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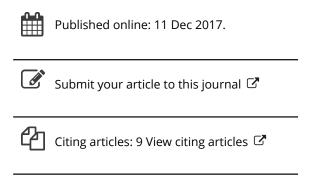
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THE INFLUENCE OF PSYCHOLOGIC FACTORS UPON GASTRO-INTESTINAL DISTURBANCES: A SYMPOSIUM

I. GENERAL PRINCIPLES, OBJECTIVES, AND PRELIMINARY RESULTS

BY FRANZ ALEXANDER (CHICAGO)

The research upon the influence of psychic factors on gastrointestinal disturbances, on which we are engaged at present at the Chicago Psychoanalytic Institute, is part of a more comprehensive study, namely the systematic investigation of the influence of psychic factors upon the different vegetative systems: the circulatory, respiratory and the endocrine systems. The principal reasons for beginning with the investigation of parallel cases of gastro-intestinal disturbance are three:

- (1) In former years I made certain observations in cases of gastric neuroses which seemed to me not only typical of such cases but also important in respect of the etiology of peptic ulcer, one of the great riddles of internal medicine. In a patient with a chronic gastric neurosis of 15 years duration, who at one time developed a peptic ulcer, I could trace with great clarity the relation to gastric symptoms of certain emotional conflicts and situations, and with wider experience the wish to study a number of similar cases for further confirmation of these connections became more urgent. In private practice the choice of suitable cases is not always possible but the organization of the Chicago Institute for Psychoanalysis, the primary aim of which is to further research, has given me the opportunity I desired, with a freer choice of parallel cases suitable for such investigations.
- (2) The second reason for beginning with the study of the gastro-intestinal tract was the well established fact, recognized

A report upon research carried out at the Chicago Institute for Psychoanalysis.

both by organicists and psychoanalysts that the alimentary tract is a system which the psychic apparatus uses with great predilection to relieve different emotional tensions. The connection between psychic stimuli and physiologic expression is here direct and relatively uncomplicated. Oral-receptive and aggressive-taking tendencies as well as anal-sadistic and retentive impulses have long and well established relationships to such phenomena as nausea, vomiting, constipation and diarrhæa.¹ In this field our investigation could therefore start from well established premises and we were on more solid ground than we should have been, for example, in the field of the respiratory tract or of the internal secretions.

(3) Finally we could profit from previous studies by internists who for a long time and in increasing measure have recognized the importance of psychologic phenomena as causative factors in a great many disorders of the gastro-intestinal tract.

Though we took our departure from valuable psychoanalytic and medical observations, we found almost all the statements, both from organic and from psychoanalytic circles, incomplete. In medicine the usual attitude toward etiology is that when the organic origin of the symptom has been carefully eliminated,

¹ Here only a few references are made to the original observations of various analytic authors:

Regarding the fundamental connection between nutritive and erotic tendencies, see Freud: Three Contributions to the Theory of Sex, p. 43.

Regarding vomiting as defense or rejection tendency, see Ferenczi, S.: The Phenomena of Hysterical Materialization, in Further Contributions to the Theory and Technique of Psycho-Analysis, p. 95. Also see Disgust for Breakfast, loc. cit., 326.

Regarding the influence of complexes on large bowel, see The Phenomena of Hysterical Materialization, loc. cit., p. 94.

Regarding psychic factors in constipation and diarrhoa, see Freud: From the History of an Infantile Neurosis. Coll. Papers III.

Abraham, K.: The Narcissistic Evaluation of Excretory Processes in Dreams and Neurosis, in Selected Papers, p. 321; Contributions to the Theory of the Anal Character, loc. cit., p. 387; A Short History of the Development of the Libido, loc. cit., p. 426.

Jones, E.: Papers on Psycho-Analysis. P. 681.

Alexander, F.: The Medical Value of Psychoanalysis. P. 197.

and when at the same time the patient's manifest behavior exhibits what is commonly called "nervousness", then one is justified in assuming psychic factors. After such a diagnosis has been made and expressed in vague terms taken from everyday language, such as "nervous exhaustion", "unstable personality" or "fatigue from overwork", or by the eclectic use of old and new technical terms such as "neurasthenia", "psychasthenia", "psychopathy" and other more or less indefinite expressions, the physician feels himself prepared to give therapeutic advice. The general notion is that the patient's nervous system is somehow overtaxed by the emotional strain of worries, fears, manifest discontent with life as it is, or by simply too much responsibility or overwork. There is little inclination to go more deeply into the nature of the patient's psychologic situation.

Without wishing to minimize the importance of such excellent work as Walter C. Alvarez's "Nervous Indigestion", we must state that the author's general attitude toward psychologic factors is exactly the one we have just described. Nevertheless, studies such as his 2 and those of Russel H. Oppenheimer, George M. Underwood, Albert J. Sullivan 5 and W. B. Cannon —to mention only a few recent publications—indicate definite progress in this field. They show a clear recognition of the fact that psychologic factors may play a causative rôle in organic disturbances, and moreover they attempt to establish through careful clinical observation or experiment the kind of disturbances which may result from emotional factors. They

¹ Alvarez, Walter C.: Nervous Indigestion. New York: Paul B. Hoeber, Inc., 1931.

² Alvarez, Walter C.: loc. cit. and, Light from the Laboratory and the Clinic on the Causes of Peptic Ulcers. American J. of Surgery XVIII, 207-231, 1932.

⁸ Oppenheimer, Russel H.: Gastro-Intestinal Manifestations of the Psycho-Neurotic State. J. Med. Assn. of Georgia XXI, 431-433, 1932.

⁴ Underwood, George M.: Emotional and Psychic Factors in the Production of Gastro-Intestinal Diseases. Texas State J. of Medicine XXVII, 798-800, 1932.

⁶ Sullivan, Albert J., and Chandler, C. A.: Ulcerative Colitis of Psychogenic Origin. Yale J. of Biology and Medicine IV, 779-796, 1932.

⁶ Cannon, W. B.: Bodily Changes in Pain, Hunger, Fear and Rage. Ed. 2, 1929.

do not, however, attempt to describe precisely the psychologic situation or to find deeper relationships between certain types of emotional factors and certain types of physiologic process. This defect is common to all similar studies undertaken by internists and physiologists with the exception of George Draper and Grace Touraine,¹ to whose work I shall return later.

I do not at this time propose a detailed and critical evaluation of the analytic literature in this field. The pioneer work of Georg Groddeck, Felix Deutsch and Ernst Simmel has the merit of extending the view of hysterical conversion mechanisms from the field of the voluntary and sensory systems to organic diseases. In general in the analytic approach to organic processes there is a great readiness to interpret somatic phenomena as direct expressions of definite psychologic content. The fact that the organic symptoms are usually the final result of a chain of intermediary organic processes is hardly ever fully taken into account in analytic literature. Deutsch, who proceeds with more methodological care than other psychoanalytic authors in this field, in an early paper clearly distinguished between initial disturbances of innervation and those morphological changes which may result following such a functional disturbance of long duration.² As will be seen, this concept serves as a basis for our theory of the formation of peptic ulcers. But even Deutsch is not always consistent in the interpretation of organic conditions. For example, in one case he interprets pulmonary hæmorrhage as the direct expression of birth fantasies.3 This impresses us as even more inconsistent because in the same place he considers the possibility that psychological stimuli may lead to increased adrenalin production and in turn to changes in the blood pressure. The bleeding is then not the direct expression of a fantasy but the result of a change in blood pressure, even if the whole

¹ Draper, George, and Touraine, Grace Allen: The Man-Environment Unit and Peptic Ulcer. Archives of Internal Medicine, 49, 615-662, 1932.

² Deutsch, F.: Biologie und Psychologie der Krankheitsgenese. Int. Ztschr. f. Psa. VIII: 290, 1922.

⁸ Deutsch, F.: Der gesunde und der kranke Körper in psychoanalytischer Betrachtung. Int. Ztschr. f. Psa. XII: 498, 1926.

process was initiated by a very specific psychological stimulus (specific fantasies or wishes). To state that in such a case the end-result, the hæmorrhage, has a simple and direct relation to a specific fantasy is not very convincing. It seems unquestionable that conversion in the vegetative nervous system does not always follow exactly the same rules as in the voluntary and sensory systems in which the original concepts of hysterical conversion have been formulated. Whereas in conversion hysteria the unconscious tendency finds a direct expression in the physical disturbances, in organic processes controlled by the vegetative nervous system often a longer chain of intermediary physiological processes is interpolated between psychological stimulus and organic endresult. It is a methodological error to attempt to interpret psychologically an organic symptom which is the end-result of an intermediary chain of organic processes, instead of trying to understand those vegetative nervous impulses in their relation to psychologic factors which introduce a chain of organic events resulting in an organic disturbance. Thus an ulcer of the stomach or duodenum is the direct result of a disturbance in the motor and secretory functions, which disturbance, however, may be caused by emotional factors. Yet the end-result, the ulcer, cannot be interpreted psychologically because, in itself, it has no psychologic significance whatsoever. What can be interpreted as a direct effect of psychologic factors is the hyper- or hypo-secretion and the change in the motor activity and blood supply of the stomach. Similarly even psychogenic vomiting itself may not always express anything psychologic, for example, disgust, although the conditions in the stomach which led to vomiting may have been called forth by psychologic factors.1

Therefore psycho-physiologic investigations must pay equal attention to psychologic and physiologic causal chains and carefully avoid confusion between the two series.

Pursuant to these considerations, we have made in the past

¹ I do not question, naturally, that often a specific psychological content can find direct expression also in the vegetative system, for example, blushing, psychogenic sweating, emotionally increased peristalsis, etc.

two years at the Chicago Institute for Psychoanalysis a systematic study of psychic factors in gastro-intestinal cases, and we are now extending the investigation to other vegetative systems—the respiratory and the circulatory. The guiding principles of these studies can be summarized under three headings:

- (1) Our first assumption or working hypothesis is that the psychic factors causative of the somatic disturbance are of a specific nature. They can be defined as certain emotional attitudes adopted by the patient toward his environment or directed toward his own person. An adequate knowledge of these causative factors can be obtained during the analytic treatment of the patients, and no other method—not even a careful psychiatric anamnesis—can be fully substituted for the analytic approach.
- (2) The patient's conscious psychologic processes play a subordinate rôle in the causation of somatic symptoms, since such conscious emotions and tendencies can be freely expressed and relieved through the voluntary system. Somatic changes, the influence of manifest anger, fear and similar violent and outwardly apparent emotions, are of an acute nature and have only a precipitating influence. Repressed tendencies, however, lead to chronic innervations causing chronic dysfunction of the internal organs.
- (3) The patient's actual life situation has usually only a precipitating influence on the disturbance. The understanding of the causative psychologic factors must be based on a knowledge of the development of the patient's personality, which alone can explain the reactions to acute traumatic situations.

The object of our research is to establish the affinity of specific emotional factors or conflict situations first to specific vegetative systems and second to certain specific organic expressions within the same system. In addition to these theoretic objectives, we also expect to establish more definitely the therapeutic efficiency of the psychoanalytic approach to such cases and to establish criteria for determining which cases need psychoanalysis and which can be handled by specific practical readjustments of the patient's life.

I shall proceed now to a few general formulations regarding our preliminary results. We have found that it is useful to make a rough preliminary classification of our cases into three groups. We distinguish with reference both to the somatic symptoms and to the typical psychologic conflict situation involved: First, a group of gastric cases including a wide range of patients with minor subjective gastric symptoms such as epigastric distress, nausea, heartburn, belching, et cetera, but also severe cases of peptic ulcer. The second group consists of cases with the predominant symptom of diarrhoa, cases which are usually diagnosed as mucous or spastic colitis, exhibiting the symptoms of painful cramps and evacuations and often alternation of diarrhoa and constipation. The third and last group comprises cases with the predominant symptom of chronic constipation. We shall refer to these three groups as the gastric type, the colitis type and the constipation type.

We turned our attention at first to the patient's manifest emotional relations to the environment, and tried to decide whether certain manifest (overt) emotional attitudes together with their immediate dynamic background could be established as typical for the different groups of organic cases. For this purpose we could use analytic material obtained in cases whose analysis had not all been completed or who were accepted only for anamnestic exploration. Of course a series of cases was accepted for complete analytic investigation and therapy, but in a number of cases we contented ourselves with the establishing of surface attitudes and their immediate unconscious background. These unconscious conflict-situations which are the dynamic sources of the surface attitudes can usually be adequately described before a full analytic reconstruction of their genesis has been accomplished.

Our second objective was to try in selected cases to obtain as complete a picture as possible regarding the analytic history of the patients. It should be emphasized that this second problem is at the present stage of our investigation of only secondary importance. One can hardly expect any great conformity regarding genesis since we know that similar conflictsituations may develop from very different individual backgrounds. At first we wished to establish whether there is any constant parallelism of psychologic features in cases with the same organic syndromes. The next step will be the more precise comparison of the details of the developmental history of the patients.

Regarding the first problem, even in this early phase of our research, we have been much impressed by a certain constancy of definite types of conflict-solution, which seem to be characteristic for the different organic groups. This constancy of conflict-solutions becomes very striking if we describe the patient's emotional trends in terms of the three elemental tendencies of (1) the wish to receive or take, (2) the wish to give, or eliminate, (3) the wish to retain. It should be emphasized however that this kind of analysis of the emotional attitudes was not arbitrary but was forced upon us during the course of our case studies. Furthermore we do not claim originality in differentiating these three fundamental tendencies: in-taking, eliminating and retaining, for the recognition of these elementary tendencies is fundamental to the original concepts of the pregenital tendencies of oral, anal and urethral erotism. Jones' and Abraham's analysis of the anal trends, in differentiating between anal-retaining and analeliminating tendencies, and Ferenczi's ideas regarding the amphimixis of anal retentive and urethral eliminating tendencies in genital sexuality, have paved the way for our consistent application of this point of view to cases of gastrointestinal disturbance.1

Apart from identical conflict-solutions a remarkable similarity has been found with respect to certain surface attitudes, conspicuously in the gastric cases and almost equally in the colitis cases. The small number of investigated cases with chronic psychogenic constipation does not yet justify any final

¹ Jones, E.: Papers on Psycho-Analysis. Pp. 696-704.

Abraham, K.: A Short Study of the Development of the Libido Viewed in the Light of Mental Disorders, in Selected Papers, pp. 425-433.

Ferenczi, S.: Versuch einer Genitaltheorie. Pp. 7-27.

statement about typical surface attitudes and conflict-solutions in these patients.

Regarding the genesis of these conflict-solutions we have not yet been able to find any predominantly constant features.

It may be added that, in speaking of typical surface attitudes (emotional attitude toward the environment) and conflict-solutions, we do not refer to trends which we find as one among many other equally obvious features but refer to the predominant central dynamic trends. The predominant surface attitude which the patient usually expresses in the very first interviews and in the first typical transference manifestations, and also the underlying dynamic conflict-situations, can as a rule be reconstructed soon and clearly.

In this report we restrict ourselves to the presentation of the most typical surface attitudes and underlying dynamic situations, and only in a few cases we refer in condensed case histories to the genetic material. The problem which we set ourselves here is to describe the different types of gastrointestinal cases with reference to the relation of their overt behavior, their emotional attitudes and their psycho-sexual manifestations to the determining unconscious tendencies.

The material for our study is preserved in the form of semiverbatim reports of every analytic interview of every case. These reports contain full material of the patient's free-associations and the physician's interpretations without omissions. We are not planning to publish these case records in their original form but will present the material in a detailed form in later publications.

1. THE GASTRIC TYPE

This group included 9 cases: 6 duodenal ulcers, (3 of which were still active at the time of the analysis,) and a gastric neuroses. The investigation of these cases has fully corroborated my earlier observation that gastric symptoms often appear in connection with intense oral-receptive tendencies, the wish to be taken care of and loved, which usually are more or less

repressed. In most cases the typical conflict-situation can be described as the rejection of strong oral-receptive tendencies on account of their incompatibility with the aspiration of the ego for independence and activity. In these patients the conscious attitude could be best verbalized as follows: "I am efficient, active, productive; or I give to everybody, help people, assume responsibilities, like to have people depend on me, like to be the effective leader and the self-sufficient, active or even aggressive personality." At the same time we find in the unconscious exactly the opposite attitude: an extreme and violent craving for love and the need for dependence and help. These tendencies we find in most of our cases repressed and denied by the patient and associated with violent conflicts.

The next question now is, why does the wish to be loved and to receive become in these patients so full of conflicts that it must be strongly repressed and over-compensated? It is highly characteristic of these patients that in their actual life relations they avoid dependence and assume the exact opposite of the infantile oral-receptive attitude: instead of receiving we see in them often the tendency to give, instead of leaning on others, leadership, instead of dependence; the assuming of responsibility. It is evident that these over-compensations must reactively increase in their unconscious the longing for passive dependence because these individuals live beyond their psychic means in so strongly refusing and denying their need for external help. That their extreme, over-emphasized independence and efforts in life increase the opposite unconscious longing for help does not need further explanation. question, however, is what is the basis of the phobic rejection and avoidance of the receptive dependent rôle, an avoidance which sometimes leads to an almost grotesquely exaggerated refusal to accept any help from the outside. In all of our cases we see in the unconscious a deep oral regression to the parasitic situation of the infant which in most cases is incompatible with the attitude and ideals of the adult ego and therefore must necessarily be rejected. The analysis of our cases shows among the specific reasons for the ego's rejection of these parasitic infantile claims two predominant motives: (1) a narcissistic injury caused by the infantile claims and manifested on the surface in a sense of inferiority on the one hand, and (2) guilt and fear on the other.

(1) Let us consider the first conflict-motive, the sense of inferiority. The extreme infantile receptive cravings create a strong feeling of inferiority, they hurt the aspirations of the ego toward an independent, superior, active and generous attitude.1 This leads to the typical mechanism of over-compensation. In most of our cases we found that this over-compensation is not only expressed by fantasies of efficient activity, but usually has led to a really active and responsible attitude in life, to real efficiency and success or at least to real efforts in this direction. The tendency to an extreme and concentrated exerting of effort is most characteristic of these patients. However, we also see that this compensatory over-active and often "giving" (generous) attitude again increases in turn the repressed receptive wishes for dependence and love. These patients do not seem willing to allow themselves in practice any gratification of a receptive nature and for this very reason the thirst for rest and receptiveness increases in them as a reaction to their actual over-exertions in life.

One solution of the same conflict between the receptive cravings and their rejection I have described in a former paper.² This was an alternating gratification of the two conflicting tendencies; active and receptive gratifications alternate, or find simultaneous expression in different life relations. I refer to the case of the active leader of a great industrial concern who at the same time assumed like a little boy an attitude of extreme infantile dependence on his wife. Although this

¹ Abraham observed the connection between oral character trends and generosity which he considers an oral character trait. He observed the fact but explained it through identification with the bounteous mother and did not yet see the over-compensative nature of this connection. The same is true of his explanation that the tendency to sucking changes into the need to give. Abraham, K.: The Influence of Oral Erotism on Character-Formation, in Selected Papers, pp. 401-3.

² Alexander, F.: The Neurotic Character. Int. J. Ps-A. II: 300-302. 1930.

patient had some neurotic gastric symptoms, patients of the gastric type seldom adopt this solution. As a rule they live for long periods a one-sided life of extreme activity and responsibility, and the dynamic equilibrium between the indulgence of passive-receptive and active-giving tendencies is emphatically dominated by the latter. This general dynamic situation we have found both in male and in female patients.

(2) In addition to the motive of the sense of inferiority caused by the unconscious receptive tendencies, another constant motive for the repression of the receptive tendencies is a guilt reaction. The extreme receptivity, I shall call it now parasitic receptiveness, in addition to the feeling of inferiority or shame, leads also to the feeling of guilt and the tendency to compensate for this in-taking attitude with actual giving of real values such as love, help, efforts for the sake of others, and productive activities of every kind. The guilt reactions however are especially pronounced in cases in which the oral-receptive tendency under the influence of early thwartings in life assume an oral-sadistic connotation. The wish to receive often changes both in women and in men under the influence of early thwarting into the wish to take aggressively: "If it is not given to me, I must take it by force." Usually, however, the passive-receptive and the oral-aggressive tendencies, the wish to receive and to take, are intermingled. It is evident that such strong oral-aggressive grabbing tendencies necessarily must not only lead to an inhibition of these aggressions but make it difficult for the individual to indulge in his receptive wishes, make it impossible for him to accept support or affection from those whom unconsciously he wants to rob.

Our studies have not yet been able to establish any constant background regarding the origin of the strong regression to the parasitic oral-receptive attitude other than the usual conflicts in the field of genital sexuality, conflicts based on guilt feelings, in men centering around castration fear.

In the great majority of our cases we found an inner rejection of passive-receptive and oral-aggressive tendencies. In one case however the tendency towards oral-dependence was

thwarted chiefly through external circumstances and to a less degree through inner rejection. In another case we have seen a mixture of both external and internal thwartings of receptive dependent tendencies. In two recently observed cases of severe recurrent peptic ulcer, the extremely strong oral-receptive cravings were not successfully repressed or over-compensated, but appeared more openly in consciousness. The history of both of these cases showed early and extreme oral deprivation in childhood. It seems that their real sufferings in childhood and in later life made it possible for these patients to cling more openly to their receptive claims.

However, the predominance of an inner conflict over the longing for dependence in our gastric cases might encourage the expectation that we shall find a personality typical of the larger group of oral characters with over-compensated oralreceptiveness and oral-sadism which is especially inclined to gastric disturbances. One might even find that this is the peptic ulcer personality which many internists are eagerly seeking to define. Indeed in recent years various clinicians such as Von Bergmann,1 Westphal,2 Alvarez,3 Hartman,4 Draper 5 and others have come to suspect that factors in the personality are active in the causation of peptic ulcer. They find that certain types of personality are more inclined to peptic ulcer than others. Westphal emphasizes the lability of the vegetative nervous system as characteristic of ulcer patients. His master, Bergmann, attributes the same importance to the influence of the vegetative nervous system upon peptic ulcer formation, and is inclined even to consider psychological

¹ Von Bergmann, G.: Ulcus duodeni und vegetatives Nervensystem. Berliner klinische Wochenschrift 50, 1913.

² Westphal, K.: Untersuchungen zur Frage der nervösen Entstehung peptischer Ulcera. Deutsches Archiv f. klinische Medezin 114, 1914.

Westphal, K., and Katsch, G.: Das neurotische Ulcus duodeni. Mitteilungen aus den Grenzgebieten der Medezin und Chirurgie XXVI, 1913.

³ Alvarez, Walter C.: loc. cit.

⁴ Hartman, Howard R.: Neurogenic Factors in Peptic Ulcer. Medical Clinics of North America XVI, No. 6, p. 1366.

⁵ Draper, George, and Touraine, Grace: loc. cit.

factors. Some American authors pay even greater attention to personality factors. Alvarez speaks of the type of efficient, active Jewish business man, the "go-getter" type, as being particularly disposed to recurrent peptic ulcers.¹ Hartman characterizes the peptic ulcer type as a man who is "encountering obstacles which prove to him trial and handicap which he must, because of his nature, endeavor to overcome." He claims that the Indians of Latin America and the Chinese coolies never have ulcers, and explains this as a result of the stoic, almost apathetic attitude, the lack of strain and ambition, characteristic of these races. According to him, ulcer is a disease of the civilized world and afflicts chiefly the striving and ambitious men of Western civilization.

George Draper and Grace Touraine have arrived at a similar assumption.³ Their investigation of the patient's personality trends were based on a better psychologic background than most clinicians have; they did not rely entirely on the general impression which a good clinician receives from the type of personality he deals with. In their article they quote a series of case histories which they refer to as "analyzed" cases, and other cases which are based on non-analytic but careful anamnestic studies. Due to their finer psychologic method they were able to penetrate beyond the surface and to discover in addition to certain manifest personality factors a typical conflictsituation. They come close to the picture which I have just described. They found typical of their patients a masculine protest, a rejection of unconscious female tendencies, the same tendencies which, according to our psychoanalytic study, we prefer to describe as oral-receptive or oral-sadistic impulses which as we know are closely related to strivings commonly regarded as female. Draper also complemented his studies with anthropologic measurements and tried to describe the peptic ulcer type as characterized psychologically by the pres-

¹ Alvarez, Walter C.: Light from the Laboratory and the Clinic on the Causes of Peptic Ulcers. American J. of Surgery XVIII: 225, 1932.

² Hartman, Howard R.: loc. cit.

⁸ Draper, George, and Touraine, Grace: loc. cit.

ence of a masculine protest and anatomically as the asthenic or longitudinal type.

•n the basis of our studies we would also be inclined to assume that in a certain personality type gastric symptoms or even peptic ulcers may more frequently develop than in other types, but the exceptions which we have encountered at a very early stage of our research do not encourage us to expect such a simple and generally valid result. What we find characteristic is not so much a certain personality type as a typical conflict-situation which may develop in very different personalities. Though certain types will be more inclined to become involved in the conflict between receptive and active-giving tendencies and to solve it by overcompensation-mechanisms, yet we see that under right external conditions other types of character may develop the same conflict.

For example, in one of our peptic ulcer cases (a forty-six year old man who was subjected to an anamnestic analysis of three weeks) it was much more the external life situation than a deeply located internal rejection of his passive wishes that had deprived the patient of the satisfaction of his oral-receptive tendencies. During his childhood and adolescence he had indulged profusely in receptive gratification, was not at all the leader-type, but on the contrary his attitude entirely lacked the usual ambition so frequent in peptic ulcer cases. He married an extremely able, intelligent, intellectually superior, active woman of the leader type; his marriage, however, soon disappointed all his expectations of finding in his wife a superior person who would serve as a substitute for a generously giving mother. Not that she changed after their marriage, but from the beginning she devoted her life entirely to the promotion of her career, to learning, working and producing. Moreover their sexual life was most unsatisfactory. The wife was frigid and the patient suffered from premature ejaculation. husband received nothing from his wife, and being thwarted in his receptive tendencies he soon was driven into a competitive attitude toward his wife who even financially was the chief support of the household. Instead of being mothered by his wife, he had been driven by her superiority to an ambition and effort which he deeply detested. This was quite a contrast to the majority of our gastric cases who generally enjoy their responsible and active rôle. I may add that he never succeeded in any active efforts and remained always mediocre in his profession. At the peak of this conflict-situation, after 20 years of marriage, he developed a severe hamorrhage as a result of a peptic ulcer. But during all those years he suffered from gastric symptoms, chiefly from pain a few hours after eating which was relieved by food, and from chronic hyperacidity. The ulcer appeared after this gastric disorder of 18 years duration.

Shortly after this hæmorrhage he started a sexual relationship with another woman of a motherly type, the exact opposite of his wife. His wife, he complained, never would cook for him, but this woman did. She was a nice, soft, everyday type of woman who did not drive him into unattainable ambitions. He could live with her the modest life of the petty bourgeois, which, as he openly admitted, was his only ideal. Since establishing sexual relations with this woman, all the symptoms have disappeared. Life supplied a cure in allowing him the gratification of his receptive tendencies.

This one example alone shows that it is the thwarting of receptive cravings and not a certain personality type that is of primary importance. Here the specific external situation in which the patient lived created a conflict through external deprivation similar to the one which in the majority of cases is produced by internal deprivation as a result of an inner conflict.

The typical conflict between the repressed receptive infantile wish and the claims of a masculine ego may explain the following interesting observation. One of my former patients' stomach symptoms appeared with great regularity when he saw scenes in the movies or theatre in which the hero was accomplishing strenuous and daring feats and had to concentrate all his forces in a great effort. Our accumulated observations regarding the connection between passive-receptive tendencies and stomach symptoms indicate the following explanation:

The patient's identification with such an extremely heroic and masculine character provoked in him a reaction of the infantile receptive part of his personality which found expression in stomach innervations leading to severe heartburn and epigastric distress. Having thus identified himself with a degree of aggressiveness and boldness which exceeded his own capacity, the child in him claimed its own rights as a flight from all these dangers to the securest situation at the mother's breast. This regression to infantile attitudes as a reaction to danger can clearly be seen in traumatic neuroses, in cases of traumatic mutism and abasia in which very often as a reaction to the trauma the patient's ego abandons all faculties which are acquired during development, loses the faculty of walking and speaking and returns to the entirely helpless situation of the infant.

Having described the typical psychologic situation which we find in our gastric cases, I should like to suggest briefly a tentative explanation as to how repressed oral-receptive and oral-aggressive impulses may lead to gastric symptoms and even to peptic ulcer of the stomach or duodenum. This explanation which I am about to advance is an attempt to account for the constancy and predominance of intensive oral-receptive and oral-aggressive tendencies, both of which I should like to summarize under the heading in-taking tendencies, which become so intensive as a result of internal rejection or, probably much less frequently, external deprivation of these cravings.

Most clinicians agree that peptic ulcers are due to certain physiologic changes in the secretory and motor functions of the stomach and possibly also to changes in the blood supply. A great many cases of peptic ulcer develop after a long period of subjective symptoms of epigastric distress and chronic heartburn. It is a logical assumption that the peptic ulcer itself is the end-result of certain dysfunctions of the stomach which in due time lead to morphologic changes, i.e., to the ulceration of the tissue. It is probable that either the decreased resistance of the stomach wall against the gastric juice or in other cases

a chronic hypersecretion is the causative factor. The etiologic problem is to establish the causes of these chronic changes of the stomach function which lead to the final result, the ulcer.

The assumption that the ulcers are the end-result of a previous chronic state of functional disturbance of the stomach justifies our procedure of comparing pronounced cases of ulcers with gastric neuroses. This hypothesis is also confirmed by the fact that we find the identical conflict-situation in both functional and organic cases. Also Westphal found an identical picture in cases of gastric neurosis and peptic ulcers regarding their general constitution. He assumes a causal connection between gastric neurosis and peptic ulcers and is even inclined to consider ulcer as an aggravating complication of the neurosis.

In the light of psychoanalytic theory it is not difficult to understand why the functions of nutrition are especially adapted to express the repressed or externally thwarted receptive tendencies which we find predominant in all of our cases. The infantile wish to receive, to be taken care of, to be loved, to depend upon someone else, is most ideally gratified in the parasitic situation of the suckling infant. Thus these emotional qualities of receptivity, the wish to be loved and taken care of, become closely associated in an early period of life with the physiologic functions of nutrition. Being fed thus becomes the primordial symbol (Ursymbol) of being loved.

If the intense wish to receive, to be loved, to depend upon others, is rejected by the adult ego and consequently cannot find gratification in normal life relations, then only the regressive pathway remains open; the wish to be loved becomes converted into the wish to be fed. The repressed longing to receive love and help mobilizes the innervations of the stomach which are since the beginning of the extra-uterine life closely associated with the most primordial form of receiving something, namely with the process of receiving food. These innervations serve as a chronic stimulus of the stomach functions and lead to its dysfunction since this stimulus of the stomach

¹ Westphal, K.: Untersuchungen zur Frage der nervösen Enstehung peptischer Ulcera. Deutsches Archiv. für klinische Medezin 114, 1914.

is independent of the normal organically conditioned stimulus, namely the need of food; this stimulus has its origin in emotional conflicts entirely independent of the physiologic state of hunger. Those individuals who on account of the described conflict-situation have to repress and abnegate their over-strong receptive cravings express them in the tacit physiologic language of the stomach functions. Such a stomach behaves all the time as if it were taking or were about to take in food. The greater the rejection of every receptive gratification in life, the greater will be this unconscious wish (we may now call it justifiedly *hunger*) for receiving love and help. They want food not because of organic hunger but as a symbol of love and help.

My present notion is that the stomach under this permanent chronic stimulation behaves constantly as it does during digestion. A chronic hyper-motility and hyper-secretion may be the consequence. The empty stomach is thus constantly exposed to the same physiologic stimuli to which, under normal conditions, it is exposed only periodically when it contains or is about to receive food. The symptoms of nervous stomach, epigastric distress, heartburn and belching probably are the manifestations of this chronic stimulation which sometimes may even lead to ulcer formation.

The question as to whether a constitutional or an acquired weakness of the stomach is responsible for the fact that only certain cases of gastric neurosis develop real ulcers must be left unanswered at present.

There is much experimental and clinical evidence for the correctness of these assumptions. Alvarez, in one of his recent studies, considers such chronic stimulation of the empty stomach as one of the etiologic factors in peptic ulcer.¹ Most

¹ Alvarez, Walter C.: Light from the Laboratory and the Clinic on the Causes of Peptic Ulcers. American]. of Surgery XVIII, 1932.

