore this part of life." The authors find themselves balked at various points, particularly in their study of dreams and fears. They are confronted with such problems as how to explain the purposelessness of so many fears, and the seeming attraction of some children to the sources of these terrors, the discrepancies between real dangers and the fears of fantasy life, the obliviscence of the pleasant in contrast to the vivid recall of the unpleasant. But access to these high barred gates has already been gained by the methods of child analysis and the findings of psychoanalysis in general. This present study neglects the evidence of its own research. It is time, effort and money expended to rather mild purpose.

MARIE H. BRIEHL (NEW YORK)

GOD'S LITTLE ACRE. By Erskine Caldwell. New York: The Viking Press, 1933. 303 p.

About half a year ago we saw the spectacle of a Federal court defending the honor and virtue of a book which had been attacked as obscene. The book, *God's Little Acre*, by Erskine Caldwell, is a vivid story of poor Southern whites, groping for inner peace. Because here and there this struggle was colored by "perverted" trends this book drew upon itself much curiosity and indignation. The novel is interesting to the psychiatrist and psychoanalyst, who must view it as an arresting, if confused, product of the human spirit, challenging him to try to understand the psychic sources of the confusion and to estimate the influence it may exert upon readers.

Of course the book is only an isolated fragment in the stream of the author's life, and to pretend to understand the whole through the interpretation of any single fragment is to claim an omniscience which we fortunately do not possess. Nevertheless, the book is the product of the author's thoughts and feelings, and we are justified in wondering about his relationship to the yearnings and behavior of the confused and sickly crew with which he has peopled his tale. It would hardly make a fundamental difference whether the author

has created these figures out of whole cloth, by an act of free fantasy and imagination, or whether he has functioned merely as a selective reporter who has chosen significantly just this material to report.

In the story, as in a dream, there is a confused and kaleidoscopic shifting forward and backward between desolate farm lands and turbulent strike-weary mill towns, from pit-holes in the red and yellow clay to hilly eminences, from swamp lands to solid earth. However, the movement from scene to scene is carried along on a thread of story, whereas in a dream which has not been artificially elaborated the scenes would follow one another without even this pretense of conscious reason. To the analyst, therefore, much of the story must be discarded as a rationalization, an effort to lend an appearance of logical order to the essential fantasies. This conscious elaboration of spontaneous fantasy, in an effort to make the tale simple and realistic, results inevitably in the introduction of extraneous elements which are superimposed upon the fundamental dream-like structure. It is impossible, therefore, to attempt an analytic interpretation of more than the main outlines of the story, considering chiefly the characters and their outstanding acts.

As in many dreams, one may recognize two groups of characters, those that are clear and those that are vague. There are shrouded and ominous figures moving dimly in the background, like those unseen persons in a dream whose presence one senses but never sees. Others stand out with all the hallucinatory vividness of the lions and tigers of a child's nightmare. Closely examined, these figures become different aspects of a single human spirit, somewhat artificially split up into separate beings. Consequently it is not to be wondered at that they talk to one another in words which, though vivid, remain essentially unreal.

One finds no living mother in the book; yet throughout the tale brood the spirits of unhappy, frustrated, and forgotten mothers, dimly seen, yet constituting the essential object of all the strivings of the characters. It is worth noting that the more shadowy figures are the frank mother-images, and as the women figures become clearer the maternal rôle is distorted more and more towards perversion and prostitution. First there is old Mrs. Walden who, before the tale is even begun, dies heartbroken because her oldest son is ashamed of her and refuses to see her. She is a dim fantasy of a good mother, dead and forever unattainable. Then there is the witchlike figure of Gussie, supposedly diseased and full of

hoarded gold, whom this oldest son had married. This is the "bad woman", the "sterile woman", no mother at all and yet more a mother than a wife, who is heard wandering eerily offstage and never appearing in person. The first woman who emerges even dimly from these shadows, but who remains still vague in outline, although at least alive, is Rosamond, Ty-Ty Walden's oldest daughter, and the wife of Will Thompson. She takes humbly and gratefully what Will has left to give her, *mothering* him, feeding him, *spanking* him with her hairbrush when she catches him flagrante delicto in intercourse with her younger sister, Darling Jill. In a sudden rage she tries to shoot him, but in the end she mourns his death in a paroxysm of grief. And finally there are the two clear, well-defined and vivid women who stand as the direct objects and instruments of primitive lusts. Here the path of fantasy, and the path of erotic desire, divides into two. On one path is Griselda, the wife of Buck Walden, the daughter-in-law in the Walden family, no mother in spirit or in fact, but whose body stands to all the men as a perverse symbol for nursing. And on the other road is Darling Jill, the youngest Walden daughter, insatiable and destructive, who devotes her life to conquering men with her body, tantalizing men, using them, throwing them aside, demanding pain as her only physical joy, and in the end turning for peace to the fat, infantile, and eunuchoid figure of Pluto.

