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# CERTAIN ASPECTS OF THE SEPARATION-INDIVIDUATION PHASE

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(NEW YORK)

Study of the normal development in the separation-individuation phase (from the end of the first year through the second and third years of life) was suggested by the cardinal hypothesis concerning symbiotic child psychosis derived from Mahler's studies. This hypothesis states that in symbiotic child psychosis the biologically predetermined maturation of ego apparatuses, together with a concomitant lag in development toward emotional separation-individuation, is experienced as a catastrophic threat by the child in the symbiotic phase of development. There is a cessation of further ego development and fragmentation of the ego seems to ensue from the panic which the potentially psychotic child experiences when confronted with the task of separation-individuation.

Our study of normal infants, ranging in age from six to ten months to three years, has as its focus the elucidation of various aspects of the separation-individuation process. Most studies to date, based on reconstruction and direct observation, have emphasized the child's passive experience of being physically separated from the mother, and have correctly indicated the traumatic effect of this passive experience and its disturbing effect on personality development. From our experience, however, it would appear that the separation process of the child from the mother is the prerequisite for normal individuation. Normal separation-individuation makes possible the child's achievement of separate functioning in the presence of the mother while continually confronting the child with minimal threats of ob-

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ject loss. However, in contrast to situations of traumatic separation, normal individuation-separation takes place in the setting of a developmental readiness for, and pleasure in, independent functioning. The predominance of pleasure in separate functioning in the atmosphere of libidinal availability of the mother enables the child to overcome that measure of separation anxiety that seems to obtain with each new step of separate functioning. This is illustrated with particular clarity in the development of motor skills since these allow for active experimentation with separation and return.

Several aspects of the separation-individuation process have especially impressed us. First, in the symbiotic phase which precedes separation-individuation there does not appear to be a clear awareness of the body-self boundaries as separate from the mother. Toward the end of the first year there occurs tentative experimentation at separation-individuation, such as self-feeding, feeding of mother, and, later, peek-a-boo games. After many intermediate steps, toward the end of the third year this process culminates in a relatively stable differentiation of self-nonself, self-object, inside-outside, animate-inanimate. Second, the separation-individuation process parallels the maturation and integration of such autonomous functions of the ego as motility and language. Characteristic individual patterns of integrated functioning emerge from the circular interaction between the child's innate patterns involving these primary autonomous functions in such areas as signaling of needs and the mother's selective perception of and response to these needs.

## METHODOLOGY

Our aim in setting up this study of normal infants was to obtain material comparable to that already acquired from a therapeutic-action-research program of preschool-aged symbiotic psychotic children. We set up procedures in which each psychoanalytically trained worker, who also participates in the therapy project, observes the mother-infant interaction and interviews

the mother. This procedure elicits valuable material even from these normal mothers who are not motivated by a need for treatment. Evaluation of the material from these interviews in our research conferences has enabled us to focus our investigation on those areas that are most comparable to the material from the treatment group.

In addition to these interviews, the infants and their mothers are seen in a specially designed large playroom divided into the mothers' and the children's sections only by a waist-high partition. The mother's presence and interplay with her infant allows an optimal position for observing the normal separation-individuation process as it evolves. The infants and their mothers attend the group for several hours four mornings a week. Each week the mother is interviewed alone and also with her child present. The interviews with the mother alone permit us to assess her personality; the interviews with her infant present make it possible to evaluate various aspects of the mother-child relationship. Further, each research associate observes the particular mother and child he interviews as they participate in the group. Two participant observers collect clinical material of a general nature and also focus on specific behavior in the mother and child that the interview data has shown us to be particularly relevant to the separation-individuation at that time.

As our study progressed, we found that from the middle of the first year into the second year of life there was some evidence of an increased differentiation of the body-self in general and striking individual differences in the timing, quality, and hierarchy of the constellation of emerging ego functions in the infants. Among the many elements of the mother-child relationship in the early period of infancy we were especially impressed with the 'selection of cues' which appears to be important in the genesis and later development of the differentiated body-image and of individual characteristics. As illustrated in the clinical material which follows, we observed that infants present a large variety of cues to indicate needs, tension, and pleasure, and that,

in a complex manner, the mother selectively responds to only certain of these cues. The infant gradually alters his behavior in relation to this selective response in a characteristic way—the result of his innate endowment and the mother-child relationship. From this circular interaction, patterns of behavior, functioning, and certain over-all qualities of the personality of the child emerge. We seem to see here the beginning of the child as an individual, separate from his mother.

# I

Sara, a particularly out-going, well-endowed baby, and her mother, Mrs. Y, entered the group when the infant was in the second half of her first year. When tested at eleven months, Sara performed two months beyond her chronological age level in 'personal-social' development on the Gesell scales. Her communications<sup>1</sup> and signals were easily understood and similarly interpreted by all observers. The mother, however, although particularly devoted and closely attending, showed a peculiar inability to understand and respond in a natural and simple way to the baby's signals and to meet Sara's needs as her individuation progressed. If the child asked for something that the mother had not anticipated, Mrs. Y became confused. For example, one of the first things the mother recognized as a communication from the child was Sara's 'honking': Sara honked once and the mother swept her into her arms, explaining that she wanted to be picked up; when Sara repeated the same sound the mother explained that she wanted a cracker and gave her one; when Sara honked a third time, the mother appeared perplexed and asked an observer what Sara could want now.

A reaching gesture interpreted by the mother, according to her own state of mind, as a wish on Sara's part to be picked up one day, on the next day would be explained by the mother as Sara's wish to hold her hand as she learned to walk. The mother's

<sup>1</sup> We are grateful to Sally Provence, M.D. of the Child Development Center at Yale University for her testing of these children.

interpretation of signals was modified depending on whether the child impressed her as a continuation of herself or as a separate individual. This mother, we predict, will continue to resist separation and yet maintain it as highly valuable, turning intermittently and suddenly to Sara for the direction of the baby's own care, always expecting Sara to function at a distance and yet as an extension of herself.

## II

Danny, just under thirteen months, had developed considerable ability to function independently, particularly in the motor sphere. This quality appeared to be fostered by the mother's striving for her children's independence,<sup>2</sup> her defense against impulses to hold and cuddle him, and her preference for communication through distance receptors—hearing and sight. During the weeks preceding the events to be described, however, Danny's expressed need for his mother had occurred more frequently and vociferously. He crawled scramblingly in the direction in which she disappeared, refused substitute gratifications in her absence, and bellowed in grief-stricken fashion on her return from brief absences. The mother continued to strive to have the little boy function independently despite his increasing frustration. She often refused contact, holding her hands above her head as he pulled at her skirt.

At age thirteen months, it was noted that Danny seemed more 'grown-up' and more boylike in that his relations to adults, other than his mother, and to children changed abruptly from transient, rather blank, eye engagements to long smiles of pleasure and seeming recognition. When this was brought to the mother's attention, she expressed no surprise but stated that he was 'grown-up now' as he had walked for the first time two days before. Subsequently, Danny showed much less separation anxiety.

In this case apparently the demand for separate functioning had exceeded Danny's capacity to function separately in the

<sup>2</sup> We had the older sister of this child in our group for two years.

mother's presence—that is to say, exceeded his capacity to control his degree of separateness by his own motor efforts. Learning to walk, therefore, brought a marked relief from separation anxiety; he was able to gratify a chronically frustrated wish toward the mother—to initiate physical contact—and the external and perhaps internal wish to comply with the mother's high values. Concomitantly the quality of Danny's relatedness seemed to imply that a new level of individuation had been achieved.

### III

Cathie, eighteen months of age, and her mother, Mrs. A, entered the group when the child was a year old. The mother's narcissistic pride in her child was of such a nature that she seemed to regard the little girl as an extension of her own self and, at the same time, as a wonderful semianimate doll. Within the limits of this type of relationship, Cathie was capable of a great deal of precocious, seemingly independent activity which, however, appeared to be somewhat skewed in the direction of achievement and performance rather than in pleasure in her activity. To an unusual degree this child was ready to approach any adult and elicit a strong, admiring response which seemed to serve the mother's narcissistic need. It was our impression that the precocious development of Cathie's ego functioning was perhaps enhanced and promoted by the mother's too exclusive preoccupation with her child (the father was serving in the United States Army abroad). We wonder about many aspects of Cathie's development, which we predict will continue to show precocity for a relatively long period; will the more mature object-related aspects of her ego functioning (the capacity for empathy and for reciprocity, for giving as well as receiving) catch up with this child's advanced autonomy or will it lag as a result of the relative exclusiveness of the mother-child interaction? We feel, on the other hand, that in this unusually well-endowed child, other aspects of her personality may develop and the mother's narcissistic pride may change

its form. The result could be a shift in the balance toward object-relatedness and a particularly rich personality development in Cathie.

#### IV

Carl and his mother, Mrs. H, were first seen by us when the baby was four months old. Mrs. H is a vigorous, masculine woman, with a gruff, pal-like manner. As a child her physical activity had to be restrained because she was in the care of an elderly woman. She emphasized the fact that her husband is an athletically built man who has a great deal of enthusiasm. They were both very pleased that their first child was a boy although the mother recalled that for a few days she was concerned because the boy had inherited her own weak chin.

When Carl first entered the group at four months of age he had just been weaned. Whenever he was near his mother he tried to suck at any part of her body or clothing that he could reach. She grimly ignored these signals and did not remember his behavior a week later when it had ceased. However, when his sucking seemed to become very intense, his need was responded to by the mother moving him in a vertical position up and down on her lap. She told the interviewer that this activity always made Carl feel better. Four months later at eight months, when Carl was able to stand by himself, we saw him repeat the same up-and-down movements of his body at times when he appeared to be fatigued or was frustrated and particularly whenever he became aware that his mother had left the room. He thereby actively repeated alone the behavior which had been initiated by his mother with him to lessen his tension. When his mother returned to him after an absence, she repeated these movements with him in her arms although she was not consciously aware of her actions. When this bodily activity of Carl's was brought to her attention, she pointed to the fact that this was how he showed his pleasure, especially when he became excited on his father's homecoming in the evening.



Starting at about five or six months of age his parents played their particular form of the peek-a-boo game with Carl by covering his face with his blanket, removing it, and saying, 'There he is'. Later the child occasionally repeated the game himself with the blanket, but the mother stated that an ecstatic peek-a-boo activity began at about eleven months of age when he was able to run behind the couch. He hid and then stood up expecting his parents to say, 'There he is', again actively using his body. At fourteen months of age he greeted newcomers to the house with this same game, insisting by grunts and groans that they do as his parents had done. This behavior illustrates Carl's effort to master the anxiety of separate functioning by repeating himself the highly libidinally cathected activity that had taken place between him and his mother. The selection of a motor activity from among many other kinds is consistent with his general motor orientation that probably has an innate predisposition but also reflects both parents' preferred modality of interplay with Carl. He integrated into his own rendition of the peek-a-boo game the earlier, passively experienced, and then actively used, behavior of moving his body up and down. We believe that doing this for himself, as his mother had done for him at four months, was his first pattern and preferred form of mastering anxiety in her absence.

At fourteen months Carl displayed certain over-all qualities in his behavior and personality that are very similar to those of his mother. This development seems to have come partly as a result of their interrelationship and by complex means that we have yet to define. However, it appears that it is in large measure based on the particular form of the sending and responding to cues between mother and child. For instance, at four months, as described above, the mother grimly denied Carl's reaction to weaning and his insistent demand to continue sucking at her body, determinedly substituting another form of tension reduction.

At about six months of age when Carl appeared to be distressed, he made various noises, all of which appeared to the ob-

servers to indicate this distress. However, the mother chose to interpret one of the noises as his wish to be picked up and he gradually limited his expression to this sound. When questioned about this Mrs. H said she always knew when Carl wanted her.

In many other areas of her interaction with Carl, this mother's character traits of determined persistence and directedness were expressed. When Carl started to walk he made a very striking contrast to some of the other children. The latter seemed to wander about happily pleased with their newly found ability of independent locomotion. Carl, on the other hand, always seemed to be going after something and if it was hard to get, he kept after it again and again. It was very impressive to see him return repeatedly to an object that he had not been able to reach a few weeks before because his balance had not been good enough, until he finally was able to get at it. Mrs. H has often remarked that Carl will have to become stubborn if he wants to deal with her.

Carl's experimentation with differentiating his own body from his mother's probably started as early as the fourth month, but was much re-enforced at the time of that further step in reality testing in differentiating the image of his mother from that of strangers.

When he was four months of age we observed very little exploration of his mother's body by Carl. The mother said that he occasionally seemed to look in her mouth at that age but it was at about six to seven months of age that he became very interested in exploring the inside of her mouth and nostrils with his finger. He also began to pat her on the face sometimes rather forcefully. At this age we frequently observed his offering a cracker from his mouth to his mother. It was at about seven to eight months of age when he showed the onset of anxiety with strange adults.

## V

A mother-child pair in which the mother and baby appeared to be diametrically different in temperament were Mrs. B and

Heather, forty-one weeks old when first seen. The mother was efficient, abrupt, impatient, impulsive, and loudly articulate. Though cultured and intelligent, she was rough in her behavior and almost crudely so with Heather, her small, puny baby. She gave little consistent, predictable, or tender mothering to the infant, and set goals and 'deadlines' for her baby's developmental achievements; from the beginning she imposed her own rhythm and needs on the child.

At fourteen months, Heather did not show any of her mother's vigor and abruptness. The mother's seemingly unmotivated bursts of attentiveness, unpredictable overstimulation, and rough, if playful, handling, alternating with long periods of inattentiveness, did not seem to be incorporated in the form of the separation-individuation pattern of this child.

As early as the second interview with Mrs. B, it was noticed that a constant, uneven struggle was going on between this mother and her barely ten-month-old 'lap baby'. The mother was most eager to 'discuss' her observations and 'opinions'. Heather seemed to be regarded as a kind of accessory by the mother. Mrs. B never failed to gather a few toys and bring them along with Heather to the interviewing office, clearly as a substitute for her own attention. She would place the baby on the floor near her chair, take the child on her lap for a few minutes when she began to fret, and then 'plop' her down again. On one occasion, in her impatient, abrupt, and ridding gesture, the mother jammed the chair leg on the baby's foot, bruising it. There were many other evidences of Mrs. B's efforts to extricate herself and offer transitional objects to Heather in place of tender mothering.

When the child was eleven months of age, Mrs. B was so intent on Heather's learning to walk that, holding her by one hand, she walked with the baby at her pace, not the child's, so that Heather was dragged along. The mother was disappointed at the child's 'late' walking. But long before she walked, Heather exercised and practiced in a patient, persistent, and competent way all kinds of preliminary well-coordinated motor patterns.

At nine months she would propel herself to her goal with a belly crawl; later, when she could pull herself up, she would climb from chair to table, keeping perfect balance, and then examine the mirror surface of the observation booth. By eleven months, she seemed to fret less frequently to be taken on the lap but instead would pull herself up at her mother's feet and stand there. Even before she learned to walk she showed amazing innate resourcefulness and unusual endowment for manipulating toys and occupying herself with her own body skills. If she were in danger of losing her balance, she would slide into a safe sitting position.

By age one year, Heather had accepted separate functioning, or individuation, on the level demanded by her mother. It seemed that she complied emotionally even before her autonomous ego was mature enough in the locomotor area to function on the level of the walking toddler. In this way she complied with and complemented, rather than imitated or identified with, the mother. A few weeks later, she could occupy herself contentedly for a half hour with various toys, looking at her mother occasionally but not crawling to her. All this was done with hardly a sound and only rare appeals to her mother or other adults.

This placid, patient little girl was amazingly resourceful and self-sufficient, and showed remarkable readiness to accept substitute satisfactions as well as substitute objects, in marked contrast to her mother.

It is interesting to note, however, that in some of her behavior during separation-individuation, Heather did take over patterns of the mother. For instance, in her self-comforting devices she seemed to play mother to herself with patterns in many ways reminiscent of the mother's handling of her in the symbiotic phase. In her solitary occupation at the beginning of the separation-individuation phase one could see in her self-comforting peek-a-boo pattern, the derivatives of earlier peek-a-boo games with the mother. Also, Heather showed increasing interest in gathering, holding, and manipulating toys, acting out what her mother had done for her.

When she began to walk she turned to transitional inanimate objects and appealed less and less to her mother. Instead of toddling to her mother—usually engrossed in conversation with other mothers in the group, often with her back turned to Heather—she would quietly toddle to a rocking boat and rock herself as vigorously as possible, in a way reminiscent of the mother's handling of her. Heather also used the same vigor when riding the hobby-horse or when working the seesaw. Elements in her active individuation patterns were obviously those of the rough handling she had passively experienced and visibly enjoyed in her first year of life with mother.

### CONCLUSIONS

Certain postulations are possible from the material thus far available from our study of separation-individuation in normal children.