[&]quot;Perhaps the greatest difficulty with the patients with intractable ulcer or with a tendency to the formation of ulcers is that the gastric cells go on secreting acid at times when there is no food in the stomach to sop it up." ... p. 222.

[&]quot;It might be helpful to study also the reactions of the ulcer-bearing patient to sham feeding, and more might be learned about the mechanisms which cause juice to flow when the stomach is empty." . . . p. 226.

interesting in this respect are the experiments of Silbermann who produced ulcers in the stomachs of dogs by sham feeding through an artificial œsophageal fistula.¹ The food which the dog swallows falls on the floor and the dog snaps it up again and goes on eating greedily for perhaps even as long as three quarters of an hour. The result is a powerful stimulation of gastric secretion in the empty stomach which leads regularly to ulcer formation. The process at work in the patients which we have investigated can best be compared with this sham feeding of dogs. They are in a state of chronic stimulation of the stomach, not as a result of the process of nutrition, but in reaction to the psychologic stimulus of longing to be loved and to receive, or to take in aggressively what they do not get freely. Since these tendencies are repressed because of a sense of inferiority in being so receptive and because of guilt for the aggressive, "taking" wishes, they cannot find a normal outlet through the voluntary system. In seeking discharge they are converted into the wish to be fed or to eat, and this is the basis of the dysfunctions of the stomach. Of course, in addition to further psychologic investigation of similar cases, further physiologic corroboration of these ideas is also necessary to prove their final validity.

A very interesting corroboration of the assumption that one of the causative factors in peptic ulcer formation is due to continuous secretion under the influence of chronic psychological stimuli (oral fantasies and oral tendencies) is contained in the experimental studies of Henning and Norpoth² in Germany and Palmer and Winkelstein³ in America. Henning and Norpoth found a maximal permanent secretion (maximale

¹ Silbermann, I. S.: Experimentelle Magen-Duodenaluleuserzeugung durch Scheinfüttern nach Pavlov. Zentralbl. f. Chir., 54: 2385-2392, 1927.

² Henning, N., and Norpoth, L.: Untersuchungen über die sekretorische Funktion des Magens wührend des nachtlichen Schlases. Archiv f. Verdauungs-Krankheiten, 53: 64. 1933.

³ Winkelstein, Asher: A New Therapy of Peptic Ulcer. American J. of the Medical Sciences 185: 695. 1933.

Palmer, Walter L.: Fundamental Difficulties in the Treatment of Peptic Ulcer. Journal of the American Medical Association, 1604-1607. 1933.

Dauersekretion) of the stomach glands during the night in cases of stomach disease. The greatest number of these cases had ulcus duodeni. They also found high nocturnal secretion in cases of chronic gastritis and also in cases of "vegetative neurosis" with healthy stomach. Similarly Winkelstein observed high acid curves in ulcer patients produced with sham ("psychic") feeding. Furthermore, contrasted with controls, the patients with gastric or duodenal ulcer showed a high nocturnal curve of acidity. These observations are in full correspondence with our views. They show the sensitiveness of the stomach secretion of the ulcer patients to nervous stimuli and they also show that the assumed continuous secretion is present in them. It seems that not the absolute grade of hyperacidity is important but the chronic state of excitement of the stomach, the chronic secretion of gastric juice. Our studies add to these observations the actual predominance and frequency of oral tendencies and oral fantasies which we consider as those psychologic stimuli which lead to the continuous secretion of gastric juice.

Finally I should like to repeat again that our whole concept regarding the psychogenic factors in peptic ulcer is based on the analytically well-established fact that the wish to be taken care of and to be helped which we have so constantly found in the investigated cases is emotionally connected in the unconscious with the wish to be fed. We do not claim originality in establishing this connection and refer to the abundant psychoanalytic literature in which this connection has been described by various authors.¹

Furthermore this explanation cannot be considered as an attempt to formulate a generally valid etiological theory of peptic ulcer. It refers to a series of observed cases and we have no evidence whatsoever that other cases of peptic ulcer

Freud: Three Contributions to the Theory of Sex, p. 43.

Abraham, K.: The Influence of Oral Erotism on Character-Formation, in Selected Papers, p. 399.

¹ Regarding the connection of oral gratifications in the sucking period with the pleasure in taking and in being given something. I refer to the original observations of Freud and Abraham:

may not develop on a different and perhaps non-psychogenic basis. Moreover, our material unfortunately consists only of cases of duodenal ulcer and consequently all our conclusions are restricted to this localization of ulcers.

Finally a last question must be answered. We found in our cases of peptic ulcer and gastric neurosis a strong regression to the infantile attitude of oral receptiveness and aggressiveness. Furthermore we saw that these infantile cravings become thwarted externally by circumstances but more frequently internally by the conflict connected with the oral-receptive and oral-sadistic impulses which lead to over-compensations, to an over-emphasized independence that again in turn eliminates all legitimate normal satisfaction of the so human claims in the direction of leaning on others and being helped by others. We understood that this increases even more the unconscious craving for the infantile dependent rôle, which longing again mobilizes the emotionally associated wish for being fed, and that this latter wish serves as a permanent stimulus of the empty stomach and causes its dysfunction. This all seems clear and is in harmony with our psychologic and physiologic knowledge and explains the observed facts. However, the same intensive conflicts about oral-receptive and oralaggressive tendencies connected with the feeling of guilt and inferiority and with the typical over-compensations are common in many forms of neurosis. The psychological situation which we have described in our peptic ulcer cases and gastric neuroses is by no means specific and restricted to these cases. Consequently the conversion of the wish to be loved and to receive into the innervations of the stomach can be considered as only one of the many possible dynamic outcomes of the same unconscious conflict-situation. Why certain individuals choose just this physiological solution remains an unanswered question which belongs to the dark, hitherto unsolved field of the "choice of neurosis". The most probable assumption is that if certain unknown organic factors coincide with the above described psychodynamic configurations, they, together with these psychic factors, will lead to ulcer formation. The constancy of the oral regression and the frequency of the over-compensation and repression of oral-receptive and oral-aggressive trends entitles us however to suspect this psychodynamic situation to be the outstanding *psychic* factor in the etiology of duodenal ulcer. The contribution of psychoanalysis to this problem ends with the description of the typical psychodynamic conditions characteristic of ulcer cases.

2. THE COLITIS TYPE

A different solution of the same conflict was found typical of the second group of cases which I call the colitis type. This includes cases usually called mucous or spastic colitis, characterized by constipation alternating with painful diarrhœa with cramps and often mucous evacuations. We have chosen 5 cases in which the diarrhœa is the most conspicuous symptom.

One of our patients has had six to twenty evacuations daily for three years. In order to eliminate the possibility of organic factors, we have so far avoided cases of ulcerative colitis.

On the surface these cases present a very different appearance from the gastric class. Whereas most of our gastric cases emphatically deny all their receptive tendencies, their need for help-their wish for dependence-these colitis patients emphasize in the first place that they do not receive from others what they should in spite of their own great willingness to help and give and in spite of their generosity and interest in others. Whereas the gastric types in reality are efficient, frequently also helpful and generous, or at least make real efforts to be so, the colitis cases do only lip-service in this respect. It is true that before their illness they had often been efficient and active, but afterward they easily accepted a dependent position, which is not the situation in the gastric cases. They readily give up their work, or, if they have worked, they have usually done so as a result of external necessity and have lacked the genuine effort and ambition characteristic of the gastric patients.

The difference between the colitis and the gastric type is similar to that between a phobia and a compulsion neurosis. In the phobia we see only fear and inhibition of activities that have an objectionable unconscious symbolic significance, such as walking on the street which is avoided because it is symbolic of prostitute fantasies or such as writing as a symbol of incest or touching people as a symbol of murderous wishes; but we do not see any neurotic devices that permit the acceptance of these forbidden tendencies.

If a phobia, however, develops into a compulsion neurosis, we find that by submitting to certain conditions the patients are able to achieve all of these symbolic gratifications by certain compensatory symptoms: They can eliminate the fear and guilt-reactions to the rejected unconscious tendencies—they may walk on the street provided they carry out certain ceremonies; if they perform a washing ceremony they may touch people; the rejected tendencies may be gratified provided that other symptoms make atonement for their symbolic fantasied crimes and give restitution for fantasied damages.

Like the phobias, many of our gastric cases are not able under any conditions consciously to permit the indulgence of their receptive or oral-aggressive tendencies, or at least have to fight continuously against them, whereas our colitis patients, like the compulsion neurotics, are able to receive, to make demands on others and be supported by them, provided they pay for it in the form of painful evacuations. In their unconscious, often even in consciousness, we find the same oral-receptive and acquisitive aggressive tendencies which are so strong in the gastric cases, but both the fear and sense of inferiority are eliminated, probably because of the symbolic meaning of the physiologic symptom, diarrhæa. This has the meaning of restitution for what they wish to take from others and also that of activity and aggression in contrast to passive in-taking.

In these cases the lower end of the intestinal tract, the function of which consists mainly in elimination, is mobilized and excited to increased activity. They give anal, or rather, intestinal values as a compensation for oral receptivity and aggressiveness, in order to keep up the balance between the receiving and the eliminating tendencies. In two of our cases—both office girls—the envy against the younger sister who replaced them in the receptive rôle of the baby played an important rôle. In one case the presence of this younger sister was a stimulating factor in precipitating the diarrhœa. "I do not want to take anything away from her and even if I do, I pay for it", is the dynamic formula of this symptom.

In the case of an extremely successful business man suffering from a severe case of colitis, we found that even as a young boy he successfully competed with his father in the support of the Very early in adolescence he became their chief support. The leading motive of his life is a fantasy of rescuing the parents. "I took my mother from my weak father, but only in order to help her. Apart from supporting her I also helped him." He indeed became very successful in his life and his leading motive everywhere was, "I give real values and therefore I deserve my success." This emotional balance prevails until he is 44 years old. Then at the peak of his success he loses all his money. To give and pay with money had been his means of keeping up his inner equilibrium. Struggling to reëstablish his business, he develops a most severe form of colitis with six to twenty daily evacuations, and these now serve the same inner purpose as did formerly his financial

Apart from relieving guilt for oral aggressions, these patients have also another inner conflict to solve—the sense of inferiority caused by their oral-receptive tendencies. Especially in one of our female cases we saw very clearly that the diarrhœa, apart from the meaning of restitution, had also the narcissistic significance of masculine activity, and expressed the masculine strivings of the patient.¹ In all of our female cases of the

¹ Regarding the emotional connection of excremental acts with feeling of achievement, self-esteem and productivity, see Abraham, K.: Contributions to the Theory of the Anal Character, in Selected Papers, p. 375.

Also Jones, E.: Anal-Erotic Character Traits, in Papers on Psycho-Analysis, p. 691.

colitis type we found a rejection of the genital female attitude for two reasons. First, it is considered the inferior rôle, emotionally closely connected with parasitic oral-receptive tendencies, but besides that the female rôle is also rejected on account of its aggressive-sadistic, castrative significance. The aggressive-castrative feature of the female wishes is regularly a reaction to the thwarting of the passive-receptive tendencies, and our impression is that the female receptive tendencies are rejected often when thwarting has given them an aggressivecastrative significance. In all of our female cases the diarrhœa both means restitution for castrative wishes and also represents masculine activity in contrast to female receptivity. In one case the wish for restitution by diarrhoa seems on a deep level to be the equivalent of giving birth to a child. That the diarrhœas have both the meaning of restitution and masculine activity and sometimes also the meaning of an aggressive attack we could establish by repeated observation of those psychological conditions which introduced attacks of diarrhœa; especially dreams from which the patients awoke with an attack of diarrhœa have been very instructive. The most constant, outstanding feature which determines the specific character of these cases is the wish for restitution as a reaction to guilt for receptive and aggressive taking tendencies (castration wish).

As yet we are unable to advance a detailed physiological theory to explain how the wish for restitution and giving (productivity) and aggressive tendencies are converted into those physiological changes that are responsible for the symptoms of colitis. It is not difficult, however, to understand why the lower end of the intestinal tract, the main function of which is elimination, is specifically suited to express activity, aggression and the wish to give. By a mechanism similar to those in the gastric cases, we assume that the peristaltic function of the intestines under the permanent psychic stimulus of the wish to eject and to give, becomes independent of the normal physiologic regulations. Normally the peristaltic functions are periodically regulated by the intestinal content, but in these neurotic cases a psychologic tendency independent of the nutritional process stimulates the peristaltic functions. This

explanation is based on well established findings of psychoanalysis, namely on the unconscious symbolic significance of the intestinal content as a valuable possession and gift on the one hand, and as a means of aggression on the other. The unconscious attitude which considers the intestinal content as a valuable possession and excretions as a present given to others, corresponds to the earlier coprophilic attitude of the child before it develops the negative disgust attitude toward the excreta. On the other hand, the use of the excremental functions for the expression of sadistic or aggressive tendencies corresponds to the attitude which is developed after the child learns to assume a deprecatory negative attitude toward his excremental function. We find that both tendencies in all cases are intermingled, the emphasis however lies in the colitis cases more on the restitution-significance of the diarrhœas. Regarding these psychologic connections, we refer to the abundant psychoanalytic publications, especially to Jones', Brill's and Abraham's work on anal-eroticism.1

¹ Regarding the gift significance of the intestinal content see Freud: On the Transformation of Instincts with Special Reference to Anal-Erotism, in Coll. Papers II.

Also Jones, E.: Anal-Erotic Character Traits, in Papers on Psycho-Analysis, p. 691.

Regarding the relation between extravagance and neurotic diarrhoza, see especially Abraham, K.: Contributions to the Theory of the Anal Character, in Selected Papers, p. 387.

Regarding restitution significance of the excretory act, see Dr. Géza-Róheim's Heiliges Geld in Melanesien, Int. Ztsch. f. Psa. IX, p. 384, 1923. In this article Róheim shows that in burial ceremonies of the Tonga Islanders the most valuable possessions of the clan are put into the grave of the dead chief but parallel with this ceremony the men evacuate their excrement on the grave.

Regarding the sadistic significance of the excretory act see Abraham, K.: The Narcissistic Evaluation of Excretory Processes in Dreams and Neurosis, in Selected Papers.

"Returning to the sadistic significance of defæcation, I may mention that the patient who killed her family in her dream by means of her excretions was severely troubled with nervous diarrhæa. Besides the usual causes, psychoanalysis discovered a sadistic element at the bottom of this symptom. Her diarrhæa proved to be an equivalent of suppressed outbursts of rage. Other analysed cases have confirmed this connection. For instance, I know a neurotic woman who reacts with diarrhæa to any event which excites anger or rage." P. 321.

See also Brill, A. A.: Psychoanalysis, p. 274-5.

Although these formulations should not be regarded as an attempt to advance a generally valid etiological theory of spastic colitis, in all of the investigated cases we were able to reconstruct a connection between the diarrhœas and repressed unconscious tendencies of restitution or aggression. We cannot claim that all cases necessarily develop on a psychogenic basis.

In connection with our findings, an interesting question arises regarding the well-known effect of fear upon the control of the sphincters and on peristalsis. In general one can say that fear mobilizes all kinds of active-aggressive mechanisms of the individual. Cannon has shown, for example, that fear mobilizes the adrenalin production in dogs and emphasizes the teleological nature of this phenomenon in referring to the stimulating effect of adrenalin on the muscle activity and carbohydrate metabolism which the animal needs in defending itself against an external danger. He also points out other effects of the mobilized adrenalin, for example a certain change in the distribution of blood, which is favorable in conditions of increased muscle activity.1 It is not so easy to understand from the teleological point of view how the excremental function could ever serve for defense or attack. Psychoanalytic experience shows however that the excremental functions are deeply linked with aggressive tendencies in the emotional life, which leads to the analytic concept of anal sadism. Fear mobilizes aggression and excremental elimination is psychologically linked up with aggression. Those who have no "guts" move their bowels under the influence of fear instead of attacking the enemy. In this perspective, the reflex mechanism of moving the bowels under the influence of fear is an example of those pathological, even if common, phenomena in which a nervous impulse is transferred from the voluntary system to the vegetative system. Instead of a muscular attack a symbolic infantile expression of aggression takes place, evacuation having the symbolic meaning of attack.

Undoubtedly this interesting connection could easily lead

¹ Cannon, W. B.: Bodily Changes in Pain, Hunger, Fear and Rage. Ed. 2.

to further speculations. The well established but peculiar connection between excremental elimination and hostile aggressiveness may be not only an infantile but an archaic mechanism. Possibly there is a fundamental psychogenetic connection between active-aggressive impulses and eliminating innervations. They may belong to the same category. We see many examples in animals in which secretory and eliminating functions, squirting out offensive substances, are used for defense and aggression. The sadistic significance of the excretory act possibly follows the same psycho-physiologic pattern.

3. THE CONSTIPATION TYPE

I come now to the third group, the constipation type. Our investigation in this field is only at its beginning and consequently I must restrict myself to a very few remarks derived from the comparison of my former experiences with five cases in the Institute. It is undesirable to generalize from a few cases and from scattered observations based on former practice. Moreover in only one of our present cases is constipation the central symptom, and therefore in the other four cases both those surface attitudes and conflict-solutions which might be characteristic for the constipation types are necessarily mixed with other, more predominant features. Yet there are some trends which seem to be characteristic. A pessimistic attitude toward receiving help from others or depending upon them seems to prevail. These patients seemingly do not expect anything from anybody, in contrast to the optimistic attitude of Abraham's oral types. At the same time, however, there is a more or less conscious, very extreme sense of obligation to give, of which the patient tries to rid himself by renouncing all conscious receptive tendencies. "I can not expect anything from anybody and therefore I do not need to give anything. I hold on to what I have."

One of my constipated patients keeps constantly arguing with himself about emotional or financial obligations toward

other people. This patient always has to prove to himself that he does not need to support his brother or send money to a woman because sending money would really only do harm. In emotional relations he has the same attitude. He has strong guilt feelings for letting down women who have certain hopes regarding him and tries to escape this feeling of obligation by a deep renunciation of any acceptance or even expectation of receiving anything from others. He does not want to be bothered with any problems in which giving is involved. has an older sister and a younger brother. He arranged his obligations toward them in a very characteristic way. His income automatically is divided into certain portions and a considerable part of it goes into a life insurance policy for his brother, another into life insurance for his sister and a third part into his own life insurance. The rest he spends in a tolerably rational and not overly thrifty way. He explains that he does not want to have any worries about whom he should support. He wants this problem to be eliminated from his life and to be taken care of automatically.

A patient of Wilson's presents a strikingly similar picture. This twenty-six year old architect suffers both from an obsessional neurosis and also from obstinate constipation which he relieves by the continued use of cathartics. His father has had severe financial reverses during the past three or four years and is dependent to some slight degree on the patient and his brother for support. The patient has an open conflict about supporting his father. He says he would like to live away from home, but that is impossible because they need his money. His rationalizations continue somewhat as follows: "I feel guilty for not contributing more, but if I did my father would only use it for useless purposes, so the only way I can do is to save money so that when he has a complete financial breakdown, I shall be able to come to his rescue." His emotional attitude toward his family is similar. He says that they do not deserve his love or respect as they are themselves the cause of his neurosis and that people like them should not be permitted to have children. In the unconscious there is an

extreme guilt feeling toward his father and brother for this hostile attitude. This guilt feeling is the main obstacle to his becoming successful. He always emphasized that he does not expect anything from anybody and he himself must get everything he needs. But also, there is a great uncertainty regarding his ability to do so and therefore he has to stick to what he has.

This case offers the well known mechanism of anal retentiveness as a reaction to oral inhibitions.¹

In a deeper layer we find that the aversion to all kinds of obligation to give is based on intense castration fears which the patient tries to get rid of by renouncing and denying his oral tendencies.

I wish here also to recall a case of chronic constipation which I have described on another occasion.² I refer to the egocentric, neglectful artist's wife who during her marriage of two years suffered from an obstinate form of constipation. This was spontaneously relieved on the day on which her husband brought her a bouquet of flowers, the first gift since their marriage. To this gift she reacted with the first spontaneous evacuation in two years. This present from the husband destroyed her dynamic formula, "Inasmuch as I do not receive, therefore I do not have to give."

In addition to the positive evaluation of the intestinal content as a valuable possession we found in these cases also an anal-sadistic attitude, the inhibition of which contributes to the anal retention.³ The psychological connection between the two different attitudes, between the withholding of something valuable and the inhibition of elimination on account of

- ¹ Abraham explains neurotic parsimony in people who are inhibited from properly earning a livelihood: "The pleasure in acquiring desired objects seems in this case to have been repressed in favor of pleasure in holding fast to existing possessions." Loc. cit., 399.
 - ² Alexander, F.: The Medical Value of Psychoanalysis, p. 197.
- ³ A connection of constipation on the deep layers with the fear of castration has been known since Freud's study, *The History of an Infantile Neurosis*. However, constipation resulting from the inhibition of anal-sadistic impulses which we find in three of our cases very clearly, according to my knowledge, is not so generally familiar.

its aggressive soiling significance, could be reconstructed as follows: The spiteful rejection of the obligation to give leads to the attitude, "Well, if I have to give, by all means you may have it, but nothing better than excrement." The ambivalent attitude toward the excrement makes this change of emphasis possible. The conflictual rejection of this anal-sadistic attitude is the basis of the constipation.

Constipation as rejection of the obligation to give corresponds to the positive evaluation of the excreta as a valuable possession, whereas constipation as a result of inhibited aggressions corresponds to the negative attitude toward the intestinal content. Thus, like the diarrhæa, constipation also can result either from the positive or from the negative cathexis of the excremental act: from the refusal either to give up a value or to use the excrement for aggression.

A forty-two year old patient who suffered from a chronic constipation of long duration had an extreme inhibition of the sexual instinct. He suffered from a severe headache whenever there was an opportunity for intercourse with a sexually attractive girl. The analysis revealed that the sexual act in his unconscious was equivalent to anal soiling. After this connection became conscious the patient's sexual inhibitions and constipation disappeared and he started at this late date his first sexual affair.

A similar depreciative attitude toward sexuality is also very characteristic of two of Wilson's cases of chronic constipation. Both patients have the tendency always to choose depreciated sexual objects and at the same time show an over-compensated aggression toward women. This manifests itself in impotence and ejaculatio præcox as a result of denying every aggression toward women. The direct connection of this attitude with the constipation has not yet been established in their analyses.

We submit these few observations without claiming that they describe typical attitudes and conflict-solutions of the same validity as those characteristic mechanisms which we find in the gastric and colitis cases. Justification for including these observations lies in the fact that the mechanisms now described corroborate the well established emotional reaction, namely, that the tendency to withhold the excrements often expresses the spiteful rejection of the obligation to give, typical for cases with oral deprivation and inhibition of the acquisitive tendencies.¹

4. SUMMARY AND CONCLUSIONS

In comparing the predominant conflict-situations and their solutions in each group, (gastric type, diarrhæa type, and constipation type), I could express the differences by the following schematic formulæ:

The most conspicuous feature of the gastric cases (gastric neuroses and duodenal ulcers) is intense receptive and acquisitive wishes (in-taking or incorporating tendencies) against which the patient fights internally because they are connected with extreme conflict in the form of guilt and sense of inferiority which usually lead to their denial. "I do not want to take or to receive. I am active and efficient and have no such wishes." Our assumption is that the stomach symptoms are conditioned by the repressed and pent-up receptive and aggressive taking tendencies which serve as chronic psychic stimuli of the stomach function. In some cases the receptive and acquisitive wishes are not *internally* inhibited by conflicts but *externally* by circumstances.

The dynamic formula of the colitis cases is: "I have the right to take and demand, for I always give sufficiently. I do not need to feel inferior or guilty for my desire to receive and take, because I am giving something in exchange for it." Our assumption is that the diarrhæa, apart from expressing aggressions, serves as a substitute for the giving of real values.

Finally in the constipation cases the dynamic background of the symptom may be verbalized as follows: "I do not take or receive and therefore I do not need to give." Our assumption

¹ Regarding holding back excrements in relation to stubbornness and spite, see Abraham, K.: loc. cit., p. 373.

is that the constipation is a reaction against the obligation to give. This intense sense of obligation to give, on deeper levels, is linked with the fear of castration.

On account of the impressive parallelisms regarding the dynamic structure of the gastric cases there seems to be very little doubt that the content of the chronic psychologic stimulus responsible for the secretory and motor dysfunctions of the stomach are intensive in-taking tendencies both of passive-receptive and of aggressive-taking nature. These tendencies have become intense, usually on account of inner rejection and probably much less frequently because of external deprivation of the wish to be loved, taken care of, and dependent. These impulses if eliminated from the voluntary system cannot find adequate gratification in the normal life relations of the patients and consequently find expression in vegetative innervations (dysfunction of the stomach).

Thus our studies can explain why the impression of a number of authors has been that personalities who are over-active in life, like to take responsibilities and make concentrated efforts, are so often found among the peptic ulcer cases. analyses show that these tendencies toward over-activity, efficiency and ambitious effort are compensations to cover up the underlying, strong dependent-receptive tendencies which in turn are increased because of the fact that they are not allowed even normal expression. A vicious circle is at work here. The high claims which these individuals have regarding efficiency, activity, productivity and success lead them to make over-exertions which then stimulate the opposite, receptive side of their nature which in turn necessitates stronger and stronger over-compensations. The gastric symptoms are in direct causal connection with the repudiated in-taking tendencies and not with the overt picture of over-exertion and activity.

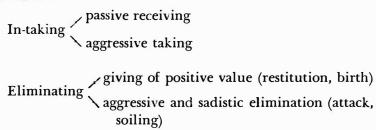
It seems to us equally well established that the content of the chronic psychologic stimulus responsible for the increased peristalsis in colitis is (1) either a narcissistic wish to produce and chiefly the urge to make restitution (excrement=gift) or

(2) an anal-sadistic impulse in which the excrements are used as weapons of aggression. In these cases the psychologic impulses to make restitution, to produce, or to attack are expressed through the vegetative system instead of the voluntary system. The excretory functions because of their symbolic significance of giving and attacking are substituted for either giving real values to others (restitution, production) or attacking others.

It should be emphasized that different types of surface attitudes are sometimes intermingled, as different organic symptoms may be present in the same cases. One of our gastric cases shows, besides the predominant gastric symptoms, also a periodic tendency to diarrhoa. The diarrhoa cases almost always show intermittent or periodic constipation, the psychologic significance of which we have not yet established. Possibly they are due merely to physiologic mechanisms. The following diagram should therefore be considered as a simplified scheme. It expresses the overt and unconscious psychologic features present in the most extreme or typical cases and does not do justice to the mixed types. The third column, in which the attitudes and mechanisms of constipation are listed, is added with great reservation. It should serve rather as a tentative suggestion to stimulate further research and we shall not hesitate to change it as the evidence carries us further. (See diagram on page 537.)

Our investigation leads to the conclusion that the gastrointestinal tract, according to its three major functions of in-taking, retaining and eliminating, is especially suitable for the expression of these three elementary tendencies, if their normal expression through the voluntary motor system or through the sexual apparatus is inhibited through inner conflicts.

The upper end of the gastro-intestinal tract, corresponding to its normal function, is well-fitted to express the receptive or taking tendencies, whereas the lower end of the tract is more suitable for the expression of giving and retentive tendencies. Both the in-taking and the giving-eliminating tendency may assume either a more constructive (erotic) or a more destructive connotation:



I am convinced that the analysis of the individual's emotional attitude to his environment in the terms of these three major tendencies, (1) to receive and take, (2) to retain, and (3) to give, will not only prove useful for the understanding of gastro-intestinal disorders, but will also be found to have more general significance. These three groups of emotional tendencies seem to be of the most elementary nature and their recognition makes possible the further analysis of the emotional reactions of the individual to the environment, including the sexual relations.¹

It seems to me that the analysis of the content of male and female sexuality into these three elementary tendencies can give a more specific meaning to less definite terms such as "active" and "passive", "male" and "female". In pregenital sexuality these three elementary tendencies appear unmixed. In the later organizations of sexual life, active and passive, male and female strivings may be thought of as mixtures in varying proportions of these three more elementary tendencies. It seems to me that such an analysis promises a much more accurate description of the sexual organization than is possible in terms of the more general concepts now current.

¹ Ernest Jones in an earlier writing (1918) suggested the understanding of love relations on this basis: *Anal-Erotic Character Traits*, in Papers on Psycho-Analysis. "It is true that, from both the psychological and physiological basis of love, the greater part of all love-life is modelled on the prototype of giving and receiving." . . . p. 700.

	GASTRIC TYPE	COLITIS TYPE	CONSTIPATION TYPE
Typical conscious attitudes toward environment schematically verbalized.	"I do not want to receive or to take. I have no such wishes. I am independent, active and efficient."	"I have the right to take and demand because I give sufficiently. I do not need to feel inferior or guilty on account of my receptive and grasping wishes because I am giving something in exchange for it."	"I do not take or receive and therefore I do not need to give."
The deeper dynamical back-ground of the symptoms.	The denied and repressed oral-receptive and oral-aggressive tendencies are converted into the original pattern: into the wish to be fed or to eat. These tendencies serve as chronic psychic stimuli of the stomach independent of the process of nutrition.	1. The permanent wish to give restitution for oral-aggressive tendencies, and 2. the wish to be active and aggressive in the ejective (and not oral-receptive) way serves as permanent irritation of the peristalsis independent of the digestive functions. The diarrhea substitutes for giving of real values, for making real efforts and being actually active, and for being aggressive.	1. The rejection of the obligation to give on account of fear of loss (castration-fear) and 2. the inhibition of analsadistic impulses (to give spitefully in a destructive way) are the chronic inhibitory stimuli leading to constipation.
The content of the psychic stimuli which cause the dysfunction.	1. Receiving 2. Taking	Giving (restitution for receiving or taking). Aggressive elimination.	Retaining because of 1. fear of loss 2. fear of doing damage.

It must be left for future research to determine whether or not the dynamic relation of the individual to his environment can be exhaustively reduced to these three groups of elementary tendencies.

Physiologically the process of life can well be described in terms of the three major functions of *in-taking* of substance and energy from the environment, partially *retaining* it during the process of growth, and *elimination*—elimination of the end-products of metabolism, elimination of substances for the purpose of propagation, and the constant production of thermic and mechanical energy. It would not be surprising at all if it should turn out that the most elementary psychologic tendencies of the individual correspond to these three biologic phases of life, and that psychologic dynamics—as Ferenczi has assumed in his "Genitaltheorie"—correspond to the biologic dynamics of life.

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II. Typical Personality Trends and Conflicts in Cases of Gastric Disturbance

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II. TYPICAL PERSONALITY TRENDS AND CONFLICTS IN CASES OF GASTRIC DISTURBANCE

BY CATHERINE BACON (CHICAGO)

I am reporting three cases of gastric disturbance which I have had under my observation this last year, and one case which has been under the care of Wilson. In all of these cases the typical conflict-solution which Alexander has already described is seen.

Mr. K was referred to us because of epigastric distress, flatulence and belching for which no physical explanation could be found. He had had this distress for several years. He also had a nervous cough and vague nervous disturbances such as mild attacks of dizziness on standing up.

He is a successful Jewish business man of about forty, externally very masculine, active and sure of himself, giving the impression of being likable and trustworthy. He is the second of four children, all of whom were brought up very strictly. As a child he had to work hard and rarely had time Every afternoon after school he had to go to Hebrew school even as a small child, and he never got home for his dinner until eight or eight thirty and rarely got to bed before He did brilliantly in his school work, skipping several grades, but at fourteen had to leave school to work because of his family's financial circumstances. He was devoted to his mother, but complained that she had never had time to give him affection and knew nothing about diet, probably an unconscious reproach against her for her orally depriving him. His father he loved and feared more than God, even though he was a strict disciplinarian and beat the patient for minor infractions of disciplinary rules, especially for even a slight show of disrespect at Hebrew school. He said his father could not help him much because he was foreign born and ignorant of American customs. The patient was docile and was almost never disobedient. When he started earning his own living at fourteen he was successful from the beginning, and his relationship to the family changed almost over night. At sixteen he was earning a hundred dollars a month as the head of his department in the firm in which he worked. His mother and father looked to him for advice, and he became "a pillar of society". He is now the head of a successful business.

He has never married, and still lives at home with his father. His mother is dead. He has had few sexual relationships and these always with prostitutes. Although he says he is conscious of sexual interest in women of his own class, he never yields to it in any form. For ten months preceding his analysis he had no sexual relations at all. He has no memory of ever having masturbated.