It can be concluded safely that for some reason the author's fancy has created here only certain limited conceptions of woman. There are good mothers who are dead and who suffered, bad mothers who hoard their sustenance and will not share, mothers who breed and transmit disease, erotic mothers whose bodies exist to nurse men, and women who exist only to destroy them. The author has been unable in this book to produce the image of a woman whose body is to be loved in an adult, genital, confident, happy, tender, reproductive manner. By some undefined magic of the moon, no act of intercourse in the book results in conception or pregnancy. It becomes increasingly evident that in the unconscious language of the book intercourse means either nursing or destruction.

The story tells in symbolic language of the struggle of a group of men to win some fantastic kind of sustenance out of the body of the earth, the body of factories, and the bodies of women, with the women struggling through the mazes of a queer, disjointed, erotic travail to give sustenance or death to the men. Throughout the

book the recurring themes are those of food—watermelons, hams, grits and ice-cream—or of biting, grabbing, sucking, licking, and of haunted efforts to rend, tear, suck or bite out of the bowels of the earth a kind of magical food. And since nursing and intercourse have become confused and interchangeable yearnings, it is inevitable that the chief protagonists should chant the beauty of a woman's breasts, that breasts to be beautiful must be proud and erect and pointed like a phallus, and finally that the woman's genital becomes a well at which a man may slake his thirst, and ease with his mouth a torment of blind cravings. (It was on the basis of these perverse components that the book was prosecuted.)

But who are the men who play out their needs against these fantastic figures of women?

There is Ty-Ty Walden, an old man, a widower, seeking endlessly for gold by digging into the bowels of his farm, rendering his land sterile with mounds of earth from fruitless excavations. Despite his years he digs as a child might, because his "daddy" told him there was gold in the ground, and because of the rumor that negroes have found nuggets. His gold fever is an obsession which has taken the place of women and drink. He is sensitive and visionary, with an artist's eye for beauty in a painting and an ear for beauty in words, but he lives out his lusts and fears at a child-like level. With his words he arouses other men's fever equally to hunt for gold or to assault his daughter-in-law, Griselda; but he, himself, is afraid of women—they "wear a man to a frazzle". When he observes intercourse he does not take in what he sees, but stands uncomprehending as a child. Feasting with his eyes on the body of his daughter-in-law, he thinks of her as though she were inside him. He carries this feminine fantasy further by likening himself and Griselda to a hen with a lone chick. It is not strange, then, that his objective energy is directed solely towards tearing things out of the earth; and when the ground does not yield them up, he flails it as though it were a living thing, until he drops exhausted. Nor is it strange that he talks of science, yet resorts to a negro "conjur". Furthermore, to Ty-Ty the things of the spirit also lie within the body. His formulation of religion is that "God resides inside one", that "there are secret things hidden in every man", that "one hunts for the things that are inside and brings them out". Thus his gold hunt, his erotic obsession, and his religion are clearly all part of one confused and largely unconscious

system of obsessive fantasies. He is fascinated and yet terrified by that which lies within the body. Therefore he cannot approach the body; and though he is an old man, he is still a child, an aged Peeping Tom. That all of this sick confusion of fantasy has inner meaning and content is evident.

Will Thompson is Ty-Ty's son-in-law and the husband of Rosamond; and it is through Will that Ty-Ty mates with both of his daughters and his daughter-in-law. Will is a weaver of cloth who lives and works in the town. It is his obsessive ritual to tear cloth into tiny pieces when he turns on the power in the mill; and similarly he must tear to pieces the garments of Griselda when he is about to attack her. For Will, then, intercourse, "to turn on the power", is like rending or tearing or deflorating; whereas weaving is like repair and restitution. Will is therefore a violent man, a "male-man" to the negroes, sought by the women and hated and envied by the men. He likens himself to an almighty and omnipotent phallus. When aroused, his whole body plays a phallic rôle, his hands and arms swelling; and in coitus he likens himself in strength to "God Almighty". Yet all of his inflated fantasy of power can be punctured by a gun-shot, and in the end he is punished by death for his presumption, for his assault upon Griselda and upon the mills. Will, despite his bravado and his pretended strength, is essentially weak, and like all weak men he must restore himself with the simplest and most primitive of all restoratives, food. Therefore Will is a hungry man who eats as the women wait upon him, and is brought home by the lure of food. His mouth becomes the focus of his erotic desires; because, like an infant, his most fundamental intercourse is through eating, and because his basic fantasy of himself is of his whole body as a phallus with the mouth as its focal point. He uses his mouth in his relationships to women, and his mind "bites at the doors of the company houses" as he rushes to turn on the power at the mill.