One generally assumes that a normal mother reacts to cues sent out by her child depending upon the needs of the child for her. We do not know whether these changes in behavior and expressions of the infant, apprehended as cues by the mother, are only discharge phenomena or whether they are also active communications. In general, however, we have observed a shift from discharge to signaling, as well as the mother's accurate, selective, or distorted responses to these cues which indicate the child's need for her. It is also apparent that mothers vary in their interpretation of the degree of independence or new developmental gain indicated by certain cues and respond in accordance with their own interpretations. Although many cues are misinterpreted, or even read into the child by the mother, normal infants have an amazing capacity to adapt to the needs, emotions, and demands of the mother.

In addition to the separation-individuation process in the infant, it appears that there is a concomitant and similar process of separation in every mother from her child. This can be observed in the mother's various misreadings of cues, especially in

terms of whether a need is indicated and of what type. It is believed that the change of the infant from a 'babe in arms' to a toddler who can physically separate from his mother also marks a developmental step in motherhood, one that produces many conflicts in the mother. In our investigation it became increasingly evident that the normal mother anticipates the separation-individuation of her baby and that this anticipation is one of the determinants of her behavior toward her 'babe in arms' long before the infant is ready for separation-individuation.

The clinical material describes many instances in which the mother reads cues correctly, others in which they are misread, and still others where cues are selectively neglected. The mother's selections often indicate conflicts in her and are not simply errors of perception of the child's needs. However, the result in the child's pattern of individuation in our experience has proven to be determined in large part by the mother's attempts to adapt to the maturation of her child, as well as the child's own active efforts to adapt to his mother's conscious and unconscious fantasies.

There appears to be a wide range of response in normal mothers in dealing with the anticipated separation from their children. In some cases we have seen reactions that appear close to mourning; in others an attempt is made to precipitate actively the independent functioning of the child; in other instances subtle combinations of or alternations between ridding herself of and clinging to the infant are evinced.

During the process of separation-individuation we suspect that there are particular developments of the unconscious meaning that her infant has for the mother. Very likely the infant has certain fixed meanings for the mother, but it also seems to be true that these meanings change with the maturation of the infant, and that the mother changes her behavior accordingly. For example, it appears that the infant, with varying degrees of intensity of cathexis, represents a body part for the mother, usually her illusory phallus. The mother's behavior toward her infant is molded by this fantasy but is modified by the infant's

innate equipment and maturation. For instance, when the child develops the capacity for separate locomotor functioning, the mother will project her fantasy into different patterns of expected behavior from the child.

Beyond the mother's specific reactions to cues which indicate the child's maturation and consequent readiness to function separately, the mother's general character is a major determinant in her reactions to the child, and the child must adapt to her reactions in some way. The clinical material illustrates some of the child's adaptations to characteristics of the mother as was seen in the directedness that developed in Carl which paralleled a similar directedness in his mother, and the self-sufficiency and patient independent functioning and placidity of Heather was an effort to comply with and complement her mother's attitudes. The alternation between symbiotic needs and ridding reactions found in Mrs. Y generated an ambitendency on the part of Sara which resulted in a constant back-and-forth movement between them.

In general, as the child grows older and his personality unfolds and shows increasing complexity, we continue to find as its central core, and pervading it throughout, the residue of the earliest infant-mother relationship.

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# PSYCHIC DETERMINISM AND THE POSSIBILITY OF PREDICTIONS

BY ROBERT WAELDER (PHILADELPHIA)

## PROVISIONAL SURVEY OF THE FIELD

The problem of determinism has not been systematically discussed in psychoanalysis. There are occasional references to it in psychoanalytic literature, which as a rule emphasize that determinism is part and parcel of the scientific approach and therefore a basic assumption of psychoanalysis as a scientific psychology.

Freud referred several times to the subject. In some instances, it was to justify the rule of free association; it would follow from the principle of determinism that nothing enters the mind haphazardly, without a cause. In other instances, it was to justify his interest in every detail of psychic life, no matter how trivial, and his readiness to take it as an expression of a psychic trend. 'Psychoanalysts', says Freud, 'are marked by a particularly strict belief in the determination of mental life. For them there is nothing trivial, nothing arbitrary or haphazard. They expect in every case to find sufficient motives . . .' (10, p. 38). He speaks of 'the strictness with which mental processes are determined' (*ibid.*, p. 29), and of 'a strict and universal application of determinism to mental life' (*ibid.*, p. 52), or of 'a strong belief in the strict determination of mental events' (12, p. 238).

However, there is some question as to what Freud means by events being 'determined': whether the word is to indicate that one can always find conditions which are both necessary and sufficient for the particular event to materialize, or merely whether one can find necessary conditions. The presence of a bacterial invader is a necessary condition of clinical tuberculosis but not a sufficient one; the state of the host organism is also

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relevant. If, then, we say that tuberculosis is not a matter of chance but that it is determined, we may mean either that we know the conditions necessary and sufficient for the outbreak of the disease, or, in somewhat less precise speech, we may merely mean to say that there is no tuberculosis without the presence of *tubercle bacilli*; the latter might easily have been said at the time when the role of microorganisms in contagious diseases had to be defended against a still doubting world.

As we shall see later in more detail, Freud seems to speak of determination more in the latter sense as appears, for example, in his statement that 'certain shortcomings in our psychic functioning . . . and certain seemingly unintentional performances prove . . . to have valid motives and to be determined by motives unknown to consciousness' (*erweisen sich . . . als wohl motiviert und durch dem Bewusstsein unbekannte Motive determiniert*) (8, p. 239). To be determined is here equated with 'having valid motives'.

There is also another fact to suggest that Freud's determinism differed from what philosophers mean by this word. He introduced the concept of 'overdetermination', which is not compatible with the traditional concepts of determinacy: 'Indeed, [psychoanalysts] are prepared to find *several* causes for one and the same mental occurrence, whereas what seems to be our innate craving for causality declares itself satisfied with a *single* psychic cause.' (10, p. 38).

The idea that nothing happens without adequate cause implies that a cause either is or is not adequate; if the cause is adequate, the addition of any further 'causes' (namely, of factors that work in the same direction) would alter the result; if it is not adequate, the result could not be expected. Complete determination leaves no room for overdetermination but merely for necessary and sufficient conditions. If overdetermination is possible or even required, one must wonder whether the determinants have the stringency of the classical concept of determinism, or whether they are not simply determining tendencies or trends—concepts that leave some leeway. Freud's

views on this subject will be considered later more fully, in connection with his statements about predictions.

Most other psychoanalytic authors uphold determinism and see in it one of the fundamental propositions or axioms of psychoanalysis. This position is clearly stated by Brenner:

‘The sense of this principle [of psychic determinism] is that in the mind as in physical nature about us nothing happens by chance or in a random way. Each psychic event is determined by the ones that preceded it. Events in our mental lives that may seem to be random and unrelated to what went on before are only apparently so. In fact, mental phenomena are no more capable of such a lack of causal connection with what preceded them than are physical ones. Discontinuity in this sense does not exist in mental life’ (3, p. 12).

Here determinism is conceived as complete. This view is probably shared by most psychoanalysts, at least as long as they speak about the problem *in abstracto*. As a dissenting voice, we may quote the views of Marjorie Brierley:

‘Arguments about free will versus determinism usually derive from abstract conceptions which express antithetic human wishes and are not based on evidence from psychological facts. The real situation appears somewhat paradoxical. The validity of psychoanalytic determinism is seldom questioned by psychoanalysts, because clinical evidence re-proves from hour to hour that we are what we have become as a result of our past history and [that] what we are now becoming is shaping our future. But, equally, there can be no question that living is creative and that, within limits variously circumscribed for different people, the ego appears to have some possibilities of choice. Every decision is a fresh decision, which may represent a new beginning, a re-adaptation not necessarily always predictable in advance, though explicable after the event. It would seem that the ego is fulfilling its proper functions when it tries to take the most reasonable decision on the evidence before it, as if it were a responsible free agent. But the sounder the internal and external reality-sense of the ego, the better will it recog-

nize the limiting conditions of its own choices and the more likely will it be to arrive at integrative, practicable, decisions. In relation to the total personality, the adequately realistic ego may well say with St. Paul: "I live, yet not I" (4, pp. 288, ff.).

Brenner's psychic determinism is analogous to the view of the determinateness of inanimate nature that makes it possible for Laplace's cosmic spirit, who has complete knowledge about the state of the universe at a particular moment, to foresee its state at any future time. Brierley, on the other hand, sees the situation either in terms of incomplete determinateness and restricted freedom, or else sees it as a paradox, a genuine antinomy in which two opposing statements appear to be equally true. This position is taken by many philosophers and historians, for example, by E. H. Carr, who states that 'all human actions are both free and determined, according to the point of view from which one considers them' (5, p. 89)—whatever that may mean. The great physicist Niels Bohr, father of the quantum theory of the atom, has suggested that his 'principle of complementarity', according to which the same phenomena have to be described in two mutually exclusive models, may be a universal principle rather than merely a principle of atomic physics. He would consider the issue at stake as another example of this universal phenomenon and would have us look upon determinism and freedom as both true, each in its own frame of reference. This view is apparently in line with the following statement attributed to Bohr: 'There are the trivial truths and the great truths. The opposite of a trivial truth is plainly false. The opposite of a great truth is also true' (1).

### DETERMINISM AND RESPONSIBILITY

The question of determinism appears frequently in psychoanalytic literature in connection with the problem of criminal responsibility, as it presents itself in forensic psychiatry, or with the question of moral responsibility for one's actions in everyday life. Many psychoanalysts have taken a stand for a strict

determinism and against a punitive attitude in matters involving crime (though not necessarily in matters involving their everyday lives). The ancient practice, common to all known societies, was punishment for offenses. In more modern times this has been modified in some societies by making allowance for a plea of 'not guilty by reason of insanity' which is often believed to imply the prescientific notion of a free will which might have been impaired by a 'disease of the mind' (to use the expression from the McNaghten rule). The following statement by Ernest Jones represents this line of thought.

'On the assumption that mental states and impulses of a certain kind are caused only by "disease" or "sin", two equally vague conceptions in this context, doctors are asked to discriminate nicely between the two, and they naturally tend to flounder badly in the process. The underlying theory appears to be that the law permits some modes of conduct to be caused . . . by disease but not others. The latter are said to be the product of free will, which is omnipotent enough to create the first link in a chain of thought or conduct. By accepting a particularly arbitrary distinction between mental health and disease,<sup>1</sup> doctors pass beyond the facts of their own science, and by accepting the legal view of free will they abandon the only fundamental canon of science' (17, p. 65).

Similar views have often been voiced by psychiatrists and by social scientists. They form the rationale for widespread current demands for a medical rather than legal approach to the problem of crime and for the substitution of medical treatment for the time-honored administration of justice.

<sup>1</sup> Jones refers here to the McNaghten rule formulated by the Law Lords of England in 1843. It is as follows:

'1. To establish a defense on the ground of insanity it must be clearly proved that at the time of committing the act the party accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing or if he did know it that he did not know he was doing what was wrong. 2. If a person is laboring under partial delusions only and is not in other respects insane and commits an offense in consequence thereof he must be considered in the same situation as to responsibility as if the act in respect to which the delusions exist were real.'

Yet, the quoted statement shows misunderstandings of the present situation and its rationale. By punishing misconduct, the law does not assume that 'free will' is 'omnipotent enough to create the first link in a chain of . . . conduct'; all it assumes is that normal people are likely to react adaptively to punishment while at least certain psychotics are not. The McNaghten rule to which the next sentence refers is not 'a particularly arbitrary distinction between mental health and disease' as an apparently ineradicable myth has it. The purpose of the McNaghten rule was never to define mental disease; nothing could have been farther from the mind of the Law Lords who formulated it.

The Law Lords did not intend to define mental illness, for though this may be difficult for moderns to believe, they had no intention of recommending that all the mentally ill be exempt from punishment. They would have felt that such a step would dangerously weaken the deterrent power of the law and emasculate it. What they tried to do therefore was not to define insanity but merely to say which persons among the insane could be exempted from punishment without threatening a general breakdown of deterrence. Pessimists with regard to unchecked human proclivities, they felt such exemptions ought to be very few in number.

Most of us do not share the intensity of their concern about weakening the deterrent power of the law, and we feel that the exemptions can safely be made much wider. But wherever the borderline lies, the distinction between the two kinds of conduct to which Jones refers cannot be so easily dismissed. We all make this distinction in our daily lives. Rules have been set up everywhere: for our children to go to school, for the teachers to instruct them, for everybody to be at his station in life and to attend to his responsibilities. There are rewards for those who properly discharge them and penalties for those who neglect them. To mete out reward and punishment has been an automatic reaction long before it became a rational, goal-directed policy; it is a natural response to like those who do what pleases

us and to feel aggressive toward those who thwart our purposes.

But if we learn, for example, that a truant child suffers from an obsessional neurosis which makes it all but impossible for him to come in contact with the school bench, we will take a different view. Even apart from any question of moral accountability we will wonder whether reward and punishment—at least in such limited doses as we are prepared to apply, that is, excluding barbarous punishment—can achieve anything under these circumstances. We may find it more promising to try to understand the child's neurosis and to influence the child more indirectly, on the basis of such understanding.<sup>2</sup> Indeed forensic psychiatry can easily be formulated without the use of words such as free will, which Jones finds offensive, and which, in any case, are loaded with ambiguities. It can be formulated merely in terms of adaptive and nonadaptive response to punishment.

For example, the discrimination between the professional operator of illegal distilleries and gambling houses who has calculated his risks, on the one hand, and the paranoiac who firmly believes himself the victim of an organized, vicious man hunt, on the other, are neither arbitrary nor irrelevant. One difference, important for any attempt at influencing social behavior, is that the former is likely to be influenced by the rising costs of his activities while the latter is not. Of course, between the clear cases at both ends of the spectrum there is an intermediary or twilight zone in which matters are less clear. But this complication, common to all human affairs, does not make such differentiation necessarily impossible. The word 'sin' does not appeal to modern secular thought, and other words may have to be substituted to indicate the important realities in question. But at stake fundamentally is the difference between action

<sup>2</sup> It must also be mentioned that there is a limit to the degree to which we can substitute psychiatric rational planning for natural response while yet retaining ordinary social relations; the former could never become the guide for *all* our behavior. Above all, the treatment of others, not as free agents but as puppets, regulated by forces beyond their control and capable of being manipulated, to some degree at least, on this basis, does not go together with love and respect between equals.



that can and action that cannot be easily controlled by reward and punishment, and this distinction is neither arbitrary nor useless.<sup>8</sup>

Moral judgments and moral appeals are a constant feature of everyday life. We unceasingly evaluate the conduct of persons, including ourselves sometimes, in relation to moral standards and allocate praise or blame accordingly. If all behavior is strictly and completely determined by factors that do not include something like a free-acting personality—for the inclusion of this factor brings in an element of freedom through the back-door—it is difficult to see why some should be praised and others blamed. Indeed it has often been argued of criminals that they are the product of their environment, particularly of adverse conditions in childhood, and that therefore they are not to be blamed for what they have become.

If the various influences that we believe have shaped human life are considered only as *pressures*—which implies the existence of a system on which pressure is being brought to bear, hence a system exercising a measure of choice—then moral evaluations are possible to the degree that resistance to such pressures appears possible for the individual in question. But if these influences are seen as *causes*, there seems to be no room for praise or condemnation.

Yet, psychoanalysts like other people continue to bestow praise and blame and to treat in their daily lives all but the sick as responsible individuals, capable within limits of exercising choice and accountable for it. I have seen prominent psychoanalysts react rather sharply when, in a discussion of someone's misconduct, dynamic and genetic interpretations of his behavior were suggested, with possibly exonerating implications. Some psychoanalysts have clearly expressed verbally what others apparently have only tacitly implied; namely, that they distinguish between the analytic situation and ordinary life; they are willing to suspend moral judgment, to a degree, if a man declares himself sick and asks for treatment and then to treat his every

<sup>8</sup> See the discussion of this subject in an earlier paper (21).



act as conditioned and to search for these conditions. But the confession of illness and the acceptance of treatment is a prerequisite for such an attitude, and unless a person seeks treatment, they will judge him as a morally responsible agent and will condemn him accordingly.

There are good reasons for this. The application for treatment implies a measure of alienation from one's own behavior, a willingness to consider it as at least possibly wrong, and is to this extent a form, however embryonic, of condemnation. Hence, it is the first step toward transforming delinquency into neurosis, and neurosis need not be morally condemned. By taking on the critical role himself, a person makes it possible for the analyst to drop his own criticism and to withdraw into neutrality.

#### THE DIFFICULTIES OF COMPLETE DETERMINISM AND COMPLETE INDETERMINISM

It appears to be equally impossible to develop a consistent world picture based on complete determinism or one based on complete indeterminism; both assumptions lead to untenable, or at least unimaginable, consequences.