In his first interview he emphasized his prowess referring to himself as a "self-made man", a "lone wolf" who always does for others, but who neither needs nor wants help. This is not only his concept of himself but the desired ideal according to which he wishes to live. This emphasis on self-reliance and independence is a most conspicuous trait which even a casual observer would recognize as striking. The denial of any need for help was pronounced at the beginning of the analysis, but dependent wishes soon appeared, and later developed into a marked passive receptive attitude to the analyst, against which he struggled continually.

He is the type of active, efficient Jewish business man described by Alvarez as being particularly disposed to recurrent peptic ulcers. This case was once diagnosed as ulcer and treated for it, although this was not confirmed by later more thorough studies. The psychoanalytic investigation showed that the superficial picture of a strong man by no means corresponds to his total personality. Carefully hidden or denied, there are many signs of passive receptive trends. He accepted the passive analytical situation readily and enjoyed asking questions, trying to secure advice about diet, asking that his temperature should be taken when the objective reason was very slight, although at the same time he protested energeti-

cally against the passive rôle he was playing and tried to analyze the analyst and to play a dominant rôle. In the world at large, although he was very active, he would get his business acquaintances to do things for him and was emotionally dependent on their good will and on the favors they did him. He once said that he realized that he was the type of man that other men liked to do things for, and that this helped him greatly in business. Because of the help he received from other men, he felt he had to repay them excessively with favors and had to lead a very ethical life. This attitude probably was related with the fact that he denied himself almost all sexual pleasure.

In this case the conflict between the active conscious aggressive masculinity and the denied receptive trends is clear. The surface attitude of independence was obviously a protection and reaction against the rejected dependent wishes which caused him so much conflict. The emotional connection between the overt and emphasized independence and the greatly repressed dependence was clearly observed in the transference behavior.

In the course of the analysis there were repeated opportunities to observe the relation of his symptoms to this conflict, for whenever he tried to repress his receptive wishes, symptoms The following episode is characteristic: would result. was sitting in the waiting-room, thinking with pleasure of his analysis, at a time when his passive receptive tendencies had become more conscious through the analysis. Suddenly he came into conflict over whether or not he should continue the analysis. Then he felt he should not indulge in such useless thoughts, as though something within him said, "The general is here!" He pulled himself up and changed his train of thoughts to active, aggressive thoughts about his business and immediately felt the typical discomfort in his epigastrium. Or again he reported that when, after having listened to a lecture with pleasure, he stood up to comment on it (thereby changing from the receptive rôle of listening to the active rôle of contributing), he felt his epigastric distress. This was a frequent type of experience for him.

His cough was interesting also in that it came on at times when he was in conflict over his receptive desires or desires to take something away from someone. It seemed to symbolize a rejection of these wishes. For instance, he played bridge for money one evening and was winning by a technique of such passive-aggressive plays as finessing, squeezing and tenace. Then he felt guilty because his competitors could afford to lose less than he, so he bid recklessly and lost. During the time he was winning he coughed continually, but stopped as soon as he lost.¹

Another time he spent the evening with a woman to whom he was attracted because he felt she was intellectually and socially superior to him and in reference to whom he had unconscious receptive expectations and also, of course, castration fears. During the whole time he was with her he coughed. He also coughed the first time he was asked to lie down on the couch. Another time, when lunching with some business acquaintances, he had a feeling of weakness in his throat which made him feel inferior. He said he immediately overcompensated for this by being over-aggressive.

His dizziness also seemed to have to do with this conflict between receptive trends and the compensatory urge for inde-

¹ The psychodynamic tendency to eject, to give back, is well established in vomiting. It also can create nervous coughing since the respiratory tract is also often used for the expression of intake and ejection.

In Freud's case of Dora (Coll. Papers III, Fragment of an Analysis of a Case of Hysteria) her nervous coughing was associated with fellatio fantasies. These fantasies were strongly rejected. Although Freud does not directly state that the cough symbolized a rejection of these fantasies, it is implicit in the material.

David Forsythe in an article, *The Rudiments of Character* (Psychoanalytic Review VIII, 1921), discusses the respiratory zone as a "nutri-excretal zone" of the first rank of importance. Although he emphasizes the emotional aspects of the inspiratory phase, he mentions in passing that the expiratory phase is also significant and gives the example of a six year old boy making a "gift" of a handful of his breath to a friend who was panting after a race.

Karl Menninger (Psychoanalytic Review XXI, 1934) reports a case of a woman with a cough from a chest cold. The patient identified her cough with labor pains and giving birth to a child and then said, "Perhaps the cough is a rejection of masculinity and perhaps . . . femininity also, because I seem to be both a man and a woman. I make myself pregnant by getting my own cold down in my own chest."

pendence and activity; for he frequently felt dizzy, when he stood up, after having indulged in some receptive pleasure as reading, dizziness apparently being an expression of his infantile desire to return to the dependent state of the infant who cannot maintain his balance without the help of others.¹

In relation to women of his own social circle he had enormous fears of being the receptive and therefore the inferior party. For instance, once when asked if he was married he was tempted to reply that he had not had his tonsils out yet. Although attracted to women whom he considers "superior", he avoids all close association with them and takes pleasure in thwarting them sexually by not reacting to their advances.

Two motives were noted for the conflict about his desire to receive. This seemed first to be due to a sense of inferiority which resulted from his strong receptive wishes and probably stimulated in deeper layers by castration fear as a guilt reaction to aggressive taking tendencies. He once declared that he was afraid a socially superior woman to whom he was attracted would puncture his pride. The second motive is guilt at receiving insofar as this assumes the character of a taking away from others, as is seen in his reaction to winning at bridge and to taking business away from competitors.

The connection between his gastric symptoms, nervous coughing and dizziness as expressions of his repressed receptive and aggressive taking tendencies thus became clear. The origin of his strong receptive trends can only be concluded from the history of early oral deprivation, and the concept that this fixation and regression are due to early and permanent oral deprivations seems to be justified.

¹ Sándor Ferenczi (Further Contributions to the Theory and Technique of Psychoanalysis, Chapter XXIII, Sensations of Giddiness at the End of the Psychoanalytic Session) relates the dizziness to the unwillingness of the patient to give up the gratification of feeling himself loved by the analyst.

Thomas M. French (Psychogenic Material Related to the Function of the Semicircular Canals, Int. J. Ps-A. X, 1929) confirms Ferenczi's ideas of dizziness in a patient he observed, and relates this further to the desire of his patient to be carried around in his mother's arms, as well as to the patient's feminine identification. Interestingly enough, this patient became dizzy only when he began actively to reject his passive tendencies.

The second case, Mrs. G, is thirty-five. She was referred by her physician because of an illness of seven years' duration, in which he felt that the psychogenic factors were large. Her symptoms, which had persisted intermittently throughout this time, consisted of epigastric distress which at times was so agonizing that she had to have opiates, severe attacks of belching, flatus, congestion of the throat which she thought was due to her belching, and occasional attacks of diarrhæa or constipation. She also had attacks of bulimia lasting from ten days to two weeks during which she would put on ten to twenty pounds.

She was a pleasant out-going woman, pretty, very attractive to men and flirtatious. She was feminine in appearance and always nicely dressed, although her financial condition was straitened. She was always the first to make approaches to people, made friends easily and quickly, but in general the friendships were of short duration, usually broken up because of disillusionment and thwarting.

She was the youngest of three girls. Her father was seventy when she was born. He died about six or eight years later. He was well educated, whereas her mother was ignorant. During his life-time they were wealthy, but they became very poor later. She was born in Europe and came to this country when she was eight or nine, after her father's death. her mother's favorite and always slept with her. Her earliest memories are of her father getting into bed with her mother for sexual relations, and of her mother's berating him because he could not give her satisfaction. She has few memories of her father except that he was looked up to by his own fellow townsmen. Her mother was brutal to her and took very little care of her. A typical example is that when at the age of six an older man tried to attack her and she screamed for help, her mother came out and beat her without trying to find out why the child had cried out. As a small child she had great fears of the feminine sexual rôle which she attributes to the fact that in her town there was a gang of very rough boys who used to take girls to an abandoned fort in the neighborhood

where they would attack them. Although the townspeople heard the girls' screams, they were so afraid of the boys that they never did anything about it. Throughout her childhood she had to take care of her own clothes and help her mother after school. She always worked very hard. She was very jealous of the next older sister who she felt got everything and was always demanding and selfish. When she was about twenty, she married a man more than fifteen years her senior, and for the first time in her life she had a great deal of care and attention. Her husband was successful in his business and intellectually superior. At first he represented to the patient her intellectually superior and wealthy father who was so respected by the townspeople. Later, however, he became the impotent father who was unable to satisfy her mother. She traveled with him a great deal. He sent her to boarding school for a couple years after their marriage. Although she was frigid with him, she was quite happy. This situation of happy dependence was broken up, first by the birth of their child seven years after the marriage. Then she had to stay home and take care of the baby to whom she showed a great deal of anxious over-protection, while her husband traveled on business and was away from home much of the time. When the baby was two, she found out that her husband had been married before and that he was supporting his first wife and child. She showed great rage and jealousy of the first wife and resented the money he gave her. It was at this time that her gastro-intestinal symptoms began, and from then on they continued for the next seven years until the beginning of her analysis. After the birth of her child her husband became neglectful about sending her money. Although he had a large income, he also had many debts, so that she frequently suffered from lack of money. He had always had ejaculatio præcox, but this had become worse in recent years and irritated her greatly. She worked hard to keep up her home, worked hard to take care of the child and always made a point of serving elaborate well-cooked meals even when she was so sick that she could not eat them herself. She took care

of her mother for long periods of time when her mother was ill. About three years ago her husband lost his job and had to stay home. Their financial situation becoming worse, she reacted with enormous hostility to his failure to support her, and her symptoms became aggravated.

Her conscious attitude about herself is that she is always doing things for other people, that she is only happy in giving and in fact likes to "stuff her kindness down other people's throats". She feels superior to her associates. Underneath this attitude are seen strong oral receptive and oral aggressive trends, apparently directed chiefly toward men, but also evident in her relations to women. She complains bitterly about her husband's lack of support, but it can be seen that she herself tends to thwart her receptive tendencies not only by choosing a husband older than herself, who gets great unconscious satisfaction from "holding out on her", but also in the choice of lovers one of whom had ejaculatio præcox and another one of whom, she complained, had a small penis and took great delight in thwarting her, breaking dates with her, giving her nothing, but maintaining a very oral dependent attitude toward her.

In this case a strong oral fixation was reinforced by regression. As long as she was satisfied on the oral level she was well. When her oral desires were thwarted by external frustration she went into a rage the content of which was a desire to attack the penis of the thwarting object and incorporate it. To this she reacted with guilt and a rejection of her oral desires and her rage, whereupon her gastric symptoms appeared.

Her sexual dreams, for instance, were closely connected with eating and when she spoke of being sexually aroused she always made remarks like, "Gee, I'm hungry!" She declared she was like a baby wanting food from her husband, but that he only gave her water.

Her attacks of bulimia appeared at periods when she was conscious of unfulfilled sexual desire, as for instance once during the analysis when a lover of hers began to drop her. On the other hand, when she was in the midst of a happy love affair in which she was frigid, but from which she derived great

satisfaction, she lost interest in food and reduced her weight by about ten pounds in a month.

Her attitude to the mother is a similar one of strong oral dependence. She dreams of her mother as a poor woman who gives her a basket of food containing meat. She has a thinly disguised dream of the analyst as a woman with a penis who has sexual relations with her, in which she plays the feminine rôle, and then they eat oysters and fish. In this attitude we can discover behind the oral aggressive attitude toward the penis, in a deeper layer, the original oral aggressions against her mother.

As was pointed out above, whenever her oral desires were thwarted, she went into a rage, the unconscious content of which was an oral attack against the penis. For instance, during a period of bitter complaints against her husband for his failure to support her she dreamed she found a bottle of wine that tasted like gin, but a ragged man said to her that she could not keep it, for he would find the owner. On the basis of her associations this dream was interpreted to mean that the bottle was her husband's penis and the ragged man the husband toward whom she felt guilty. During this period she experienced epigastric distress after eating rare meat which reminded her of "something that once had life in it". She declared that going back to her husband whom she had left "would be like eating something you have thrown up". This way of expressing emotional relationships in terms of eating was very characteristic.

Because of the guilt at her oral aggressions she thwarted herself. For instance, once she saw a beggar on the street who represented to her unconscious her castrated husband. She gave him a dime, and felt guilty because she had food and he did not. She went home and worked hard sewing and cooking for her husband (another guilt reaction); she ate little but had epigastric distress and thought of licking salt and of salt on wounds as being painful. This was an oral punishment for her oral aggressions. By her hostile behavior to her husband she also discouraged his doing things for her.

Her belching was a reaction of rage against the external thwarting object, usually her husband, and seemed to have the content, "I do not want anything from you". Her sore throat was directly connected with her guilt reaction to her oral castrative tendencies. For instance, she said once that she thought her sore throat came from eating oranges and grapes, and her first association was "testicles".

The reasons for her regression to the oral level became clear after a year and a half of analysis. She rejected the feminine rôle because of her masochistic conception of it and because of her great unconscious fear of men who seemed masculine to her, that is, who were sadistic. She had a feeling of guilt toward men because of her strong oral-castrative tendencies toward them and feared their retaliation. She had to reject genital sexuality to prove to herself she had taken nothing from men. She feared her mother if she indulged in sexual relationships, as seen in the memory of being beaten by her mother after a man had tried to attack her. She had a reactive fear of her mother because of her death wishes toward her, which came up in numerous dreams of killing or dismembering her mother in association with sexual relations with men. And then there was her oral dependence on her mother, the woman with a penis, which she feared she would lose if she succumbed to her feminine wishes. In this case also, as in the other case, we see early oral deprivation both from her neglectful mother and her feeble father as the basis for her strong oral fixation.

The third patient, Miss A, is a contrast to the first two, in that she was a severe case of recurrent duodenal ulcer which had resisted dietetic and medical treatment and a gastroenterostomy. Her symptoms were classical ulcer symptoms with the pain worse at night. They were of about nine years duration, the last four of them while under medical care. Her personality was a classical example of the type which Alexander found frequent in cases of peptic ulcer.

She was a small, rather feminine but old-maidish girl of thirty who weighed only ninety pounds. She would undoubtedly belong to Draper's longitudinal or Kretschmer's asthenic type. She was outwardly very active, always talking about what she wanted to do for others. She emphasized how hard and how efficiently she worked when she was well. She denied any need for help, especially of a psychological nature. The only receptive claims which she admitted were desires for help from her father, which however she never received, partly because of her father's drunkenness and lack of interest in the family and partly because she thwarted herself by her hostile behavior to him, thereby actually receiving less from him than her sisters.

She was the oldest of five children. As a child she had been a tomboy, competing successfully with boys, disobedient and carefree, repudiating every feminine attitude. Her worst punishment was being put to bed by her mother, being forced to be inactive. The other children were whipped, but her mother knew that being put to bed hurt her worse. She was always submitting to her next sister, Marie, and the early analytic hours were filled with tales of the latter's selfishness. Her favorite was James, the only brother, who like herself was always giving to others but toward whom nonetheless she assumed a maternal attitude. Her trend for independence and masculinity showed themselves at a very early period of her life. She recalled how at the age of two she ran away from home and told the police who found her that her mother was sick. When she was four her mother once dressed her in a pretty new dress and told her not to go near the river where she might get dirty, whereupon she ran straight for the river. Her father saw her and said if she went down to the river bank he would throw her in the water; she promptly disobeyed and he threw her in. She laughed and asked him to do it again. When she was six or seven she balanced herself on a porch rail four stories above the ground and threw kisses at her father who was standing at a nearby elevated station. Her father came home in a rage and whipped her. It is significant that these memories of boyish independence came out on the first day of analysis, apparently as a protest against her feelings of inferiority and against the passive nature of her transference feelings.

Her father drank and the mother had to assume the responsibility of supporting the family very early in the patient's life. When she was eleven, her father in a fit of drunken rage struck her mother for the first time and the mother drove him out of the house to which he never returned. She partly blames her mother for her father's leaving, saying that if her mother had not been so willing to support the family, perhaps her father would have done better by them. For nearly fifteen years the family hardly saw the father at all but in the last four or five years the girls have been going to see him. She had to leave school at an early age to go to work. At first in her jobs she was tomboyish and disobedient, as she was at home. She lost one job after another, until finally her mother told her she had no time to go around and look for jobs with her. This was when she was about twenty. She suddenly changed her personality to that of a hard-working and responsible business woman. Shortly after this her gastric symptoms began, which led four years ago to her undergoing medical treatment.

In spite of this external picture of boyishness, desire for independence, rejection of help and denial of any need for it, which is very much accentuated and pushed into the foreground, the analytical procedure soon discovered the dynamically much more powerful receptiveness which was strongly denied. For instance after denying to the analyst that she wanted to talk about herself even in the first consultation, she poured out a long story about herself. She projected her receptive desires on to her sisters and spent much time complaining about their selfishness and how she had to give to them. She complained that her father did not give to her. However, after relieving her conscience by expressing desires to give to others she sometimes developed long fantasies about being cared for and having luxuries. An interesting feature of these fantasies was that she always had money and could satisfy her own needs and pay people to do things for her.

During her analysis which was broken off after six weeks,

probably almost entirely because she could not assume a dependent relationship to the analyst, she always resented violently assuming a passive receptive rôle. Almost every hour she objected to lying on the couch, which represented the passive rôle to her and reminded her of being sent to bed by her mother for punishment. Because of her denial of her passive receptive tendencies and the great danger of her breaking off the analysis every day, there was an unusually difficult problem in trying to win her to accept analytic help. Any suggestion that an analysis might help her to get well or to get married, which she consciously desired, was responded to with hostile statements, to the effect that she did not need help or did not think the analyst could help her. She declared that her only reason for coming to analysis was one of loyalty to the physician who sent her and who kept encouraging her to return. She broke at least a third of her appointments, usually with the excuse she had to help at home. The only way it was possible to get any attachment to the analysis or any manifestation of positive transference was by some casual praise of her accomplishments. This almost fanatic denial of every wish for dependence made necessary this atypical device of activity. The analytic situation was undoubtedly more difficult because the analyst was a woman, and receiving from a woman meant to her being inferior to her mother and therefore surrendering the father to her. Reality was lent to this situation by the fact that in order to be analyzed she had to give up her gastro-enterologist, who was a father image, and had to come to a woman. That the gastro-enterologist spoke highly of the analyst probably increased her resentment and She did accept more consciously her receptive desires toward men.

Her strong drive toward masculinity came out clearly in an early hour. Because of the material, she was asked if she did not feel inferior because she was a girl. She replied, "Sure, I would lots rather be a man. They are a lot stronger and have so much more they can tinker with. Then can get around and see things and see how the wheels go round. They are so

handy with their hands. I don't blame Jim (her brother-inlaw with whom she had very violent arguments) for my inferiority complex." I then asked her if she did not want to show Jim she was as good as a man. She answered, "Well, no. I want to tell him my points are just as good as his." A little later in the same hour she expressed her feelings of inadequacy as a woman by saying regretfully, "My mother and Margaret can do beautiful sewing. I can't. Margaret played with dolls and did not like rough games like I did."

Two examples of the precipitating causes of the ulcer pains may be noted. She wrote to her father asking him to give her money for a coat, for she had no winter coat but had to share her mother's. He replied that he could not afford to buy her a coat now because he was very hard up. A few days later she heard he was ill and went to see him and found that he had gone on a spree during which he had probably spent much more money on drink than the coat would have cost. went into a rage and scolded him bitterly for his drunkenness and complained in analysis later that he never gave her anything. On leaving him she felt her typical ulcer pains much worse than they had been for a long time. After about three weeks of analysis, in the midst of the conflict about continuing it. she went to see a woman friend who told her that of course her stomach trouble was nervous, that she should fight her nervousness herself instead of being a baby and looking to us for help. Although this corresponded closely to what the patient had been maintaining in the analysis she responded with rage toward the woman, and the typical ulcer pains followed shortly after she left her. That this was a reaction to a threatened internal frustration, the fear that she would have to leave the analysis, is quite obvious and shows that although she protested against analysis, she was probably getting some receptive satisfaction from it.

She had a typical conflict in her relationship to men. Although her attraction to them was apparently quite normal and she expressed receptive desires toward them, she always felt in competition with some other woman for them, though frequently this other woman was very remote. This conflict eventually caused her to give them up just as she gave up her father to her mother and to her younger sisters. Underneath her outwardly feminine attitude to men of course are seen the strong oral castrative wishes which she unconsciously exhibited to her father.

In this case we see both an inner and an external thwarting of receptive tendencies. The thwarting from the father and from men in general seems external, although one can observe an internal element there too. In relation to her mother, sisters and the analyst only the inner thwarting is seen.

As to the motives for the rejection of the receptive.rôle we note the fear of receiving. Receiving means that she has to give up her father to her mother, for to be receptive means to be inferior to her independent, self-supporting mother. There is some evidence also, however, for guilt connected with the receptive feminine attitude, for example, in giving up everything to her sisters, the guilt resulting evidently from a competitive and envious (oral envy) attitude toward her sisters and mother. The active, boyish tendencies have the significance of masculine superiority to the mother and the siblings and undoubtedly have the significance of winning her father's love and approval (competition with a capable mother and a selfish sister), as well as rejection of the female rôle. In this case also we see the very early oral thwarting which seems to be inner, because of guilt at her jealousy of her younger sister and mother; but there must also have been external thwarting at the hands of her father who is a chronic drinker.

Mrs. M, a patient of Wilson's, was referred to us because of severe anxiety attacks and fainting spells, in which she injured herself, and inability to continue her highly intellectual work. The gastro-intestinal symptoms of two years' duration were severe epigastric pain coming on about two hours after eating, relieved by soda. She was diagnosed as a case of duodenal ulcer, which was confirmed by x-rays.

She was forty years old, an extremely intellectual woman, very successful in her life, ambitious, entirely absorbed in

her career and work. She had great envy of men and was in constant conflict with them. She had one child of eight. and was separated from her husband. She was the second of four girls. It is necessary to refer only to the chief points of the character development and the main conflictsituation. Her father, a store keeper in a small town, wanted a boy and did everything to make a boy out of her, expecting from her masculine accomplishments. By ten she was managing a department in her father's store, as well as attending school. She always worked hard and as a child never had any chance to indulge in receptive gratifications. She was always doing things for her sister and father who said he could get anything he wanted from her if he gave her a little praise. During the period of puberty there was a manifestation of a definite discontent with her inability to assume the feminine attitude, regarding which at the same time there was a strong conflict on account of masturbation associated with a fear of damaging herself. There were typical fears of insanity.

She married an intellectually inferior, passive, inefficient man with no ambition, with whom she was always frigid. married life was characterized by her superiority over her husband in every respect. She was the chief financial supporter of the family and the leader in every situation, having no conscious dependent attitude upon him. She devoted her life to professional activities and paid very little attention to the household, which her husband very much resented. Their sexual life had the typical picture of frigidity on her part and a reactive increasing lack of interest on the part of her husband which later amounted to full impotence. Although during the marriage there was little sign of a great dependence upon or attachment to her husband, now that they were separated and the danger of a divorce was imminent, she became more and more conscious of her longing for her husband-for men. This patient also started out the analysis with the same picture of denying every help. Characteristic was also her lying on her abdomen rather than on her back, which revealed itself as the masculine attitude. During the course

of the analysis, however, the repressed oral-receptive and passive-feminine tendencies became entirely obvious and conscious. In this stage she described her mental situation as a strong desire for feminine gratification and at the same time an utter inability to yield to it. Once she had passive gratification by accepting the analytic situation, her symptoms entirely disappeared. With the gradual admitting of her feminine desires, the rather neglected and unappealing exterior of this woman changed and she became very pleasant and began to pay much attention to her appearance. The analyst, Wilson, had some difficulty in dissuading her from having a plastic operation.

When she felt thwarted in the feminine rôle, she reacted with strong castrative tendencies, as may be seen by two dreams which occurred on two successive days during which her receptive demands on the analyst were very strong. When he did not respond she accused him of being indifferent to her. The first dream was that her husband's hæmorrhoids were bothering him again and that his underwear was a mass of blood. In the second dream her little boy was lying in a crib. They were standing over him trying to see if he was a prodigy, and it seemed that his head or body had to be severed. Her associations were mainly attacks on the analyst's ability and masculinity and fears that she had hurt his feelings. She confessed the desire during intercourse with her husband to draw his penis in deeper and retain it.

In another dream she was sitting with a colored man, eating onion soup which was half water. Then she saw Anne, a friend of hers, in a tugboat. Anne was enjoying herself. Her associations showed that she felt that the analyst rejected her oral receptive demands; that she depreciated him, calling him a negro and an impotent person. She became Tug Boat Annie, the woman who belittles men and makes them inferior by playing the masculine rôle herself, but who nevertheless thereby wins their love.

She had quite intense gastric distress when she began to have some conscious negative transference reactions, which were protections against the feminine attitude connected with the fear of being thwarted in her receptive feminine rôle in the analytic situation. In spite of the increasing acceptance of the feminine rôle, the battle between the masculine aggressive tendencies and feminine receptive ones continued in her persistent attempts to take the lead of the analysis from the analyst's hands and conduct it herself, both in reality and in her dreams.

This patient rejected the feminine rôle very early in life because of rejection on the part of her father who wanted a boy and her mother's very repressive attitude regarding sex which gave her deep guilt feelings. The oral dependent attitude was also untenable to her because of real oral deprivation by her mother, to whom she was an unwanted child; by her father, who always demanded masculine accomplishments from her; and by her older sister, who was outspoken in her hatred of her. This led to a masculine identification and strong castrative trends, particularly of an oral nature, which were inhibited through strong feelings of guilt and fear of the loss of love. The patient then denied all her receptive and oral aggressive desires, became more and more masculine and active, and then developed her gastric symptoms.



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III. Typical Personality Trends and Conflicts in Cases of Spastic Colitis

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III. TYPICAL PERSONALITY TRENDS AND CONFLICTS IN CASES OF SPASTIC COLITIS

BY GEORGE W. WILSON (CHICAGO)

It is not my intention in this paper to give complete case histories (these will be published later), but only to indicate in a series of cases a general type of conflict-situation and solution which seems to be constant and prevalent in cases of spastic colitis.

The first patient was a forty year old man who was referred to the Institute by his physician with a diagnosis of spastic colitis. He had had careful gastro-intestinal studies which confirmed the diagnosis. His symptoms had been severe for a period of three years during which time his diarrhœa varied from a minimum of six mucous bowel movements daily to a maximum of twenty. He had tried every recommended form of medicinal and dietary treatment with only slight modification of his symptoms. These had begun three years before, approximately six months after having lost in stock speculations a large fortune which he had accumulated entirely through his own efforts. Prior to this time he had never had gastro-intestinal disturbances.

In appearance he was a small man of the pyknic type with clear-cut features, expressionless face and a distinctly phlegmatic manner; he gave the impression of being quite ill—i.e., he walked slowly with the aid of a cane and appeared confused and unsure of himself. Like all the cases in this series he consented to an analysis only as a last resort. He was the oldest of three children, the next being a sister three years younger and the last a brother five years his junior. He was uncertain as to the date of his father's death, but thought it was either four or five years ago and that his death was due to paralysis following an accident.

At the beginning he showed a childish and dependent attitude, and was accompanied by his wife who did most of the talking. He said that he was willing to undergo an analysis or any other type of treatment which was recommended to him by his family physician in whom he placed great confidence. He said he was almost penniless and objected to accepting treatment which he could not finance. He was quite willing immediately to accept certain responsibilities providing he had an arranged obligation. He had a great urge to do something for us providing he received an adequate return. He exhibited readiness to pay and difficulty in accepting help without recompense, but at the same time expressed a frank wish to be helped.

Early in the analysis he spoke of his father's death and said that for a year preceding his death the father's bladder and bowel incontinence was a source of considerable anxiety to him. This he told with considerable difficulty because he felt very badly about it. He went on, however, to state that his father was a ne'er-do-well. He had been a professor abroad and, after coming to this country, attempted several times to establish himself in business but was always unsuccessful.

As a result of several failures on the part of the father, the patient had at a very early age felt it necessary to provide funds for the family, and already at the age of nine was helping in their support. He felt that his family did not have the position in the world to which they—and especially his mother—were entitled. From the beginning he fantasied himself as the rescuer of his mother. Before he entered college he had purchased a home which he presented to his parents. This characteristic he retained throughout his life to the time of his financial losses.

His symptoms began six months after the financial breakdown which reduced him from the status of wealthy man to one of dependence. He had supported his family very substantially, even maintaining a separate savings account for his mother. This same attitude was also shown toward his brother and sister whom he constantly helped. He assumed a condescending and apologetic attitude toward the father whose kindly weakness he emphasized. He always spoke about his father with manifest distress.

His attitude in school followed the same pattern. He assumed responsibility in his class affairs, deprived himself of athletics and other recreation in order to do things for the good of the whole; became attendant in the school cafeteria and student manager of the football team and assumed other less important responsibilities. All of this he did effectively. His manifestly altruistic social attitude and activity were dictated chiefly by this wish to give substantial values and *not* to gain prestige. It gave him satisfaction to be efficient and he emphasized this. The same attitude was characteristic of his whole life.

Before graduation from high school he became the production manager of one of the largest city theatres. Later he become production manager of a national theatre agency. This was followed by appointment as production manager of a larger theatrical agency; and then he established a very successful business of his own which he conducted up until his illness. It is a very interesting repetition in his life that he succeeded where others had failed in rescuing undertakings which were near failure.

This success was based on absolute honesty, insistence on paying in full, refusal to accept any advantages for which he did not give corresponding values, and the expectation of receiving full values for what he gave. For example, when a certain client in the theatrical business proposed to give him \$2,500 cash in settlement of an account of \$3,000, he refused to accept it. He gave the account to an attorney and only after several months of persuasion would he consent to any compromise whatsoever, although the attorney advised him that, unless he accepted this, he would probably receive nothing. The purposeful nature of his giving attitude is well illustrated by this example; i.e., he gave so that he might feel free to receive.

What was characteristic of him was the uncanny consistency of his financial success. He left a position which paid a hundred and fifty dollars a week to take a job at sixteen dollars because he could see a future in it. Similar incidents were common throughout his life. Until his financial breakdown he had never had a failure of any description. The beginning of the failure dates back four years, at which time he had done many favors and had made considerable money. His friends took advantage of him, another characteristic of his fate. In spite of a first and then a second loss, he continued to gamble, each time berating himself for having trusted someone else; but he was drawn to repeat the procedure until finally he had nothing left.

We are inclined to see the intentionally arranged losses caused by the infidelity of his friends as another manifestation of his guilt following success. The active giving of values expresses the same psychological dynamics. He has to pay for success and can have it only if he gives full recompense. It seems that all these devices of giving values or being cheated by his friends were not sufficient to placate his feelings of guilt, because finally he managed to lose his money and, when he no longer possessed the power to give money and other values, he responded with the symptom, namely diarrhæa. Following the loss of all his reserve, he resumed his business, but in a short time this illness necessitated his retirement.

Typical of this patient's psychological attitude and development is the extreme tendency to produce values and give to relatives and friends. This explains his uninhibited earning capacity, for only through giving real value is he able to eliminate his strong guilt feelings at receiving, which he could do only in exchange. An example of this was his reaction when the secretary of the Institute explained to him that he need not pay each day the two dollars which he had wished to pay for his analytic hour. He told this incident to the analyst with tears in his eyes and associated to it the dislike of receiving sympathy or being placed in a dependent position—this with particular reference to the family situation and his inability to provide for them as he had done in the past. Without being able to give full proof of the correctness of the assumption, we have the impression that the intestinal symp-

toms served the same emotional purpose of giving money and other values. This conflict-situation began in his childhood when he successfully competed with his father as a contributor to the family finances, and his illness began when he ceased to be an adequate provider.

He reported a dream early in the analysis after he had brought out considerable material regarding the father's financial failures and his humiliation when he compared his home to that of his school associates. In these associations he placed particular stress upon the desire to protect his mother. "I was operated upon. The operation was upon my abdomen. I thought I was dead or would die." He awoke with abdominal pain, went to the bathroom and had a severe diarrhæa. He associated to this dream by telling of an intended operation upon his wife which was advised by a local surgeon, and then to an operation upon a child who died in the hospital while he was a patient there, and to the fact that her death was due to an internal hæmorrhage.