Without stopping over each one in detail, it is necessary to add that each of the remaining male figures is fundamentally dominated by an anxiety which manifests itself in various ways. His figures of men nurse and dig and beat and threaten, or they peep and yearn and blush. They never love. They never procreate. Their women are either dim ghosts of mothers out of the past or destroying women of the vivid present. It is out of the stuff of such fantasies as these that sickness itself arises.

Fortunately perhaps the book means little to the naïve reader consciously. Nevertheless, well beneath the surface it sets into sympathetic reverberation those deep fantasies and impulses which all mankind have in common; it captures and stirs the imagination, even as it confuses and perplexes the mind. These are sick fantasies, and yet they stir the normal world into feeling and thought. Can it be then that latent sickness is part of the stuff of normal human nature? And if so, is it better to let these sleeping dogs of illness lie, or to stir them into wakefulness? Let us say in all humility that we do not yet know the answer to this question in any general sense. When the pressure of such unconscious fantasies has become strong enough to produce symptomatic illness, the answer is simple enough. Then one must fight fire with fire, drive with counter-drive. This is possible only when the unconscious drives are rendered conscious. But in the life of the normal reader, or in the creative life of the artist, we can acknowledge merely that one can see the same unconscious fantasies at work less vigorously; and that in such work the artist has unconsciously brought himself into relationship with deep and primitive aspects of the human personality. It is unlikely in the extreme that such a book could seriously disturb any secure person, and it is highly probable that anyone whose precarious balance could be upset by the book would have been disturbed in any case by the pressure of his own sick inner needs. One's main anxiety might be focused upon the future of the artist and his creative talent. Even here, however, it may well be, though there can be no absolute certainty, that the discharge of these impulses in literary form may safeguard him against more explosive and disturbing manifestations, freeing his life from undue domination by these sick unconscious fantasies, and directing his talent toward healthier channels of expression.

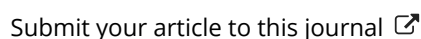
In attempting to appraise this book in terms of its value in art or in society, one faces a difficult question. On the one hand, such books to some extent break up bigoted and inhibited attitudes towards the body; but on the other hand, as we have seen, they also attempt to set up as standards of high normality forms of behavior which are really the product of sickness. Nevertheless, it must be borne in mind that the search for beauty leads through strange fields; and to touch deep chords in human nature, even those which are instinct with the possibilities of illness, may have subtler values than it is possible as yet to characterize in words.

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The International Journal of Psycho-Analysis. Vol. XIV, Part 4, October, 1933.

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| PAUL FEDERN: | Sándor Ferenczi. Memorial Address. |
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Vol. VIII, Numbers 1 and 2, January-February, 1933.

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Vol. III, Number 1, February, 1934.

- E. WEISS: La parte inconscia dell'io (*The Unconscious Part of the Ego*).
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 FRITZ WITTELS: The Cases of Two Students of Music.
 DONALD A. LAIRD: Cats Holy and Profane.
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 Some Unconscious Factors Associated with the
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Notes

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NOTES

THE INSTALMENTS of Otto Fenichel's Outline of Clinical Psychoanalysis and Sándor Ferenczi's *Thalassa: A Theory of Genitality* in this issue of the QUARTERLY complete the serialization of the respective books. Dr. Otto Fenichel's Outline of Clinical Psychoanalysis will be issued in book form this spring by The Psychoanalytic Quarterly Press in association with W. W. Norton and Company, New York.

THE NEW YORK PSYCHOANALYTIC INSTITUTE announces a course of lectures on Disturbances of Male Potency, by the Educational Director, Dr. Sandor Rado, during the third trimester (March-June).—The seminar on the Freud Case Histories, under the leadership of Dr. Dorian Feigenbaum, which was announced for the third trimester, has been postponed to the fall semester, and will begin on Wednesday, October 3rd. The seminar will be limited to fifteen members.

THE INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION will hold its thirteenth congress in Lucerne from August 26th to 31st, 1934. Members proposing to attend the Congress are requested to notify Dr. Philipp Sarasin, Basel, Gartenstrasse 65.

THE THOMAS W. SALMON MEMORIAL LECTURES for 1934 were given by Dr. Charles Macfie Campbell at the New York Academy of Medicine on April 13th, 20th and 27th. The subjects of the three lectures were: Trends in Psychiatry, Classification vs. Dynamic Analysis, Conclusions and Suggestions.

THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION held its eleventh annual meeting in Chicago, February 22-24. Among the papers read were:—Technical Difficulties Encountered in the Analysis of Children, by Dr. Milton E. Kirkpatrick;—Difficulties in Female Adolescents, by Dr. Karen Horney;—Evaluation of Statistical and Analytical Methods in Psychiatry and Psychology, by Dr. Franz Alexander.

ERRATUM: On pages 40 and 41 of the last issue the name "Herman" should read "Hermann".