If there were no regularities of behavior at all and everything happened entirely at random, and if no probability patterns could be distilled from the chaos of events, no rational action would be possible; for rational action implies the possibility of anticipating, to some degree, the consequences of one's action, and this in turn implies the existence of regularities. Were there no such regularities, we could not drive our car with any expectation that other drivers would, on the whole, keep to their side of the road. We could not expect the school bus to collect our children in the morning or, if it did, we should have little reason to expect them to be delivered at school, or that they would receive instruction in school rather than be subjected to some other treatment. There would be no point in our accepting money for our goods or services, since there

would be no assurance that others would accept this money in return for their goods and services. A man would have no right to anticipate that his secretary would show up in his office or, if she did, that she would attend to the correspondence rather than engage (for example) in carpet weaving. Returning home, he would not know whether his wife was still the person he had known or whether she had been transformed in the meantime into a Madame Bovary, a Medea, or a Saint Wilgefort.

Whatever such an indeterminate world was like, it would be completely different from anything we know. Rational action would not exist. Perhaps a life of sorts might still exist for moments, as occasional flare-ups of chance, but probably not in anything like the richly woven patterns of plant, animal, and human life on earth.

The difficulties encountered in trying to imagine a fully deterministic universe are of a different nature. We can deal with any particular sector of experience and study the course of events with a view to discovering their regularities. As a guide for research, this approach has been enormously fruitful. We may enlarge the area of our study, take in more and more phenomena, study ever larger aggregates, and still be on safe ground. But once we try to include ourselves into the subject and to see ourselves as part of the predetermined stream, we are faced with difficulties probably insurmountable. Even if we should succeed in including ourselves, conceived as fully determined entities, in the picture of a deterministic cosmos, we should still not have included as equally determined the fact of our having included ourselves and of having conceived ourselves as determined. And if our mind should succeed in taking the further step to include this judgment in the picture and to see it as fully determined and part of the stream of universal determinateness, we should still have reserved a part of ourselves that remained outside and, in this sense, 'free'. No matter how hard we may try, it is impossible for the human mind to think consistently of a deterministic universe with oneself in it; one can include part of oneself into the maelstrom of deter-

minism, but another part, a nucleus of selfhood as it were, invariably remains outside.

There is an old saying to the effect that nature will always return even though one may have chased her away with a hayfork: *naturam expellas furca, tamen usque recurret*. Psychoanalytic experience has amply corroborated this ancient wisdom. But it seems also true that a concept of freedom, however limited, cannot be completely ousted from the consciousness of man; it turns up in our deterministic efforts themselves, guiding, so we feel, these very efforts.

The difficulties of a consistent determinism were recently eloquently described by a distinguished contemporary philosopher, Sir Isaiah Berlin:

'I do not wish here to say that determinism is necessarily false, only that we neither speak nor think as if it could be true, and that it is difficult, and perhaps impossible, to conceive what our picture of the world would be if we seriously believed it; so that to speak . . . as if one might accept the deterministic hypothesis and yet continue to think and speak much as we do at present, is to breed intellectual confusion. If the belief in freedom—which rests on the assumption that human beings do occasionally choose and that their choices are not wholly accounted for by the kind of causal explanations which are accepted in, say, physics or biology—if this is a necessary illusion, it is so deep and so pervasive that it is not felt as such. No doubt we can try to convince ourselves that we are systematically deluded. But unless we attempt to think out the implications of this personally, and alter our modes of thought and speech . . . accordingly, this hypothesis remains hollow; that is, we find it impossible even to entertain it seriously, if our behavior is to be taken as evidence of what we can and what we cannot bring ourselves to believe or suppose not merely in theory, but in practice. My submission is that to make a serious attempt to adapt our thought and words to the hypothesis of determinism is scarcely feasible, as things are now and have been within recorded history. The changes involved are too radical; our moral

categories are, in the end, not much more flexible than our physical ones; we cannot begin to think out, in real terms, to which behavior and speech would correspond, what the universe of the genuine determinist would be like, any more than we can think out, with the minimum of indispensable concrete detail (i.e., begin to imagine) what it would be like to be in a timeless world, or one with a seventeen-dimensional space. Let those who doubt this try for themselves; the symbols with which we think will hardly lend themselves to the experiment; they, in their turn, are too deeply involved in our normal view of the world . . . to be capable of so violent a break' (2, pp. 33, ff.).

If the world were organized in complete determinism, as this concept is defined by Brenner, the next moment would be fully determined by the present one and so on until the end of the world. The whole future of our lives and of those who follow us, of the whole human species, would be a foregone conclusion, down to the last detail, and everything that makes the essence of our lives, our problems, our strivings, our efforts, and our doubts would be, in its entirety, an endless chain of illusions. In the denouement of Schiller's *Don Carlos*, the ninety-year-old Inquisitor General says to King Philip II, with regard to the liberal heretic, Posa, who had for a moment won the heart of the lonely monarch:

*Sein Leben*

*Lag angefangen und beschlossen in*

*Der Santa Casa heiligen Registern . . .*

[His entire life, begun and consummated,

Was kept on file in the Sacred Office . . .]

In a fully deterministic cosmos, these words would have universal significance. Our lives and those of our children and their children down to the remotest posterity would be on file, begun and consummated, with all most minute details, and would have been from the beginning of time; all generations of men would merely play parts that had been assigned to them, as

it were, long before the most primitive forms of life ever came into being. This, to me, is hard to imagine.

The data of our experience suggest something different from either complete determinism or complete 'randomization'. They suggest that human behavior is indeed organized in regular sequences, or in several types of sequences which occur with different frequencies, but that in either case we have to do with probabilities—very high probabilities in some instances—rather than with inescapable necessities. This would mean that enough regularity exists in life to make rational action possible but not enough to make the future a foregone conclusion.<sup>4</sup>

### PREDICTIONS IN PSYCHOANALYSIS

The question of determinism is closely linked to that of predictions. If everything is completely determined, it must be possible, at least in principle, to make predictions.

Determinism was defined as the doctrine according to which 'each psychic event is determined by the ones that preceded it' (Brenner [3]). If  $t$  is the time at a particular moment and  $t + \Delta t$  the time at the subsequent moment, the thesis reads: the condition of the universe at the time  $t + \Delta t$  is determined by its condition at the time  $t$ . This statement is logically equivalent to the statement: the condition at the time  $t$  determines that at the time  $t + \Delta t$ , just as the sentence 'John loves Mary' is equivalent to the sentence 'Mary is loved by John'.

Many critical observers have marveled at the ability of the human mind to harbor contradictory, mutually exclusive, as-

<sup>4</sup> It might be worth noting that the early Greeks held a view of destiny according to which there was a framework of inescapable necessity but within which there was considerable latitude. There was μοῖρα, Fate, from which neither gods nor men could escape. Once a man's day of doom had arrived, no god could help him any longer, and any Olympic protector he may have had withdrew so as not to be polluted by the contact with the doomed mortal. But long before that, a man might bring about his own undoing, ὑπὲρ μόνον, beyond necessity. Mortals blame all their ills on us, says Zeus, but they suffer *beyond necessity* through their own foolishness. (The Odyssey, I, 13, ff.). See the discussion of this subject by Onians (18, pp. 390, ff.).

sumptions. Alexis de Tocqueville saw in it an effort 'to reconcile contrary principles and to purchase peace at the expense of logic'. Sir Richard Livingstone spoke of the ease with which 'that capricious vessel, the human mind, holds at the same time two contradictory doctrines'. We psychoanalysts, as students of pathology and as therapists, are more occupied with the cases in which contradictory strivings actually come into conflict with each other, than with those in which they peacefully coexist. Nevertheless, Freud was well aware of the fact that the latter are quite common; he pointed out, for instance, that the two sides of bisexuality, the heterosexual and the homosexual libidinal impulses, which are at times in severe conflict, can exist side by side in many cases without interfering with each other, and he concluded from this that there is something like a tendency to inner conflict as an entity of its own, and that it is this tendency which makes coexistence of different trends impossible. As is well known, Freud attributed this tendency to free aggressiveness (16, p. 347).

It is like an example of such tolerance for contradictions that many analysts who would insist on the complete determinateness of all things psychic are, at the same time, unfavorably disposed to the request for predictions, although the possibility of predicting is only the reverse side of the coin of determinism.

However, perhaps one should not be too critical of such contradictions because logically equivalent statements may yet emphasize different aspects of reality and so be psychologically different. In a somber mood over the premature death of Sandor Ferenczi, Freud (14) told the story of the Sultan who had two seers cast his horoscope. I hail your good fortune, master, said the first; you will see all your relatives die before you. This seer was executed. I hail your good fortune, master, said the second; you will outlive all your relatives. This seer was richly rewarded. The messages were the same, but the emphasis was different and, we may add, the first did and the second did not permit his own death wishes to seep through.

The fact that determinism implies in principle the pos-

sibility of predicting does not, however, mean that if events are determined, one can actually make predictions and even less that one can predict those things one would most like to know. The *existence of regularities* in the events is only one of the necessary conditions of predicting. Another one is *awareness* of these regularities; the fact that yellow fever was transmitted by mosquito bites did not enable us to predict that there would be no transmission in mosquito-free places, so long as this condition of transmission was unknown. A third condition of predicting is *information* about *all* relevant *parameters*. Even after the condition for the transmission of yellow fever is understood, one can make no predictions about transmission in given situations if one does not know whether mosquitos are, in fact, present.

If any one of these conditions is lacking, i.e., either if there is no regularity of any kind in the events themselves, or if their pattern has not been understood, or if we do not know or do not know sufficiently the present condition of the system, no predictions are possible except for those that can be made on the basis of probability considerations for aggregates of randomized elements, such as that in roulette every number will, in the long run, appear approximately as often as any other.

The third prerequisite of predictions, viz., information about the relevant parameters, may be lacking for two different reasons. It may be that we just have not yet measured them, or that we cannot measure them with the means at our disposal or with the means that we can imagine ourselves as developing, or that the measurement would not be a practical proposition because of its costs in terms of material and time. In all these cases we deal with what Kant called 'possible experience'; no known law of nature excludes in any one of the above-mentioned cases the possibility that ways for such measurement may yet be found, even though they may be impracticable on anything beyond a sample scale.

But there are also cases in which accurate measurement of all relevant parameters is not only practically but also *theoreti-*



cally impossible, because it would run counter to what we believe are inherent and therefore unalterable limits of observation, as in the case of the impossibility of measuring both the location and the impulse of an electron with an accuracy greater than that indicated by the Heisenberg uncertainty principle.

In view of these conditions of predictability, there is clearly no basis whatever for expecting predictions under conditions in which one or the other prerequisite is lacking. Nobody can expect predictions when relevant parameters are unknown. The physicist predicts what will happen in an artificial set-up of his own construction—e.g., in an electronic tube—, the parameters of which are known to him. But he will not predict what will happen inside a volcano where conditions are only incompletely known—whether or not it will erupt within a certain period of time.

Similarly, it makes no sense to expect a psychoanalyst to predict a particular person's future behavior which depends, in part, on future events in this person's environment and the kind of stress or opportunity that he will meet, as well as on future developments in his bodily organism (as illnesses); these are all factors which may be determined in their own way, but which the analyst has no way of knowing. As the physicist predicts not what happens in empirical systems but rather what happens under specific conditions, so the analyst can reasonably be asked to predict only a person's future behavior not as it will actually materialize under unknown conditions but as it will be *under specific conditions*. Thus, we cannot expect him to say what the future destiny of his analysand will be, but he may be asked to predict how this analysand would stand up to a particular stress, for example, to a traumatic experience of the kind that had started him on his neurosis or had kept it going during the years, the reaction to which had been analyzed and worked through with the patient. Can this be predicted?

The answer probably would have to be that the analyst cannot predict it with exactitude, but that he is not entirely up in the air, either. When he considers an analysis as successfully



concluded, the analyst deems it likely that the neurotic reactions have been sufficiently understood and worked through, so that either they will not reappear or that the patient will be able to deal with them unaided. He will also judge, in some cases, that the patient will be able to deal with ordinary pressures without renewed breakdown; in others, that he will be able to deal with such mild pressures only as he may meet in a favorable environment; and in a few cases, perhaps, he will be confident that the patient can meet whatever comes. Such expectations often prove correct; sometimes, the prediction may turn out to have been inaccurate or even altogether wrong. The predictions may have been wrong for better or worse; discharged patients may later turn out less stable than the analyst had anticipated, or more so than he had dared hope.

All in all, it may be said that predictions of this kind, made by a competent analyst, are neither without merit nor without fault. In any case, they are merely probabilistic; they predict a probable, not a certain development. In this way, they do not support the idea of complete determinateness although, to be sure, neither do they contradict it.

While this may be a fair example of the possibilities and limits of analytic predictions about the further development of persons intensively studied under analysis, psychoanalytic psychology should also permit some predictions of human behavior in general.

There is, for instance, a large body of psychoanalytic experience about regressions of ego (and superego) development and of object relations of which a few examples may be mentioned. Under the impact of rejection, children will give up such acquisitions, with the most recent, as yet inadequately stabilized, accomplishments to go first. Children separated from their mothers, for example, may regress in their bowel habits or again suck their thumbs. Such regressions take place not only in macro-development, in the large curves of life development, but also as micro-regressions, in the day's activities; as if a child already fairly weaned from thumb-sucking takes the thumb in the mouth

again when a more grown-up wish has been frustrated. Anna Freud described regressions in children from already achieved levels of integration and a return to primary process functioning under the influence of various factors such as fatigue or stress; a well-structured pattern of play disintegrates into a free-for-all (6).

Libidinal development proceeds from a purely self-centered state toward a state in which the object, while conceived as such, is valued only as a means for the child's own satisfactions, as deliverer of food, warmth, or comfort, so that the interest in, and affection for, the object is entirely dependent on satisfaction received, hence, necessarily unstable. From there, development may proceed toward a final state in which affections for other persons are increasingly independent of favors received and increasingly stable. In great frustration and danger, as in severe physical illness, regression takes place and persons return to the 'need-fulfilling state' (Anna Freud). A woman who had survived a period of imprisonment in a Nazi concentration camp told me that people often expressed to her their sympathetic understanding for what they thought must have been her desperate longing for her children, about whose destiny she knew nothing. 'The people do not understand', she said. 'In order to feel any longing, one must have a full stomach.'

Given this and similar kinds of experience, can we make predictions and say, for example, that under the impact of rejection a child will give up his latest ego or superego accomplishments, or that in great frustration and danger, child and adult will be reduced to concern for the self only? Such predictions can be made, but as probabilities rather than as inescapable necessities. As a rule, events will proceed this way; in some cases, however, the response may be progressive rather than regressive. In the ultimate degradation and despair of the Nazi concentration camp most people seem to have been reduced to the bare struggle for survival; a few, however, became what another age would have called saints—devoid of any concern for the self, utterly devoted to the service of others. The prediction

of regression is valid in the great majority of cases but is not universally valid.

It may be countered at this point that psychoanalytic experience does not lead to the formulation of a law according to which certain frustrations must lead to regressions. Rather, it suggests that frustrations lead to a variety of responses according to variations of persons and circumstances, with regression the most frequent result, and that further research will enable us to find the additional conditions which determine that the outcome is regression in one case and, perhaps, progression in another.<sup>5</sup>

We know of conditions that favor one or the other of these developments and much more about it may be learned in the future. But will it ever be possible to find for each possible outcome the conditions that are necessary and sufficient to bring it about? Only in this case could one predict without qualification the response of a particular person to an emergency. For the time being, in any case, we can predict only developments of greater or lesser probability.

In a paper published in 1936 (20), I suggested that predictions can be made in two marginal cases: either if 'behavior is exclusively guided by the mature ego' or, on the contrary, if 'steering by the mature ego is practically completely excluded and behavior is exclusively directed by biological forces (instinctual drives) and the primitive attempts at solution, made by the immature ego', i.e., 'if the wealth of determinants of human behavior is diminished', *so oder so*.

<sup>5</sup> Even in our present state of knowledge we have some idea about this. In the 1930's when German writers were under great pressure to conform to Nazi ideology, Freud wrote to Thomas Mann in a letter of congratulation on his sixtieth birthday (15) that, as a psychoanalyst who did not believe in the omnipotence of thoughts, he would refrain from expressing any wishes, but that he could express his conviction that Mann would never do anything mean in life. We feel that something we call character, which can make people impervious to the lures of gain, can also prevent them from regressing under pressure from their moral standards—at least as long as pressures do not exceed certain limits. The reaction to extreme pressure may be different, as the history of torture reveals.

An example of the first kind would be the high probability of the prediction that, short of major events like the death of a close person, illness, or interruption of traffic, the average breadwinner will appear in his office or workshop on ordinary working days at approximately the same time.