This patient interrupted his analysis in the third month and therefore the deeper unconscious basis of the guilt feelings cannot as yet be fully reconstructed. However, the dream I have quoted may throw some light on the deepest layers of his conflict. In this dream he was afraid of an abdominal operation which he connected, in his associations, with the intended operation upon his wife and with bleeding to death. Because of this female identification and the unconscious significance of operations in general, we assume that the fear expressed in this night terror was castration-fear. castration-fear which he tried to overcome by giving money, by conscientious determined efforts, and by distinctly philanthropic behavior, and similarly in illness by diarrhœa. The castration-fear became accentuated in his childhood when he succeeded in replacing the father as a supporter of the family. That may also explain why his financial success which was the basis of his ædipus victory was connected with a deep sense of guilt and also why he has to placate his conscience by anal

sacrifices, that is, by diarrhæa, when he can no longer do so by money sacrifices.¹

This patient interrupted his analysis apparently for the reason that his illness served his purpose so well that to renounce it was for him almost impossible. Specifically it permitted him to regress to the level of indulgence in the infantile rôle, particularly with reference to his wife who now mothers and cares for him. He could at the same time successfully justify his inability to carry out active efforts, provide for his family, produce values, for the very obvious reason that he is too ill to do so. Furthermore, he carried heavy sickness indemnity in an insurance company and the cessation of his symptoms would automatically cancel this monthly income. The main obstacle seems to be the secondary gain obtained through the patient's neurosis. This case could probably be classified among those termed "Rentenneurosen" (compensation neuroses). In the analysis when dependence upon the analyst aroused his sense of guilt, he took flight into an exaggeration of his symptoms and it became necessary for him to renounce either the passive dependent attitude which he was living out in reality, or to terminate the analysis. He chose

The second patient was a single woman, twenty-eight years of age. She was referred to the Institute following complete gastro-intestinal studies. A diagnosis of chronic spastic colitis was made. Careful treatment along the lines of dietary and medicinal therapy had produced little therapeutic result.

¹ In this connection Abraham (in the article on *The Spending of Money in Anxiety States*—1917—in Selected Papers, p. 299) states: "From the few cases that I have been able to observe during my psychoanalytic work, it seems to me that this condition is found in a definite group of neurotics—in persons who are in a state of permanent infantile dependence on the parental home and who are attacked with depression or anxiety as soon as they are away from it. The patients themselves say that the spending of money relieves their depression or anxiety; and they produce rational explanations for this, such as that spending money increases their self-confidence, or that it distracts them from their condition. Psychoanalysis takes the unconscious into consideration and adds a deeper explanation to this purely superficial one."

In appearance she was of the asthenic type, of medium height, and exceedingly thin. She had clear-cut features, a distinctly Semitic facial contour and wore a forced quizzical smile, giving the impression of knowing what she wanted and a certain determination to obtain it.

She was the fifth of six siblings, having two older brothers and sisters and one younger sister. Both brothers seemed to be well adjusted. Three of the sisters were single and appeared to be definitely neurotic; one of them complained of gastrointestinal symptoms. One other married sister appeared to be well adjusted. The patient's father died when she was eleven months old. The mother was living and had chronic diarrhoa. The patient and the three neurotic sisters lived with the mother. The present illness began five years before, immediately after an operation for an ovarian cyst. She complained of alternating attacks of diarrhoa and constipation which became progressively worse until dietary and medicinal therapy produced some symptomatic relief but without permanent cure. the time of this operation her youngest brother married and left the city, and her older brother failed to come to see her in the hospital. She remembered this with conscious resentment, which, however, she was quite willing to overlook. Three years later she became attracted to a young painter, a married man to whom her younger sister had introduced her. She felt tricked by this man, even though he divorced his wife and asked her to marry him. She believed his offer was not sincere.

The first difficulties which she remembered occurred when she was thirteen, coincident with her first menstrual period and necessitated her remaining away from school for a period of six months because of her inability to concentrate on her studies. She reported that during this period she had had many fears, particularly in relation to her teachers and classmates. Prior to this time she had been an excellent student, but now she found her work very difficult and required considerable help to finish her course. She felt irritable toward people, but had a strong desire to be with her mother and to sleep with her, which she did from that time up to the second

month of analysis. The patient attributed all her present difficulties to this period of her life. Later she took up a course in business accounting which led to an excellent position as cashier with a large concern. She was so successful that, when this firm moved to another city, her employer advanced her two months' future salary. She immediately secured another position doing the same type of work with a larger concern and has been giving complete satisfaction up to the present time. In spite of this external success, she constantly complained of her dislike of responsibility, of figures, checks and money.

At the beginning of the analysis her most outstanding manifestations were a complete lack of conscious emotional reaction to her family and an amnesia regarding her early childhood reactions toward her family. Characteristic also is the way in which she spoke about this, declaring, "I must have had some feelings for them, because, if my brothers or sisters were ill, I noticed them then and became disturbed." In recalling her interest in her brothers, she remembered that she had wanted very much at an early age to sleep in her oldest brother's bed and that she had envied the younger brother's apparent enjoyment in going about with girls. During most of the analysis she avoided associations regarding her emotional feelings toward her brothers, but she gradually became more and more conscious of her attitude toward her oldest sister. She had a distinctive way of refusing to take notice of this sister by being unable to remember her external appearance. At one period of the analysis she transferred the same reactions to the analyst and stated that she often confused the analyst with this sister. It is significant that she carried out this transference attitude through the greater part of the analysis, in that she denied any feelings whatever during the analytic session, but found it possible to feel some hostility toward the analyst after she left the Institute. Even this hostility she confessed only after several months. Late in the analysis she also confessed this same hostile rejection of her mother, as well as of almost everybody with whom she came in contact. She had made a habit during the last three or four years of calling her mother by telephone several times daily. This the patient herself analyzed as a denial of her hostility and proof of her friendly feelings.

It is obvious that the leading feature of the emotional reactions to her family was repressed and denied hostility. Regarding the deeper motives of this hostility toward the different members of the family, her attitude toward her younger sister appeared most clearly. In one of her first dreams this sister stole milk from her. In the patient's associations she remembered that, at the age of three, she had on several occasions stolen her youngest sister's milk and had been punished for it. From the projection in this dream it is clear that she considers her sister the one who stole from her the infantile rôle in the family and robbed her of receptive gratification.

Her intense oral aggressive wishes are best demonstrated by reference to some of her other dreams.

"I go to the kitchen to get a drink of milk. I drink part of a glass and have the feeling that I have taken more than my share so I pour back what remains in the glass and notice then that there is more milk than there was originally."

Her associations to this dream dealt with attempts at oral gratification and oral aggression, with severe guilt reactions. Following an interpretation along these lines in which it was pointed out that the pouring back represented the diarrhea, there was a complete cessation of her symptoms. We assume that the symptom has the same significance as the pouring back of the milk; i.e., she gives back what she has taken and thus eliminates the sense of obligation and guilt toward her younger sister and is even able to assume the martyr attitude. She gives back more than she receives. There is more milk in the bottle than there was at first.

In the family situation she refused to take any responsibility whatsoever, permitting and expecting the older sisters to care for and entertain her, and her mother to provide for her physical requirements. Similarly, as in the former case and in contrast to the gastric types, we see here that the patient, in spite of the conflict connected with oral receptive and aggressive tendencies, can permit herself to indulge these tendencies, though only under *certain* conditions. Our assumption is that the symptom of diarrhoa relieves the guilt and serves as a recompense for oral aggressive tendencies. This symptom, as Alexander has pointed out in his introduction, has a significance similar to symptoms with moral content in compulsion neurosis; and it serves as a symbolic restitution or self-punishment which allows the patient the gratification of hostilities and other rejected tendencies.

As to the deeper significance of the oral aggressive tendencies, the analysis revealed the following facts She remained single and virginal, because of her distrust of men. She considered this entirely a man's world and complained that men have many privileges that are denied the female sex. This attitude is particularly well expressed in her business activities in which she enjoyed playing the rôle of a superior to the men who held a position inferior to hers. Her whole attitude toward heterosexuality is demonstrated in the fact that she considered a man merely as a means of entertainment in the way of providing money and transportation, and never exhibited any affectionate interest in men whatsoever.

The oral aggressiveness expresses castration tendencies which in turn leads to the distrust of men and the fear of the feminine rôle. The reactive desire for the masculine rôle is well substantiated in the material just given and especially in her dreams of which I quote an example.

"I am dancing with you. We stumble and fall upon the couch. I fall on top." Also a second fragment of the dream: "I am eating the leg of a chicken. I think there is not enough to go around."

In her associations she declared that she awoke with diarrhea. In associating directly to the dream she spoke of her pleasure in dancing with girls, and also referred to having witnessed, when a very young child, a rabbi killing chickens and having enjoyed the procedure. The sense of guilt is

clearly expressed in, "There is not enough to go around". She returns what she took in the form of diarrhœa.

In summary we may say that the typical conflict consists in: (1) Guilt on account of her receptive tendencies derived from oral envy toward the younger sister. (2) Rejection of the female rôle which she considered as inferior and humiliating. (3) Guilt feelings resulting from the castration tendencies toward the male. The symptoms relieved all this conflict by serving as restitution for oral aggression (toward both male and female) and also by expressing the active (ejecting in contrast to receiving) and supposedly superior masculine rôle.

The third case in this series is that of a twenty-six year old unmarried Jewish girl who was referred to the Institute by her family physician. For the past five years she had been trying every known form of medical treatment for a condition which had been diagnosed as spastic colitis. Various types of treatment including a long hospitalization, dietary measures, glandular therapy, chemotherapy and some superficial attempts along the line of mental hygiene had been tried without any permanent improvement in her symptoms.

In appearance she was a rather slight, good looking girl of the asthenic type, with a childlike aspect. She had a pleasant smile but never laughed. She walked with a decided stoop of the shoulders, but gave the general impression of selfsatisfaction, determination and self-assurance. At the beginning of her analysis she was about eight pounds under her best average weight.

She was the third of four siblings, having one older brother and sister and one younger sister, all of whom seemed to be fairly well adjusted. The father had died six years before as the result of an accident. The mother had died thirteen years before from gastric carcinoma. The patient's illness began about one year after her father's death and coincided with the pregnancy of her oldest sister and with her brother's financial failure. Prior to this time she had been supported by her father but had made considerable progress in the business world as a saleswoman. She was ambitious at an early age,

became the manager of several jewelry stores owned by her brother, and later was sales manager of a large organization, a position she held until the time of her illness.

She remembered having some diarrhœa as a very young child, together with alternating attacks of constipation. At the age of fourteen she had had an appendectomy. She did not menstruate until she was eighteen. At the time of her father's death it became necessary for her to go to live with her oldest married sister and to become more or less dependent upon her, although at the beginning she believed herself quite independent financially. This sister's husband lost all her money in stock speculation and she was faced with the necessity of providing for herself. However, she continued to accept money and clothes from her brother and to live in the house of her sister without paying for her board, although it is true that she supervised the kitchen to a large extent and did much of the housework. At the beginning of the analysis she did not exhibit any hostility toward her brother-in-law or sister for the loss of her money and stated that her love and respect for them was "the most perfect thing" in her life.

During the pregnancy of her sister the patient had a sudden severe attack of diarrhæa. She was taken to the hospital, where the similarity of her attack to labor pains was so evident that it was remarked upon by the internes.

During analysis she became aware of an intense hostility for the youngest sister as the one who had threatened her rôle as the baby of the family. However, it became clear that she had always clung to this rôle quite successfully, not only toward the parents but toward the older sister and brother as well.

Soon after the beginning of her illness she became engaged to a prominent and successful business man. Prior to this she had been engaged to a man much older than herself whom she had thoroughly disliked; but, as she stated quite frankly, she had accepted his marriage proposal merely with the idea of attaining financial security, since he was very wealthy. The consummation of this second engagement she continually postponed for one reason or another.

As in the case of the two former patients, she was unusually successful in her business activities, and this success was based on her thorough honesty and the giving of value in every instance. She was conscientious and philanthropic. She gave many and expensive gifts to her friends and relatives, but felt extreme humiliation whenever anyone gave her a present. It was thus she appeased her sense of guilt until the death of her father, her brother's financial failure and her sister's pregnancy which, as her analysis showed, intensified her feelings of guilt. These were due to her castration tendencies regarding men and her extreme envy of her younger sister which became greatly accentuated with the expected arrival of another competitor for her sister's affection.

Her attitude to the analysis formed an instructive contrast to the masculine identification which she maintained in her social and business relationships. At the beginning she wanted the analyst to do all the talking, and complained of her inability to think of free associations, and in every way exhibited an almost infantile wish for help. She complained that she was always giving to others and received little in return. For example, she gave her youngest sister spending money, clothes, and took all the care of the room which they shared, shopped for her oldest sister, taught her to cook, planned delicacies, etc., for her guests and did other innumerable favors for the family but received nothing in return, not even gratitude for her efforts.

Late in the analysis the conflict between passive dependent and aggressive competitive desires in relation to the older sister became predominant. She denied all infantile dependent wishes toward her, although she continued to live them out; that is, she permitted this sister to choose her clothes and to dictate all the plans for her proposed wedding, even though she complained about the unfairness of her sister's attitude. She recalled with intense hostility her inability to compete with this sister for the mother-rôle and at the same time complained of never having been treated affectionately by her. With considerable emotion she told that she was thwarted in

every direction; that is, she could not be the baby because the youngest sister was that. She was not treated as an equal by the oldest sister and was ignored by the brother, whose attitude toward her was extremely sadistic. (He often slapped and spanked her, told her she was brainless, and considered her useless and generally a nuisance.) We may assume that she solved the conflict through identification with the brother in her masculine activities and in her relations to society, while maintaining her dependent position without guilt in the family situation by giving presents, expressions of affection and valuable aid to the sisters. This procedure seems to have been successful until her father's death, her brother's financial failure and her sister's pregnancy.

To these events she reacted with her symptom which, like that of the other two cases cited, served several purposes. First, it meant restitution for aggressive taking tendencies which were precipitated by the birth of the younger sister and stimulated again by the pregnancy of the older one; secondly, it meant restitution for castrative tendencies which are most clearly expressed toward the fiancé and the brother; finally it meant a substitute for masculine wishes and activities which she satisfied before her illness by active behavior.

Out of a wealth of material regarding the connection of the symptom with her aggressive castrative tendencies toward men, I wish to give only two examples. The first is a dream to which she reacted with a severe attack of diarrhæa.

"My brother-in-law's business became bankrupt. I was calling on the telephone to tell my fiancé about it and to find out if he too had lost all of his money. My sister was standing there and I did not want her to hear the conversation."

Her associations to this dream were about her wishes to own and operate a business of her own, her now conscious hostility to the brother-in-law, and her resentment at having to play what she considered an inferior and humiliating rôle in life, namely, that of a woman.

A second dream, also reacted to with a diarrhoa, is the following:

"I came to the Institute to see you. My father was there. He was having a severe hæmorrhage. I thought you could stop the blood, but I could not find you."

That the excretory act has also an anal-sadistic significance for her unconscious is clear in the following dream:

"I was bathing a child. A robber, a colored man, enters my room. He wants to steal my ring. I throw pins at him and he leaves."

Her associations to this dream had to do with maintaining her virginity, her resentment of the "double standard", her fear of aggressive men and the fact that men have much greater social liberty. We may assume that the depreciated analyst (robber) is being driven away, punished, by the throwing of pins, which the patient associated with her diarrhæa.¹ She uses the well-known symbolic representation: throwing as an anal aggressive gesture.² In the dream this attack on the robber is obviously a reaction to the masochistic evaluation of the female rôle (to be robbed of virginity).

In spite of these aggressive and masculine competitive attitudes, it appears typical in all the colitis cases we have analyzed that there is willingness to renounce the independent attitude and to become almost completely passive after the onset of the illness. It seems that the diarrhæa through its unconscious emotional significance satisfied all aggressive and masculine aspirations.

A further unconscious significance of the symptoms which I have not referred to in the other two cases, that of anal birth (gastro-intestinal reproduction), as originally formulated by Freud³ and elaborated by many other writers, is clearly present as an overdetermining factor in this case. Reference was made to the similarity between abdominal symptom and labor pains earlier in this paper. I quote in substance from the patient's own associations, in the third month of her analysis: "My first

¹ In this connection see Brill, A. A.: Psychoanalysis. Pp. 274-275.

² Róheim, Géza: Australian Totemism. Pp. 298-299.

⁸ Freud: On the Transformation of Instincts with Special Reference to Anal-Erotism. Coll. Papers, II.

severe attack began just before my sister's baby was born. She was preparing to enter the hospital but I beat her to it. The cramps were exactly like those of a woman who is giving birth to a child. The pains came and disappeared at regular intervals. I kept a chart showing the exact length of time consumed by the attack as well as the intervening painless period. My sister only had one baby while I had several." A dream which occurred in the fourth month and which was reacted to with a diarrhœa attack is the following:

"I was walking down the street with some members of my family. They seemed to be large women. I was carrying a baby. I saw a large balloon shaped like a banana."

Her associations to carrying the baby revolved about her envy of her sister's healthy male child and the fact that she had always fantasied giving birth to many boys. She identified the balloon first with a banana, then associated to German sausages, and laughingly told me that it was probably a large penis. She then spoke of her early beliefs regarding oral impregnation and anal birth, stating that she had believed until she was sixteen that impregnation could take place merely through kissing a man.

The unconscious material which became conscious during the analysis of this case furnishes a classical corroboration of the unconscious equation, child=gift=fæces=penis, as described by Freud in the above reference. We need only add that the excretory function has also the meaning of an aggressive function, as is so clearly demonstrated in the "pin" dream to which I referred.



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IV. Oral Trends and Oral Conflicts in a Case of Duodenal Ulcer

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IV. ORAL TRENDS AND ORAL CONFLICTS IN A CASE OF DUODENAL ULCER

BY HARRY B. LEVEY (CHICAGO)

The following observations were made during the first ten weeks of the psychoanalytic treatment of a student of technology, twenty-two years of age, who suffered from a marked difficulty in concentrating his attention on his studies, complained of sexual inadequacy, and was accepted by the Institute for Psychoanalysis as a research case because, apart from these complaints, he had a duodenal ulcer.

From the beginning of the analysis, the material centered around certain oral trends and conflicts which, in keeping with the schizoid coloring of his personality, have been close enough to consciousness to find unusually clear expression. Because of the interesting nature of the verbalizations by which the patient has given expression to his weakly repressed material, many verbatim quotations are included from the free-associations. Genetic explanations and reconstructions, which are not warranted in this early phase of the analysis, are avoided, and the description will be confined to the surface attitudes and the immediate dynamic background which the patient has revealed since the beginning of his treatment.

The patient is the middle brother of three, three years apart. He is "the cleverest but a slacker", and expresses envy and jealousy of his older brother who, according to him, is less intelligent but a harder worker. The youngest is poor in scholastic achievement, but has more social grace. The father, an uneducated but ambitious and successful business man, has ruled the family with a violent temper which has mellowed somewhat in recent years. The patient fears him and resents his authority. The father, since an ulcer operation several years ago, disregards gastric symptoms and dietary restriction. The mother is considered intellectually inferior to the father,

and occupies herself chiefly with worrying about her children whom she treats with every indulgence.

The patient finds it difficult to study; yet, "I am never able to get away from work and do something else without feeling I am wasting time and neglecting work. Even if I walk along the street, I feel this is wrong. I must always work and think." He delays to the last moment the preparation of required assignments. When he receives high grades, he lies to those who compliment him, telling them that he did not study and that it was his good luck. Although he secured hospitalization ostensibly for his gastric symptoms, he did so really in order to escape from examinations for which he was unprepared because of his difficulties in studying. He purposefully neglected his soda in order to aggravate his pain and so to justify his hospitalization with suffering. In his initial interview, both his ambitious drive to study and his simultaneous effort to force himself to work were conspicuous.

He has suffered from guilt and fear about masturbation as long as he can remember, and has dealt with these by attempting to prove to himself that he is still a man. He discovered his sexual inadequacy when, at the time of his initial attempt at coitus, he found himself impotent. Since then he has suffered from ejaculatio præcox. This ushered in the obsession that his testes were too small. Three months of suggestive treatment by a psychiatrist produced no amelioration of his symptoms. As a reaction to his sexual inadequacy, he wishes to be extremely potent, and in one of his dreams prior to analysis his intercourse killed numerous women in succession. The patient expresses admiration for feminine buttocks of "amazing size". He often depreciates an interpretation with "Nuts", which he explained once as follows: "Nuts! That is a slang word for testes and breasts, but I am not sure."

One year prior to his analysis, the patient was hospitalized for observation of his gastric symptoms. He gave a typical history of ulcer distress of two years' duration and it had been diagnosed as due to ulcer in the previous year. Repeated examinations of his stomach by X-ray revealed a definite

deformity of the duodenal bulb which was interpreted as an ulcer with considerable stenosis. Although the symptoms were well controlled by regular ulcer management, the prognosis made was that while gastro-enterostomy would ultimately be indicated, it should be postponed as long as possible. For many months the patient had been aware of a moderate tachycardia.

In the first weeks of the analysis, the patient described his resemblances to his father and his attitude of dependence on his father, stating that for him sexuality meant suckling, and that he had observed strong feminine traits in himself. Yet at the same time he showed a rejection of feminine tendencies, for which he attempts to compensate by great ambitions to be clever and potent. He had, he said, entered the analysis not to receive therapy, but to test the validity of psychoanalytic theory. He could only accept interpretations made by himself "in the mental set of the (positive) ædipus complex". During the analysis of these defence reactions against his passive feminine trends, the transference oscillated between passive feminine wishes and the desire to castrate. "I like you because you are a big man. . . . I don't believe you are competent. . . . No one is competent to take care of me. . . . As sometimes I mentally do with a pretty woman, I am taking the clothes off of you. . . . Perhaps after I undress you, I will castrate you. . . . If I cut off your penis, I will be even superior to you." Then followed content revealing his guilt over this aggression and his methods of dealing with it:-symbolic self-castration, the denial of a dependent attitude and the assertion of an over-compensatory attitude of superiority. He also related fantasies of taking a gun from a policeman's holster and shooting him without provocation, of cutting off women's breasts with a butcher knife, and of cutting down all the telegraph poles from the window of a moving train-"these are penises, cutting off your penis". His aggressive and possessive tendencies toward the penis and breast run parallel.

I would note that although the patient revealed in his associations some acquaintance with psychoanalytic terms, this did

not lessen the spontaneity of the material. The ideas quoted are the patient's and not referable to any interpretations made by the analyst.

His pronounced oral trends are illustrated by the following:-The patient was nursed eighteen months, and was said to have had no feeding difficulties. "Mother said that as an infant I used to sit happily for hours with just a crust of bread." For him sex is suckling; he does not want intercourse with a woman but to be a baby, "to touch a woman's breasts and suckle it. . . . Breasts to me mean milk-full of milk. . . . When I think of my mother's breasts, maybe I think I would like to give up responsibilities. . . . Any girl I like, I like because she is a mother substitute. . . . When I fondle Mary's breasts, I have a temptation to bite them because I am angry. They are the wrong breasts, because they are not my mother's. This means I want to go back to an early stage minus any responsibility." He fantasies the earth, the air and the universe as composed of breasts, himself floating in a sea of breasts, and the Capitol at Washington as having a breast pinned on it. The inferiority conflict on account of his dependent (suckling) attitude, described as characteristic in ulcer cases by Alexander, was spontaneously verbalized by the patient in the eighth week of his analysis, no interpretation of this conflict having been made before by the analyst. could let go, I would like to have people take care of me, but it would make me feel too inferior." He gets a kind of thrill from taking care of others, i.e., in protecting petite girls "as I would like to have my mother protect me". He will marry a girl who will have a lover and will mother him. He eats hastily,—"it must have some connection with suckling",—eats small meals so he can eat more frequently, and often when he experiences gastric pain, he purposefully avoids soda so as to experience a suffering satisfaction from his pain.

He relates a dream in which he has called his father home to make the bed and experiences a feeling of "malicious triumph" over his father's annoyance. He associates to this dream as follows:—"If father makes the bed, I can help mother dress." And further along: "I could eat. I would not be sick any more. To eat will be to defy father. Father told me not to eat. Eating is suckling."

The following material which reveals the guilt-conflict connected with oral-aggressive tendencies is quoted from the notes of the seventh week of the analysis: "Once I saw a circumcision. A very interesting process. Not horrified, but why do I say I was not? I guess I am afraid of castration. Food. That I don't want to eat. Do you know what came to my mind? Why should I have connected up not eating and castration? If my father threatened castration, he did it to warn me to keep my hands off his wife. The way I put my hands on her was to suckle her. The way I must escape castration fear is not to eat. I feel bad now because I don't feel bad. If I were trembling in every limb, I would feel happy now, but I am not. I do feel my pulse has gotten faster."

He expresses his strong oral envy of his brothers on the basis of the diminished quantity of milk left in the mother's breast after nursing each child, ergo, the youngest is weaker and the oldest brother is stronger. He exhibits in daily life the typical conflict of a middle child, i.e., competition with his older brother in the direction of activity and masculinity, and oral competition with the younger brother for the privileges of his dependent rôle. Whether the guilt aroused by oral envy of his brothers, and of his father, has led to the denial of competition by a passive homosexual relation to his rivals can only be determined later by the material yielded in the remainder of the analysis.

The patient's oral envy toward his brother and his castrative tendencies in the form of cannibalistic impulses against his father, as well as his solution of the guilt engendered, were revealed in the events of a visit home. In the sixth week of the analysis prior to a vacation period, the transference changed to a passively colored positive attitude, and he preferred to remain in the analysis during most of the vacation, leaving, however, a weekend in which to visit his family. "The whole time I was home I was sick with gastric pain."

While at home the following significant episode occurred:-One evening he usurped the right to lead the family in prayer which his father had assigned to the older brother. night he slept fitfully for only two hours, awakening with severe gastric pain. He took soda, returned to bed, and, unable to sleep, recalled that in the third grade at school, while he was standing in a line of pupils waiting to march into the school, his mother appeared, was very angry with him, scolded him as he stood in the line and pulled his ear. He now occupied himself with a fantasy of soldiers in grey, dressed in clerical garb, with cowls over their heads, marching solemnly and slowly, which brought tears to his eyes and associations about the funeral of his grandfather's sister. "I could not sleep so I read. I remembered it was Easter morning. I had the fantasy that I was Jesus, and that this was the morning I was to rise, so I took off my pajamas and shaved and thought how incongruous that Jesus should be shaving. I put on my new suit and thought to myself, 'Jesus is discarding his old garments and will now appear before his God.' Then I went to six o'clock mass in a Catholic church. . . . I saw Communion, the blessing of the wafers. I do know that miraculously somehow the wafers are changed into the body of Christ. The priest put one into the mouth of each one. It struck me as the most horrible thing I ever saw, that if this was Christ how could they eat him, destestable cannibals. Then I remembered I was Jesus and felt for a moment that I would stand up and yell that I am Jesus and that they were eating my body, but I did not. Then I went home when the service was over. When I got home I decided this scene had made me so dirty I had to take a shower, which I did." That morning he intentionally angered his father by refusing the latter's request to sing at a large family reunion later in the day. The patient reacted with guilt over having taken away the brother's rôle, which was for him the equivalent of receiving the father's regard and appreciation. He reacts to his guilt with vivid fantasies and emotions during the Communion service, in which at first he attacks people for eating Christ, then puts himself in Christ's rôle. It is obvious that he reacts here to the guilt for oral-aggressive tendencies by identifying himself with Christ who is being devoured by the people.

The patient's surface attitude is the over-ambitious one described by Alexander, and by Bacon, as typical for gastric disturbances. He wishes for sexual potency, but at the same time has the desire, associated with strong guilt, to be cared for and mothered. It is characteristic of this analysis, thus far, that there appear parallel frank expressions of oral-receptive and passive-feminine wishes. Although the feminine and parasitic-oral wishes became conscious quite early, yet he cannot accept them, and the conflict thus aroused is impressive. The oral trends are over-compensated by the wishes for masculine potency, intellectual qualities, ability to concentrate, to sustain effort and to be independent. Inferiority feelings connected with the parasitic suckling wishes are further solved by fantasies of unusual potency and by a depreciative castrative attitude toward persons in authority whom he wishes to reduce to his own level. Guilt for oral aggression is relieved in him by self-castrative tendencies which furnish also the basis of his belief that his testes are too small.

His conflict over oral receptivity is so great that he can fantasy himself in his desired rôle of being mothered and cared for only after he fantasies having lost both legs; his wishes are to be parasitic but to avoid guilt and inferiority feelings. wish to have ears that hear not and eyes that see not. the fœtus." In order to justify to himself his hospitalization and psychoanalytic treatment, he received each of these only after he had wilfully increased his gastric suffering by neglecting his medication. "I have the fantasy that I have my legs cut off and that Mary is taking care of me." His wish for infantile dependence with a minimum of conflict about it is seen in his fantasy: "Again I want to lose my legs above the knees and resting, so (illustrates resting on a chair), Mary would come and weep and I would say to her that instead she should be comforting." In one form of the fantasy, the conflict is diminished by the declaration that he gives as well as

receives: "If defæcation was something pleasurable to me, it is because fæces were a gift to my mother in return for suckling." The same exchange of goods, but on a sublimated level, is expressed in the following fantasy: "I fantasy that Mary and I are married and living in her house. She sits and reads (to me) while I lie. I say to her, 'Excuse me, dear!' Then either I read something to her or tell her a new word." Here not milk and fæces but intellectual products are exchanged. Occasionally when he refers to Mary, from whom he wishes lifelong mothering, he will call attention to a feeling of flushing of both legs.

The conflict between his passive-receptive tendencies and his reaction against them is also clearly shown in the transference. He comes for help, yet he comes only to test the validity of psychoanalytic concepts; he objects to lying down, tries to analyze himself, keeps his eyes shut and rejects all interpretation; later when he does accept interpretation, his comment is a classical example of oral guilt, that the analyst's interpretations "leave me with a bone in my throat". To him, being analyzed means being fed by the analyst whom at the same time he wishes to castrate, and therefore he must avoid deep guilt feelings by this self-castration, else by rejection of the food. He often expressed his castrative wishes toward the analyst early in the analysis in the delusion that he had seen the analyst having his hair cut in a nearby barber shop. tells also that he instructed his barber to give his brother a "good haircut", explaining that the brother had an oddly shaped head. The loss of hair as is shown by the patient's associations means diminished potency. After the analysis of this transference attitude, (the interpretations of this attitude were never made in sexual terminology) the patient's nearly conscious castrative wishes found direct verbal expression.

Actually his chief over-compensation is emphasis on his cleverness—"to be clever will cover anything"—in being an excellent student, and in the wish to improve his effectiveness by making himself capable of better mental concentration and sustained effort. Another interesting over-compensation is his

passage of large quantities of urine after the analytic hour, a proof of his masculinity, as was described by Alexander¹ in one of his cases. The patient stated that the passage of large amounts of urine affords him the feeling of being masculine. Once after a dangerous fall in childhood, his mother, following an old superstition, took him to the roof to urinate as a reassurance. "I drink more water than I used to so I will urinate a lot and feel more potent."

It is especially noteworthy that his over-compensation for inferiority feeling is dealt with more constructively than for guilt. His need to resolve guilt is relieved masochistically through his belief that his testes are too small, through fantasies that his legs have been amputated, and through his satisfaction in suffering gastric pain. This masochistic solution of the guilt conflict may help to explain the fact that he does not have much urge to be generous to others. He receives without restraint if in fantasy he can inwardly justify his dependent attitude by helplessness and suffering. From his inferiority feelings, however, he tries to free himself by cleverness, study and concentrated efforts in his work.

¹ Alexander, Franz: The Relation of Structural and Instinctual Conflicts. This QUARTERLY II, 1933.



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V. Pregenital Trends in a Case of Chronic Diarrhoea and Vomiting

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V. PREGENITAL TRENDS IN A CASE OF CHRONIC DIARRHOEA AND VOMITING

BY MAURICE LEVINE (CINCINNATI)

This case is of special interest for two reasons. It belongs to the diarrhoa group as well as to the gastric group, and at the same time manifests a compulsive type of character and compulsive symptoms. Secondly, it demonstrates a variety of "giving" reactions in response to strong receptive urges which have dominated the picture from the beginning of the analysis.

The patient was a twenty-seven year old man of Scotch-Irish descent, a teacher of mathematics, who came for analysis because of recurrent exacerbations of a chronic diarrhoa, nausea, and vomiting. He had had three or four bowel movements a day for the previous ten years and an almost daily mild nausea and vomiting. In addition, he had various compulsions; such as, for example, that of spelling out words while reading. Repeated medical examinations had revealed a low basal metabolic rate and an intestinal hypermotility, shown fluoroscopically. Thyroid, ephedrine, and whole adrenal gland therapy raised the metabolic rate, but left the patient's condition essentially unchanged. Medicinal, mechanical and dietetic therapy for the gastro-intestinal complaints were of little value.

Superficially, the man's outstanding trait was his impulse to give of himself to others. He seemed not to want to spend money on himself, preferring to spend freely on others, being especially open-handed with his mother and a brother who was three years older than himself. He had the reputation of being an excellent teacher of mathematics, a reputation based on his enjoyment of the giving of explanations. He was regarded as being "nice", gentle and kind in his superficial everyday relationships. He emphasized the fact that he had little "property-sense", i.e., that he had apparently little regard

for exclusive ownership and shared his belongings without hesitation. The organic symptoms, his chronic diarrhæa, vomiting, retching and nausea, and frequent periods of belching, can also be described in terms of "giving", and more obviously in terms of eliminative trends. His phrase, "a lack of property-sense", might correctly be applied to his attitude toward the contents of his gastro-intestinal tract.

In contrast to his generosity, the analysis revealed strong receptive trends; for example, his heterosexual love objects were almost without exception women much older than himself, toward whom his attitude was that of giving small attentions and manifestations of affection; more fundamentally, however, there was a strong need for their undivided interest, affection and attention. His open-handed attitude toward his mother was a reaction against strong urges to receive from her and from the older women toward whom he was compulsively attached. He was jealous of any attention shown by the mother-substitutes to other men, and had a possessive attitude even to the point of not permitting them to dance with other men. His receptive urges were so strong that he was unhappy if the woman kept any of her thoughts from him. His openhanded attitude to his brother was a reaction in part to a passive female attitude to this brother and also a reaction to the envy that he had toward the brother, who was a rival for the dependence on the mother. His excellence as a teacher had obvious narcissistic and exhibitionistic components, but was to a conspicuous degree a reaction to his own desires to be the eternal student. He was excellent at giving explanations to students, but these explanations were based on statements he could receive from others or from books; self-dependent or original explanations were almost impossible for him to achieve, in spite of his unusual intelligence. Although he gave money so freely, beneath it he felt a desire to receive, at times associated with a fantasy that it would be pleasant to be in a sanitarium suffering from an incurable disease, to force others to support him. The happiest memory of his life was of a period in hospital for a fractured femur; he gave a lyrical description

of the attention he received from nurses and doctors, the delight of being cared for in all ways, the excellent food and intermediate nourishment. His apparent lack of property sense was a reaction against a strong desire to own exclusively and to have what others had. After giving some money to his brother, he had a dream in which his mother is criticizing the brother for not giving something to the patient. Later, when he was trying consciously to persuade himself and the analyst that his attitude to the mother-substitute was adult and masculine, he had a dream in which the mother-substitute is preparing food for his teacher, a man of sixty; the patient, in the dream, asks for some of the food; she refuses, but on leaving, leaves some of the food for him. In this dream he tries to prove that even a sixty-year old man, his teacher, wishes to be fed from a mother, and after having thus eliminated the conflict about his dependent attitude, he can, in the dream, indulge in oral gratification.

The transference situation was marked by his compliments, his offers to do things for the analyst, and his bringing magazine articles and cartoons that might interest the analyst; underneath, however, there was a powerful urge to depend on the analyst, with an intolerance of the loss of any minutes from the hour and a willingness to have the analysis continue pleasantly for many years. His resistance took the form of giving—an avalanche of words during the hour and as many as eight long dreams in one session—an impressive picture of psychic diarrhœa.

In general his giving attitude was a repayment for what he had received, or wanted to receive, and as a means of permitting further receptiveness. In part also, the giving attitude to his brother and to other rivals was a reaction motivated by his guilt connected with the oral envy. His childhood attitude of envy toward his sister was expressed in overt hostility to her; he hit her so frequently that as a child she would run when she saw him; against this he later developed the reaction-formation of thinking constantly of how to help her; her education, her marriage and the support of her child were matters

of great interest on his part, with the expenditure of time, money and energy. His early envy of his older brother led to a constant urge to depreciate the brother and to shame him by public demonstrations of his own intellectual superiority. Against this hostility he later developed the reaction-formation of unremitting helpfulness to the brother, paying his doctor bills, giving him an automobile and financing a venture in business.

With his equilibrium of giving and receiving, he had made a fairly comfortable adjustment, even to the point of erotizing the diarrhœa and nausea so that they were consciously enjoyable, and not regarded as symptoms needing amelioration. But when he was thwarted in his craving for dependence, his attitude became distinctly demanding and hostile and, in reaction to this hostility, there was a marked exacerbation of his symptoms. When the mother-image wanted to lessen the frequency of their social contacts to avoid external dangers, he reacted immediately with attempts to force her to continue on the old basis by an aggressive playing on her own uncertain emotional reactions and by frightening her with the possibility of upsetting him. This aggressive demanding attitude was associated with enough guilt feeling to produce a marked increase in his somatic methods of giving, i.e., an exacerbation of the nausea, vomiting, diarrhoa, and belching. In addition, to some degree, his diarrhœa expressed a direct hostility on the basis of the negative evaluation of the intestinal content. any case, not all of the guilt was alleviated by the giving; in part it led to the turning of the hostility on himself with feelings of depression and with suicidal fantasies. At the same time, the compulsive trends were accentuated. As soon as the mother-substitute was no longer able to withstand the onslaught of his aggressive demands and compromised with his wishes, the exacerbation of his symptoms subsided.

The most characteristic feature of this personality is the predominance of pregenital trends in their quite transparent dynamic relation to each other. His relation to the sexual objects is pronouncedly of the oral-receptive type, which he

compensates by giving money, gifts, and words. The same attitude is manifest in the transference situation. He overtly enjoys the situation of receptive dependence but balances it with a diarrhœa of words and material and slight signs of chivalrous attentiveness. In the transference the anal nature of this generosity becomes obvious. Oral-receptive and anal-restitutive tendencies keep the balance from the beginning of the analysis, and appear in consciousness.

His organic symptoms are in conformity with this dynamic picture and express in physiological terms the need to give back what he receives or to give something in return for all he received and wants to receive. It is noteworthy in this case that the physiological form of elimination (anal giving) runs parallel with the sublimated form of giving (generosity and helpfulness). The presence of both types of response may be explained by the intensity and uninhibited manifestations of his oral-receptive tendencies. His desire to receive and to take is so strong that he must give back in every possible way, physiologically as well as in personal relations. This dependent infantile attitude comes to an extreme expression in his relationship to much older women; a relationship which is an almost undisguised picture of a mother-son relationship.

This patient shows one of the characteristics described in the previous papers as frequent in the gastric group: the urge to help. At the same time, in a more pronounced fashion, he shows also the characteristics of the colitis type: the lack of rejection of receptive tendencies, probably because of the fact that this is balanced by extreme forms of elimination and giving. This mixture of psychological characteristics corresponds to his mixture of physiological symptoms, which are partially those of a gastric neurosis and partially those of a chronic diarrhoea.

In this patient there was little need for a denial of his oralreceptive trends, because they were so well balanced by analeliminative trends. This dynamic picture was apparent very early in the analysis; the receptive trends were close to the surface, and could be expressed quite openly for the most part because of the equilibrium provided by the many varieties of anal restitution. Such a technique of permitting the gratification of certain trends by subsequent or simultaneous balancing by other reactions is characteristic of the compulsion neurosis, and it is noteworthy that this patient, in addition to his organ-neurosis had a compulsive character structure and compulsive symptoms. Such a finding offers evidence in support of Alexander's suggestion that the colitis cases are similar in dynamic structure to the compulsion neurosis.

The understanding of the historical background of this dynamic picture is still incomplete. I wish to mention as one factor the guilt reaction resulting from his oral envy to his siblings which was one of the factors contributing to his great need to compensate for the oral gratification. Furthermore, the exacerbations of the diarrhæa were part of an accentuated need to give, resulting from guilt feelings which were based on aggressive demands to be given attention and care by the mother-substitute when this was withheld.

As the analysis progressed, it became clear that the emphasis on oral and anal reactions in his life were the result of his fear of castration. Masculine heterosexual urges aroused strong fear of the loss of the penis and resulted in a regression to pregenital attempts at adjustment. When the analysis aroused in him urges to give up the infantile dependence on the mother-substitute and to consider an emotional relationship with a younger woman, he reacted with an undisguised castration dream, a nightmare, in which a younger girl destroys his penis. In his development, fixation at pregenital levels during infancy undoubtedly was of importance. Of still greater importance, however, was the regression to pregenital levels as the result of castration fear.



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The Feeling of Guilt

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THE FEELING OF GUILT

BY HERMAN NUNBERG (NEW YORK)

According to Freud we have to discriminate between two kinds of feelings of guilt. One makes itself known as social fear, fear of outer authority; the other is a fear of inner authority, or pangs of conscience. The feeling of guilt originating from fear of the outer authority coincides with the fear of the loss of love. The fear of the inner authority coincides with the fear of the superego. Freud's derivation of the feeling of guilt is well known. The incorporation of the aggression, that is, the turning of the destructive instincts against the ego originates the feeling of guilt and makes its appearance in the ego as an unconscious need for punishment. For this reason, and in order to make it clearer to the patient the term "feeling of guilt" is often supplanted by the term "need for punishment".

However, the question arises-a question I raised several years ago-whether the concept of the need for punishment always coincides with the concept of the feeling of guilt. Attempts to differentiate between the feeling of guilt and other feelings related to it meet with some difficulty, as often shame, disgust, compassion, feelings of inferiority and fear appear as equivalents or complements to the feeling of guilt. Even our everyday language hints that these feelings belong to a common group, for the words "ugly", "bad", "disgusting", "inferior" are used interchangeably, as often as the words "beautiful", "good", "clean". These relations cannot be discussed here in as much detail as they deserve. It is only to be noted that the feelings of guilt, shame, disgust, etc., have one characteristic in common, that is, the inner perception of the painful condition accompanying the renunciation of an instinctual gratification.

The forms of expression of the feeling of guilt are numerous and differ distinctly in their intensity and quality. The feeling

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of guilt may appear as a mere discomfort, a sense of a dull inner tension, an urge to do something, an urge to fulfil some obligation. Suing for love, seeking the favor of others may result from this urge. It also expresses itself in an exaggerated helpfulness, in spending money, or in an exaggerated generosity. Some patients have the feeling that they must give their innermost souls to free themselves from the unbearable tension. The aim of all these emotions, strivings and actions is reconciliation. The feeling of guilt may appear in a variety of other forms in forebodings of disaster, humility, suffering, striving for punishment, repentance, self-sacrifice, compulsion for purification, etc.

It may be seen from this summary that the expressions of the feeling of guilt fall into two groups. The aim of the first group is the outer world, and one may take as an example from the many possibilities the striving for love. The aim of the second group is the ego; as, for instance, the desire for punishment. As in general the feeling of guilt is a reaction to a crime committed psychically or actually, the first group can only represent an effort to undo this crime, to bring about a reconciliation with the outer world; the second one an attempt to punish one's self, hence, to suffer.

What is this crime? Its traces lead into the œdipus situation, namely, to Freud's hypothesis as to parricide and the totem meal. Freud assumes that the sons of the primitive horde, having consumed their father, were overcome with feelings of remorse and longing, and that this caused the projection of the father in the shape of a god. Remorse and longing awoke the desire to undo the committed crime, that is, to eject the consumed father and to bring him back to life. In historical times, of course, the father is no longer actually swallowed, but introjected, that is, incorporated in a psychic way. This process of psychical incorporation we call identification, and through identification the superego develops. In the relationship between the superego and the ego the relationship between the father and son is intrapsychically reflected.

The projection of the father and his deification belongs to a relatively late period in the cultural development of mankind. Róheim supposes that there was an earlier stage, where in a certain rite of mourning fæces were ejected on the grave of a beloved deceased. This should not seem so very strange to us, as we know that even today there are people who, at the height of grief, feel an urge to defæcate. Analogous is the behavior of those patients who effect a regression to anal eroticism when tormented by feelings of guilt. Noteworthy is the catatonic attack, where the patient smears with his fæces, in the belief that he is offering a sacrifice therewith, and giving rebirth to the world which in his delusion he believes he destroyed. The catatonic patient often claims that the fæces are a child to which he has just given birth. In his imagination he reanimates the world which in his delusion he has just destroyed. It is known, too, from other sources, from fantasies of neurotics and from their dreams, that defæcation often has to the unconscious the meaning of giving birth. We hear often enough from our patients that their stool is not a dead thing, but something alive, a part of their body. Other patients suffering from a severe feeling of guilt and depression feel relieved and free from guilt after having defæcated. Depressions are dominated by anal-oral symptoms, and the melancholic patient suffers from very severe constipation. While the catatonic patient thinks that he is expiating his guilt by sacrificing his stool, while the neurotic in his fantasies or in his dreams feels some relaxation from the tension of his feeling of guilt by the giving of gifts, or by giving birth to an anal child, the melancholic patient tenaciously retains his fæces and is perpetually suffering from severe feelings of guilt. When it is kept in mind that the melancholic has incorporated the ambivalently loved object through identification, we can easily understand that he continues to suffer when he does not eject it; that is, when he is unwilling or unable to give it back to the outside world. Thus it is to be noted that the feeling of guilt is accompanied by a regression to the anal stage of development. The regression apparently aims at ejecting the orally incorporated object in an anal way, and the feeling of guilt seems to become weakened by this process.

The ejection relieving the feeling of guilt must not, however, necessarily be accomplished by the anal route. It can also be accomplished by oral means, as analyses easily prove. A fascinating example was provided recently by a patient in the course of a discussion of his feeling of guilt. So-called "buck fever" is known in this country among the hunters. This fever affects the hunter in such a way that when facing game, he becomes confused, and is unable to shoot. A physician had the following experience: He went on a deer hunt with a friend. They spied a buck. The friend shot and killed the animal. Immediately after, he (the hunter) grew restless, was confused, jumped around, uttered incomprehensible sounds, finally threw himself beside the animal and lay there as if lifeless. His companion thought the man had gone insane, but after a while he arose, placed himself beside the dead animal and vomited. Thereupon he suddenly felt relieved and left the animal. I am not certain whether this incident really occurred as it was reported, but it nevertheless expresses a deep psychological truth: that an animal always represents to the unconscious a totem.

The feeling of guilt originates in hostile identification; so to speak, as its by-product. Identification expresses psychically incorporation, taking into one's self, the act of appropriation. Thus the feeling of guilt develops through incorporation, through appropriation in the broadest sense of the word. The guilt is undone through ejection, through giving back in the broadest sense of the word. The feeling of an obligation to give, to spend, to sacrifice is often closely connected with the feeling of guilt. Briefly, in the feeling of guilt, the relation of "taking and giving" is also expressed beside many other things.¹ "Taking", of course, is not only effected through

¹ I am very pleased that the idea that "taking and giving" is, so to speak, a psychological equivalent of physiological processes within the intestinal tract—an idea that I first suggested in 1926, and again in my book (Allg. Neurosenlehre 1932)—has been amply confirmed in the paper on The Psychological Factor in Gastro-intestinal Disturbances, read in Washington by Alexander, and in the papers of his pupils.

the mouth, since we take in through all of our body orifices, as by respiration, and also by the sense organs. We suck in the impressions of the outer world through all of our pores. "Giving" too is not only accomplished by the way of the intestines, but also through the respiration, the skin, etc. There exist also the secretions into the interior of the body. The impressions received by the sense organs are projected.

Apparently the feeting of guilt is somehow connected with the primitive feeling of possession. I cannot go closely into the psychology of the feeling of possession here, but I wish to intimate what I mean by this statement. The feeling of possession is instinctive in its character and has several roots. One of these roots is supplied by the mastering instinct-that is, by a variety of aggression. Another root may easily be deduced from the following consideration: with the feeling of guilt there is connected a regression to the anal stage of development and an early infantile situation is restituted. Out of love for the attending person the little child renounces the anal pleasure which it derives from retaining its fæces, and gives its stool, its primary possession, at definite times. Out of fear of loss of love it renounces an instinct gratification. The grown-up person, giving some "possession" in order to protect himself from a loss of love, behaves very much like the child. Giving a part of his "possession" he renounces simultaneously the actual mastering instinct, and a loosening of his tendency for aggression must result therefrom. The earliest beginnings of the feeling of guilt may be observed even in the precedipal phase of development.

The tendency to free one's self from the feeling of guilt through ejecting the incorporated object seems very obvious to me. It is clear that at the same time the "reviving" of the object is also aimed at. The feeling of guilt thus incites the striving to undo the "crime" in order to revive the "destroyed" object and to gratify the libido with this object. Where the regression does not transgress the genital stage, the desire often arises to produce children in order to replace the "destroyed" person. Many people believe that with the production of a child they pay their debt to humanity.

The feeling of guilt therefore conceals ungratified object libido which either in a direct or indirect way strives for gratification, for reviving the "destroyed" object in order to be able to reëxercise love in reality or else for reconciliation with the psychically hurt or offended object. ("Destruction" may sometimes be identical with a plain withdrawal of the libido.) The paranoiac achieves this gratification in his delusions through projection, the religious person through religion, and the normal person through productive accomplishments and formation of social unions. The neurotic person is disturbed in this striving, that is, he does either too little or too much in order to reconciliate the hurt or offended object, and that usually in a wrong way. It is with difficulty that he makes contacts with others, or he does not succeed in this at all. The guilty person often feels isolated, excluded from the community and suffers thereby. There are people who, because of the feeling of guilt, exclude themselves from the community, and retire to a monastery or a cloister, substituting a union with God for their relations with the outer world. Finally the feeling of guilt coincides with the fear of loneliness. The fear of the loss of love, which is an expression of the feeling of guilt, is thus overcome by the reconciliating element of love, by the all-uniting Eros.

It cannot be, however, that the feeling of guilt produces only tendencies which aim to gratify object-libidinal strivings, for we observe that the man burdened with guilt suffers and even desires suffering. Something within him demands punishment and self-destruction, which seem to him the only means of atonement. It is difficult to discover in this a relation to an object, unless we consider the ego itself an object. Thus, in the feeling of guilt, aggressive, destructive strivings are also gratified, not on the object, however, but on the ego. The question is how does the ego acquire this striving for punishment, actually for self-destruction. In order to understand this we must return to the origin of the feeling of guilt.

In the story of the buck, after the hunter had killed the animal he lay down beside it and lay there as if dead. He enacted on his own person what had happened to the animal; he identified himself with it in death, repeating the crime of murder on himself and apparently punishing himself in this way. The aggression against an object in the outside world was thus turned against the ego.

How the aggression turns against the ego may be explained partly by the history of the development of the superego. As we know, the superego replaces the œdipus complex, and originates through identification with the father. The main character of this identification is hostile, for in the ædipus situation the boy hates his father and fears castration. order to escape castration he introjects his father, he consumes him psychically. Thereby the images of the father are absorbed by the ego, the aggression can no longer be discharged outwardly, but must remain in the ego and unite with the images of the father, creating a new formation, the superego In place of the strict, demanding and inhibiting father of the outer world, his picture is now established inwardly, and, if the ego performs or intends to perform actions in opposition to the intentions of the super-ego, the feeling of guilt originates. In other words, certain intentions and impulses of the id, which are directed to the outer world, are inhibited and mainly the aggressive ones are diverted by the superego onto the ego, as if the ego had become the object of the superego. The aggression is then experienced by the ego, and the superego behaves as if it wanted to take vengeance on the ego over and over again for the act of identification, for the hostility, the aggression, briefly, for swallowing the father. This specific turn of the inhibited aggression towards the ego appears as need for punishment. We will understand later the reasons why the punishment is felt as a need and is hardly ever rejected.

It would, however, be wrong to assume that the turn of the aggression against the ego occurs as late as at the time of the ædipus conflict. The analyses of patients strengthen the opinion that the mechanism of the turn against the ego is effective in the preædipal stage of development. But the most convincing evidence is given by direct observation, such as the following

observation of a 15 month old child. The child used to pull the hair of certain persons who approached him, used to scratch and pinch them, and showed its pleasure by screaming happily. When it was told not to do this, that it hurt, the child said "Bo(bb)y (s)lap"—and started to pull its own hair, vehemently slapped its face, and scratched itself so severely that it had to be protected from its own ill-treatment.¹ When in warding off the œdipus complex, the aggression turns against the subject, the child makes use of a mechanism which already had been previously at work. This mechanism comes into action as soon as the necessity for self-punishment is present, and this necessity is present only too often. The earliest beginnings of self-punishment can be traced back to the very early preœdipal stage of development, similar to the beginnings of the feeling of guilt.

Now a very clear distinction between the feeling of guilt and the need for punishment is obvious. The feeling of guilt is actually fear of loss of love and follows the tendency to restitute a love relation which has been lost or the loss of which is impending. The need for punishment comprises an aggressive tendency and it repeats on the ego a real or an imagined or even a merely intended destruction of the object. The crime, therefore, must not always be real to bring about the sense of guilt and punishment. Usually the mere intention to commit a forbidden deed suffices to cause selfreproaches and self-torments. The conscience is a function of the superego. The actual meaning of the word "conscience" is, indeed, "to know also", that is, an inward seeing and hearing. It is, so to speak, a sense organ of the superego, which controls certain processes in the ego and conveys them to the superego. After the superego is formed, the importance of external judgment is restricted, the judge is now internal. For him there is no difference between an accomplished deed and a thought, an intention or an impulse. He sentences the mere tendency just the same as the actual deed. Therefore,

Later on I saw a similar reaction in another child.

if a thought or an intention is contrary to the ideals of the superego, the forbidden deed or intention is suppressed in its very beginning, under the influence of the conscience, and the ego, in this way, is protected from punishment. Conscience, as we see, embodies the fear of the superego; it is not without reason that we talk of the qualms of conscience.

However, there seems to be a contradiction between qualms of conscience and the desire for punishment. The one seems to be the direct antithesis of the other. The little child curbs his aggression and turns it inward when it is prevented by the attending person from discharging it to the outside. But with the child's development into a social creature and with the growing strength of the superego, the prohibition of the aggression becomes more and more dependent on an internal factor. Now how are we to understand that the prohibition of the aggression results from fear of a loss of love, when it depends on an outer factor, and from fear of punishment when it is at work in obedience to an inner coercion?

The answer to this question is an extremely complicated one. I want only to emphasize one factor. The human being is from his very beginning ambivalent to a high degree. In the course of development ambivalence becomes restricted, but it is questionable whether this restriction is Immediately with renouncing the aggression permanent. under the influence of the attending person, the little child adopts the desire, the will of this person. It introjects, so to speak, his prohibition, but at the same time it experiences the intended aggression by turning it against itself. Primarily the aggression was directed against the beloved mother, thus for an ambivalently loved person. The identification was helpful in warding off the ambivalent emotions, but the result was that the aggression now took the ego as its object. A very similar process, possibly more vehement, is repeated in the œdipus situation. The boy identifies himself with the ambivalently loved father. The images of the father are absorbed by the ego, and the aggression, directed against the beloved father,

is inhibited and is stored up in the ego. By this means the superego develops and now becomes a permanent threat to the ego.

One might ask whether the conception of the superego is in absolute accordance with the facts? Freud declares in his new book (Neue Folge zur Einführung in die allgemeine Neurosenlehre)1 that the superego represents essentially the parents' strictness, prohibitions and punishments. In another place, however, Freud maintains that one of the functions of the superego is the formation of an ideal. This function is derived from the libido, as indicated in Freud's earlier work. This contrast between the various functions of the superego is very clearly derived from ambivalence. With identification, not only the hated but also the beloved father was absorbed by the ego. In other words, not only aggression but also libido has turned to the ego. This libido thus turned to the ego, is transformed into secondary narcissism and makes the superego become the object of the ego and the ego the object of the superego ("love and relove").2 This is the only explanation for the fact that the ego submits so often and so willingly to the demands of the superego, and accepts the restrictions and punishments dictated by it. It is this libidinal factor that makes the turning of the aggression against one's own self become the need for punishment. In the need for punishment the ego enjoys the sadism of the superego masochistically.

The libidinal-narcissistic component of the superego explains still another occurrence, namely the feeling of peace, security and confidence when one feels in harmony with one's conscience. To the child its parents are the embodiment of full power; they are to it the natural protectors and the quiet

¹ Trans. New Introductory Lectures on Psycho-Analysis, W. W. Norton, New York, 1933.

² The following occurrence which I observed after this paper had been written, proves how early the libidinal identification takes place. A father stroked tenderly the face of his sixteen month old son. The child was obviously radiant with happiness. As soon as the father stopped stroking him, the child started to stroke himself and uttered a deep sound "ei-ei", which expresses in his language the utmost tenderness.

pole around which all its contradictory passions may circle; they are not only strict, but also just and forbearing. When the child feels sure of their love, it feels at the same time secure and protected and undisturbed in its self-respect. If the child wants to preserve the protecting love of its parents, it must behave as they want it to. This relation between child and parents is manifest in a more or less modified form in the relation between the ego and the superego. If the ego wishes to enjoy the love and the protection of the superego, it must not oppose it; on the contrary, it has to identify itself with intentions of the superego. Recall in this connection the stern god Jehova, who not only demands obedience, even self-sacrifice, but also love, and in return gives protection and love. The feeling of being deserted by the powers of fate is identical with the sensation of having lost the loving protecting power of the superego, the parents, and of being turned over to the great nothing, to death.

A conflict with the superego, therefore, not only takes the form of fear of punishment and desire for punishment, but also of fear of the dangers which result from the loss of its loving and protective power. Hence in the fear of the superego, similar to the outer feeling of guilt, fear of loss of love comes into effect. The difference, however, is that the danger felt in the fear of the superego is the loss of narcissistic libido, while in the feeling of guilt it is a question of object libido.

Ambivalence, the clash between hatred and love, forms therefore the background out of which the superego emerges. Although this ambivalence on the whole is overcome by the ego with the formation of the superego, still there are many instances in the course of life where it reappears. The instincts never appear absolutely clear-cut, the sexual ones being more or less fused with the destructive ones. If for instance libido becomes inhibited, a defusion of instinct results, and the aggressive instincts again become set free. If the aggression thus released likewise has to be inhibited, it changes into need for punishment. We may say that with each inhibition of the libido, aggression is liberated (Freud), but if the

aggression also becomes inhibited feelings of guilt and punishment result. But where the fusion of instincts is incomplete, where the ambivalence is strong from the very beginning, where hatred and love face each other in an unmitigated way, there the disposition for feeling of guilt and need for punishment is intensified. In such cases, as in compulsion neurosis, each libidinal impulse is accompanied by an aggressive one, which, however, is immediately inhibited by the first one. Loving, therefore, here inevitably leads to a feeling of guilt. The same is true of being loved too much. This explains the fact that children who have been spoiled, i.e., loved too much, and had overindulgent parents develop a more sensitive conscience than children who were raised in more robust surroundings. Here too love inhibits the aggression. Where I love or where I am loved I am not allowed to hate: otherwise I am threatened with the danger of the loss of love. In order to escape this threat, I prefer to turn the hate against myself and to punish myself. For similar reasons a misfortune in love or the loss of a beloved person often arouses an aggression against one's self, and in consequence feelings of guilt and need for punishment. Briefly, in ambivalence we see the most important condition for the origin of the whole complex of feelings of guilt and punishment. Although the entire complex is in the beginning independent of the superego, it becomes later more and more dependent on it. In this process a particular concatenation of cause and effect results which is not quite transparent. This much, however, is certain, that the superego-similar to the primary, preœdipal feeling of guilt-originates with the warding off and inhibiting of instinctual needs. These needs under the influence of the superego are worked into the actual feeling of guilt. Thus we obtain some insight into the dynamics of the instincts. Inhibition of the instincts leads to the feeling of guilt and self-punishment and these on their part cause new instinctual inhibitions.

Now it is obvious that in reality it is not easy to discriminate accurately between the feeling of guilt and the need for punishment. It may be stated with certainty, however, that ungratified libido is concealed behind the feeling of guilt, libido

which urges reunion with the psychically or actually hurt object (Eros), that behind the need for punishment, aggression (death instinct) is concealed, which repeatedly gives vent to its destructive drives against the ego. Although both are closely interwoven, still the need for punishment can be recognized through the tendency towards self-destruction, the feeling of guilt through the fear at one time of a loss of love, at another of the superego. But we have heard that fear of the superego also contains an element of fear of the loss of love. Let us picture for a moment what loss of love means to a little child. means loss of the protecting, attending person, that is, actual danger of destruction. Guilt and punishment therefore coincide in as far as the source of dangers is concerned. The situation of danger results in the same way when libido has to be withdrawn in order to ward off aggression, as when this aggression turns against the ego.

It may appear to be of little value to try to discriminate between the feeling of guilt and the need for punishment if it is so difficult to differentiate between them. However, while it is true that they have a common root, and originate at the same time, nevertheless the forms in which they appear are different. In the feeling of guilt, the libidinal side is prevalent; in the need for punishment, the destructive one. This can be observed distinctly if we compare various clinical conditions. example, in hysteria the feeling of guilt is prevalent, and it is easy to understand why. The genital organization is not abandoned but merely repressed. As there exists in this illness a striving for the object, the feeling of guilt in the form of repentance, longing and fear of the loss of love predominates. Compulsion neurosis regresses to the anal-sadistic organization but the relation to the object is not abandoned. Therefore sadism, which appears as the need for punishment, is predominant. In melancholia the loss of object libido is added, and in this form of illness the aggression against the ego reaches its climax. In schizophrenia the instinctual life is entirely The feeling of guilt in the productive forms of decomposed. this illness takes the form of delusional ideas of the redemption of the world, and the need for punishment clothes itself in the various forms of persecutory ideas.

The feeling of guilt and of self-punishment are extremely tormenting, and produce states of tension from which the human being tries to escape as much as possible. Normally the alleviation of the pressure of the feeling of guilt is comparatively easily achieved. As stated before in the first part of this paper, the guilt-burdened individual strives for the love of another person (in the broadest sense of the term love) and tries to become united with him. The feeling of guilt indeed increases the need for love, in other words, increases the fear of the loss of love, the longing for love. This longing awakens in the guilty one the hope that he will be protected from fear, that is, from the killing loneliness. As negative proof of this conception, we may consider the punishment of imprisonment, by which the criminal is secluded from the community and is left to himself in loneliness. Prison is perhaps the best picture of the psychic condition of one who suffers from the feeling of guilt. He suffers not only from being inhibited in exercising aggression against another, but also from inhibition of the libido.

The escape from the need for punishment, however, is incomparably more difficult, because in the need for punishment the aggression strives towards the ego, the inner world, while in the feeling of guilt the libido strives toward the outer world. Alexander states that the energy of the need for punishment exhausts itself after the superego, gratified in the need for punishment-bribed, so to say-has become indulgent and grants the satisfaction of the otherwise forbidden sexual strivings. The reward for self-punishment thus would be the liberation of the libido. Of course, there are such cases, but they are not the rule. There are, on the contrary, cases where the punishment is carried through to the very end, even to self-destruction, without any hope of a libidinal reward. There are even patients who do not seek sexual gratification in their strange sexual lives, but self-punishment, just as there is a type of masturbator who in the act of masturbation imposes on himself self-castration over and over again. If the punishment becomes too unbearable and the fear of it too vehement, the energy of the need for punishment shifts to labor, in the broadest meaning of the word, intellectual as well as manual. In labor, as Jekels notes, the mastering and aggressive instinct finds an outlet. In expiation for a crime, the law punishes not only with imprisonment, but also with coercive labor. "By the sweat of thy brow thou shalt eat thy bread", says the Bible. We can sometimes observe directly the replacement of punishment by labor in the analyses of our patients. After endless resistances in which they hunt in a sinister way for the gratification of their need for punishment, they start suddenly to bring forth and master the hidden material. They do this with such a gloomy and self-consuming determination that the analyst can only wonder in silence. To these patients the analysis is the gratification of their need for punishment in the truest sense of the word.

The feeling of guilt is an ambivalent formation, just as ambivalent as the elements which have contributed to its development. With Freud, it must be repeated that in warding off an instinct, the tendency arises to break up the instinctual life into its components, into the libidinal and destructive ones. But as the ego does not tolerate contrasts, and as it always retains the striving for synthesis, it tries to unite the instincts in a compromise of guilt and punishment. Whether the feeling of guilt or the need for punishment should prevail in a given case apparently depends on the instinctual constitution, on the degree of instinct fusion or defusion.