As an example of the second kind, we may predict fairly well certain reactions in mental disease; e.g., what will happen if one tries to dissuade a paranoid friend from his delusion by commissioning a detective agency to investigate the alleged persecutions to which he believes himself to be subjected. When the agency's report has been submitted with the conclusion that no traces of the alleged conspiracy and persecutions could be found, perhaps even with evidence of a friendly attitude on the part of the neighbors, the paranoiac will not give it credence except, perhaps, for a little while. Soon he will not only have found reasons for maintaining his original convictions in the face of adverse evidence, but he will have worked out a system of hypotheses, accepted by him as factual, which will explain to his satisfaction why the agency report contained the allegedly erroneous conclusions.

Anna Freud suggested to me [at the time of the publication of the above-quoted paper], that predictions are possible not only in the two extreme cases but also in the many instances in between in which the two ingredients, primitive inner forces and the sense of reality, are mixed in a characteristic and stable proportion; such mixtures would form the essence of what is called character.

What all these cases—reality-determined behavior, behavior oblivious of reality, or a particular combination of objective and subjective elements characteristic for an individual—have in common is a *diminution of the number of relevant parameters* on which human behavior depends. Predicting, then, would be inauspicious as long as all the many factors which determine human behavior are operative, but it would become increasingly possible as the number of these variables diminishes.

## FREUD ON PREDICTIONS

In Ibsen's *A Doll's House*, the heroine, Nora, leaves her home and her family when her dream of complete mutual dedication in marriage explodes in her face. The appeal to consider her children does not move her; in her present condition, she says, she could not be of much use to them anyhow. One theatrical producer protested to Ibsen that this ending would not go down well with the public and he requested that Ibsen alter it. Under his prodding, Ibsen wrote an alternate ending in which Nora faints upon the mentioning of her children; presumably, she will stay for that reason. Æsthetically, the two versions will appeal to different persons; in actual life, either of them would be psychologically understandable. Either could be explained and considered as 'determined' after the event, but neither can be anticipated with certainty.

Freud described these conditions in the following passage in which he also suggested the reasons for our limited powers of prediction:

'So long as we trace the development from its final outcome backwards, the chain of events appears continuous, and we feel we have gained insight which is completely satisfactory and even exhaustive. But if we proceed to reverse the way, if we start from the premises inferred from the analysis and try to follow these up to the final results, then we no longer get the impression of an inevitable sequence of events which could not have been otherwise determined. We notice at once that there might have been another result, and we might have been just as well able to understand and explain the latter. The synthesis is thus not so satisfactory as the analysis; in other words, from a knowledge of the premises we could not have foretold the nature of the result.

'It is very easy to account for this disturbing state of affairs. Even supposing that we have a complete knowledge of the etiological factors that decide a given result, nevertheless what we know about them is only their quality and not their relative

strength. Some of them are suppressed by others because they are too weak, and they therefore do not affect the final result. But we never know beforehand which of the determining factors will prove the weaker or the stronger. We may say at the end that those which have succeeded must have been the stronger. Hence the chain of causation can always be recognized with certainty if we follow the line of analysis, whereas to predict along the line of synthesis is impossible' (11, pp. 167, ff.).

Freud made the same point in a small meeting at which I happened to be present and about which I reported on another occasion (22). He told about the following experience: A few months before the break, C. G. Jung came to visit him. At the dinner table, Jung reported a dream of the preceding night. He had fought against a medieval knight in armor whose shield carried the Swiss arms. Jung immediately added his interpretation of the dream that the Swiss knight meant the Swiss nobleman, Rudolph von Habsburg, ancestor of the Austrian dynasty, hence the Austrian, Freud. Dream and interpretation were received with the slight amusement that is usual in such circumstances. It was a few months later that Jung turned against Freud in a hostile manner.

Would it have been possible, Freud asked, to anticipate at the time of the dream that Jung would soon carry out in fact what he had just dreamt about? Freud answered the question in the negative. It could not have been foreseen because one did not know the strength of the intrapsychic forces. Hostile tendencies toward father figures are common, perhaps universal, phenomena among men. In most instances, they merely find expression in dreams, in an occasional minor break-through in the psychopathology of everyday life, or in an occasional act of discourtesy. Sometimes, they are expressed in neurotic symptoms. Whether they will lead to more serious action depends on the relative strength of these tendencies and of the restraining tendencies which come from positive affections, fear, or guilt.

It seems to me that the above-quoted lines of Freud contain the essentials for a clarification of the problem of determinism,

not only in individual life to which they refer but also of determinism in history and the question of historical inevitability.

Freud's explanation, it should be noted first of all, does not exclude the possibility of predictions altogether; in all cases in which there is no conflict or in which one side of the dilemma is clearly stronger than the other, one can predict with fair accuracy.<sup>6</sup> It was predictable that Lear would not humiliate himself before Goneril and Regan; that once disaster had closed in on him, Macbeth would meet his fate with desperate courage; that Othello would react very strongly to the mere idea of his wife's infidelity. The leader of world communism, it can be safely predicted, will never become a Trappist monk. These things would be too much 'out of character'.

It is only where human action is the outcome of a close contest of inner forces that different outcomes appear possible and predictions become tenuous. The situation is comparable to that in a national election in which a small fraction of the electorate can swing the result either way; the result is then at the mercy of 'chance', of accidental factors, and is not predictable.

Freud's remarks may also explain the bewildering feature that has bedeviled human speculation since earliest times, namely, that human actions appear to be both determined and free, a paradox which has led authors of such vastly different intellectual background and experience as Niels Bohr or E. H. Carr, and many others with them, to view determinism and freedom as equally true, depending on the perspective. Things

<sup>6</sup> My earlier attempt, discussed above, to deal with the question of predictive ability follows from the Freudian explanation and is, in fact, a special case of it. If a person is moved exclusively by the id and primitive mechanisms, or exclusively by ego purposes and the reality principle, one or the other side in the struggle between primitive forces and higher forms of integration is powerless; hence, a fortiori, the relative strength is known, i.e., the strength of one side is practically zero.

The same reasoning applies to the 'amendment' advanced by Anna Freud in the above-mentioned discussion: when there is a known stable ratio between the two kinds of forces, the relative quantitative strength is once again known, hence predictions are possible.



always appear fully determined in retrospect; the various forces involved have participated in the outcome according to their respective strength, and this strength is visible in retrospect. Before the event, however, when these quantities were as yet not fixed, or incompletely known, the outcome appeared as not determined, hence as 'free'.

The question further arises whether our ignorance of the quantitative factor merely indicates a *lack of information* on our part or an *indeterminateness* in the things themselves. If the former is the case and we have to do with lack of information only, we should have to ask further whether the missing information might yet be supplied by appropriate research from which we could learn how to measure these forces, or whether the uncertainty is inherent in the situation itself so that any measurement would necessarily be inadequate. To sum up: Are we ignorant of the quantitative strength of the forces involved because 1, we have as yet devised no ways of measuring them; or 2, because no sufficiently exact measurement is possible under any circumstances; or 3, because their relative strength changes constantly in a random manner, like the motion of particles in the Brownian movement?

In the first case, the obstacle would merely lie in the limitations of our present knowledge and skills; in the second, in the conditions of measurement; in the third, it would lie in nature itself.

The first possibility would clearly be the most harmless as it would be only the kind of impediment that is likely to be eliminated or at least progressively diminished with the progress of science.

There is reason to assume, however, that the obstacle to accurate measurement is more fundamental than that and not entirely remediable; it seems to rest in the second and the third points.

As far as the problem of measurement is concerned, there is no indication whatever that psychic quantities like cathexes could be measured in the way physical quantities like space,



time, and weight are being measured, by coördinating them to standard units (as, for example, stretches of time are to periodical movements such as the rotation of the earth or the swing of a pendulum).<sup>7</sup> The only way in which any approach to the question of measuring psychic quantities seems at all auspicious is on a comparative basis, i.e., not in the manner of physics but in the manner of economics. In economics one 'measures' the strength of human wants in terms of the price that people are willing to pay for their satisfactions, i.e., in terms of the things people are willing to do without in order to secure them. One thus arrives at an order of urgency of different wants, and this order is revealed by actual behavior. Similarly, we psychoanalysts could perhaps 'measure' the strength of drives relative to each other. It is not unthinkable that we might in this way arrive at a relative quantification, somewhat comparable to demand and supply curves in mathematical economics. But it would still be actual behavior that served as criterion; i.e., a tendency is proved to have been the stronger one by virtue of the fact that it has actually prevailed. If relative strength of cathexes is thus inferred from actual behavior, one cannot predict behavior if this prediction requires the previous knowledge of these cathexes. We cannot predict the outcome through measurement of the strength of the forces involved if we need that very result to make the measurement.

But perhaps, it may be argued, one will find ways of measuring the strength of the forces by something short of their actual clash in real life, perhaps by a kind of sampling comparable to that applied with considerable success in public opinion polls. But no such sampling appears to be possible in matters of the mind; I can conceive of no test that would measure the relative strength of a person's love for another—say, for his wife or his

<sup>7</sup> It may be interesting to remember that such a system of measurement was once considered by Schilder (19). He thought that one could search for pharmacological equivalents of psychic phenomena, i.e., the amount of a particular drug that would produce the respective phenomena. Any attempt to carry this appealing idea into practice would lead to great, probably insurmountable, difficulties.

children—and his egotism under extreme circumstances, in a 'moment of truth', so that one could predict whether in such an emergency he would save himself or the other. There are instances in which one side is conspicuously stronger than the other, and in such cases the outcome may not be in much doubt. But in many cases the two forces are not so vastly different in strength for the outcome to be a foregone conclusion and, if this is so, no test that lacks the seriousness of a life-and-death matter can show which side would prevail in an actual showdown. Only the real situation itself and not a miniature replica of it would reveal 'the truth' of the matter. This kind of test is, of course, impermissible on moral grounds; but even if it were not, it would not answer our question because it would prove nothing for the next occasion. An experience in earnest would have so profound an impact upon a person that it would change the constellation of inner forces. What was true this time need not be true on another occasion, with a person changed by the very experience. That is the story of Joseph Conrad's Lord Jim. He once failed in a critical life situation and behaved as a coward. This memory weighed heavily upon him throughout his later life; faced with a second trial, he met it like a hero.

But our ignorance of the quantitative conditions may be even more fundamental than such irremediable obstacles to accurate measurement and may lie in the facts themselves. There may be a constant change in the relative strength of forces in an irregular fashion, comparable to the situation in very close elections in which a last-minute shift of small groups of voters or a last-minute change in voter turnout may swing the election either way.

We may then sum up the situation as follows: that there are only limited possibilities for accurate predictions, and that this state of affairs is not just due to the 'youth' of our science or to our alleged failure to adhere to rigid standards of investigation and verification, but to factors which appear to be inherent in the subject and which therefore are, on the whole, unalterable.

Yet, while this is so, there seems to be no point in proclaiming a doctrine of complete, universal determinism. Claims of total determinateness can be made good only by the actual delivery of predictions. Claims that go beyond the possibility of substantiating them are, at best, working hypotheses; at worst, they are like checks without coverage. Sooner or later, they will cause trouble; they interfere with the precise formulation of the data of experience which is a prerequisite of fruitful theory formation.

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## Psychoanalytic Studies on Addiction: Ego Structure in Narcotic Addiction

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# PSYCHOANALYTIC STUDIES ON ADDICTION: EGO STRUCTURE IN NARCOTIC ADDICTION

BY ROBERT A. SAVITT, M.D. (NEW YORK)

The craving for narcotics is the most malignant of addictions: it presents the dynamics of the illness in its purest form and best reveals the difficulties encountered in therapy.

Glover (7) classifies the narcotic addictions as malignant transitional states between the psychoneuroses and the psychoses, but they are perhaps better regarded as a symptom complex rather than a disease entity, and as such may be included as a part of varied psychic disorders. These comprise schizophrenia, depressive states, psychoneuroses, perversions, 'borderline' states, and 'character disorders'. As the common trait of the addictive process is impulsivity, it is generally included in the category of impulse disorders of which it is a prime example.

'They [addicts] act as if any tension were a dangerous trauma. Their actions are not directed (or are less directed) toward the positive aim of achieving a goal but rather more toward the negative aim of getting rid of tension; their aim is not pleasure but the discontinuance of pain. Any tension is felt as hunger was felt by the infant, that is, as a threat to [his] very existence' (4, p. 368).

Fenichel's observations are worthy of emphasis because much has been made of simple pleasure-seeking among addicts. To inject a narcotic is indeed gratifying to the addict but the pleasure is a pathological, chemically induced euphoria that overshadows the desperate need to escape from an intolerable tension. Gifford, in a paper on sleep, time, and the early ego comments: 'The predisposition to addiction . . . has a special interest, because the need to reduce reality perceptions, abolish

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time sense, and withdrawal from the human contact suggests an early period when object relations existed only in terms of gratification, and the infant required a specific substance but an undifferentiated person, and all sensations from the environment were experienced as unpleasure' (6).

It would appear that the elation which the heroin addict experiences has been stressed out of proportion to the sleep or stupor which often soon follows. The euphoria is frequently short-lived and sleep supervenes until craving for the drug awakens the addict. Like the infant who alternates between hunger and sleep, the addict alternates between hunger for a drug and narcotic stupor.

In support of this, Weider (14, p. 8) describes the 'high' as a state of lethargy, dreamy stupor, and sleepiness, the main interest focused on going to sleep. Lewin calls hypomania and stupor the 'psychological equivalents of biological sleep'. Both act in the service of denial and 'both are the result of an intrapsychic fusion with the breast at nursing, but only a stupor reproduces the infant's sound sleep. . . . Viewed as a problem in sleep psychology, the difference between the artificial excitements of drug intoxication and the natural manic and elated states becomes more evident. The manic does not follow through in his approach to sleep; the pharmacothymic patient does. . . . The manic gets only so far in his descent, the pharmacothymic ultimately all the way in his drug stupor' (10).

It is my impression, however, that symbolic fusion with the breast is not an adequate appraisal of the more malignant forms of addiction. The person who needs to inject the drug intravenously requires more rapid protection than those who are gratified by the oral incorporation of need-satisfying drug supplies. Unless tension is completely obliterated, he is left in a situation akin to the undifferentiated state of the neonate, which Freud (5) describes as the period in which the infant, not yet able to bind tension, is flooded with stimuli against which there is no adequate apparatus of defense.

The heroin addicts described here appeared to be in just such



chronic states of intolerable tension until they found release in opiates. None of the patients in our study had any support from an adequate parent. When an infant's basic needs for sustenance and love are fulfilled, he falls asleep. The addict had not been given such help and as a result the process of falling asleep is disturbed because of an inadequate discharge of the cumulative tension. He seeks desperately to fall asleep as a surcease from anxiety, and the drug provides obliteration of consciousness. Well expressed in the vernacular, the addict 'goes on the nod'. Through the vascular channel the addict achieves a rapid regression to primary narcissism.

Our study showed that the addicts to heroin were grossly neglected and unloved by their mothers. Three of the mothers were a type of 'career woman'. The fourth was so ill physically and emotionally that the infant was shunted from one relative to another and received no consistent care from the mother until his fourth year. All of the fathers were passive and inadequate men. None of the parents was judged to have been psychotic. The infants were not physically unattended but the postnatal, as well as the prenatal, emotional climate was a tense and discordant one, and one or both parents were ambivalent about having the child. The children grew up suffering from 'emotional marasmus'. Each gave evidence of an infantile depression. Although a history of this kind is by no means a direct cause of addiction, it appears to be a potent factor in the predisposition to its development.

Four heroin addicts were treated psychoanalytically. Each was in his late adolescence and came from a good economic background. Only one completed treatment and he made an eventual recovery (12). All are described briefly.

A precocious young musician had had his promising career disrupted by his morbid cravings. From birth the mother left his care to others, and not until the age of four was he somewhat

integrated into the family group.<sup>1</sup> When he entered treatment he was in one of his periodic states of exile from his family, living occasionally with his grandparents. Usually, however, he wandered around in the demoralizing atmosphere of the various 'pads' occupied by fellow addicts.

One of his earliest statements was, 'Once I get something into my body I feel safe'. He spoke of himself as a milk addict and lover of sweets. An injection of heroin proved to be unconsciously equated with the incorporation of mother-breast-food. He had previously gone through the gamut of oral substitutive gratifications: alcohol, marijuana, and opiates by mouth; also several periods of abnormal craving for food during which he became moderately obese. From sixteen to eighteen he passed through a stage of sexual promiscuity and hypersexuality from which he had regressed into occasional homosexuality.

For this patient the incorporation of heroin also meant being swallowed and engulfed by mother. Thus, in one intravenous injection a mutual incorporation of mother and child was achieved. An early dream exemplified the essence of his regressive wishes:

He was in a garden under a cherry blossom tree and the petals were falling on him gently. The grass was green and soft. Then he was in the black waters of a lily pond, floating. He felt warm, relaxed, and comfortable.

Addicts frequently report a sensation of warmth, of floating, of being 'wrapped in cotton batting'.