Libido is a derivative of Eros; aggression, a derivative of the death instincts. Eros unites men, aggression drives them apart. Wherever two individuals meet, and wherever a group is formed, conflict and feelings of guilt must arise. Briefly, the feeling of guilt and the need for punishment seems to be the end-product of the eternal struggle between the life and the death instincts. It shows with what self-conquest and with what suffering humanity has gained mastery over its instincts. The development of the capacity for community

life seems to be a compensation for all of these sacrifices. I should like to close with a paraphrase of a wellknown word of the poet: "It is consolation for the evil deed, that continually it must bring forth good." ¹

¹ The chronological listing of the following references is sufficient refutation of Dr. Alexander's criticism made at the discussion of the paper to the effect that the author had offered no contributions of his own but merely repeated those made by Alexander, Reik and Rado:

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The Overvaluation of Love. A Study of a Common Present-Day Feminine Type

Karen Horney

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THE OVERVALUATION OF LOVE. A STUDY OF A COMMON PRESENT-DAY FEMININE TYPE

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Woman's efforts to achieve independence and an enlargement of her field of interests and activities are continually met with a skepticism whose burden is that such efforts are impelled merely by the pressure of economic necessity, and that they run counter, besides, to her inherent character and her natural tendencies. Accordingly, all efforts of this sort are said to be without any vital significance for woman, whose every thought, in point of fact, centers exclusively upon the male or upon motherhood, in much the manner expressed in Marlene Dietrich's famous song, "I know only love, and nothing else."

Various sociological considerations immediately suggest themselves in this connection, of too familiar and obvious a character, however, to require time spent upon them. This attitude towards woman, whatever its basis and however it may be assessed, represents the patriarchal ideal of womanhood, of woman as one whose only longing it is to love a man and be loved by him, to admire him and serve him, and even to pattern herself after him. Those who maintain this point of view mistakenly infer from external behavior the existence of an innate instinctual disposition thereto; whereas, in reality, the latter cannot be recognized as such, for the reason that biological factors never manifest themselves in pure and undisguised form, but always as modified by tradition and environment. As Briffault has recently pointed out in some detail in The Mothers, the modifying influence of "inherited tradition", not only upon ideals and beliefs but also upon emotional attitudes and so called instincts, cannot possibly be overestimated.1

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¹ Briffault, R.: The Mothers, London, 1927; vol. II, p. 253: "The sexual division of labour upon which social development had been founded in primitive societies was abolished in the great economic revolution brought about by

Inherited tradition means for woman, however, a compressing of her originally probably very considerable participation in general tasks into the narrower sphere of eroticism and motherhood. The adherence to inherited tradition fulfills certain day-to-day functions for both society and the individual; of their social aspect we shall not speak here, and, considered from the standpoint of the psychology of the individual, it need only be mentioned that this mental construction is for the male at times a matter of great inconvenience, yet on the other hand constitutes for him a source from which his self-esteem can always derive support. For woman, conversely, with her lowered self-esteem of centuries' duration, it constitutes a haven of peace in which she is spared the exertions and anxieties associated with the cultivation of other abilities and of self-assertion in the face of criticism and rivalry. It is comprehensible, therefore-speaking solely from the sociological standpoint-that women who nowadays obey the impulse to the independent development of their abilities are able to do so only at the cost of a struggle against both external opposition and such resistances within themselves as are created by an intensification of the traditional ideal of the exclusively sexual function of woman.

It would not be going too far to assert that at the present time this conflict confronts every woman who ventures upon a career of her own and who is at the same time unwilling to pay for her daring with the renunciation of her femininity. The conflict in question is thus one which is conditioned by the altered position of woman and which is confined to those women who enter upon or follow a vocation, who pursue special interests, or who aspire in general to an independent development of their personality.

Sociological insight makes one fully cognizant of the existence of conflicts of this kind, of their inevitability, and, in broad outline, of many of the forms in which they are mani-

agriculture. Woman, instead of being the chief producer, became economically unproductive, destitute, and dependent. . . . One economic value alone was left to woman, her sex."

fested and of their more remote effects. It enables one—to give but a single instance—to understand how there result attitudes which vary from the one extreme of a complete repudiation of femininity on the one hand to the opposite extreme of a total rejection of intellectual or vocational activities on the other.

The boundaries of this field of inquiry are marked off by such questions as the following: Why is it that in a given case the conflict takes the particular form it does, or its solution is reached in just the manner it is? Why do some women fall ill in consequence of this conflict, or suffer a considerable impairment in the development of their potentialities? What predisposing factors on the part of the individual are necessary to such a result? And what types of outcome are possible? In a word, at the point where the problem of the fate of the individual emerges, one enters the domain of individual psychology, in fact of psychoanalysis.

As a matter of fact, the observations upon a certain type of woman about to be presented do not proceed from a sociological interest, but arise out of certain definite difficulties encountered in the analysis of a number of women which compelled a consideration of the specific factors responsible for these difficulties. The present report is based upon seven analyses of my own, and upon a number of additional cases familiar to me through analytic conferences. The majority of these patients had no prominent symptoms, in the main; two had a tendency to not at all typical depression and occasional hypochondriacal anxiety; two had infrequent attacks which had been diagnosed as epileptic. But in every case the symptoms, so far as they were present at all, were overshadowed by certain difficulties connected in each instance with the patient's relations to men and to work. As so often happens, their difficulties as such were more or less clearly sensed by the patients as arising out of their own personalities.

But it was by no means a simple matter to grasp the actual problem involved. The first impression did not yield much more than the fact that for these women their relation to men was of great importance to them, but that they had never succeeded in establishing a satisfactory relationship of any duration. Either attempts to form a relationship had failed outright, or there had been a series of merely evanescent relationships, broken off either by the man in question or the patient—relationships which moreover often showed a certain lack of selectivity. Or if a relationship of greater duration and deeper significance were entered into, it invariably foundered in the end on the rocks of some attitude or behavior on the part of the woman.

There was at the same time in all these cases an inhibition in the sphere of work and accomplishment and a more or less well marked impoverishment of interests. To some extent these difficulties were conscious and immediately evident, but in part the patients were unaware of them as such until the analysis brought them to light.

It was only after somewhat prolonged analytic work that I recognized in certain gross examples that the central problem here consisted not in an inhibition respecting love but in an entirely too exclusive concentration upon men. These women were as though possessed by the single thought, "I must have a man"—obsessed with an idea overvalued to the point of absorbing every other thought, so that by comparison all the rest of life seemed stale, flat and unprofitable. The capabilities and interests which most of them possessed either had no meaning at all for them or had lost it all. In other words, conflicts affecting their relations to men were present and could be to a considerable extent relieved, but the actual problem lay not in too little but in too much emphasis upon their love life.

In some instances inhibitions respecting work first appeared in the course of analysis and increased, while simultaneously the relation to men improved through the analysis of the anxieties associated with sexuality. By the patient and her associates this change was variously evaluated. On the one hand it was regarded in the light of progress—as in the case of the father who expressed his pleasure in the fact that his

daughter had become so feminine as a result of her analysis that she now wanted to get married and had lost all interest in study. On the other hand, in the course of consultations I repeatedly encountered complaints that this or that patient had attained to a better relationship with men through the analysis, but had lost her previous efficiency, ability and pleasure in work and was now exclusively occupied with the desire for male companionship. This was food for thought. Evidently such a picture might also represent an artefact of analysis, a miscarriage of treatment. Still, this was the outcome only in the case of certain women, and not in others. What were the predisposing factors that determined the one outcome or the other? Was there something in the total problem of these women which had been overlooked?

Finally, another trait characterized all these patients in more or less striking degree—a fear of not being normal. This anxiety appeared in the sphere of erotism, in relation to work, or in a more abstract and diffuse form as a general feeling of being different and inferior which they attributed to an inherent and hence unalterable predisposition.

There are two reasons why this problem only gradually became clarified. On the one hand, the picture represents to a great extent our traditional conception of the truly feminine woman, who has no other aim in life than to lavish devotion upon a man. The second difficulty lies in the analyst himself, who, convinced of the importance of the love life, is consequently disposed to regard the removal of disturbances in this domain as his prime task. He will, therefore, be glad to follow patients who emphasize of their own accord the importance of this sphere into the problems of this kind which they present. If a patient were to tell him that the great ambition of his life was to take a trip to the South Sea Islands and that he expected the analysis to resolve the inner conflicts which stood in the way of the fulfillment of this wish, the analyst would naturally put the question, "Tell me, why is this trip of such vital importance to you?" The comparison is of course inadequate, because sexuality is really of greater importance than a journey

to the South Seas; but it serves to show that our discernment, quite right and proper in itself, of the importance of heterosexual experience can on occasion blind us to a neurotic overvaluation of and overemphasis upon this sphere.

Seen from this standpoint, these patients present a discrepancy of a double sort. Their feeling for a man is in reality so complicated—I should like to say descriptively, so loose—that their estimate of a heterosexual relationship as the only valuable thing in life is undoubtedly a compulsive overvaluation. On the other hand, their gifts, abilities and interests, and, as I should like at once to add, their ambition and the corresponding possibilities of achievement and satisfaction, are very much greater than they assume. We are dealing, therefore, with a displacement of emphasis from attainment or the struggle for achievement to sex; indeed, so far as one may speak of objective facts in the field of values, what we have here is an objective falsification of values. For although in the last analysis sex is a tremendously important, perhaps the most important, source of satisfaction, it is certainly not the only one, nor the most trustworthy.

The transference situation relative to a woman analyst was dominated throughout by two attitudes: by rivalry, and by recourse to activity in relations with men.¹ Every improvement, every advance, seemed to them not progress of their own but exclusively the success of the analyst. The subject of a didactic analysis projected upon me the idea that I did not really want to cure her, or that I advised her to settle in another city because I was afraid of her rivalry. Another patient reacted to every (correct) interpretation by pointing out that her capacity for work had not improved. Still another was in

¹ Towards a male analyst the attitude may be the same. Or the transference may present, temporarily or permanently, the picture described by Freud as "the logic of soup and noodles". In the first case the analyst represents predominantly the mother or sister (but by no means always, and hence each situation must be considered on its merits). In the second case the chronic urge to win a man, characteristic of this group of patients, is related to the analyst himself.

the habit of remarking, whenever I had the feeling that progress was being made, that she was so sorry to take up so much of my time. Desperate complaints of discouragement barely veiled the obstinate wish to discourage the analyst. These patients emphasized that unmistakable improvement was attributable in reality to factors outside the analysis, while any change for the worse was laid at the door of the analyst. They very frequently experienced difficulty in associating freely because it meant a giving in on their part and a triumph for the analyst, and because it would assist the analyst to succeed. In a word, they wanted to prove that the analyst could not do anything. A patient expressed this jokingly in the following fantasy: She would settle in the house opposite mine and put on my house a conspicuous placard pointing to her sign and bearing the legend: "Over there lives the only good woman analyst".

The other transference attitude consists in this, that, as in life too, the relation to men is pushed into the foreground, and this with conspicuous frequency in the form of acting Often one man after another plays a part, ranging from mere approaches to sexual relations; while accounts of what he has done or not done, whether he loves or disappoints them, and of how they have reacted to him, take up at times the greater part of the hour and are tirelessly spun out to the smallest detail. The fact that this represents an acting out and that this acting out subserved the resistance was not always immediately evident. At times it was veiled because of the patient's endeavor to demonstrate that a satisfactory relation with a man, perhaps even one of vital significance, was getting under way-an endeavor which accorded with a similarly directed wish on the part of the analyst. In retrospect I can say, however, that with a more exact knowledge of the specific problem of these patients and of their specific transference reaction, it is possible as a rule to see through this game and thus considerably to limit their acting out.

In this activity three kinds of tendencies come severally to the fore. These may be described as follows:

- 1. "I am afraid of being dependent upon you as a woman, a mother-imago. Therefore I must avoid tying myself to you by any feeling of love. For love is dependence. And so, fleeing from this, I must try to attach my feelings elsewhere, to a man." Thus, a dream which ushered in the analysis of a woman who was very definitely of the type in question showed the patient trying to come to the analysis but running away with a man whom she saw in the waiting room. This reserve is often rationalized by the idea that since the analyst will not reciprocate her love, it is useless to let one's feelings become involved.
- 2. "I would rather make you dependent upon me (in love with me). Therefore I woo you, and try to arouse your jealousy by the attention I pay to men." Here a deeply rooted, largely preconscious conviction is expressed that jealousy is a sovereign means of evoking love.
- g. "You begrudge me relations with men; in fact, you try to prevent me in every possible way from having them, and do not even wish me to be attractive. But I will show you, out of spite, that I can, just the same." The willingness of the analyst to help is granted only intellectually at the most, sometimes not even that; and when at long last the ice is broken, the frank astonishment displayed at some one's actually wanting to help a person to attain happiness in this sphere is striking. On the other hand, even where there exists an intellectual superstructure of confidence, the patient's real mistrust and real anxiety as well as anger at the analyst came to light when the attempt to form a bond with the latter miscarries; this anger is sometimes almost paranoid in character, the content being that the analyst is responsible for this or that, that he even actively intervened to bring it about.

Insight along lines such as these tempts us to assume that the key to this behavior with men lies in a strong and at the same time dreaded homosexuality which causes a pathological flight to the man—homosexuality, indeed, in the sense of "true masculine behavior", of which the effort to make men and women dependent upon one is merely the conscious expression.

This would also render intelligible the characteristic looseness and unselectivity in these subjects' relationships with men. The ambivalence towards women invariably characterizing homosexuality would explain the necessity for flight from homosexuality and specifically flight to men, as well as the distrust, the anxiety and the rage manifested towards the analyst in so far as the latter plays the mother rôle.

The clinical findings would not at first contradict such an interpretation. In dreams we meet the definite expression of the wish to be a man, and in life masculine patterns of behavior are exhibited in various disguises. Very characteristic is the fact that in well-defined cases these wishes are rejected vigorously, for the reason that these women regard being a man and being homosexual as identical. The rudiments of a homosexually colored relationship are almost always present at some period of life. That such relationships do not develop beyond the rudimentary stage is also in accord with the foregoing interpretation, as is the fact, indeed, that in most cases feminine friendships play a strikingly minor rôle. All these phenomena might well be regarded in the light of measures of defense against a pronounced homosexuality.

One is rather taken aback to find, however, that in all these cases an interpretation based upon unconscious homosexual tendencies and flight therefrom remains completely ineffectual therapeutically. Some other interpretation, and a more correct one, must therefore be possible. An example from the transference situation supplies the answer.¹

A patient at the beginning of her treatment repeatedly sent me flowers, at first anonymously and then openly. My first interpretation, that she was behaving like a man wooing a woman, did not alter her behavior, although she admitted it laughingly. My second interpretation, that the presents were intended as a compensation for the aggression she abundantly

¹ It struck me repeatedly that whenever I demonstrated to these patients the wish to be a man completely freed from every object relation, they reacted with invariable promptitude and naïveté as though I had "reproached" them with homosexuality.

exhibited, was equally without effect. On the other hand, the picture changed as if by magic when the patient brought associations which stated unequivocally that by means of presents one can make a person dependent upon one. fantasy which followed brought to light the deeper destructive content behind this wish. She would like, she said, to be my maid and do everything for me to perfection. Thus I would become dependent upon her, trust her completely, and then one day-she would put poison in my coffee. She concluded her fantasy with a phrase that is absolutely typical of this group of individuals: "Love is a means of murder". This example reveals particularly clearly the attitude characteristic of this whole group. In so far as sexual impulses towards women are consciously perceived, they are often as a matter of fact experienced sub specie criminality. The instinctive attitude in the transference, in so far as the analyst represents a mother- or sister-imago, is likewise unequivocally destructive, so that the aim is to dominate and to destroy: in other words, the latter is destructive and not sexual. The term "homosexual" is therefore misleading, for by homosexuality is usually meant an attitude in which sexual aims, even though mixed with destructive elements, are directed towards a partner of the same sex. In the present case, however, the destructive impulses are only loosely combined with the libidinal ones. The sexual elements that are commingled meet the same fate as in puberty: a satisfactory relationship to a man is for internal reasons impossible, and a quantity of free floating libido exists, therefore, which can be directed upon women. There are reasons, as I shall show later, why other outlets for the libido, such as work or autoerotism, are not available. There is in addition, as a positive factor in the impulse towards other women, a turningunsuccessful in all these cases-towards their own masculinity, as well as an equally unsuccessful attempt to render the destructive impulses harmless by means of libidinal ties. This combination of factors explains, in part, the anxiety in regard to homosexuality-why it is that in these cases sexual or tender

or even friendly feelings are not to any great extent directed towards women.

However, a glance at the women in whom such a development has taken place reveals immediately the inadequacy of this explanation. For, although hostile trends directed against women are plainly and abundantly present in these groups (as seen in the transference and in their lives), the same trends are to be found in unconsciously homosexual women (per the definition just given) in no less a degree. Anxiety with regard to these trends cannot, therefore, be the decisive factor. It seems to me, rather, that in women whose development has been in the homosexual direction the decisive factor lies in a very early and far reaching resignation-for no matter what reasons-with regard to men; so that erotic rivalry with other women recedes relatively into the background in these subjects, and in them there results not only, as occasionally also among the group in question, a coupling of sexual and destructive impulses, but as well a love which overcompensates these destructive trends.

In the type of woman we have in mind this overcompensation either does not occur or does not assume much importance; and we find at the same time not only that rivalry with women persists but that this rivalry is in fact sharply aggravated because the aim of the struggle (colored as the latter is by a tremendous hatred), the winning of a man, has not been given up. Thus there exists anxiety with regard to this hatred and a fear of retaliation, but no motive to compel its cessation: indeed, there is rather an interest in having it kept up. This enormous hatred of women, born of rivalry, is enacted in the transference situation in other spheres than the erotic, but is expressed perfectly clearly in the erotic sphere in the form of projection. For if the fundamental feeling is that the (woman) analyst stands in the way of the patient's relations to men, the reference here is by no means solely to the forbidding mother but in particular to the jealous mother or sister who will not tolerate a feminine type of development or success in the feminine sphere.

It is only on this basis that one can fully understand the meaning of playing off the man against the woman analyst in the resistance. The intention is to show the jealous mother or sister, out of spite, that the patient can have or get a man. But this is possible only at the price of a bad conscience or anxiety. From this fact proceed also the open or concealed reactions of rage upon any frustration. A struggle is enacted beneath the surface, somewhat as follows: when the analyst insists upon analyzing instead of allowing the acting out of the relations to the man, this is unconsciously interpreted as a prohibition, as opposition, on the part of the analyst. If on occasion the analyst points out that without the analysis these attempts to establish a relationship with a man cannot possibly lead anywhere, this signifies emotionally to the patient a repetition of attempts by the mother or sister to suppress the patient's feminine self-esteem-as if the analyst had said: You are too little, or of too little account, or not sufficiently attractive; you cannot attract or hold a man. And, comprehensibly enough, her reaction is to demonstrate that she can. In the case of younger patients this jealousy is expressed directly in their emphasis upon their own youth and the greater age of the analyst, in some such form as that the analyst is too old to be able to understand that it is natural for a girl to want a man above everything else, and that this should be of greater importance to her than the analysis. Not infrequently the family situation, in the sense of the œdipus complex, is reënacted in almost unchanged form, as for example when a patient feels a relation to a man to be disloyal to the analyst.

What here takes place in the transference is, as always, a particularly clear and uncensored edition of what takes place in the rest of the patient's living. The patient almost always seeks to win a man—often quite irrespective of his other qualities—who is desired by or in some way bound to other women. Or in cases of severe anxiety there exists an absolute taboo in regard to precisely a man of this description. This, as in one case, may even go so far that all men are taboo—for in the last analysis every man is taken away from some possible woman.

In another patient, where the rivalry was primarily with an older sister, an anxiety dream occurred after her first intercourse, in which dream the sister chased her threateningly around the room. The forms that pathologically increased rivalry may assume are so well known that I need not go into further particulars here. That a large share of erotic inhibitions and frustration is caused by the anxiety associated with rivalry of a destructive type is an equally familiar fact.

But the primary question is, what so tremendously increases this attitude of rivalry and imparts to it such an enormously destructive character.

In the previous histories of these women there is one factor which is striking in the regularity of its occurrence and the marked affect with which it is characterized; all these women in childhood had come off second best in competition for a man (father or brother). Conspicuously often-in seven cases out of thirteen-there was, above all, an older sister who was able by various means to command a place in the sun, that is, in the favor of the father, or in one case that of an older brother, in another of a younger. Except in one case, where a much older sister was the father's very obvious favorite and evidently did not have to make any special exertions to prevent the younger from having his attention, the analysis brought to light a tremendous anger against these sisters. The anger is centered on two points. It may refer to the feminine coquetry by which the sister has succeeded in winning the father, brother, or, later, other men. And in these cases it is so great that for a long period, by way of protest, it prevents the patient's own development in this direction, in the sense of a complete repudiation of feminine wiles; thus she refrains from wearing attractive clothes, dancing, and participation in general in anything in the sphere of the erotic. The second type of anger concerns the sisters' hostility to the patient; its full extent is only to be divined by degrees. Reduced to a common formula, it may be expressed as follows: the older sisters have intimidated the younger ones, in part by direct threats which they were capable of putting into effect because of their greater

physical strength and more advanced mental development, in part by ridiculing all the efforts of the younger sisters to be erotically attractive, and in part—as was certainly true in three cases and possibly in four-by making the younger ones dependent upon them by means of sexual games. The last method, as may easily be conceived, left the deepest impress of anger, since it rendered the younger children defenseless-partly because of the sexual dependence involved, partly because of feelings of guilt. It was in these cases, too, that the most definite tendency to homosexuality in the overt sense was to be found. In one of these cases the mother was, besides, a particularly attractive woman, surrounded by a crowd of male acquaintances, and kept the father in a state of absolute dependence upon her. In another instance not only was the sister preferred, but the father had a love affair with a relative living in the house and in all probability with other women. In yet another case the still young and unusually beautiful mother was the absolute center of attention on the part of the father as well as of the sons and the various men who frequented the house. In this last case there was the complicating factor superadded that the little girl from her fifth to her ninth year had had a sexually intimate relationship with a brother some years her senior, although the latter was the mother's favorite and had continued to be more closely tied to her than to his sister. On account of his mother, moreover, he suddenly broke off the relationship with his sister, at least as regards its sexual character, at the time of puberty. In still another case the father had made sexual advances to the patient from her fourth year, which became more outspoken in their character at the approach of puberty. At the same time he not only continued to be extremely dependent upon the mother, who received devotion on all sides, but was likewise very susceptible to the charms of other women, so that the girl got the impression of being her father's plaything merely, to be cast aside at his convenience or when grown-up women appeared on the scene.

Thus all these girls experienced throughout their childhood an intensified rivalry for the attention of a man, which either was hopeless from the beginning or resulted ultimately in This defeat in relation to the father is of course the typical fate of the little girl in the family situation. these cases it produces specific and typical consequences because of the intensification of the rivalry brought about by the presence of a mother or a sister who absolutely dominates the situation erotically or by the awakening of specific illusions on the part of the father or brother. There is also operative an additional factor, to the significance of which I shall return in another connection. In the majority of these cases, sexual development has received an impulse more precipitate and intensified than in the average case, by reason of exaggerated early experience of sexual excitation called forth by other persons and occurrences. This premature experience of a genital excitation much greater and more intense than the physical pleasure derivable from other sources (oral, anal and muscle erotism) not only results in bringing the genital sphere into much greater prominence but also lays the foundation for instinctively appreciating earlier and more fully the importance of the struggle for the possession of a man.

In the fact that such a struggle brings in its train a permanent and destructive attitude of rivalry with women the same psychology is evident as holds true of every competitive situation: the vanquished feels lasting anger towards the victor, suffers injury to his self-esteem, will consequently be in a less favorable psychological position from the outset in subsequent competitive situations, and will ultimately feel either consciously or unconsciously that his only chance of success lies in the death of his opponent. Exactly the same consequences can be traced in the cases under discussion: a feeling of being downtrodden, a permanent feeling of insecurity with regard to feminine self-esteem, and a profound anger with their more fortunate rivals. There takes place in all cases, as a result of these, a partial or complete avoidance or inhibition in regard

to rivalry with women, or, on the other hand, a compulsive rivalry of exaggerated proportions—and the greater the feeling of being worsted, the more intent will the victim be upon the death of the rival, as though to say: Only when you are dead can I be free.

This hatred of the victorious rival may eventuate in either of two ways. If it remains in large measure preconscious, the blame for the erotic failure is placed upon other women. If it is more deeply repressed, the reason for lack of success is sought in the patient's own personality; the self-tormenting complaints that arise therefrom combine with the sense of guilt that originates in the repressed hatred. In the transference one can often clearly observe not only how one attitude alternates with the other but how the suppression of the one automatically strengthens the other. If anger towards the mother or sister is suppressed, the patient's feelings of guilt increase; if the patient's self-reproaches diminish, anger against the others wells up. Someone must be responsible for my misfortune: if it is not I, it must be others; if not others, then it is I. these two attitudes the feeling that it is one's own fault is much more strongly repressed.

This gnawing doubt as to whether one is not one's self to blame for the fact of not effecting a satisfactory relationship with men does not appear in the analysis in this form at first, as a rule, but rather is expressed in a general conviction that things are not what they should be; the patients feel, and have always felt, anxiety as to whether they are "normal". Sometimes this is rationalized as a fear that they are not constitutionally or organically sound. Occasionally a mechanism of defense against such doubts is conspicuous in the form of an extreme emphasis upon their normality. If there is this emphasis upon the defensive aspect, the analysis is often regarded as something to be ashamed of, since this is evidence that everything is not as it should be; and accordingly they try to keep the analysis a secret. The mental attitude may vary from one extreme to the other in the same patient, from hopelessness that even the analysis cannot change what is so fundamentally amiss, to the opposite certainty that everything is all right and hence they do not need analysis.

The most frequent form which these doubts assume in consciousness is the conviction that the patient is ugly and therefore cannot possibly be attractive to men. This conviction is quite independent of whatever the actual facts may be; it may be found, for example, even in girls who are unusually pretty. The feeling is referred to some real or imaginary defectstraight hair, large hands or feet, too stout a figure, too large or small a stature, their age, or a poor complexion. These self-criticisms are invariably associated with a deep feeling of shame. One patient, for example, was for some time disturbed about her feet; she hurried to museums in order to compare her feet with those of statues, feeling that she would have to commit suicide if she were to discover that her feet were unsightly. Another patient could not understand, in the light of her own feelings, why her husband was not mortally ashamed of his crooked toes. Another fasted for weeks because her brother had remarked that her arms were too fat. In some instances the feeling was referred to dress, the idea being that one could not be attractive without pretty clothes.

In the attempt to get the best of these tormenting ideas dress plays a very important part, and yet without any permanent success, since doubts invade this sphere as well and make it a perpetual affliction. It becomes unendurable not to have articles of dress match perfectly, and the same if a dress makes the wearer look stout, or if it seems too long or too short, too plain or too elegant, too conspicuous, too youthful, or not modern enough. Granting that the matter of clothes is of importance to a woman, there can be no question but that quite inappropriate affects here come into play—affects of shame, insecurity, and even anger. One patient, for example, was in the habit of tearing up a dress if she thought that it made her appear stout; in others the anger was directed at the dressmaker.

Another attempt at defense is the wish to be a man. "As a woman I am nothing", said one of these patients; "I should

be much better off to be a man", and accompanied this remark with markedly masculine gestures. The third and most important means of defense consists in the patient's proving nevertheless that she can attract a man. Here again we encounter the same gamut of emotions. To be without a man, never to have had anything to do with one, to have remained a virgin, to be unmarried—all these things are a disgrace and cause people to look down upon one. Having a man—whether he be admirer, friend, lover or husband—is the proof that one is "normal". Hence the frantic pursuit of a man. Au fond, he need fulfil only the single requirement of being a man. If he has other qualities which enhance the woman's narcissistic satisfaction, so much the better. Otherwise a striking degree of unselectivity on her part may be exhibited which is in conspicuous contrast to her level in other respects.

But this attempt too, like that in regard to dress, remains unsuccessful—unsuccessful, at any rate, so far as proving anything is concerned. For even when these women succeed in getting one man after another to fall in love with them, they are able to conjure up reasons for depreciating their success—reasons such as the following: There was no other woman about for the man to fall in love with; or, he does not amount to much; or, "I forced him into the situation anyway"; or, "he loves me because I am intelligent, or because I can be useful to him in this or that way".

In the first place, analysis reveals, in a word, an anxiety in regard to the sexual organs, the content of this anxiety being that the subject has harmed herself by masturbation, has done herself some injury in this way. Frequently these fears are expressed in the specific idea that the hymen has been destroyed or that as a result of masturbation the subject cannot have children.¹ Under the pressure of this anxiety masturbation is

¹ One repeatedly gains the impression that this latter anxiety is the "deepest" anxiety in connection with masturbation, but one hesitates to express quantitative judgments of this kind without accurate data in support of them. At all events the desire for children is an extraordinarily powerful one in all these women, and is originally strongly repressed in the majority of cases.

completely suppressed as a rule, and all recollection of it repressed; at any rate, the allegation of never having masturbated is typical. In the relatively infrequent cases in which masturbation was indulged in at a later period of life it was followed by severe feelings of guilt.

The essential basis of this extreme defense against masturbation is to be found in the extraordinarily sadistic fantasies which accompany it, fantasies of the infliction of injury in various ways upon some woman, who is imprisoned or humiliated or degraded or tortured or, in particular, whose genitalia are mutilated. This last named fantasy is the most strongly repressed, but seems to be the essential element, dynamically. So far as my experience goes, this fantasy is never expressed directly, even when the onanistic fantasies revel in cruelty of other kinds. It can be reconstructed, however, from such data as the following: In the case of the patient who tore her clothing when she felt that it made her appear stout, it was evident in the first place that this behavior was an onanistic equivalent, secondly that she afterwards felt as though she had committed a murder of which she had anxiously to efface the traces. further that stoutness meant pregnancy to her and reminded her of her mother's pregnancy (when she was five years old), then the thought that the analyst's pregnancies must have caused internal tears, and finally a spontaneous feeling, while she was tearing her dress, as though she were tearing her mother's sexual organs.

Another patient who had completely overcome the masturbatory habit had a feeling in connection with the pain of her menses as though her insides were being torn out. She experienced sexual excitement when she heard of an abortion; she recalled having had the idea as a child that the husband drew something out of his wife with a knitting needle. Reports of rape and murder were exciting to her. Various dreams contained the idea of a girl's sexual organs being injured or operated upon by a woman, so that they bled. Once this happened to a girl in a reformatory at the hands of one of the teachers—the opposite of what she would have liked to do to the analyst or to her greatly hated mother.

In other patients one may infer the presence of these destructive impulses from a similarly expressed fear of reprisal, that is, exaggerated anxiety lest every female sexual function be painful and bloody, in particular defloration and birth.

In brief, one quite evidently finds still operative in the unconscious, in unchanged form and undiminished strength. the destructive impulses directed against the mother or sister, upon the significance of which in early childhood Melanie Klein has laid such emphasis. By way of accounting for the reason for this it is easy to believe that it is the augmented and embittered rivalry which has not permitted them to become quiescent. The original impulses against the mother have the meaning: You shall not have intercourse with my father; you shall not have children by him; if you do, you shall be so damaged that you cannot do so again and shall be rendered harmless forever; or-as further elaborated-you shall appear hideous and repulsive to all men. But this, according to the inexorable law of talion which prevails in the unconscious, brings in its train fears of exactly the same kind. Thus if I wish this injury to befall you and inflict it upon you in my masturbation fantasies, I have to fear that the same thing will happen to me; not only this, but I have to fear that the same thing will happen to me when I am in the same situation as that in which I have wished pain and injury upon my mother. As a matter of fact, in a certain number of these cases a dysmenorrhœa develops at the very time when they begin to play with the idea of a sex relationship. Sometimes, moreover, the dysmenorrhæa developing at this time is regarded quite consciously and explicitly as a punishment for the sexual wishes in question. In other cases the patient's fears are of a less specific character, manifesting themselves primarily in their effect, which is to interdict sexual intercourse for the individual.

These retributive anxieties have reference in part to the future, as just indicated; but in part also to the past, as follows:

Because I have lived out these destructive impulses in masturbation, the same thing has happened to me; I am damaged in the same way as she, or—as further elaborated—I am as hideous as she. Entirely conscious and outspoken was this connection in one patient in whom actual sexual approaches on the part of the father had engendered an unusually intense rivalry: prior to the analysis she had hardly dared to look at herself in the mirror because she thought she was ugly, although in fact she was decidedly pretty. When her conflicts with her mother had been worked through and lived through in the analysis, in a moment of released affects she saw herself in the mirror with the features of her mother.

Destructive impulses towards men as well are present in In dreams these are expressed as castration every case. impulses, in life in the various familiar forms of desiring to injure or in the form of defense against these impulses. These impulses directed against men, however, are evidently only slightly connected with the idea of not being normal, their uncovering in the analysis proceeds usually with little resistance, and alters the picture not at all. On the other hand, anxiety disappears with the uncovering and working through of the destructive drives directed against women (mother, sister, analyst), and conversely persists unaltered as long as an excess of anxiety prevents the taking in hand of the severe feelings of guilt connected with these drives. The defense here instituted—the appearance of which I have referred to as a resistance against analysis—is a defense against the sense of guilt, with some such meaning as: I have not injured myself in any way, I am made this way. This serves at the same time as a complaint against fate that one is made in this way and not differently, or against hereditary predisposition that is what it is once and for all, or, as in two cases, against a sister who had done something to the patient's genital, or against oppression in childhood for which amends had never been Here it is clearly apparent that the function which these complaints serve, and the reason for their retention, is that of a defense against the individual's sense of guilt.

Originally I supposed that the adherence to the idea of not being normal was determined by the illusion of masculinity, the concomitant sense of shame by the idea of having forfeited the penis, or the possibility of its growing, through masturbation; I regarded the pursuit of a man as determined in part by a secondary overemphasis of femininity and in part by a wish to be supplemented by a man if one cannot be a man one's self. But from the dynamics of the course of events, as I have above described these. I have come to the conviction that the fantasies of masculinity do not represent the dynamically effective agency but are merely an expression of secondary tendencies which have their root in the rivalry with women above described, being at the same time an accusation against unjust fate or against the mother, rationalized in this way or that, for not having been born a man, or an expression of the need to create in dreams or fantasies a means of escape from the torment of feminine conflicts.

There are of course cases in which adherence to the illusion of being a man does play a dynamic part, but these cases seem to be of quite a different structure, since in them a conspicuous degree of identification with a specific man—generally the father or the brother—has taken place, on the basis of which development in a homosexual direction or the formation of a narcissistic attitude and orientation occurs.

The overvaluation of relationships with men has its sources, so far as we have up to this point discussed them, not in any unusual strength of sexual impulse, but in factors lying outside the male-female relationship, namely, restoration of wounded self-esteem and defiance of the victorious (female) rival. And so it becomes needful to inquire whether and to what extent the desire for sexual gratification plays an essential part in the pursuit of the male. That consciously it is striven for is certain, but is this also true from an instinctual standpoint?

It is quite essential to keep in mind in this connection the important fact that this gratification is not sought with average zeal but is definitely and unequivocally overvalued. This attitude was at times made prominent quite on a conscious

level also, but at first I was inclined to underestimate it because of the strength of sexual inhibitions on the one hand and on the other of the force of the urge towards the male deriving from other sources; hence I regarded the attitude in question as being in large measure, at least, a rationalization serving to conceal the unconscious motives and to represent the desire for men as something "quite normal and natural". Now this emphasis doubtless does serve these ends as well, as a matter of fact; but we here find confirmation also of the old dictum that the patient is always-in some sense-right. Given the natural desire for sexual gratification and with due regard for all extrasexual elements, there nevertheless still remains an excess of sexual desire, and specifically for heterosexual intercourse. This impression is based upon the consideration that if in these women it was in essence merely a matter of protest against women on the one hand and of self-assertion ("narcissistic compensation") on the other, it would not be easy to explain the fact that in reality, often without being aware of it and often, indeed, in contradiction of their conscious attitude, they eagerly seek sexual intercourse with the partner in question. One often finds them entertaining the idea that they cannot be healthy or efficient in their work without it. This is rationalized from a half understood analytic point of view, or with some theory of hormones, or simply by means of the masculine ideology of the harmfulness of abstinence. How important sexual intercourse is to them is shown in efforts which, however variously determined in other respects, have the one common denominator of assuring themselves sexual intercourse, that is, of not being in the position of being suddenly cut off from the possibility of intercourse. These efforts seek realization in three ways, intrinsically as different as possible, yet which are interchangeable with each other owing to their having an underlying motivation in common: prostitution fantasies, the desire to marry, and the wish to be a man. Prostitution fantasies and marriage signify on this basis that there will always be a man available. The wish to be a man, or resentment against the male, derives in this connection from the idea that

- a man can always have sexual intercourse when he wants it. I believe that the following three factors contribute to this overvaluation of sexuality:
- 1. From the economic standpoint there is much in the typical psychological configuration of these women to force them into the sphere of sexuality, because the path to other kinds of possibilities of satisfaction has been made extremely difficult. Homosexual impulses are rejected because they are coupled with destructive impulses and because of the attitude of rivalry towards other women. Masturbation is unsatisfactory, if it has not been, as is true in most cases, completely suppressed. But in large measure all other forms of autoerotic gratification in the broader sense, both of a direct and a sublimated sort. everything that one does or enjoys "only by oneself", such as the enjoyment of eating, of earning money, of art or nature, are inhibited, and this in chief measure because these women. like all people who feel themselves at a decided disadvantage in life, harbor a tremendously strong wish to have everything for themselves alone, not to allow anybody else to enjoy the slightest thing, to take everything away from everybody elsea wish which is repressed because of the reactive anxiety which it gives rise to and because of its incompatibility with the individual's standards of behavior in other respects. In addition to this there is the inhibition present in all spheres of activity which, when coupled with ambition, results in great inward dissatisfaction.
- 2. This first factor might explain an actual intensification of sexual need; but a further factor might constitute a root of this increased valuation—one based upon the individual's original defeat in the sphere of feminine rivalry, and resulting in a deep-seated fear lest other women should constantly be a disturbing element in heterosexual activities, as indeed is manifested clearly enough in the transference situation. This is in fact something like the "aphanasis" described by Ernest Jones, except that here it is not a question of anxiety regarding the loss of one's own capacity for sexual experience, but rather the fear of being balked of it for all time by an external agency.

This anxiety is warded off by the attempts to gain security mentioned above, and contributes to the overestimation of sexuality in so far as any purpose which becomes an object of controversy is always overrated.

9. The third source seems to me the least well established since I could not detect its presence in all cases and therefore cannot vouch for its relevance in every instance. Some of these women, as has already been mentioned, recall experiencing in early childhood sexual excitation similar to orgasm. others one may infer with some justification the occurrence of such an experience, this on the grounds of subsequent phenomena such as the fear of orgasm coupled though this is with knowledge of it as betrayed in dreams. The excitation experienced in early life was terrifying either because of the specific conditions under which it was experienced or simply on account of its overwhelming strength relative to the subject's immaturity, so that it was repressed. The experience left certain traces in its wake, however-of a pleasure far in excess of that from any other source, and of something strangely vitalizing to the whole organism. I am inclined to think that these traces cause these particular women to a greater extent than in the average instance-to conceive of sexual gratification as a kind of elixir of life which only men are able to provide and without which one must dry up and waste away, while the lack of it makes achievement in any other direction impossible. regards this point, however, further corroboration must be forthcoming.

Despite this multiple determination of the intensive pursuit of men, and despite the strenuous efforts indulged in for the attainment of this goal, all these attempts are doomed to failure. The reasons for this failure are to be found in part in what has already been said. They have their root in the same soil as engendered defeat in the competition for the male, yet which at the same time gives rise to the very special efforts made to win him.

The embittered attitude of rivalry with women forces them, of course, constantly to demonstrate afresh their erotic

superiority, but at the same time their destructive impulses towards women cause any rivalry over a man to be inevitably bound up with deep anxiety. In accordance with the strength of this anxiety, and perhaps even more in accordance with the subjective realization of defeat and the consequent lowering of self-esteem, the conflict between an increased urge to engage in rivalry with other women and the increased anxiety engendered thereby results outwardly either in an avoidance of such rivalry or in increased efforts in that direction. The manifest picture may therefore run the gamut from women who are extremely inhibited in making any advances in establishing relationships with men, though craving for them to the exclusion of any other wish, to women of a veritable Don Juan type. The justification for including all these women within a single category, despite their outward dissimilarities, lies not only in the similarity of their fundamental conflicts but also in the similarity of their emotional orientation, in spite of the extreme difference in their outward careers-this, more accurately, with special reference to their attitude to the sphere of the erotic. The factor already mentioned, that "success" with men is not emotionally esteemed as such, contributes to an important extent to this similarity. Furthermore, no relationship with a man which is satisfactory either mentally or physically is achieved in any instance.

The insult to their femininity drives these women both directly and via the fear of not being normal to prove their feminine potency to themselves; but since this goal is never reached on account of the self-depreciation instantly occurring, such a technique leads of necessity to a rapid change from one relationship to another. Their interest in a man, such as may even amount to an illusion of being tremendously in love with him, vanishes as a rule as soon as he is "conquered"—that is, as soon as he has become emotionally dependent on them.

This tendency to make a person dependent through love, as I have already described as being characteristic of the transference, has still another determinant. It is determined by

an anxiety which says that dependence is a danger to be avoided at all costs, that therefore, since love or any emotional bond is that which creates the greatest degree of dependence. these latter constitute the very evil to be avoided. dependence is, in other words, a profound fear of the disappointments and humiliations which they expect to result from falling in love, humiliations which they have themselves experienced in childhood and would like subsequently to pass on to others. The original experience which has thus left behind it such a strong feeling of vulnerability was caused by a man presumably, but the resultant behavior is directed almost equally towards men and women. The patient, for example, who wanted to make me dependent upon her by means of presents expressed regret on one occasion that she had not gone to a male analyst, for one can more easily make a man fall in love with one and then the game is won.

Protection of one's self against emotional dependence thus corresponds to the desire to be invulnerable, much as Siegfried in the German saga bathed in the dragon's blood for that purpose.

In still other instances the mechanism of defense manifests itself in a tendency towards despotism as well as in vigilance to make sure that the partner shall remain more dependent upon her than she upon him, and this is accompanied, of course, by correspondingly violent overt or repressed reactions of rage whenever the partner gives any sign of independence.

The doubly determined inconstancy towards men serves further to gratify a deepseated desire for revenge, a desire which likewise has developed on the basis of her original defeat; the desire is to get the better of a man, to cast him aside, to reject him just as she herself once felt cast aside and rejected. From what has already been said it is evident that the chances of a suitable object choice are very slight, indeed are non-existent; for, for reasons having to do in part with their relations to other women and in part with their own self-esteem, these women snatch blindly at a man. These chances, moreover, in two-thirds of the cases here dealt with, were still

further reduced by a fixation on the father, who was the person about whom the struggle in childhood primarily centered. These cases at first gave the impression that as a matter of fact they were seeking the father or a father imago, and that later on they dropped men very quickly because the latter did not correspond to this ideal or also because they became the recipient of the repetitive revenge originally intended for the father, or in other words, that the fixation on the father constituted the nucleus of these women's neurotic difficulties. Although as a matter of fact this fixation intensifies their difficulties in many of these women, it is nevertheless certain that it is not a specific factor in the genesis of this type. At any rate it does not constitute the dynamic kernel of the specific problem with which we are here concerned, for in about onethird of these cases nothing was found in this respect which transcended the ordinary in intensity or in any particular characteristic. I mention the matter here only for technical reasons. For one learns by experience that when one follows through these early fixations without having first worked through the entire problem involved, one readily reaches an impasse.

For the patient there is but one way out of a situation so totally unsatisfactory, namely, by means of achievement, of esteem, of ambition. These women without exception seek this way out, in that they all develop tremendous ambition. They are motivated by powerful impulses emanating from wounded feminine self-esteem and from an exaggerated sense of rivalry. One can build up one's self-esteem by achievement and success, if not in the erotic sphere then in any other field of endeavor, the choice of which is determined by the individual's particular abilities, and thus triumph over all rivals.

However, they are foredoomed to failure along this path as well as in the erotic sphere. We must now consider the reasons for the inevitability of this failure. We can do this briefly because the difficulties in the sphere of accomplishment are essentially the same as we have seen them to be in the erotic sphere, and all that needs here to be considered is the form in

which these manifest themselves. It is in the matter of rivalry, of course, that the parallelism is most clearly discernible between these individuals' behavior in the erotic sphere and in that of accomplishment. In those who have an almost pathologically increased need to drive every other woman from the field, there exists a conscious ambition and desire for recognition in every sort of competitive activity, but the underlying insecurity is of course obvious. It manifested itself in the three cases which exhibited this particular pattern in their absolute failure to pursue a given goal perseveringly in spite of tremendous ambition. Even kindly criticism discourages them, and the same holds true of praise. Criticism touches off their secret fear of inability to compete successfully, and praise the fear of any rivalry whatever, but especially, of course, successful rivalry. A second element which recurred in these cases with monotonous regularity was their Don Juanism. the same way as they are in constant need of new males, they are also incapable of tying themselves down to any particular work. They are fond of pointing out that tying themselves down to a particular type of work deprives them of the possibility of pursuing other interests. That this fear is a rationalization is betrayed by the fact that they do not in actuality pursue any interest with any real degree of energy.

In those who avoid any rivalry in the erotic sphere under an obsession of their inability to please, ambition as such is also almost always repressed. In the presence of those who give merely the appearance of being able to do things better than they, they feel completely relegated to the background, feel unwanted, and react with tremendous outbursts of rage to such situations—just as in the transference situation—and readily react with a depression.

When it comes to marriage, their own repressed ambition is often transferred to the husband, so that with the whole momentum of their own ambition they demand that he be successful. But this transference of ambition has only partial success, for, on account of their own unintermitting attitude with regard to rivalry, they are at the same time unconsciously

lying in wait for failure on his part. Which attitude towards the husband predominates depends upon the strength of their own need for self-maximation. Thus from the very outset he may be regarded as himself a rival, in relation to whom they fall into an abyss of feelings of incompetence, accompanied by the deepest feelings of resentment towards him; that is, in the same way as that in which they avoid erotic rivalry.

There occurs in all these cases a further difficulty of prime importance which arises from the striking discrepancy between their increased ambition and their weakened self-confidence. All these women would be capable of productive work, in accordance with their individual endowments, as writers, as scientists, as painters, as physicians, as organizers. It is perfectly self-evident that in every productive activity a certain amount of self-confidence is a prerequisite, and a noticeable lack of it has a paralyzing effect. This holds true, of course, equally here. Hand in hand with their excessive ambition there is from the very outset a lack of courage resulting from their broken morale. At the same time the majority of these patients are unaware of the tremendous tension of ambition under which they labor.

This discrepancy has a further practical result. For they expect, without being aware of it, to achieve distinction from the very outset—to master the piano, for example, without practice or to paint brilliantly without technique, to achieve scientific success without hard labor, or to diagnose correctly heart murmurs and pulmonary sounds without training. Their inevitable failure they do not ascribe to their unreal and excessive expectations, but regard it as due to their general lack of ability. They then are inclined to drop whatever work they are doing at the time; they thus fail to attain that knowledge and skill, through patient labor, which is indispensable to success; and thereby they bring about a further and permanent increase in the discrepancy which we have depicted.

This feeling of an inability to achieve anything, which is just as tormenting here as in the erotic sphere from which it

originates, is as a rule maintained with equal tenacity. The patient is determined to prove to herself and to others, and above all to the analyst, that she is incompetent to do anything, that she just is awkward or stupid. She discards any proofs of the contrary and takes every praise as a deceitful flattery.

What is it that maintains these tendencies? On the one hand, the conviction of one's own incapacity affords an excellent protection against achieving anything worth while, and thus insures one against the dangers of successful competition. This adherence to the incapacity to do things subserves this defense far less than it does the positive striving which dominates the entire picture, namely, that of obtaining a man, or rather of extorting from fate a man in despite of all the powers that be—and of doing so by giving proof of one's own weakness, dependence and helplessness. This "scheme" is always entirely unconscious, but is pursued all the more obstinately for that reason; and that which is seemingly meaningless betrays itself as a planned and purposeful striving towards a definite end when regarded from the standpoint of this unconscious expectation.

This appears on the surface in various ways, such as certain vague but nevertheless persistent conceptions implying that there exists an alternative between man and work, that the path to work and independence interferes with or cuts off the path to men. To impress upon these patients that such conceptions have no basis in reality leaves them completely unmoved. The same holds true of the interpretation of the supposed alternative between masculine and feminine, penis and child. Their obstinacy becomes intelligible if regarded as the expression, even if not understood, of the scheme described above. In one patient in whom this idea of the alternative referred to above played a considerable part in her extreme resistance to all work, the underlying wish was exhibited in the transference in the following fantasy: Through the payment of the analytic fee she would gradually lose all her money and become impoverished. The analysis, however, would not be able to help her overcome her inhibitions in regard to work. She would be deprived in consequence of all means of support and would be unable to earn her livelihood. In that case her analysts would have to take care of her—in particular, her first (male) analyst. The same patient tried to get the analyst to prohibit her working by insistently putting forward not only her incapacity for doing so but likewise the harmful results attending it. When urged to work on the ground of suitability and competence, she reacted—in quite logical fashion, indeed—with anger which sprang from the frustration of her secret scheme, while its conscious content was that the analyst looked upon her as fit only for work and wished to frustrate her feminine development.

In other cases the fundamental expectation is expressed in envy of women who are supported by a man or furthered in their work by a man. Fantasies having a similar meaning occur in abundance, fantasies of receiving from a man support or gifts, children or sexual gratification, spiritual aid or moral support. Corresponding oral-sadistic fantasies make their appearance in dreams. In two cases it was the father himself whom the patients compelled to support them by demonstrating their inability to do so themselves.

Their whole attitude remains unchanged, as regards its dynamics, until one has fitted it into the framework of their secret expectation, which is to the following effect: If I cannot obtain the love of my father—that is, a man—in a natural way, I will extort it by the device of being helpless. This is, as it were, a magic appeal to their pity. The function of this masochistic attitude is therefore a neurotically distorted means of attaining a heterosexual goal which these patients believe they cannot reach in any other way.

To put it simply, one might say that the solution of the problem of their feeling of inhibition in regard to work lies in these cases in their inability to bring to the work in question

¹ The train of thought is here the same, in the main, as has been expressed by Reich in *Der masochistische Charakter* (Int. Ztschr., 1932), in so far as he also was able to demonstrate masochistic behavior as subserving the attainment of pleasure in the end.

a sufficient amount of interest. In fact, the term "inhibition in regard to work" does not cover the matter adequately, for in most cases there comes about eventually a complete mental aridity. The aims remain fixed in the erotic sphere, the conflicts existing in that sphere are transferred to the field of work, and finally the inhibition in regard to work is itself utilized by the desire to extort love, at least in this roundabout way, in the form of commiseration and tender care.

Since work must of necessity not only remain unproductive and unsatisfactory but becomes actually painful, these patients are thrust back with redoubled force—in a secondary manner—into the erotic sphere. This secondary process may be set in motion by a personal sexual experience such as marriage, but also by any other similar occurrences in the environment. This may also serve to explain the possibility already mentioned, that the analysis also may become an exciting factor, namely when the analyst, misjudging the true state of affairs, puts all the emphasis upon the sexual sphere from the outset.

The difficulties naturally become more pronounced with increasing age. A young person is easily consoled in the face of erotic failures and hopes for a better "fate". Economic independence is, at least in the middle classes, not as yet a pressing problem. And the narrowing down of the spheres of interest does not as yet make itself very severely felt. With increasing years, say in about the thirties, continued failure in love comes to be regarded as a fatality, while gradually at the same time the possibilities of a satisfactory relationship become more hopeless, chiefly for internal reasons: increasing insecurity, retardation of general development, and, therefore, failure to develop the charms characteristic of mature years. Furthermore, the lack of economic independence gradually becomes more of a burden. And finally, the emptiness which comes to pervade the sphere of work and achievement is felt in increasing degree as increased emphasis is, with increasing age, placed by the subject or by the environment upon achievement. Life seems increasingly to lack meaning, and gradually bitterness develops because these persons necessarily lose themselves more and more in their twofold self-deception. They think that they can be happy only through love, whereas, constituted as they are, they can never be, while on the other hand they have an ever diminishing faith in the worth of their abilities.

Every reader will in all probability have noticed that the type of woman depicted here occurs frequently today in less exaggerated form, at any rate in our middle class intellectual circles. At the outset I expressed the opinion that this is largely determined by social reasons, reasons which lie in the social narrowing of women's sphere of work. In the cases here described, however, the particular neurotic entanglement nevertheless arises clearly from an unfortunate individual development.

This description might give the impression that the two sets of forces, social and individual, are separated from each other. This is certainly not the case. I believe that I can show in each instance that the type of woman described can only result in this form on the basis of individual factors, and I assume that the *frequency* of the type is explained by the fact that, given the social factors, relatively slight difficulties in personal development suffice to drive women in the direction of this type of womanhood.



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BOOK REVIEWS

GESAMMELTE SCHRIFTEN, XII BAND. By Sigmund Freud. Vienna: Internationaler Psychoanalytischer Verlag. 1934. 420 p.

The Twelfth Volume of Freud's monumental Gesammelte Schriften was issued at the time when the XIII International Psychoanalytic Congress was held in Lucerne. In form, type, and general composition this volume is similar to the eleven volumes already issued, and like its older siblings it is not devoid of some regrettable lapses which are in unpleasant disharmony with the solidity and the general excellence of the whole edition. Thus Freud's Foreword to a special number on Psychopathology edited by Dorian Feigenbaum is credited to The Psychoanalytic Review, and a general index is still lacking. One is, of course, not unmindful of the enormous task which the preparation of such an index represents, but the one who undertakes it will perform a lasting service to the students of psychoanalysis.

The Twelfth Volume embraces all that Freud has written between 1928 and 1933, and it stands out as an encouraging reminder of scientific consistence and persistence in our modern dark age when the writings of Freud and of many of his gifted contemporaries were burned in the fire of our modern auto-da-fè in Germany. Der Familienroman der Neurotiker, which was first published in 1909 in Otto Rank's Myth of the Birth of a Hero and Freud's article on Psychoanalysis (1926), published in the last edition of the Encyclopedia Britannica, are the only two contributions in this volume dated before 1928. A number of forewords to books and some statements and letters of public interest are included, but all the above mentioned writings cover only fiftythree pages out of the four hundred twenty of the volume. The rest-over three hundred sixty pages-are devoted to the following scientific contributions: Dostoyevski and the Murder of the Father; Civilization and its Discontents; the New Series of Introductory Lectures on Psychoanalysis; Libidinal Types; On the Sexuality of Women; The Conquest of Fire; Why War? Of the last four, three appeared in full and one in summary in this QUARTERLY, and the two books are also available to the English reader as they were published both in England and in the United States.

It is hardly necessary to reiterate the chief characteristics of

the above mentioned contributions; they have been published, reviewed, and discussed in the professional and lay press before the appearance of this volume. If the special attention of the reader is again called to these writings, it is done not for the purpose of reminding him of their existence, but rather to share with him the impression one gains from the perusal of the volume of the integrity and breadth of Freud's contribution to human thought. While it embraces that part of the mental work of the last five years which Freud chooses to reveal to us, it serves as an excellent illustration of the inclusive volume of his Weltanschauung. contributions were made in the middle of the eighth decade of his life and at the close of almost half a century of scientific endeavor, and they round out the system of freudian thought. In his New Series of Introductory Lectures, the link he started with is recaptured, so to speak, and this continuity is a tribute to his directness and consistency between his "old" and "new" series. Of what he had said he has little to abandon, and what he has to add (his views on anxiety, for instance) serves more as a supplement to what he has observed earlier. True, he now raises an obscure and rather involved question as to the nature of occultism and thought transference, but he neither solves it nor drops it as inconsequential. The chapter on occultism seems to be more a plea for tolerance toward something that we do not understand than an attempt to solve with theoretical preconceptions what he does not understand. This rather bold and almost adventurous plunge of Freud into the puzzling unknown has been a characteristic of his when he was thirty as it is now when he is almost seventy-eight.

At the same time he continues to remain scientific rather than sentimental (see "Why War?") and both scientific and iconoclastic as of yore in Dostoyevski and the Murder of the Father, in the Academic Expert Testimony in the Trial of Halsmann (p. 412), or in his Letter to Maxime Leroy on a dream of Descartes (p. 403), or particularly in Civilization and its Discontents. In other words, nothing could better refute the contention of some opponents of psychoanalysis that it is a metaphysical system or only a therapeutic technique than this twelfth volume. Being a method of scientific investigation and a system of scientific observation, it cannot but state nihil humanum me alienum puto, be it clinical or sociological problems such as neuroses or war, be it general phenomena of human behavior (Libidinal Types, Sexuality of Women), or criminology or history of thought. This encyclopedic character-

istic of Freud's opera omnia is neither an accident nor a presumptuous attempt on his part; it is a natural outgrowth of every genuinely scientific process of thinking, a characteristic independent of the particular historical period a man happens to live in, or of the specialty he happens to start with. That is why all systems of this kind bear the earmark of universality, be they those of Aristotle, Thomas Aquinas, or Charles Darwin. And yet despite this encyclopedic universality, or perhaps because of it, the whole system contains nothing dogmatic, nothing finished, nothing oncefor-all established; for it is a scientific system and not a philosophy of life, and therefore it cannot be fully finished or absolutely crystallized. This is exactly the very test of the scientific quality of the system and Freud expressed this thought better than the reviewer can. He concludes his New Series of Introductory Lectures as follows:

"Ladies and Gentlemen: Permit me in conclusion to summarize what I had to say about the relation of Psychoanalysis to the problem of a philosophy of life (Weltanschauung). Psychoanalysis is unable to create for you any special philosophy of life. Moreover, psychoanalysis does not need such a special philosophy. It is a particle of science and it adheres to a scientific philosophy. The latter needs, however, no high sounding designations because it does not see everything; it is quite unfinished; and it makes no claim for being concluded and systematized. Human scientific thought is still too young; there are very many problems it has not yet learned to master. A philosophy of life built on the basis of science not only emphasizes the presence of the world of reality; it also possesses negative characteristics: it is to see what is true and to reject what is illusory. Those among us who are not satisfied with this state of affairs, those who demand more in order to quiet their momentary needs, may get for themselves a philosophy of life wherever they can find it. We shall not hold it against them and we cannot help them either; nor can we for their sake think otherwise than we do."

SCIENCE AND SANITY. AN INTRODUCTION TO NON-ARISTOTELIAN SYSTEMS AND GENERAL SEMANTICS. By Alfred Korzybski. Lancaster, Pa.: International Non-Aristotelian Library Publishing Co., 1933. 798 p.

This surely is a remarkable book, and it can without any qualification be recommended for reading and even study. I only feel

bound to warn the student that he must be prepared for hard work. due to a certain extent to the difficulties of the subject itself, and to the fact that the book touches on practically all branches of science and on some even so disparate as neurology and mathematics. In addition, we are confronted from the beginning with a rich terminology, created by Count Korzybski himself (which, as may be said at once, constitutes his main scientific contribution). without being prepared with regard to its meaning and use. Count Korzybski tends to leave it to the reader to discover during the course of study the meaning of his terms. No wonder that, in spite of repeating everything several times, which accounts for the bulkiness of the volume, the author requires his reader to read it through "several times", following therein Schopenhauer, who in his preface to the Welt als Wille und Vorstellung also asks for "zweimal oder keinmal". Schopenhauer's contemporaries took the easier way of reading "keinmal". It is to be hoped that Count Korzybski's book does not meet with a similar fate.

This attribute starts with the title, over which the reader has probably already stumbled twice. To give the reader an idea of the book's objectives it is best perhaps to explain first what is meant by "non-aristotelian systems" and "general semantics". The terms "non-aristotelian" and "semantics" have been borrowed from mathematics. About thirty years ago the Dutch mathematician Brouwer was led to challenge the aristotelian law of the excluded third ("A is B, or not B"). This led to a revolution in mathematical and other basic thinking which goes under the name of "non-aristotelian logic", in the development of which a number of the author's compatriots, Polish mathematicians, played an important rôle. The "two-valued" (B, non B) logic of Aristotle was thereby replaced by a "three-valued" or even "many-valued" logic, covering "modality", namely, some degree of certainty or uncertainty with which a given statement is made. The term "semantic" is derived from the Greek σημαίνειν, "to signify" or "to mean", and is used in one of the above-mentioned Polish schools of mathematics to indicate the number of values which a term may have, according to its different meanings.

Count Korzybski has generalized these two terms. He has gone beyond Brouwer and the Polish mathematicians to the root of the aristotelian logic by challenging the law of identity "whatever is, is". Identity is "absolute sameness in all respects" and it is the

"all", the author insists, which makes identity impossible. If this "all" is eliminated from the definition, then the word "absolute" loses its meaning and there remains only "sameness in some respects" or "similarity", but no identity. Here the author has a predecessor in Leibnitz, who maintained that if (supposedly) two things are the same in all respects, they must be identical and therefore actually are one thing only. The author, however, has the advantage over Leibnitz of having at his disposal Einstein's relativity theory, which does not differentiate between space and time and recognizes four-dimensional "events" only. He can therefore maintain that not only are two leaves (1, and 1,) of the same tree never the same in all respects (Leibnitz's famous example), but also that "this one" leaf is a different individual on April 27, 1934, and a different one on May 27, 1934, and that to describe completely which one is meant, one has to use a superscript indicating the time at which the object is considered. In mathematical language we have

 $l_a + l_b^2$

according to Leibnitz, and

$$1_{a_{t_1}} + 1_{a_{t_2}}$$

with "t" representing the time, according to Korzybski.

In accordance with this conception, the aristotelian laws of contradiction ("nothing can both be and not be") and of the excluded third ("everything must either be or not be") are not independent and must fall with the law of identity. This demolishes aristotelian logic altogether and puts in its place an infinite-valued logic of probability or a "non-aristotelian system".

The second generalization concerns the term "semantic". The author considers not only the different conscious logical meanings which a term may have, but includes the unconscious psycho-logical meaning which always accompanies the former. This attitude, which does not split organismal processes into "intellect" and "emotions", he calls "non-elementalistic", pointing to the method of Einstein, who united space and time in the non-elementalistic term "event". A non-elementalistic, non-aristotelian system he calls "general semantics".

¹ The "event" is four-dimensional because it happens at a certain point of three-dimensional space, at a certain time, which adds the fourth dimension.

² The symbol ‡ means "is not".

The two ideas, viz. (1) the rejection of the "law of identity", by postulating the absolute individuality of events, and (2) the "organism-as-a-whole" principle, which requires a non-elementalistic, psycho-logical semantics, are the two pillars on which Count Korzybski builds his system. As has been said before, the method of presentation he is following in his book does not so much resemble the erection of a structure, but rather the weaving of a complicated fabric of innumerable strands, which cross each other and are interconnected at all cross-points. The present reviewer will try to disentangle the main strands and pursue them in such of their branches as should be of interest to the readers of this QUARTERLY.

Following the rejection of the law of identity and of the other laws of aristotelian logic which are dependent upon it, it appears that the little word "is" plays a most fundamental rôle in these formulations. The identification of leaf "1a" with leaf "1b" follows from calling both "leaf" and saying "this is a leaf" and "that is a leaf", identifying things with the words which represent them by using the "is of identity". In order to safeguard ourselves against this, we must remember that words are not the things they represent. However the thing we perceive or the "observed" object is neither identical with the thing which acts on our senses or with the "real" thing. The gross, macroscopic perceived object represents all we know or care about in ordinary life. The knowledge of the real object requires scientific investigation.1 It represents the submicroscopic, unseen, physico-chemical processes, which constitute the stimuli on our nervous system. As these processes are constantly changing, the real object is a "packet of events". The number of its characteristics is therefore infinite. The number of characteristics of the perceived object on the other hand may be large, but is always finite. The neurological processes involved in perceiving an object result accordingly in an abstracting from the infinite number of the submicroscopic characteristics of the combination of events, which constitute the real object, a finite number of macroscopic characteristics.

The perceived object is a first abstraction in an order of abstractions. Next comes the term, the "label", which we attach to the object. Next the "definition" which is a statement about the label.

¹ For that reason the author calls it the "scientific object", while for "observed object" he uses "ordinary object".