Another instructive dream occurred during an attempt at withdrawal from the addiction:

He went to a doctor who gave him a prescription to a drug-gist named Wiener. The prescription stated that he could have forty-five dollars worth of anything he wanted. He decided on

<sup>1</sup> It is noteworthy that his twin sister, who had been reared in the immediate family milieu from earliest infancy, was reported to be in good mental health, and at the time her brother was in disgrace and exile, she was pursuing a successful college career.

ten dollars worth of morphine, twenty-five dollars worth of dolophine, and ten of barbiturates. He was going to 'kick the habit', but he would keep the morphine as an insurance in the event he needed it while doing so.

The dream provides for the gratification of all contingencies and all basic wishes; a well-supplied addict has all three drugs in reserve. Morphine or heroin taken intravenously provide the ultimate in relief; dolophine, an opiate taken by mouth during withdrawal, can be used as a temporary substitute when morphine is not available; barbiturates insure the wish for sleep. He often complained bitterly of insomnia and begged to be given drugs or prescriptions. The addict also exemplifies Lewin's oral triad: the wish to eat, the wish to be eaten, and the wish to sleep.

Actually he knew a druggist named Wiener from whom he had at times obtained drugs. This he associated with the analyst, the 'weaner', whom he hoped to seduce into supplying him with drugs. He then spoke of his 'connection' with a drug peddler from whom he could purchase relief at a price.<sup>2</sup> All three—the 'mother', the druggist, and the psychoanalyst—were potential sources of enormous supplies with which he might find an end to tension. Forty-five dollars was the amount he had recently received for pawning his musical instrument to purchase heroin. Without his instrument he could not work to earn a living. In this way he assured his complete dependency.

The dream also represents the greed and distrust with which the addict faces the future. The next moment is the future and without drugs he feels threatened with a starvation equivalent to annihilation.

Another patient typified the greediness, insatiability, and intolerance for delayed gratification of some addicts. He characterized himself as a 'pig', a term in the argot of the addict ap-

<sup>2</sup> In the jargon of the addict the supplier of drugs is spoken of as a 'mother', or a 'connection'. The fusion with the maternal object on the most primitive level as the source of all gratification is thus explicit.

plied to those who do not ration a drug but take it all within a matter of hours. A borderline schizophrenic, he described his habit when he had got a week's supply of heroin. He was not content taking a 'shot', savoring its effect, and then waiting for the next dose as the need arose; rather he consumed this large supply within ten to twelve hours. He reacted as if each injection was forever his last. His greedy demand for instant and total satiation was based on his innate distrust: he too had been a neglected infant who had had many feeding difficulties.

This is an example of an archaic type of object relationship in which incorporation is linked with the total destruction of the object—that is, the drug—purely for the pleasure derived from it. Asked how much of a dose of heroin he considered enough, this patient replied that there was never enough up to the point of losing consciousness in a profound and deathlike stupor. The 'pig' occasionally brings about his suicide by a gluttonous overdose. In the extreme, the confirmed addict is not content to sleep; he wants total obliteration. As Rado says, 'He wishes to dispel forever his anxiety and tension' (11).

The development of physiological tolerance to the drug makes it possible to consume a week's supply of heroin in a matter of hours. This tolerance is an important factor in such behavior but by no means is it the salient one. It is only a complication, a secondary elaboration of the addiction. Seevers (13), a research pharmacologist who has conducted extensive experiments on monkeys, has noted that the physical dependency seen in man can be reproduced in monkeys. Wikler (15) noted the same in chimpanzees but emphasized that there was no evidence of a tendency toward relapse. In fact no one has been able to reproduce in any species other than man the desire to return to the drug after recovery from the withdrawal. The rate of relapse following withdrawal cure is exceedingly high, even after weeks or months in a hospital. Rado has stated this clearly: '... not the toxic agent, but the impulse to use it makes an addict of a given individual' (11). The impulse to use drugs is the reflection of the individual's overwhelming psychic need

for total fusion with the mother in a desperate attempt to relieve tension and depression, and the repeated dosage is the evidence of insatiability. As Fenichel views it: 'The word addiction hints at the urgency of the need and the final insufficiency of all attempts to satisfy it' (4).

An example of insatiability in an addiction without use of drugs may clarify this point. The addiction of a homosexual was expressed by prurient urgency which on many occasions brought him close to social and professional disgrace. He spent his evenings prowling the streets, in homosexual haunts, looking for a man with a big phallus. Some nights he spent in Turkish baths which were really male brothels. There, in his frenzied and insatiable craving, he went from one man to another to have fellatio performed on him. These excesses at times continued to the point where his penis oozed blood. Rarely was there a semblance of orgasmic gratification; usually only frustrated exhaustion and disturbed sleep resulted.

Benedek (1) speaks of confidence as 'an emotional state of the infant which has developed through multiple repetitions of the gratifying experiences of symbiosis. The concept implies an ego organization in which the effects of the libidinal relationship with the mother through introjection have become a part of the mental organization of the child.' Nothing of this can have been experienced by the infant who later becomes an addict. He has neither confidence nor hope from the 'qualities of ego organization' that would enable him to tolerate a present deprivation in anticipation of a future gratification or gain. 'Confidence and hope maintain the ego through a period of waiting.' Because addicts are not so endowed, they rapidly become disorganized and regress to a level of primary process behavior which brooks no delay in the wish for gratification. This is what makes the addict so immoderate in his search, sometimes leading him to criminal violence.

The infant crying to be fed is said by Benedek to be in a state of regression to the undifferentiated level. Feeding dissipates

this regression and the child 're-establishes his ego', relaxes, smiles, and falls asleep. Compare the addict in the disorganizing throes of drug hunger: his symptomatic version of the crying fit consists of lacrimation, rhinorrhea, tremors, muscle twitching, and intense motor restlessness. With the injection of the opiate, the symptoms subside, relaxation ensues, and sleep supervenes.

A very bright woman, unfamiliar with psychoanalytic concepts or literature, eloquently described her struggle as she attempted to wean herself from a morbid craving for cigarettes. 'My regression', she said, 'becomes so complete . . . I go back a hundred miles an hour and I again become the center of the universe and nothing else matters. I can't concentrate on my work. Everything becomes single-minded . . . my whole life becomes dedicated to the struggle about smoking. It's been a hell, not smoking. I had finally to smoke last night and did smoke six cigarettes. One should be in a sanitarium. It's all or nothing. I can't smoke in moderation.' The following day she reported: 'I'm in a terrific struggle. I've regressed to two years. I've an insatiable craving. I'm angry at people, frustrated. As a substitute for smoking I eat and eat but it's not satisfying enough. My back is in a knot, it's ghastly. During the day of abstinence I was ranting and raving. Once during the day I stole a cigarette and felt immediately relieved. It's just like a baby screaming for the bottle or pacifier. I can't pay attention to anything else. The knowledge that I have to give up cigarettes increases the craving. The mere threat of deprivation sets up the craving. My maid said to me that my need for cigarettes is like a baby screaming for his bottle.'

This type of disorganization and regression is clearly illustrated in the case of an opiate addict who was referred for treatment by a judge of the criminal courts. Desperate one night for heroin, and without money, he held up the night clerk in a hotel. His habitual mildness and passivity cloaked an intense sadism. He had participated in several other 'holdups', in many

minor thefts, and had once nearly knifed his father. His aggression was often poorly contained and was readily externalized. In prison he had been a model of good behavior.

The following is one of his first dreams during analysis.

He was in a doctor's office. The doctor was an obese female with large, full breasts. High above her head, out of his reach, she held a hypodermic syringe. With anger he said to her, 'Stop teasing me. Give me what I want!'

The female doctor is his obese and big-breasted mother who had often teased him seductively with short, inconstant periods of attention and affection when she was not engrossed in her business. The analyst too is 'strictly business' and teases him with the eventual rewards of a cure. But he cannot wait that long. What he wants are heroin and morphine and he hopes he can break me down into giving them to him.

The analyst-mother disappoints him just as his own mother had failed him. The plea for the hypodermic is the more regressive wish to bypass oral gratification, as represented by the large breasts, in favor of the immediate, primitive, and archaic means for satisfying hunger.

In his daily drug routine at home this addict used drugs both intravenously and orally. Following an injection he experienced sucking movements of his lips as he began to doze. He would awaken, light a cigarette, puff at it, and doze again, only to re-awaken with a start. This was his typical method of 'going on the nod' which was often accompanied by pleasant reveries while chain smoking. He had fantasies of a life of ease on a South Sea island beach, attended by slaves who catered to his every whim; or he fantasied he had a hypodermic in his vein, uninterruptedly supplying him with heroin.

Chessick (2), in a recently published paper, supplements some of these observations: 'The patients wanted to be close to a motherlike figure who would be able to satisfy their every need without even the necessity of their asking for it. The mother figure was seen as an extension of [self], leading to a parasitic



state in which the patient's every disturbance of homeostatic balance [was] immediately and automatically corrected by the mother-extension.'

On one occasion the above patient had purchased some heroin from his 'connection' and was walking along the street with his fist tightly clenched over the little packet. He saw an attractive woman approaching and thought, 'She's so sexy, I'd like to make her'. In the next moment, as she passed, he spat on the ground and said to himself, 'To hell with her. I've got my love in the palm of my hand.' Indeed, all of his libido had been displaced onto this little packet of heroin. He was a virtual parasite with archaic object relationships. Socially, he was the most regressed of the addicts studied. He functioned in a narrow range between fixation and regression, between primary process and poorly developed secondary process behavior.

It is well known that opiates reduce or eliminate sexual desire (15). In all of my patients the immanence of incestuous wishes was at times an overwhelming threat which was seen as a motive for an increase in the addictive craving. There were instances of the defensive need to regress to primary narcissism where all sexual wishes, genital as well as pregenital, had to be denied. This seemed evident during the intervals of deep narcotic stupor in which libido was withdrawn from objects. During less regressed states pregenital wishes came to the fore in which the drug was equated with breast, food, warmth, and clinging. This was particularly evident in one case.

A nineteen-year-old youth was still called 'my little boy' by his seductive mother. Whenever her husband was away on business she would suggest that her son sleep in his father's bed. The following dream was reported by the patient during one of these periods.

He is in a large bed with a beautiful woman. On the night table next to the bed are two huge bottles, each containing candy balls full of morphine and heroin. In the corner a man is taking a hypodermic injection.

On the day preceding the dream he had seen such candies in a confectionery and, overwhelmed by a need, purchased some. This candy his mother had often brought him during his childhood when she returned home from work. As a child he would crawl into her bed in the morning and implore her not to go to work. His mother was a handsome woman and the bottles were readily associated with her breasts. The man in the corner of the room injecting something into his arm is the patient surreptitiously injecting heroin (masturbating). The man also represents his father and the dream reflects the primal scene. Does the dream also signify the wish for a total fusion with mother as well as a union with her breast?

This patient went on to eventual recovery. By the time he became addicted, he had already attained a higher educational level than the others described, and during treatment he was able to deal effectively enough with his academic studies to maintain passing grades; also his motivation for help was more sincere. Although abandoned psychologically by his mother at the age of three months, the family unit was re-enforced by a mother surrogate in the person of a maid of the benevolent, loving, 'mammy' type, who remained to look after his needs until his seventeenth year. On many occasions his mother had wished to terminate the maid's employment, but he would negate this with the reproachful accusation, 'Don't fire her. She's been more of a mother to me than you have.' As he became a drug addict after the maid left the family circle, it would appear that drugs were used to fill the void which she had filled for so long.

A positive transference eventually enabled this patient to develop sufficient ego strength to tolerate gradually delayed gratification. When this was impossible, he resorted to limited doses of heroin which relieved tension. But his maturing ego now obviated the desire for regression to the undifferentiated state as exemplified by his previous needs for narcotic stupor.

The intravenous injection follows the route that once bound

the foetus to the mother in a parasitic union. In a highly speculative paper on process in psychosomatic disorders, Greene (8) refers to the umbilicus as 'another aperture' in the development of the organism. 'During the umbilical stage of development the vascular system can be considered in a position comparable with the gastrointestinal tract at a later period. . . . During the umbilical stage of development the organism's relations with the mother are carried out by way of the circulatory system.'

Observing the depression of an infant with a gastric fistula, and noting the marked regression and its relation to the meaning of the observed biologic phenomena, Engel and Reichsman state: 'In this development we see the reinstatement of the heightened stimulus barrier of the earliest neonatal period and a return to corresponding sleep states. This suggests the existence not only of a preobject stage, but also a preoral stage of primary narcissism in which the organism takes no active part in its own alimentation. This is normally the situation of the foetus. While it is hardly justifiable to postulate a true regression to the foetal state, one is certainly impressed with its similarities' (3).

The addict has such an archaic ego that it is readily vulnerable to the threat of disintegration. When there looms the possibility of being overwhelmed by the id, there is a desperate need to defend itself against annihilation. Does this urgency determine the choice of the vascular route as the avenue of intake?

The vascular system is the most direct avenue for the incorporation of nutritive supplies. In medical and surgical emergencies life-saving measures are often instituted by infusions and transfusions. The addict bypasses the oral route and unwittingly imitates the foetal relationships with mother by a symbolic representation. It is a restitutive attempt through an archaic introjective mechanism to re-establish the lost object relationship. This concept is proffered here mainly for its heuristic value.

Rather than regression to an intrauterine state, it resembles a type of regression described by Keiser (9). One of his patient's

associations 'led to both fusion with the breast and a fantasy of return to the womb. But the latter fantasy meant that his intact self remained inside his mother and that he was fed by her blood stream. In this way the patient not only denied his oral aggression, oral erotism, and separation from the mother, but the possession of an orifice for feeding. The same considerations hold for his attachment to the breast.'

### SUMMARY

In the psychopathology of the addictive process the most malignant form is addiction to narcotics. Object relationships are on an archaic level and the addict is unable to experience love and gratification through the usual channels of incorporation and introjection. Tension and depression become unbearable and in the process of regression the ego is overwhelmed by the threat of disintegration. Like the neonate, the addict has no ability to bind tension. Because of the inability to tolerate delay, he seeks an emergency measure which bypasses the oral route of incorporation in favor of a more primitive one, the intravenous channel.

He injects a tension-relieving opiate which immediately restores the integrity of the ego. But what is restored is merely the relatively fixated archaic infantile ego by which the addict survives from one drug feeding to another, with indolence, semistupor, or sleep between feeding. The vicious cycle repeats itself whenever the drug hunger appears. With the rapid repair of the disintegrating infantile ego, perception is diminished or obliterated and the process of denial is served. The question is raised: Does the injection symbolically represent an attempt to re-establish a total fusion with the mother as well as a union with her breast?

When we speak of the archaic ego in the addict, we do not set a limit on the concept of its extent or potentiality for maturation. We do not yet know how far the psychotherapeutic process will provoke ego maturation in the addict. In the cases

described the ego of the criminal addict was the most archaic. The one who went on to recovery had the more mature ego to start with and, of the four, he alone was capable of developing a classical transference neurosis during psychoanalytic treatment.

Pertinent questions arise. Why do not other patients with apparently similar hunger needs develop narcotic addiction? Why do so many resort to alcohol, to barbiturates, to food, and still others to hypersexuality as a way of dealing with tension? Is there a recognizable additional factor? The mother-child relationship appears to be crucial, but this is equally true in many other psychiatric syndromes. Attention is called to the first patient mentioned in this paper. For several years he went through the gamut of varied addictions before he became a confirmed opiate user. Of the four addicts, he seems to have been the most deprived during his infancy. He did not have the advantage of object constancy and a consistent relationship with his mother was not effected until he was four.

While the core of the addictive process exists in all of us in such benign forms as cravings for food, tobacco, candy, or coffee,<sup>3</sup> the vicissitudes of early ego development and later ego maturation which facilitate fixation and encourage regression appear to play a dominant role in predisposing an individual to the development of the crippling, morbid craving.

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# RESEARCH ASPECTS OF PSYCHOANALYSIS

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## I

The revived interest of psychoanalysts in research is probably not due to newly won security or acceptability of psychoanalysis, nor is it an attempt to catch up with the contemporary status of research in the various fields of pure or applied science. The oldest and most comprehensive definition of psychoanalysis is that it is a therapy, a body of knowledge, and a method of research (10). The contemporary renewed interest in psychoanalytic investigation is thus mainly the revival of a basic function of the discipline—a function which had waned, had been taken for granted, or had been embarrassedly concealed. However, this revival of interest in research differs from that of the pioneering generation in one important respect: whereas in the earlier days psychoanalysis had an almost fanatic zeal to be on its own and a defensive disdain of contacts with other sciences, the newer policy eagerly seeks not only to establish such contacts, but also to adopt the methods of other scientific disciplines, thus subjecting psychoanalytic research to the dicta and requirements specifically designed for research in fields other than psychoanalysis.