Next we may make a statement about the definition or a statement about a statement, and so on, ad infinitum. In all these statements the "is" appears somewhere, and it should not be understood as an "is of identity", because: whatever we might say a thing or a happening "is", it is not.

We thus arrive at the complete rejection of the "is of identity", which includes the rejection of the whole aristotelian logic as a special case. This however strikes radically at language itself. If the objective level is entirely un-speakable, what then is the link between the objective and the verbal level? The answer is that the only possible relation of the objective world to language is the same as that of an actual territory to its map. course, is not the territory; it is not even a picture of it. be a true map, the only requirement is, that it should have the same structure as the territory, i.e., it should show the same order of elements. If a map showed that the shortest road from New York to Philadelphia was through Washington, the structure of the map would not be similar to the structure of the territory lying between New York and Philadelphia and we could say that such a map was "not true". But we do not expect the state of New York to be actually red and the state of Pennsylvania to be blue because they are distinguished by these colors on the map.

The only possible content of knowledge of the world is knowledge of its *structure*; the only possible expression of that knowledge is through a language of similar structure. The aim of science is accordingly (1) the empirical investigation of the structure of the world (ourselves included), and (2) the building of a language of a structure similar to the empirical facts known.

There exists a perfectly developed language where words are not confounded with things, which is structure only and nothing else: this is mathematics. The mathematician does not expect to find any "straight line" among real things. But out of straight lines he can construct a figure, the structure of which can be found again in the geometrical properties of real bodies. Mathematics therefore is a non-aristotelian language. The difference between this and other non-aristotelian languages lies in the fact that mathematics is exact. Whenever we discover any relations in any field of science which will allow exact treatment, such a discipline can be included in the

¹ Reiner, M.: Causality and Psychoanalysis. This QUARTERLY I, 1992. P. 705.

body of linguistic schemes called mathematics, as for example mathematical physics, mathematical biology, and so on.

Now the structure of our everyday language which we also use in all non-mathematical sciences is not at all similar to the structure of the empirical world known in 1934. Any language has at its bottom a system of certain metaphysics which ascribes, consciously or unconsciously, some sort of structure to this world, and our daily language is accordingly full of the primitive mythology of bygone generations. We are living in an obsolete verbal environment, which shapes our "semantic reactions" and suggests our doctrines, creeds, opinions, etc., which in turn build our institutions, customs and habits.

Here we arrive at the second main object dealt with in "Science and Sanity". Up till now only "Science" was discussed. The author's objections were of an epistemological nature and dealt with the foundations of science. Now, however, when we realize that through the "is of identity" we are ascribing a delusional objectivity to terms, inherited from our primitive ancestors, we have found the mechanism of a semantic disturbance, called identification, which brings with it infantilism and un-sanity. This identification consists generally in a confusion of that order of abstractions, which has been described above. The most serious confusion is "objectification", of the confusion of the real thing with its name.

The remedy against this evil is "consciousness of abstracting". We should be aware and remember that in perceiving a thing, in defining it, in talking about it, in judging it, we continually leave our characteristics. Through all these adaptations the "individuality of the object" has been more and more lost. Our actual lives, however, are lived entirely on the objective levels, including the un-speakable feelings, emotions, etc. If we are unconscious of abstracting, we are led on verbal, "definitional" or doctrinal semantic grounds to expect something else than what the experiences of life give us. The non-fulfilment of the expectations produces a "semantic shock". Identification is a normal and necessary reaction of the animal, the infant and the primitive individual. Their "natural objects" do not deceive them. Not so the objects of civilized life, which possess in an ever increasing degree characteristics that are not obvious on the objective level of the ordinary perception and yet are as real and even dangerous. A high tension wire is not found in nature free from human interference and does not forewarn us instinctively.¹ In the civilized world the "scientific object" therefore becomes more and more important, which makes the transmission of scientific knowledge from one generation to the next by extra-neural means (books, apparatus, etc.) more and more necessary. Each generation of civilized human beings can thereby start where the former generation left off, a faculty which the author calls "time-binding".

This is the main fabric of the author's system. In addition, the book contains in the elaboration of the system many noteworthy observations and remarks which increase its interest. Perhaps his greatest scientific achievement is the author's development of the concept of "multiordinality". Because there are different orders of abstractions, a question can sometimes be answered 'yes' or 'no', 'true' or 'false', depending on the order of abstraction which the answerer is considering. This alters radically the supposedly sharply defined fields of 'yes' and 'no' of aristotelian logic. 'Yes' and 'no', 'true' and 'false' are multiordinal terms. So are 'fact', 'reality', 'relation', 'order', 'doubt', 'love', 'hate' 2 and many others. They all have in common the fact that if they can be applied to a statement they can also be applied to a statement about the first statement and so, ultimately, to statements of all orders of abstractions. If we use such terms consciously in the multiordinal sense, they become extremely flexible and full of conditionality, i.e., nonaristotelian. All speculations about such terms in general-as, for instance, What is reality?—are futile, as the only correct answer is that "the terms are multiordinal and devoid of meaning outside of a context".

The ideas that constitute the basis of the author's system are, as must be the case in a work of such magnitude, only slightly original with him. The reader who is trained in philosophy can easily retrace their ancestry. As a matter of fact the author

¹ Many readers will here remember Maeterlinck's discussion of the intelligence of bees (The Life of Bees). In their clash with civilization the bees sometimes behave apparently so stupidly that some naturalists have seriously denied them all intelligence. Count Korzybski would say that they behave as intelligently as an *unscientific* animal can behave, but suffer from identification of their "ordinary objects" with the "scientific objects".

² It may be that ambivalence refers to different levels.

invites the reader to do so by prefacing every part and chapter of his book with an unusually large number of quotations and by adding a bibliography of six hundred nineteen items.

We have already mentioned Leibnitz of the old school of philosophy and Einstein of the modern. When the author calls logic "a method of speaking and not a method of thinking", one is reminded of Mach's idea of the Anpassung der Gedanken an die Tatsachen (adaptation of thoughts to facts). His emphasis upon the structural qualities of scientific language is reminiscent of Hertz's Bilder, the necessary logical consequences of which must be developed by science; etc., etc. This dependence upon the thought of others does not detract from the author's contribution. He has given the ideas which he may have borrowed from others a new relationship and has seen them in a new light, so that one can understand them more clearly and originally even when one is already familiar with them.

His principal weakness resides in his excessive rationalism. The conviction, which can only be approved, that the splitting of organismal processes into "intellect" and "emotions" is an illegitimate "elementalism", leads him to forget the fact that here we are on a "one-way-traffic" road. When he sees how greatly "thinking" is influenced by "feeling", he wants to go the other way and influence "feeling" by "thinking". He believes, in all seriousness, that it is possible to "change human nature" by assisting "persons in morbid states to revise by themselves their own afflictions by the simple realization that the symptoms are due to confusing the order of abstractions". And so he has devised a therapeutic apparatus, which he calls the "Structural Differential" and which he describes as a "childishly simple non-elementalistic means for a complete and conscious elimination of identification and other delusional or psychopathological factors in all known fields of human endeavor". With the utmost sympathy which the present reviewer can muster for the author's work, he cannot help calling this claim simply childish.

A work of this nature must obviously clash with psychoanalysis on point after point. It is quite apparent that the author has been deeply influenced by Freud and has borrowed heavily from him, without, we are sorry to say, proper acknowledgment. The author speaks of "the very young science of psychiatry" having "progressed

rapidly", when he clearly means psychoanalysis. What is worse, his limited understanding of Freud's psychoanalysis has not kept pace with its rapid progress, and he is not even cognizant of the rôle of transference. Hence he manages to declare: "All psychotherapy 1 is a semantic attempt to influence 'feeling' by 'thinking'" Much less does he, of course, understand the power of the destructive instinct or he would not say that "it is amusing to discover that the quarrels between two lovers, two mathematicians, two nations . . . should exhibit one mechanism-the semantic mechanism of identification-the discovery of which makes universal agreement possible, in mathematics and in life". With this sentence he finishes his book. Alas! Why cannot we share his naïve faith! In comparison with such claims, his claim to be able to breed "geniuses" with the aid of his "structural differential" is rather modest. The reviewer however regrets not to be able to follow him even so far.

What is worse, he radically misunderstands the character of Freud's psychoanalysis. One is taken aback in reading: particular freudian doctrine is only one of the indefinitely many variants of similar system-structure, which can be manufactured from the one system-function underlying the particular freudian system." He seems to think of freudian psychoanalysis as something like non-euclidian geometry. Just as there exist several noneuclidian geometries, which are equally justified and can, let us concede this, be "manufactured", there are, according to the author, different equally justified psychoanalytic systems, which belong together to a system-function. I am afraid the author has been too much impressed by the axiomatic method of mathematics.2 so that he has lost awareness of its limitations. The axiomatic method can be applied to geometry, to classical mechanics, to thermodynamics on the one hand, and to theology, on the other hand-in short, to theories in fields where no new empirical facts have been discovered for centuries or at least decades. cannot be applied to quantum-physics or atomics or wherever new phenomena are being discovered daily, because every new empirical fact upsets the system. And for the same reason the axiomatic method cannot be applied to psychoanalysis, which is to this day essentially empirical, and empirical to such an extent that new

¹ Read "psychoanalysis". M.R.

² Compare l.c., page 705.

facts are or may be discovered every day. This makes Freud's psychoanalysis unsystematic and even contradictory—a situation that does not in the least alarm his disciples.

This mistaken application of mathematical analogies derives from the author's rationalism. While in theory he gives a high place to empiricism, in practice he seems to overrate the importance of the linguistic trappings with which theory adorns the empirical facts. He is so convinced of the importance of the nonelementalistic organism-as-a-whole principle, he wants to unite body and mind, nerves and soul-and thinks he can do this by the simple means of one or more hyphens! Thus he arrives at the "neuro-psycho-logical" conception. His model is the nonelementalism of Einstein's "event", which has space-time character. Einstein, however, did not bind space and time together by a hyphen! If he had produced the most beautiful system from this hyphen, as a conjurer produces flowers, eggs and chickens out of an empty hat, no physicist would have taken the trouble to study his system. The cement with which Einstein bound space and time together was made out of the hard empirical fact that the velocity of light is the same in every system and that it is independent of the movement of the source of light. "Die Psychoanalyse ist in ihren Zielen durchaus monistisch und fasst körperliche wie seelische Phänomene als Ausdrucksformen einer einheitlichen Gesamtvitalität auf." 1 (Psychoanalysis is thoroughly monistic in its aims and regards bodily and psychic phenomena as forms of expression of a single collective vitality.) Nevertheless, although Freud has always held that psychic characteristics are based upon physiological factors, he has never pretended that this conception can be applied empirically by the employment of a psychophysio-logical language. The empirical cement was missing! We have lately seen an attempt to find this cement in the empirical fact of a measurable temperature-difference between brain and body.2 The success of this attempt has been disputed,3 and as long as such a measurable relation is not found, the hyphen which appears in physio-psychology remains entirely empty.

Feigenbaum, Dorian: Die Psychoanalyse und der praktische Arzt. Zentralblatt f. Psychotherapie VI, 1933. P. 27.

² Bernfeld, Siegfried, and Feitelberg, Sergei: Über die Temperaturdifferenz von Gehirn und Körper, eine libidometrische Untersuchung. Imago XVI, 1980.

³ Spring, William J.: A Critical Consideration of Bernfeld and Feitelberg's Theory of Psychic Energy. This QUARTERLY III, 1934.

It must be noted, however, that in spite of the above-mentioned negative considerations, the virtues of this book outweigh its defects. The author has been successful in constructing a number of new terms of a language, the structure of which is in better agreement with the structure of the empirical world as known to us than the structure of our ordinary language; and one can entirely agree with Dr. William A. White's comment, as quoted on the jacket of the book, that to have "Korzybski's concepts of multiordinality, degrees of abstractions, non-identity [and others—M.R.] in one's mental equipment" is surely "very helpful".

FACTS AND THEORIES OF PSYCHOANALYSIS. By Ives Hendrick. New York: Alfred A. Knopf, 1934.

This is another popular presentation of psychoanalysis—in the reviewer's opinion an excellent one. Its pages give evidence of a thorough grasp of psychoanalytic literature which is well organized and presented simply and concisely. The only exceptions are certain parts of the section on theory which at times become a trifle discursive.

The peculiar merit of the book is the unusual vividness, even plasticity of the author's presentation. It is an extremely personal product, the end result of the author's own process of assimilation during the course of his psychoanalytic training and experience. This gives his work a freshness in point of view which is difficult to achieve in a book that is primarily a summary of the work of others, and the author is able to communicate to an unusual degree the sense of conviction that can be derived only from direct personal experience. On the other hand, the personal orientation of the presentation occasionally betrays the writer into burdening his case fragments with a mass of detailed associations that are of interest only to a trained psychoanalyst and must be confusing to a general reader.

Of the four parts of the book, the section on facts (Part 1) and that on therapy (Part 3) are the best. The chapter on the Structure of the Total Personality (Chapter 6) is not so well organized as the rest of the book and leaves a somewhat confusing impression. It seems somewhat confusing also to divide instincts into three groups, "ego instincts", "destructive instincts", and "sexual instincts", as is done at the end of Chapter 4; and to state in two places (pp. 122)

and 275) that Freud's classification together of narcissism and object libido as manifestations of Eros is identical with Jung's conception of libido as general psychic energy, but Freud's substitution of the duality of life and death instincts in place of that of sex and ego instincts is later (pages 122-3) indicated to the careful reader. On the other hand, the brief account of the relations of Adler's, Jung's and Rank's schools to psychoanalysis is especially valuable on account of its moderation and scrupulous fairness. The short paragraph on "ego potentiality" (p. 240) as a point to consider in estimating the chances for success in therapy is a simple and very helpful formulation of a factor which has been generally recognized without having been previously put so clearly in words.

PRACTICAL PSYCHOLOGY IN CHARACTER DEVELOPMENT. By Rudolph Allers, M.D. An abridged and rearranged version of the Author's Psychology of Character, made by Vera Barclay. New York: Sheed and Ward, Inc., 1934. 190 p.

Dr. Allers believes that "a purely naturalistic psychology, however complete and however well founded, must eventually break down unless it is coördinated with religious knowledge and principles", that "psychological problems lead us into the realm of revealed religion", and that "the physician must never forget that when he provides a bridge by which the neurotic can cross from his little island of isolation into the world of humanity, he may also have to act as liaison with the supernatural". His psychology is borrowed complete, and with acknowledgments, from Alfred Adler. The religious addition is purely gratuitous, and is Dr. Allers' only contribution. If there is any attempt to substantiate the above mentioned beliefs in the complete work it does not appear in this abridged version, nor is there any synthesis of them with the Adlerian psychology. There is no need here to review the tenets of individual psychology. They are sufficiently well known to readers of the QUARTERLY.

A few random quotations will give the full flavor of the complete text:

"An 'unconscious' as in Freudian psychoanalysis is not taken for granted. Individual psychology prefers to say that the individual does not always understand his own actions or the real aim underlying them."

"Authority must be constructively built up in the childish soul, not imposed upon it; and love is its only possible architect. Only when it is sustained by love does it become authority in the real sense; only then can it look to the love of God as its foundation."

"Neurosis is due to the exaggeration of the tension between the will to power and the possibility of power. All situations which give rise to a sense of powerlessness cause fear.—As already noted, rebellion accompanies fear as a second characteristic of neurosis—rebellion against the limitations of existence and the overshadowing power of God. I have never yet come across a case of neurosis which did not eventually reveal as the ultimate conflict and problem, an unsolved metaphysical problem."

Dr. Allers' psychology is for those who are very tender on the subject of sex, and who in addition like their psychology dished up with a religious garniture.

RAYMOND COSSELIN (NEW YORK)

PSYCHOPATHOLOGY. By J. Ernest Nicole. Second Edition. Baltimore: William Wood & Company, 1934.

This book attempts to summarize and compare not only the main trends in psychopathology but also related work in psychology, criminology, education, sociology, ethnology, ethics, literature, etc. It is not surprising that within the limits of less than two hundred fifty pages it succeeds in giving only a bare outline of the theoretical framework of a considerable number of systems of psychopathology. Theoretical formulations, however, have no life and reality when divorced from the phenomena they are devised to explain; and the author's brief synopses will be intelligible, accordingly, in proportion to the reader's previous knowledge of the topics discussed. They should be chiefly valuable, as a sort of annotated bibliography "to indicate" as the author himself hopes "directions in which further reading might prove profitable and interesting". The spirit of these short reviews is very fair and not altogether uncritical, though the critical evaluations expressed are not so much discussions of real issues as comments upon the consistency of theoretical systems, and one feels a much too facile and superficial urge to bring conflicting systems into harmony with each other.

The treatment of psychoanalysis is very friendly and gives evidence of a good understanding of psychoanalytic literature,

though of the sort that is derived from reading rather than from actual experience.

THOMAS M. FRENCH (CHICAGO)

THE CHANGING CULTURE OF AN INDIAN TRIBE. By Margaret Mead. Columbia University Press, 1932. ix+313 p.

American anthropology is concerned with the past only. An attempt is here made to study a tribe in a state of complete disintegration. It is a systematical piece of sociological work which affords some insight into the psychological processes. A remark of the author seems to throw some light on the psychology of virginity. "A characteristic of virginity is believed to be such an extreme form of modesty that it amounts to panic, immobility, and helplessness, in the face of attack" (p. 187). The menstruation taboo was originally a measure to protect the men and is now enforced on principles of birth control (p. 190). On the whole, however, the psychoanalytical reader will find less interest in this book than in the previous publications of the same author.

GÉZA RÓHEIM (BUDAPEST)

YUMAN TRIBES OF THE GILA RIVER. By Leslie Spier. University of Chicago Press, 1933. xiii+433 p.

The author gives a systematical account of the Maricopa and related tribes. The information on the subjects which are of special interest from the psychoanalytical point of view is scanty. Fear of retribution seems to be one of the reasons of the considerate behavior towards children (p. 321). Dream and spirit were called by a single word cámág, i.e., dream (p. 237). This agrees with what I found among the Yuma (next kin of the Maricopa), and also in Central Australia. An observation on sexual life which seems peculiar to the author, also tallies with the reviewer's field experience, and seems to be rather frequent among primitives. "The youth did not court the girl. Instead he crept to her bed at night and lay beside it, but he refrained from touching her" (p. 220). A native woman attributes the formation of her character—being "mean"—to the trauma of exposure she underwent when a few days old (p. 321).

GÉZA RÓHEIM (BUDAPEST)

INDIVIDUAL DIFFERENCES. By Frank S. Freeman. New York: Henry Holt, 1934. 347 p.

The subject of individual differences has been widely discussed by psychologists for the past two decades, but apart from the data procured with educational and mental tests they have made available little new material. It is for this reason perhaps that Professor Freeman, making a virtue of necessity, has largely confined his book to the nature and causes of variations in intelligence and special (mental) abilities. Since these aspects of the subject are precisely those which have been most frequently treated in books on mental measurements, anyone moderately acquainted with the field will find relatively little material in the author's exposition with which he is not already familiar. Nevertheless, because the volume is such an excellent survey of the subject, Professor Freeman's book will prove a welcome text for students of psychology and education for whom, according to the author, it is primarily intended.

The book is extremely well planned and written and covers the entire field very adequately. Particularly good are the chapters on the influence of race and nationality (Chapter V) and those on the factor of age (VII and VIII), although the author, in the latter, leans somewhat too heavily on Thorndike's conclusions as regards intelligence which, in the opinion of the reviewer, are far from proven. Another criticism one might make is that the author continues the myth that the distribution of human capacities follows the normal curve of error. This assertion is absolutely incorrect, but being unfortunately contained in practically every text book of psychology and mental measurement, it is perhaps expecting too much that its refutation should be part of a general survey in which the author's aim is primarily to summarize accepted points of view. The book as a whole, however, is to be recommended for the general sane and critical attitude of the writer. It is well documented and contains an excellent bibliography.

DAVID WECHSLER (NEW YORK)

WHAT WE ARE AND WHY. By Laurence H. Mayers, M.D., and Arthur D. Welton. New York: Sears Publishing Company, Inc., 1933. 334 P.

Working with the gratuitous assumption that there are 24 functions performed in the human body by 8 glands, the authors by permutations and combinations find that there are over one and a half billion "possible primary and secondary effects of these glandular reactions"—and are ready to explain anything. The special theory offered without any proof is that the fevers of childhood, particularly mumps, cause damage to the ductless glands which results indiscriminately in obesity, delinquencies, dementia præcox (which the author or authors fail to diagnose), ambitiousness, inhibitions, homicidal acts, etc.

The book abounds in incomprehensible absurdities: "Cæsar was blissfully ignorant of such things as hypophyses and as were most of his biographers. All of them were oblivious to such a thing as a pituitary intrusion or influence on his conduct. Similarly it might be said that King Richard of the Lion Heart had a hard working pituitary gland which is a much better asset in a man of his adventurous spirit than a heart, leonine or other; or that Henry VIII had a copious supply of thyroxine, or that Napoleon, despite his stunted figure, was a victim of gigantism and a syndrome involvement."—"Recognition of obesity as a menace would do more than anything else to check the increasing frequency of diabetes." "One must say, 'I am my glands', or, 'My glands—that is I'. The evidence has already gone beyond cogito, ergo sum."

The book is liberally illustrated with synthetic looking photographs which accord well with the completely unreliable and quasiscientific exposition.

RAYMOND GOSSELIN (NEW YORK)



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CURRENT PSYCHOANALYTIC LITERATURE

The International Journal of Psycho-Analysis. Vol. XV, Parts 2 and 3, April-July, 1934.

The Fate of the Ego in Analytic Therapy. RICHARD STERBA:

IAMES STRACHEY: The Nature of the Therapeutic Action of Psycho-

analysis.

A. J. WESTERMAN HOLSTIJN: Oral Erotism in Paraphrenia. Facts and Theories.

ALEXANDER SZALAI: 'Infectious' Parapraxes. HANS ZULLIGER: Prophetic Dreams. PAUL FEDERN: The Analysis of Psychotics.

EDMUND BERGLER: The Psychoanalysis of the Uncanny.

The Play-Analysis of a Three-Year-Old Girl. MELITTA SCHMIDEBERG: A. L. COCHRANE: Elie Metschnikoff and his Theory of an "Instinct

de la Mort".

Depersonalization in Relation to Erotization of C. P. OBERNDORF:

Thought.

PAUL FEDERN: The Awakening of the Ego in Dreams.

Internationale Zeitschrift für Psychoanalyse. Vol. XX, Number 3, 1934.

Zur Genese der genitalen Erogeneität und des WEDNED KEMPED.

Orgasmus (On the Genesis of Genital Erogeneity

and of Orgasm).

FRITZ WITTELS: Mutterschaft und Bisexualität (Maternity and

Bisexuality).

HELENE DEUTSCH: Über einen Typus der Pseudoaffektivität ("Als ob")

(On a Type of Pseudoaffectivity ("As if"))

LUDWIG EIDELBERG: Beiträge zum Studium des Masochismus (Contribu-

tions to the Study of Masochism).

RENÉ LAFORGUE: Der Widerstand im Endstadium der Analyse (Re-

sistance in the End-Phase of Analysis).

LILLIAN ROTTER: Zur Psychologie der weiblichen Sexualität (On the

Psychology of Female Sexuality).

Zur Psychoanalyse des Stotterns (On the Psycho-FISE FUCHS:

analysis of Stammering).

Imago. Vol. XX, Number 3, 1934.

HERMANN NUNBERG: Das Schuldgefühl (The Feeling of Guilt).

Zur Psychologie der Langeweile (On the Psychology OTTO FENICHEI .

of Ennui).

Uber genetische Psychologie und Psychoanalyse (On Genetic Psychology and Psychoanalysis). RAYMOND DE SAUSSURE:

Mona Lisa und weibliche Schönheit. Eine Studie FRITZ WITTELS

über Bisexualität (Mona Lisa and Feminine

Beauty. A Study on Bisexuality).

EDMUND BERGLER: Zur Problematik des "oralen" Pessimisten. Demon-

striert an Christian Dietrich Grabbe (On the Problem of the "Oral" Pessimist. As Demon-

strated by Christian Dietrich Grabbe).

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Vol. VIII, Numbers 5-8, Zeitschrift für psychoanalytische Pädagogik. May-August, 1934.

Eine Technik der Kinderanalyse bei Kindern mit STEFF BORNSTEIN:

Lernhemmungen (A Technique in Child Analysis Applied to Children with Inhibitions in

Learning).

Zum Begriff der "Lernstörung" (On the Conception EDITY DEDI

of Learning Inhibitions).

Vom Bettnässen des Kindes (On Children's Enu-KATA LÉVY:

resis).

Die Spielanalyse eines dreijährigen Mädchens MELITTA SCHMIDEBERG:

(Play-Analysis of a Three-Year-Old Girl).

Aus der Analyse einer Bettnässerin (From the ANNY ANGEL:

Analysis of a Bed-wetting Girl). Enuresis und Kleptomanie (Enuresis and Klepto-BERTA BORNSTEIN: mania).

> Über einen Fall von exhibitionistischer Onanie (Regarding a Case of Exhibitionistic Onanism). Zur Psychologie der Strafe und des Strafens (On

HEINRICH MENG:

the Psychology of Punishment).

Zur Biologie der Enuresis (The Biology H. CHRISTOFFEL: Enuresis).

The Psychoanalytic Review.

EDITH BUXBAUM:

Vol. XXI, Number 3, July, 1934.

The Instinctive Emotional Life of Birds. HERBERT FRIEDMANN:

Analysis of a Case of Migraine. E. GUTHIEL:

Ludwig Lewisohn: Psychoanalyst of Literature. LOUIS J. BRAGMAN: PAUL SCHILDER: Self-Consciousness and Optic Imagination in a Case

of Depression.

Can a Newly Acquired Language Become the IMMANUEL VELIKOVSKY:

Speech of the Unconscious?

Volume XXI, Number 4, October, 1934.

Footnote to an Allegory of Bellini. P. LIONEL GOITEIN:

A Psychoanalytic Theory of Hallucinations. ISADOR H. CORIAT: HERBERT FRIEDMANN: The Instinctive Emotional Life of Birds.

Report of a Case of Acute Laryngitis Occurring as GEORGE W. WILSON:

a Conversion Symptom During Analysis.

A Specialized Method in the Treatment of Parents KATHARINE MOORE:

in a Child Guidance Clinic.

R. A. BILLINGS: The Negro and His Church.

Psychotherapeutische Praxis. Vol. I, March, 1934.

E. J. HÁRNIK: Zur kombinierten Behandlung der Organneurosen (On the Combined Treatment of Organ Neu-

roses).

Archives of Neurology and Psychiatry. Vol. XXXI, Number 6, June, 1934.

C. P. OBERNDORF: Priapism of Psychogenic Origin.



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NOTES

THE EDITORS announce with regret that Dr. Frankwood E. Williams has resigned from the Editorial Board. From the inception of the QUARTERLY his enthusiasm and editorial experience have been of incalculable value and his coöperation has throughout contributed greatly to its success. We are glad to say that Dr. Williams will continue his association with the QUARTERLY as a contributing editor.

THE EDUCATIONAL COMMITTEE of the New York Psychoanalytic Institute announces that Dr. Sandor Rado, Educational Director of the Institute, will give the following lectures and seminars: (1) The Ego and Its Conscience (eight lectures).--(2) Fear, Obsession and Delusion (eight lectures).--(3) Social Psychology: Our Human Environment (eight lectures) .-- (4) Technical Seminar (24 sessions). Lectures are open to members of the Society, to students in training and to other interested scientists on special application. The Seminar is open only to members of the Society and students in Training. The ultimate decision as to eligibility to any course is vested in the Educational Committee. The Committee also announces: (1) A seminar (10 sessions) beginning October 2, on Problems of Psychoanalytic Interpretation, limited to members and students in training. Leader: Dr. Bertram D. Lewin.--(2) A seminar (11 sessions) beginning October 3, on the Freud Case Histories limited to members of the Society and students in training. Leader: Dr. Dorian Feigenbaum.--(3) Dr. Herman Nunberg, guest of the New York Psychoanalytic Institute, will hold a "Case Seminar" (20 sessions) open to members of the Society and to those students in training who have been admitted to practical work with cases. The Seminar is to begin on Friday, November 2.

THE BOSTON PSYCHOANALYTIC SOCIETY announces the following educational activities for the coming year. (1) Technical seminars (alternate weeks, Mondays. Leader: Dr. H. Sachs).--(2) Theory of the Neuroses (alternate weeks. Leader: Dr. H. Sachs).--(3) Anxiety, Its Psychological and Sociological Aspects (6 lectures. Lecturer: Dr. H. Sachs).--(4) Psychoanalysis in Everyday Life (6 lectures. Lecturer: Dr. H. Sachs).—(5) Seminar on Psychoanalytic Literature (10 sessions. Leader: Dr. I. Coriat).--(6) Freud's Case Histories (5 seminars. Leader: Dr. I. Coriat).--(7) Psychoanalysis and Medicine (8 lectures. Lecturer: Dr. Wm. Herman).--(8) Seminar on Technique (alternate weeks. Leader: Dr. Ives Hendrick).--(9) Psychoanalytic Theory of Instincts (5 lectures. Lecturer: Dr. I. Hendrick).—(10) Seminar on Dream Interpretation (alternate weeks. Leader: Dr. M. R. Kaufman).--(11) Character Analysis (Wilhelm Reich's recent book) (8 sessions. Leader: Dr. M. R. Kaufman).--(12) Psychoanalytic Psychiatry (14 seminars. Leaders: Dr. M. R. Kaufman and Dr. I. Hendrick).--(13) Theoretical Problems (6 seminars. Leaders: Dr. M. R. Kaufman and Dr. I. Hendrick) .-- Dr. Eric Homburger will give 8 seminars on "The Psychoanalytic Viewpoint in Child Guidance" under the auspices of the Psychiatric Clinic of 660 NOTES

the Massachusetts General Hospital, The Judge Baker Foundation and the Child Guidance Clinic in Worcester, for the members of their respective staffs.

THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS offers the following courses during the first quarter, October to December, 1934: For the members of the Chicago Psychoanalytic Society and the candidates of the Institute: (1) Case Seminar—Dr. Alexander; (2) Seminar on Review of Psychoanalytic Literature—Dr. French and Dr. Menninger; (3) General Principles of the Psychoanalytic Technique—Dr. Alexander; (4) Exercises in Dream Interpretation—Dr. Alexander; (5) Seminar on Theoretical Writings of Freud—Dr. French. For Psychiatrists: Seminar on the Application of Psychoanalysis to Cases of Psychoses—Dr. Alexander and Dr. French.—The research work on organic cases has expanded to include statistical dream studies as well as the influence of psychic factors on respiration.

THE XIII INTERNATIONAL PSYCHOANALYTIC CONGRESS was held in Lucerne between the 26th and the 31st of August, 1934. Despite the difficult political and economic conditions all over the world, the attendance was rather large and the Congress bore no earmarks of reduced scientific activity. Almost sixty scientific papers were presented covering the whole field of psychoanalysis. It is interesting to note that despite the extreme difficulties under which the German colleagues had to live and work in the past two years, one sixth of all communications were presented by members of the old German Psychoanalytic groups. It is well nigh impossible to present a unified summary of the scientific scope of all the papers read at the Congress because of the variety of subjects involved. As to the scientific activities of the various groups, the U. S. A. was strongly represented both as to the number of delegates and as to the number of papers read (six). A Scandinavian group recently formed was admitted to the International Psychoanalytic Association and the question of psychoanalytic training was one of the most important subjects the Congress dealt with. A special committee under the chairmanship of Dr. Max Eitingon was entrusted with the task of supervising the whole structure of psychoanalytic training. Ernest Jones of London was reëlected President and Anna Freud, for many years Secretary of the International Psychoanalytic Association, was elected one of the Vice-Presidents, while Edward Glover of London became Secretary of the Association. The XIV Congress is to meet in two years. Holland extended an invitation to the Congress, but no place was definitely decided on.

THE EDITORS NOTE with regret the death of Dr. Hans Behn-Eschenburg, who died of heart disease at Lucerne, Switzerland, on September 21st.

THE JANUARY ISSUE of the PSYCHOANALYTIC QUARTERLY, prepared in coöperation with Miss Anna Freud, Vienna, will be devoted to child analysis.

ERRATA: On page 474 of the July issue the publisher's name should be Simon and Schuster instead of Scribner's. On page 479, the second and third lines should read—"the seaports or large inland centers of North America".



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