We have thus increasingly become accustomed to hearing many loud and quite learned voices that charge psychoanalysis with flagrant violations of scientific method as practiced by all the well-established disciplines of human knowledge. These criticisms range from the alleged tendency of psychoanalysis as a science to neglect the general principles of science, to the uselessness of psychoanalysis as a therapy in the severe forms of mental disorders, and the waste in employing it for the milder complaints. From the writings of psychoanalysts themselves,

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Presented to the Topeka Psychoanalytic Society and to the Chicago Psychoanalytic Society, January 1962.

these critics can quote several authors who concede that psychoanalysis has neglected the scientific rules for making hypotheses, testing them by observation and experiment, using controls, making predictions, and testing the validity and reliability of its findings—not to mention that it has neglected to apply all this to large enough samples and has failed to verify the results according to modern statistical procedures. The craving of psychoanalysts to find shelter under the umbrella of natural science and to adopt its methods is considered a further proof of what an illegitimate science psychoanalysis is—a pretentious discipline precariously built on haphazard, uncontrolled, unrecorded, unquantifiable observations which lack comparisons or follow-ups and do not allow accurate verifications; a science whose theories are not even stated in a coherent way, a clear language, or an acceptable set of concepts.

It was the wise tradition of psychoanalysis neither to make apologies nor to engage in polemics, since it came to know only too well what sustains the rational façade of the arguments against its findings. However, not only do the times of isolation seem to have gone with no prospect of return, but also the new contacts with the other disciplines of knowledge are closing in on psychoanalysis to the extent that some attempt at defining the psychoanalytic method needs to be made, pending a full explanation.

To write a brief in defense of the psychoanalytic method against its external critics is a manageable, though probably unfruitful, task. But when the critics are joined by some unequivocally learned and experienced psychoanalysts, one begins to wonder and to worry. A careful scrutiny probably would lead us to the surprising and disquieting discovery that the dissatisfaction with psychoanalysis as a scientific method shown by those psychoanalysts who obviously know what scientific method is, arises from the fact that they do not practice what they have come to preach, either about scientific method, or about psychoanalysis, or both. In their writings we are explicitly told that the psychoanalyst deductively 'jumps' to his interpretations because

in his training he has learned a set of concepts which was established and developed by other workers before him (4). It is well established, on the contrary, that the habit of the ordinary psychoanalyst is only to comprehend and interpret what he gets directly from the patient's train of thought, and not from the concepts or assumptions that were showered on him during his training, or those which fill the books and periodicals in psychoanalytic libraries.

The clear and pointed words of one of the earlier distinguished research workers in psychoanalysis may provide a better rebuttal on behalf of the psychoanalytic method. Thomas French said: 'Even among psychoanalysts there is considerable confusion about the relationship between psychoanalytic theory and our interpretive method. Interpretation must start with theoretical preconceptions, they say. Yet psychoanalytic theories owe their existence to our interpretive method. If our interpretations start with these same theories, then we shall be reading back our preconceptions into the facts. On the contrary, the reliability of our method depends on our training ourselves to use common sense quite naïvely and divesting ourselves as completely as possible of theoretical preconceptions' (9).

Concern need not be felt about research being undertaken in reaction to the allegations against psychoanalysis. What we have to consider are the efforts generously expended by a considerable number of solid psychoanalysts and to look at the directions and views they are taking about research.

Before dealing with this, however, one point has to be made explicit and clear. It is neither illogical nor useless that those psychoanalysts who have the interest and the time seek explanations for one psychoanalytic concept or the other by investigating it within the context and by the methods of neighboring disciplines. Endocrinology, brain metabolism, ethology, epistemology, or even parapsychology, may provide, in the short or the long run, answers to some of the questions, or all the questions, that we are attempting to answer. Investigations in these fields are not only feasible, and possibly more controllable, but

also perhaps more humanly rewarding than our slow analytic efforts as individuals or groups. One gain, at least, is certain. That is a gain by default: learning more and more of what psychoanalysis is not will allow us to see more clearly what psychoanalysis is.

The only risk involved in this trend is when such work is taken by the psychoanalyst as a substitute for working with the standard psychoanalytic method. Of late we have been told, for instance, of answers to matters of pleasure and pain derived from familiarity with symbolic logic and of views on human infancy borrowed directly from ethology. However, the views we will deal with in what follows are largely immune from the over-zealousness that drifts away from the main stream of psychoanalytic work.

## II

There are two main currents with regard to psychoanalytic research: the one can be distinguished by its inclination toward speculation, and the other by its activities in application.

Those who are mainly concerned with the theoretical problems of research in psychoanalysis may be classified into two categories. The first one is composed mainly of psychoanalysts in Britain, who recognize the wide gap between 'the dyed-in-the-wool analyst and the hard-boiled experimentalist', a gap which they consider as stemming from emotional ideologies. With dry humor these analysts claim that a 'fundamentalist freudian is as much of a menace as a fundamentalist Christian'. To protect themselves from being called names, they discuss seriously matters of the hypothetico-deductive method, followed by issues of falsifiability, crucial experiments, operational definitions, and so forth. Once they have intelligently done this, they plaintively project their concern with the whole subject onto what has reached their shores with 'the flood of transatlantic work and propaganda in the psychological field'. The issue seems to get settled in the light of a utilitarian philosophy, whereas theoretically the conclusion is that 'the level of

satisfactory proof required and reached in the discourse of experimental and objective psychology is much higher than that reached in psychodynamics. . . . But the discourse of the experimentalist and objectivist is marked by its relative inutility' (7). With such a conclusion, very little research in psychoanalysis proper is advocated or done. Each group of workers goes its own way, and the individual psychoanalyst, if he is so inclined, adopts two identities, that of the experimenter and that of the analyst. He thus may do some work in a laboratory or a hospital, but practices psychoanalysis along the trodden path. The second category is in the United States, where the scene is different: those who are conversant with the theoretical aspects of research usually go further and make some practical attempt at doing research.

The speculative aspect of any investigation is, according to the very rules of scientific method, a necessary step which methodologists call 'mental experimentation'. Much of the 'mental experimentation' of which we hear nowadays, from both sides of the ocean, is often characterized by verbal inaccuracies and conceptual shortcomings which inadvertently lead at times to psychoanalytic errors. One such error is equating the process of psychoanalysis with the method of psychoanalysis; another is assuming that the 'therapy is predicated upon the body of psychoanalytic propositions'; and still another is considering that 'prediction is the tool of the scientific method' (1). From direct exposure to the techniques of other disciplines, some writers plunge head on into a reifying of such concepts as validity, quantification, and reliability. The intricacies of method in neighboring fields, appearing seductively simple, often lead to artificial and hurriedly designed maneuvers to prove that the 'research analyst' can employ the same research devices as are being used by nonanalysts.

However controversial the opinions may be about the methodological details connected with research, the consensus, at least among psychoanalysts, is that psychoanalysis started as an empirical science and is being developed as an empirical science.

By 'empirical' here is meant simply what is derived out of the observed external events, not out of the psychoanalyst's musings or speculations. Once it is admitted that psychoanalysis is founded on an empirical basis, it also will be generally acknowledged that the cornerstone of such an approach is observation and experimentation. Because of the limitations of our knowledge so far, and because of the nature of the phenomena we are dealing with, we are not free as yet to make experiments, even if we could design some. Experimentation in any science is a stage which usually comes subsequent to observation. In any case, there are still very advanced sciences which depend mainly on observation rather than on experimentation. And limiting though this may be, it neither hampers the search for knowledge nor slights the scientific prestige of observational disciplines.

To make good observations requires two steps: first, to arrive at an exact description of the phenomenon observed and, second, to make a detailed and complete record of the phenomenon under study and of all the particular circumstances which the observer supposes may have any connection with it. This is why we have to take the utmost care while making scientific observations 'to keep all our senses active' (11), so as not to let anything slide by without notice. In other sciences of nature, many measuring and registering instruments have been devised to help the human senses, to broaden their boundaries, and to correct their inaccuracies. To make use of the huge amounts of observations collected, however exact such observations and accurate our records may have been, we must take another essential step, namely, put some order into the collected facts so that we may be able to comprehend or explain them. This fundamental work, which is an essential complement to observation, is to classify what we have gathered. Classification is thus considered one of the major tasks of natural science.

It is perhaps because of the obvious nature of what has just been said that contemporary research workers in psychoanalysis overlook the importance of such an initial step in any scientific investigation. In fact, it is not they alone who need to

be reminded of this oversight. Whole generations of psychoanalysts so far have not paid any attention to improving their ways of using the observational method. It is not that the psychoanalyst does not observe; he may be one of the most observing scientists that has ever existed. He is not confined to using one sense—by the nature of his work he uses his ears more than his eyes, and sometimes he cannot help using even his olfactory sense. And while conducting his observations he is all there all the time. One of the most inaccurate and self-maligning notions about the psychoanalytic observation is that it depends on the so-called free-floating (or evenly suspended) attention, which is as erroneous an expression as the usage of the phrase 'free-association'. In fact, the psychoanalyst's attention hardly ever flags and is hardly ever suspended. The psychoanalyst does use all the sense modalities that his functioning as a psychoanalyst allows him to use and tries to employ all the layers and aspects of his mind which are useful for the study of the phenomena he is attending to.

With such a need to direct all his attention to what he observes, and with the number of the events he observes, he cannot keep a full record of what he observes. Even if he can train himself to free some of his attention to the function of recording, he may find it hard to get over the squeamishness of recording during the hour at all, not to mention the subtle interference or influence of such a practice on the 'phenomenon' he is studying, namely, the patient he is trying to help. Whatever it may be, even when the psychoanalyst succeeds in making adequate records, such records will become useless because of the huge bulk of observations thus collected. It may sound as if this point were being needlessly belabored when the whole process could be relegated to modern technologic devices. The net result of the records made by audio or audio-visual instruments will be the same, however—or even more useless. That is because alongside the gathering and recording of observations, it is essential to devise a system of classification according to which the huge records can be put into some order.



This was such a fundamental initial step that it had to be taken, once psychoanalysis had been discovered, before it could proceed any further as a tidy science. This historic achievement was started at the house of Freud himself. I am referring here to the work which has come to be known as the Hampstead Index Research.<sup>1</sup>

This research has already made several important contributions. First, it proved that it is practically possible to build our investigations directly on the productions of the patients and the happenings in the psychoanalytic situation, instead of confining ourselves to the use of clinical impressions or judgments, which by necessity have already been filtered and abbreviated from the original events of observations. Second, it showed that it is practically possible to break down the huge bulk of psychoanalytic hours or weeks or years into 'observation units', making it possible to put some order into the fluidity and the apparent looseness which characterize the material collected in the psychoanalysis. And once the observations are broken down into units which are distinguishable and separable from each other, it is possible, without doing undue violence to the totality of the hour or of the case, to reshuffle, or regroup, these units for further clarification of theory or better application of our techniques. This may even prove to be a bridgehead from which we can start adapting the statistics of other disciplines or devising our own to deal more satisfactorily with the data we collect. Third, some solution for our semantic problems seems to be approaching. When we know what verbal expressions or gestures or actions we call regression, resistance, transference, or super-ego, not only shall we have solved intricate problems of communication and conceptualization, but also we shall have made progress toward improving our investigative attempts.

Such an effort as that of the Hampstead Index promises much

<sup>1</sup> What follows apropos of the Index Research consists of this writer's own impressions and thoughts about it. The report by Dr. Joseph Sandler, in *The International Journal of Psychoanalysis*, XLIII, 1962, Parts 4-5, the issue reporting the Edinburgh Congress papers, gives more details about the work.

more than meets the eye. The problems of describing and communicating psychoanalytic phenomena have been empirically and practically solved between the ordinary psychoanalyst and his patient by the well-known dictum of technique: the use of everyday language. But when it comes to the accounts given about what goes on in a psychoanalysis, or to the formulation of hypotheses, or the making of theories based on the data that have been collected, there is a great discrepancy between what occurs in the psychoanalytic office and what is said about it in psychoanalytic circles or is published in psychoanalytic books and journals. Many of our terms are ambiguous and by necessity general and abstract. Much of our language is misleading, shabby, at times redundant, and at other times it falls far short of conveying what we really are talking about, if it does not completely obscure it. Over and above this difficulty, we have no way of assessing the degree of selection and distortion which inevitably occurs through the process of reduction or abbreviation of the enormous amount of observations collected through language, which is the main source, if not the only one, of the data we observe.

In view of our difficulty in recording and arranging our observations, the importance of devising an index or a cipher for psychoanalysis can be well understood. When as individual workers or as groups we can adopt some coherent system for the definition and classification of psychoanalytic variables, we shall have met the most essential requirement for undertaking articulate research. Composing a set of operational definitions—not a glossary or a dictionary of ambiguous or vague terms—for what we observe and what we do will be in keeping with the rules of modern logic. At the same time, we shall have hit upon a practical way not only of recording but also of classifying the material we collect. Once this is achieved, psychoanalytic investigations will be on a more secure ground to deal with such problems as those of validation, quantification, or controls.

We recently read that an ingenious scholar, James McDonough, has used electronic computers to solve the age-old

problem of whether *The Iliad* and *The Odyssey* were each written by a single author and whether both poems were the work of the same man. McDonough scanned *The Iliad*'s 15,693 lines and devised a metric code which the computer could understand, since computers read only numbers and have not yet learned to read Greek. Once he had translated *The Iliad* to numbers, he punched them on cards, fed them to the computer, and the machine gave him the answer in five hours: *The Iliad* was composed by one author.

In similar fashion, one may hope that some ingenious psychoanalyst will devise, instead of the verbal cipher, a system of notation which can be used by future psychoanalysts as a shorthand system to record, and thus prepare, their data for the machines. Then the day may come when some serious and meticulous research psychoanalyst may be able to punch the psychoanalytic data on cards and feed them to calculating machines which will give us answers accurate enough to permit psychoanalysis to take its place in the procession of accurate sciences.

### III

The increasing number of investigations into theory, both specific and general, which can hardly be called research in the strict sense of the word, are speculative attempts that only add to our woes as students and our troubles as teachers. We may mention such attempts as that of the 'cyclic-circular model' (5) derived from the concepts of cybernetics and information theory with their related notions, such as feedback and open system. Another conceptual system was explicitly designed in terms of electronic circuits in which were plugged psychoanalytic notions — 'a complicated contrivance, replete with energy storage systems, idea generator, scanners, alarms, modulator, monitor, amplifiers, etc.' (3). Still another attempt was called the 'decision-making model' (14), this time planned according not only to electronic concepts, but also to those of physiological psychology, including an in-input subsystem for sensory stimuli, called 'transducer', pass-

ing on to a 'mixer' which receives in-puts from a memory subsystem that includes signal and noise parameters—which compute the relationship between them—and then passes the energy on to the decision computer. Finally, there is the 'general behavior theory', which is said to be derived from the more comprehensive general system theory that deals in a series of assumptions and postulates with all levels of systems 'from atomic particles through atoms, molecules, crystals, viruses, cells, organisms, individuals, small groups, societies, planets, solar systems, and galaxies' (12).

An accurate and precise assessment of the value of such theoretical explorations is provided by one of the explorers himself, James Miller, who admits that 'such conceptual systems are at best only pleasant metaphysical games unless they yield specific, precise propositions which are capable of being proved or disproved, and which can be evaluated empirically. For each of these integrations we must seek exactly what consequences follow and how they follow' (12).

Or it may be still further to the point to quote David Rapaport's comment, 'Concepts and methods can be borrowed from other sciences: all that is useful should be used. But grasping at every likely new achievement of other sciences is a giveaway: salvation is expected from the outside and not from the results achieved by the sweat of our own brows' (15).

#### IV

As to applied (or problem-centered) research, there has been much undertaken across the years, and even more of late. Recent attempts show more sophistication in the design and in the choice of the areas for investigation. And investigative work by a single psychoanalyst is giving way to research by teams of persons of varying degrees of interest and experience. The goals of such researches have become varied. Some test a theoretical hypothesis; others study disease entities or verify the outcome of a therapeutic approach; still others, explicitly or implicitly, serve

for general exploration. Contemporary 'official' research has already started to adopt various statistical and technological devices for psychoanalytic research. Psychoanalysis is learning to employ simple rating scales or matching coefficients as well as complicated methods of recording through audio-visual aids all that occurs in a psychoanalysis from start to finish.

In the planning and execution of such investigations, much thought and deliberation no doubt have been generously invested. It is, however, becoming increasingly clear that the returns of applied research do not compensate for the cost and time put into it; a very few reasons explain this fact.

The first stumbling block is that, although we adhere more and more to the mechanics of collecting data, and even have devised ways of keeping such data from being contaminated by the interest of the observer, or influenced by the goal of the research, no way as yet has been adopted to reduce the huge amounts of accumulated data to a usable level, nor do we know how to ascertain, when such reduction is done, the degree of distortion that unavoidably occurs in the process of using as raw data clinical judgments rather than actual happenings in the psychoanalytic situation. It is not surprising therefore to find from among the very people who have tried some meticulous and comprehensive approaches to applied research, admissions such as the following: 'Working alone and using only analysis as the research tool is the most appropriate approach' (2). Emphasis also has been put on the need to clarify psychoanalytic assumptions and to state in more precise terms what we are saying in our hypotheses, a need as great as validation (6).

The second trouble is the extreme complexity of the subject matter of psychoanalysis. We work with the principle of determinism, which implies the plurality of causation. This principle has been redundantly called 'overdeterminism', and has been so much taken for granted by psychoanalysts that we neither realize its importance nor spell out the central place it occupies in all aspects of our work. In practice, psychoanalysis probably meets with more determinants than any other discipline, with no way

as yet to estimate the comparative weights of each cause and with only haphazard, crudely empirical ways of reducing them to manageable variables. To undertake research before having found some acceptable way of assessing the comparative values of our variables instead of arbitrarily weighting them, leads to as many shortcomings as do the flaws in our methods of recording and reducing our data.

The third difficulty seems to be a gap in our education and a lag in our creativity: we still engage as members of the research teams working on big projects some professional research designers and statisticians who, for obvious reasons, have had little or no direct acquaintance with psychoanalysis. Although scientific method has general rules which apply to all disciplines of human knowledge, each group of the advanced sciences has succeeded in writing its specific chapter of scientific method applicable to its own field. 'Any specific scientific method is studied in connection with some specific theory and subject matter of a specific science in which its use is appropriate' (13).

It may be said that psychoanalysis can be subsumed under the natural or the behavioral disciplines and can adopt their methods. General psychology, for example, has gone far toward spelling out its own methodology, and has even succeeded in devising statistical procedures which suit its particular phenomena. But the subject matter of general psychology is fundamentally different and separate from that of psychoanalysis, which is concerned with the unconscious processes and the functioning of the human mind working as a whole. For this no method of investigation has yet been formulated. Our theory of technique is mainly a theory of therapy, and not of investigation. The rules of our method have yet to be spelled out through the practice of psychoanalysis and written by psychoanalysts. It is a pity that very few psychoanalysts study the logic of psychoanalysis, probably because we still believe that it is only 'obsessiveness', or lack of clinical acumen or ability, that leads to the development of such an interest. But until some psychoanalytic statisticians or research designers emerge from the ranks of practicing psycho-

analysts, our research techniques will remain a loan from other studies, and we shall have no way to verify whether they suit our purposes.

## V

When everything has been said with regard to the research value of psychoanalysis, an elementary consideration may be the best line of apology. There have been several designs for the classification of sciences, starting with Aristotle and crossing the ages to Bacon, Descartes, the French encyclopedists, Auguste Comte, Ampère, and Herbert Spencer, culminating in our time with the movement for the unity of science. To avoid mixing up points of view, psychoanalysis, according to its subject matter, could, for instance, be placed with the natural sciences. According to its applicability, it is one of the healing arts. But when it comes to method, one needs to make a short but very careful pause, after which psychoanalysis probably would be classified with the formal sciences.

How does the psychoanalytic method work? The ordinary psychoanalyst, who has been meticulously trained to help another person understand himself and has been equipped as much as is humanly possible in our present state of knowledge and skill with the prerequisites for performing such a work, listens to what the other person says. Whatever theoretical constructs or prior convictions the psychoanalyst may have learned or adopted—about the œdipus complex, the duality of the instincts, the structure of the psychic apparatus, the tyranny of the unconscious, or the influence of the transference—are kept away from the actual operation of a psychoanalysis. The psychoanalyst starts his work burdened with no more preconceptions, perhaps actually less, than any other scientist.

From what he observes, mainly the statements of the patient, the psychoanalyst tries to reach the logical inferences that must follow. He tries to make sense out of what he hears. The method goes from the general to the particular, and thus it is a formal, deductive way of reasoning, leading to certain conclu-



sions; these are the interpretations that are at times conveyed to the patient. Perhaps there lies our major difference from modern scientific methodology; namely, that we start by deduction and not by induction. Very soon after making inferences in this way, the psychoanalyst tries to check the primary premises, and from the variations, contradictions, and frequencies of the data he gathers, the terms and the structure of the initial propositions are gradually scrutinized and inductively tested. The conclusions which were thus temporarily made through deduction are re-examined through induction. (It is needless to go into the assertion of modern logicians who argue that the difference between induction as a 'method of discovery' and deduction as a 'method of exposition' is a mere fallacy. Bertrand Russell, for example, contends that 'all inference is deduction, and that which passes as induction is either disguised deduction or more or less methodological guesswork' [16].) The psychoanalyst's therapeutic task, imposing upon him considerations of economy in time, cost, and effort, calls for still another type of logic: in the interpretation of symbols, we often use the logic of analogy, with all its proneness to error.

What has been asserted can be explained by a clinical illustration. The patient usually tells of his complaints, talks about his life history or his feelings, in universal propositions. He may affirm that his boss is a tyrant and that in fact all the people he has worked under have been tyrants, or that his mother never cared for him, or that his colleagues are no good, or that in the spring his nose gets blocked and his eyes tearful because of an allergy, or that the persistent pain in his back is due to a neurological ailment. Now, what does the psychoanalyst do with this except to take it, as the ancient and the medieval thinkers used to do with such statements as 'the earth is flat', or 'the barbarians have no soul'. All the psychoanalyst does is to take these statements of the patient for what they are, and from them, by immediate, syllogistic, or other ways of inference, reach certain conclusions, which he shares with the patient. This simply takes the form: given this or that, then this or that must follow.

The psychoanalyst's work does not at all stop at that, however. We have at least to grant that the psychoanalyst has as much common sense as any other modern literate man who knows that to test whether an assertion is true or false, it must be compared with the facts. Therefore no sooner has the psychoanalyst helped the patient to arrive at the unavoidable conclusions of his primary propositions than he begins to test from the patient's 'free-associations' and other behavioral manifestations whether or not the original propositions were correctly built on sufficient memories, feelings, or experiences. It probably will turn out, for example, that the patient was given a kind word by his boss or offered a raise, or it may even turn out that he himself has on various occasions wilfully neglected his work, irritated his boss, and may even in his own way have been the tyrant, not the victim. Thus the process would move on from the particular events or memories to general conclusions; and in this way the psychoanalyst would have included in his methods of work not only the previous deductive policy, but also the inductive one.

There are, further, the shortcuts that the psychoanalyst resorts to when he relies on the similarities of certain percepts or concepts; and from this he uses the logic of analogy to suggest that an orange, an airplane, or a staircase may refer to something which is of more primary importance and more fitting to the patient's train of thought than the symbol used.

This rudimentary attempt at describing the logic of psychoanalyzing may serve at least to remind us of what Ferenczi once said: 'The doctor must subject the material submitted by himself and the patient to a logical scrutiny, and in his dealings and communications may only let himself be guided exclusively by the results of this mental effort' (8). It may remind us that forty years after Ferenczi wrote this, David Rapaport stated: 'The extensive clinical evidence, which would seem conclusive in terms of the system's internal consistency, fails to be conclusive in terms of the usual criteria of science, because there is no established canon for the interpretation of clinical observation' (15).

In the meantime, psychoanalysis as a method can be defined as the science which treats the errors of the human mind. The psychoanalyst is thus a medical logician or a logical physician. Such a definition can be accepted by the logician or methodologist who wishes to investigate how psychoanalysis works, not from the theories, terms, or accounts which fill the psychoanalysts' books, but from the actual conduct of any psychoanalysis. The logician who happened to muster the patience, if not the emotional neutrality, to listen to a psychoanalysis over a period of time—though preferably from start to finish—could discover that our method is nothing but a first draft of the application of logic and scientific method to the study of the human mind in the concrete.

One may hope that with more scrutiny of the requirements of logic and scientific method, and of what actually happens in psychoanalytic treatment, the standard psychoanalytic method will be considered the best research device so far suggested for understanding the human mind. It may turn out that every psychoanalyst who merely follows the method he was taught to follow will discover that he has been doing research, just as Monsieur Jourdain, of Molière's *Le Bourgeois Gentilhomme*, suddenly discovered that he had been speaking prose for forty years without knowing it. Psychoanalysts, however, direly need to learn how to read, write, and correctly spell the prose they have used since the inception of their discipline. They need to do this before attempting to improve their style, become literary critics, or adopt any other language, style, or technology that was designed or is being used for subject matters which in our present state of knowledge are separate from the subject matter of psychoanalysis as such.

However heavy the emphasis may be that is thus laid on the intrinsic worth of psychoanalysis as a research method, this is not to be construed as an invitation to sever our relations with the other neighboring disciplines of science or as a claim of perfection and a reason for smugness. The more we know about how other scientists work and what methods they use, the more

we are able to consolidate and spell out our own methods, and the more we realize our assets and liabilities.

## CONCLUSION

The answers to the core questions of psychoanalysis have to be sought from within psychoanalysis itself. What is needed for the correction of its findings, the validation of its conclusions, the sharpening of its instruments, and the rest of what it lacks to keep it on a par with the more advanced disciplines, has to be provided by the use of the psychoanalytic method itself and its articulation. To do this we still have a long way to go—but we know where to start.

It is hoped that we shall find it worth while to start by giving as much—or even more—attention to the investigation of method as we give to exploration of theory or to work on problem-centered research. It is method that defines problems and clarifies theory.

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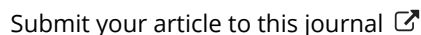
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## SOME OBSERVATIONS ON PSYCHOANALYTIC SUPERVISION

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The purpose of this paper is to approach psychoanalytic supervision in its broadest sense—as a study of important areas of psychoanalytic theory and technique. We shall consider its functions and how best to accomplish its aims.

Most analytic educators acknowledge that the supervised analysis is essential to determine the proficiency of the future analyst. The candidate's ability to do clinical psychoanalysis is the real test of our selection, his suitability, and the training program in general. The rest of his training, whether didactic or clinical, is a preparation for and a continuation of instruction which helps him in his supervised work. While it is not feasible to eliminate the training analyst from all decisions regarding the student's progress—no one else is in a position to judge the candidate's readiness for didactic training or the correctness of the institute's acceptance—, his instructors, and particularly his supervisory analysts, must assume the major responsibility for his progress. Only when the training analyst has an opinion in opposition to the general consensus should it be necessary for him to intervene.

It is our belief that psychoanalysis is a method that can be taught to those who are sufficiently endowed intellectually and psychologically. However, candidates for analytic training are individuals, and their rate of progression is an individual matter. This is the result of many factors, the nature of which are not pertinent to our discussion except to recognize their variability. Some candidates have exemplary personal lives but little psychological aptitude; others may be burdened with personal difficulties but show marked ability to do psychoanalytic work. The demonstration of a capacity for psychological therapy should be our primary criterion for continuation of training.



The student's integrity is, of course, tacitly implied throughout this paper.

The primary role of our institutes is training in psychoanalysis. Teaching the various modifications of technique is a secondary and less important function. Most candidates well-grounded in classical theory and technique will be able, in the course of their training and practice, to gain the necessary experience and confidence to use variations and alterations when dealing with special problems.

Basically the supervisory analysis is an apprenticeship type of learning in which the more experienced individual is helping the less experienced carry on actual analytic work. But it also has a teaching function and the candidate's training must be considered from this point of view. Supervisory work should include consideration of such important questions as: How do we judge suitability for analysis? How do we establish a therapeutic atmosphere? What is interpretation and how do we most efficaciously employ it? How do we judge progress, or lack of it? What are the interactions between theory and practice?

To accomplish these aims, every student should have several supervisors so that he will be exposed to the different approaches and insights of various persons. This is also essential from the point of view of the institute as the evaluation of the candidate's abilities then comes from many sources and gives an adequate body of knowledge upon which to judge progress and readiness for graduation. The candidate's fate should not be left in the hands of any one supervisor, no matter how skilful or experienced.

One of the prime responsibilities of the supervisor is evaluation of the suitability of a particular patient for analysis by a student. There is no more discouraging experience for the candidate than to find, after a long period of work, that his patient is not a person for whom classical analytic techniques are indicated. It is more realistic to be firm in our choice of suitable cases and more advantageous for the candidate to wait for a satisfactory patient than to rush into supervised analysis simply

because of pressures of time or competition. Satisfactory cases also provide the institute with a more accurate check on the candidate's ability.

Another basic responsibility of the supervising analyst is the evaluation of the candidate's readiness to do supervised work. If it is apparent that he is not yet ready, it is a service to the candidate, the patient, and the institute for the supervisor to delay the candidate's progression. To undertake supervisory work with an inadequately prepared student is a time-wasting process. After determining that the candidate has adequate experience with varied problems, the selection of the type of case may be left to the judgment of the student and the supervisor.

The choice of supervisor is largely an individual matter, but we should be certain that it is not influenced by unconscious factors or by conscious design. A candidate may make his choice on the basis of finding a female figure who will appreciate his good behavior, carefully avoiding the male analyst because he has not worked out his oedipal problems. Or, a student may feel he can work only with men. Not infrequently more or less covert, unanalyzed problems remain unnoticed if the whole pattern of choice is not evaluated. We suggest that the institute, after being assured of the adequacy and variety of the candidate's experience, consider, in general, the student's pattern of selection of both his supervised cases and supervisors.

When the student's status is reviewed in detail we usually find close agreement among his supervisors. Generally there is enough uniformity to assure that his major countertransference difficulties, as well as other deficiencies, will be brought to the attention of the institute and the training analyst. We have found little need for any formal contact between supervisors and the training analyst. The meetings of the education committee serve as a clearing house for the evaluation of the candidate's supervisory work and general progression and, at the same time, allow his training analysis the privacy which is so necessary.

We now turn to one of the most difficult problems: what criteria should be used in deciding readiness to begin supervised

analysis? The answer is not easy to formulate and differs from supervisor to supervisor. Furthermore, what we might demand in respect to the personal analyses of certain individuals may not be of the same importance in other more mature and objective individuals. Hence, there must be a great deal of latitude in applying the criteria.

Kovacs has emphasized that supervision should begin only when the candidate's 'analysis has reached the point where his interest is no longer focused on himself but genuinely on the outside world. That is to say, when the transference has been so far discovered and traced to its infantile sources that his desire to be normal signifies no longer identification with the training analyst, but is sublimated activity independent of the analyst' (3, p. 351). Here we find the necessary emphasis that the student must be sufficiently mature and also free from primitive transference reactions that might influence his work with the patient or interfere with his relationship to his supervising analyst.

Gitelson stressed that the training analysis must be deep and thorough: 'It must take as long as it takes to expose the narcissistic core of the neurosis' (2, p. 207). He also stated that supervisory analysis 'ought not be recommended until the student's analysis is in the stages of resolution or is satisfactorily ended' (2, p. 209). This second point of Gitelson's does not accord with our feeling that supervisory analysis should overlap the training analysis.

What is most essential in a good analyst? What differentiates those who disappoint us from those who are able to understand the patient? What are our larger goals with the candidate? In other words, what makes psychoanalysis possible other than the mere knowledge of human development and psychopathology? The fact that training varies from five to ten or twelve years implies the necessity for such questions. What does the candidate need to accomplish in his training? It is not enough to say he must be adequately analyzed; we are interested in what makes him able to become a *good* analyst. To receive a medical

degree one needs knowledge and technical skill, but we know that this is not a guarantee that the individual has judgment and skill in psychological matters.

We acknowledge that the candidate must have a basic understanding of psychoanalytic theory and the process that makes it possible to carry on an uncovering procedure with resolution of early genetic malformations. But what kind of a person can carry this out successfully? We think that Gitelson emphasized a key factor when he stated that the narcissistic core of the student's neurosis must be exposed, and we would add that this must be worked through so that personal needs are always within the ready control of the analyst. Analysis must always be for the benefit of the patient, and wholly so; it is not a technical triumph for the analyst, nor an interesting study of psychopathology, and, above all, it is not a means of gratifying emotional starvation. The analyst gets satisfaction and emotional reward from his work with patients, but these are subordinate to reality factors; they are closer to the area of artistic sublimation. The analyst lives in a part-time primary process world but he can close the book or stop the record at any moment. If he were a frozen intellectual, analysis would be a sterile, scientific operation.

Two factors to be looked for in the candidate should be stressed: first, his knowledge of the patient; and second, his attitude. The student must learn to grasp what the individual on the couch is striving to do or to express during a particular hour, not what each sentence or utterance may signify. As an analyst, he must develop the confidence that will allow him to be natural and spontaneous; he must not be overly impressed with the solemnity of the situation, obsessed with correct interpretation for its own sake, or fearful of minor deviation from some 'perfect' norm.

Both Kovacs and Gitelson have noted that certain things must be accomplished in order to determine the attitude of the student-analyst. They emphasize that our criteria are not related directly to the working out of hostilities, major neurotic con-

flicts and symptoms, character structure, or even œdipal problems, but rather to those factors which make it possible for the particular analyst to approach a patient with a maximum degree of objectivity and freedom from those narcissistic concerns which relate everything to himself. The analyst must have reached a degree of maturity that precludes continual preoccupation with his own needs. In some candidates this quality will be present from the beginning and they will be able to carry on meaningful analyses as soon as they have had enough treatment to be aware of and to handle their own conflicts, even though they may be unresolved. Other candidates may have to do a great deal of analytic work before this capacity will prevail; still others will barely succeed in finally accomplishing it and will find their objectivity disrupted with certain patients.

We now come to the relationship between personal analysis and supervised analysis. Most candidates are in analysis and supervision concurrently. However, certain students may have 'completed' their analyses before undertaking control work and this poses problems. In such instances, a candidate is deprived of a useful learning process, and is not able to utilize fully the experiences which arise in the course of his supervision, both with the patient and with his supervisor. Hence, a wide gap is left in the candidate's training and much useful material is not available for analytic exploration. It would be an unusual candidate who would not need further analysis at this point—and yet with certain students the problem of convincing them of the need is difficult, often because of competitive or defensive attitudes. This problem might be resolved by a policy which insists upon the overlapping of supervisory and personal analyses. Candidates can be educated to the inestimable value of this mutual experience.

A more detailed consideration of the supervisory situation and of the role of the supervisor as a teacher is pertinent here. Supervision is essentially a learning experience in which one is sharing with a colleague the fruits of one's clinical knowledge as well as clarifying one's thinking and technique. Supervisory

analysis offers a unique opportunity for both the control analyst and the candidate; every case is a challenge and covers the gamut of psychoanalytic experience. Although it should not be the place for teaching basic concepts, it involves consideration of all metapsychological factors and therefore deals with all the aspects of defense, content, and transference. It is a teaching of technique that entails an understanding and communication of the rationale for the measures which are employed. Furthermore, the candidate must be helped to evaluate the assets and liabilities of the person he is analyzing. Thorough understanding of his patient's basic problems is of course essential.

The student approaches his work with a patient not only with didactic knowledge but with the practical teaching experience he has received from his own training analyst. He has experienced the beginning of analysis and has observed the technique of an analyst whom he is apt to respect. Much is assimilated by identification but in the main this is a learning process, especially in respect to interventions that have been particularly effective and have become an important part of the student's awareness. At the beginning of supervisory work the candidate is likely to have fairly extensive knowledge of how to approach the analytic situation.

While the goals of analysis are uniform and psychopathology is a matter of general knowledge, there are minor variations in technique and handling of patients which depend upon the personality of the analyst. The candidate will regard his supervisor as someone who is essentially in agreement with his own analyst but who has a slightly different approach. It is important that the supervisory analyst be prepared for this and that he be careful not to impose ideas that are only part of his own dialect. The supervisor must be aware that situations can be handled in several ways and must let the student discover to what extent he can make the supervisor's suggestions an effective part of his own technique.

Adequate supervision necessitates considerable flexibility in

the control analyst. It is imperative to recognize differences in the character structure and ability of candidates, which are reflected in the degree of freedom with which they report and in their capacity to use supervision. Differences do not necessarily reflect ability but are perhaps stages of development. One of the supervisor's responsibilities is to evaluate the candidate's ability to learn and to estimate his eventual capacities; we must recognize that, except in rare instances, these are tentative, but sufficient time must be allowed for proper evaluation. Studies of the candidate's reaction to supervision and the supervisory process, and the effect of this on learning, are worth while. The implementation of the learning experience in supervision will vary according to whether the student is essentially a passive or an aggressive type of individual; whether he tends to be a person interested in theory or one whose approach is more empathic.

The attitude of the supervisory analyst may be all important in the success or failure of the student, especially in his first cases. Just as in analysis, establishment of a certain atmosphere is imperative: friendliness, a not unduly critical attitude, objectivity, and tolerance for mistakes and slow progression. Most candidates come into supervision with anxiety and uncertainty, and the ability of the supervising analyst to recognize this and to put the candidate at ease is important. It should be stressed that the supervisory attitude described here does not imply the degree of permissiveness and tolerance which might be exercised in other psychoanalytic situations. In analytic supervision the aim is to establish an atmosphere in which it is possible for the student to learn and in which we can best evaluate his abilities, at the same time recognizing that the basic responsibility is the education of the candidate in the proper conduct of an analysis. 'Atmosphere' is deliberately over-emphasized in order to present a specific point of view which we feel will correct certain stalemates in the early training of candidates.

Further consideration of the role of the supervisory analyst must include particular attention to transference or counter-



transference phenomena in both supervisor and candidate. Our present concepts, developed over recent years, in relation to countertransference in the trained, experienced psychoanalyst are pertinent in supervisory work. The same points of caution are necessary in supervisory analysis as in therapeutic analysis—in both instances we are dealing with a potential transference situation.

In a paper on supervision, Blitzsten and Fleming (1) emphasized study and correction of the candidate's countertransference reactions and the need for adequate working through of his conflicts throughout his training. We are fully in accord with this, although we do not support some of their other conclusions. They stated that the course of training should be divided into three parts—training analysis, didactic work, and supervisory analysis—and suggested that a radical change be made in the handling of supervisory analysis which seems to imply further personal analysis of the student by the supervisor at the same time he is directing the analysis of the student's patient. Furthermore, they stated that the control analysis should bring about: 1, continuation of the exposure of the candidate's neurotic conflicts; 2, continuation of the attempt to make conscious what is unconscious; and 3, an attempt to increase integration of the candidate's personality. This would mean that the student would actually be in analysis with the supervisor.

Another point brought out by Blitzsten and Fleming is that consultations between training and supervisory analysts are of value, not only as a source of helpful information but as a planned procedure of which the student should be aware. Such consultations they felt would provide the student with an experience in which his relationship with other people, especially parent figures, would be on a more mature level. In their opinion there is a tendency to isolate the relationship between the student and his personal analyst, thus permitting a repetition of the earliest relationship in the family—between the child and the mother. They would correct this tendency by the development of an object relationship that allows for sharing with

another person, like the sharing that is a part of the reality of family life.

From a theoretical viewpoint these ideas are tempting as a more complete way of working through aspects of transference and countertransference. We feel, however, that they imply a certain tacit assumption that the supervisory analyst is free from countertransference or prejudice to an extent we are not willing to acknowledge. They also imply that an institute is a more or less perfect family setting rather than the opposite, and that the supervisory aspect of the training program introduces difficulties into the candidate's experience which must be guarded against and avoided as far as possible. In the psychoanalytic situation we attempt to minimize the effect of countertransference; we feel that similar precautions are necessary in the supervisory setting.

There is danger that we may overlook the importance of transference and countertransference in the supervisory situation because we do not have the same awareness of it as we have in the training analysis. When the candidate enters supervision it is not as a patient; he is a student in an institute of which he and his supervisor are an integral part. This situation does not permit a ready awareness and study of the reactions of both the supervisor and the candidate. The supervising analyst must keep these facts in mind with the same integrity he employs in his therapeutic work.

Certain situations should be avoided in a supervisory experience. One must be constantly alert to recognize when a candidate is influenced mainly by a desire to please the supervisor or manifests behavior without regard to the realities of the case; likewise, we must guard against simple compliance or imitation, without the development of any real understanding.

Since supervision is within an institute, the positions of the student and the supervisory analyst in that organization will influence the interaction between them. What is more, the candidate who is still in analysis, or who has just completed analysis, is far from stabilized. He will tend to endow the supervisor with

the omnipotence of a parent whose approval he seeks and whose disapproval takes on exaggerated importance; he may feel rebellious, he may need to assert himself or to prove he has complete sufficiency and that the supervisor is inadequate. In such instances, the desire and need for learning is often overshadowed. The student is seeking progress in his training and it is painful for him to realize that this can only come about by his gradually increasing proficiency, something that is hard for him to evaluate. If he has to spend a great amount of time in personal analysis and training, he may feel ill-treated and discouraged.

On the other hand, the control analyst must guard against 'taking over the case', and, particularly, he must resist the temptation to convert supervision into therapy. It cannot be stressed too strongly that the supervisor is not the student's analyst. He is a colleague and a teacher. His lack of data about the candidate and other real considerations should obviate any tendency to act as the personal analyst. The supervisor should, of course, acquaint the student with indications of blind spots, countertransference, or other areas in which his personal difficulties interfere with the successful conduct of his case. In certain instances calling these matters to the candidate's attention may be sufficient. In others, one may need to be more specific in recommending consideration of these problems in the candidate's analysis or, if he is not in analysis at the time, in suggesting that further analysis may be indicated or even imperative. Occasionally the supervisor may have to point out that the attempt at control analysis is premature. But the supervisory analysis should be limited to these activities. If analysis is in progress, any efforts to 'play analyst' would represent an unwarranted interference; if analysis is not currently underway but needs to be resumed, such efforts would unnecessarily complicate the future course of treatment. Training analysis has more than its share of special difficulties and we should not add to them.

It is also important to realize that the supervisor may have countertransference reactions to the student, and certain other

reactions determined by his relationship to the analytic family in which he has an adult role. He must guard against repeating unanalyzed attitudes toward his role of a parent or a sibling in the supervisory analysis, revealing prejudice toward the student's training analyst, or reacting impatiently or unjustly to controversial matters of theory and technique as a result of a tendency to control the student and to demand unhealthy conformity. Sometimes a supervisor evinces an unfortunate need to win all the students over to himself; not only must he gain their approval but they must place him above others. These factors are continually at work and can do real harm when not controlled.

Certain difficulties that appear in the supervisory situation and give the impression of unanalyzed areas in the candidate may disappear with the development of an adequate supervisory atmosphere and with the candidate's increasing knowledge and experience. Anxiety, or other untoward reactions to supervision, may lead to untherapeutic attitudes, but these usually disappear in time. It is apparent that what we do not understand in our patients is what we are most likely to react to with countertransference manifestations. As our grasp of the situation becomes greater, these manifestations will vanish. Since all of us are human, we inevitably react to our patients in a positive or negative way, but most of our reactions are self-contained and are not reflected in our work. Those which persistently interfere are a specific indication for analytic consideration.

There has always been confusion about what aspects of a person's reactions should be included under 'transference' and 'countertransference', although there seems to be general agreement that they involve the reliving of early unconscious patterns. The fact that the personality of the analyst plays a major role in determining his potential ability to do therapeutic analysis cannot be questioned. Personality is in part determined by early conflicts and difficulties but, at the same time, it is an autonomous structure which may contribute to a good or bad analytic atmosphere; it does not necessarily result in uncontrolled reactions. An analyst may be successful with his patients because of his

personality but this does not imply that he will foster unhealthy transference ties.

There are two main goals in the supervisory situation, either of which has at times been considered to be the main goal. As stated in 1937 in *Discussion on Control Analysis*, it is a question 'whether our aim is to be the control of an analysis or the "analysis" of the candidate being controlled' (4, p. 371). In other words, is the primary object of supervision the analysis of a candidate's practical analytic work or is it instruction in the art of analysis? Supervision must consist of an evaluation of the candidate as well as instruction but we feel its major aim is to teach.

Inasmuch as the student so often continues to be unsure of himself and subject to transference attitudes, particularly toward people within the institute, we must take these factors into consideration, weigh them carefully, and attempt to set up our supervisory situation so that it will further not only the progress but the independence and self-confidence of the student. But it is essential to consider the treatment of the candidate's personal difficulties as something separate from the supervisory situation. Otherwise we run into the danger of the formation of transference relationships to the supervisor; as a defensive refuge or as a side-tracking maneuver this would impede the student's analysis. Furthermore, it would interfere with the supervised work because of the candidate's attitudes toward the supervisor.

The supervisor must help the student to find himself as an independent person by encouraging his ego strength. This is a part of the learning process, and the student's deficiencies or deviations from ideal technique and handling of his case are not to be looked upon as errors subject to criticism. Rather they are to be expected and can only be obviated by experience and the help of the supervisor. As Karl Landauer stated, 'the control analyst must play the part of an elder brother; the candidates are not his pupils but his colleagues' (4, p. 371). In addition the supervising analyst must be aware of those countertransference attitudes of a general nature that make it difficult for the student to report because of fear of making an error and re-

ceiving criticism. As the student progresses he will not be so sensitive in his relation to the supervisor and the countertransference will become less important and will be recognized for what it is.

Historically, the reasons for advocating that the training analyst do supervisory work with his analysand have been that his knowledge of the candidate would help him to understand the problems that arose in the supervisory situation and that this knowledge could be used in the further analysis of the student. We feel that these two facets of training should be kept separate; if there is a need for more analysis the candidate can be so advised by his supervisor or the institute. It is certainly true that the supervisor must be aware of blind spots in the candidate as well as his defensive avoidances of his patient's material. As Gitelson said, 'The supervising analyst is not intruding on the student's analysis when he calls to notice the bare facts of the student's relationship to his case' (2, p. 210). In the 1937 Discussion it was stated that, 'As a matter of principle the training analysis and the control analysis should not be conducted by the same individual . . .' (4, p. 372). This it was felt would be detrimental to both the candidate's personal analysis and his supervised work. We agree.

While it is of the utmost importance for the student-analyst to be aware of the transference difficulties and personality problems which may impede his work, it is of equal importance that these problems be approached in such a way as to be helpful and not detrimental. The supervisor should be careful lest his behavior foster a transference or new analytic situation with himself, thereby making his position untenable. His approach should be confined to pointing out the interactions between the candidate and his patient and what should or should not be done about them. There should be no attempt to search the psyche of the student; if his reactions are beyond conscious awareness or control, they are a matter for analysis.

We would like to enumerate certain essential attitudes in the candidate if he is to progress with his supervised cases. As

we are dealing with the training of an individual analyst, our main concern is his maturation rather than any overaccentuation of minor difficulties. We must be careful to differentiate problems arising from basic unanalyzed factors and those which pertain to superficial adjustment or lack of knowledge and experience. An important requisite in the supervised analysis is that the candidate will report freely and honestly, and feel at ease in discussing his own thoughts and interpretations. Until such time as this is possible the benefit of supervision is limited and true evaluation is impossible. A second necessary consideration is closely related to the first. Gradually the student must acquire the ability to act freely with his patient—not as an outsider mechanically reacting on the basis of circumscribed bits of information he has acquired in his courses. He must be intuitively aware of himself as an individual who is studying another person in a real relationship, and he must enter into the situation as a whole, within the confines of a true classical approach. The candidate must perceive that this is a psychoanalytic situation and know what it means, that it is not just an interpersonal situation in which the patient's reactions are related to him. Even if these reactions should be pertinent to the student-analyst, he must realize that they are matters for study and must be handled analytically, at the same time keeping ego control of his own responses through the very technique which underlies classical psychoanalysis.

In order to implement and make possible a desirable attitude of study on the part of the new analyst, he must be aware of the aims of supervised analysis and of the impediments and difficulties which negate these aims. The candidate must realize that this is not the typical psychotherapeutic process in which one hopes to help the patient; he must see the theoretical basis which differentiates it from other ventures in therapy. If he is aware that psychoanalysis itself is an attempt to establish an uncovering process by means of careful working through of defenses and encouraging the appearance of transference, with resultant access to genetic factors, he will be able to evaluate his



training and his work as they relate to a process, and not to a set of rules. He will realize that he must shape his actions in accordance with the process and that few rules apply at all times.

The need for the candidate to understand his patient and to see him as an individual who is reacting in a particular way at a particular time cannot be overemphasized. Theoretical knowledge must be treated as a reference library to which the student continually turns for explanatory help in relation to the human being on the couch; it should not be treated as a set body of knowledge that can be forced into a mold. If he approaches his patient with this understanding, it will make a great difference in his attitude, response, freedom, and naturalness.

Every student should be helped to realize that refinements in technique come gradually and slowly with time and experience. We expect that the candidate will make many minor errors, even though he may be exceptionally promising. As long as he can follow the main trends and judge the important cathexes of the particular hour and not overreact, we will be well satisfied. We then can be sure that he will find ways to handle the problems that arise and that he will develop his particular variations of the general technique of his group.

The more understanding the student has that analysis is for the patient, the less his narcissistic tendencies will intrude into the treatment situation; he can then avoid making it an exhibition of his virtuosity.

Because most analytic candidates have had a thorough scientific training, there is a desire to approach the process of psychoanalysis as though it could be handled on the same basis as a laboratory procedure. We all agree that psychoanalysis must be subject to the same criteria that hold for other sciences—we must be able to understand and to describe the words and actions of both analyst and analysand, and the reason why there was or was not a therapeutic gain, for instance. But with the multitude of variables and with the importance of maintaining a real, human patient-analyst relationship, there are many elements of the art as well as the science that enter into the procedure. We must avoid the danger of stultification and let the

student realize that flexibility is an important attribute of the good analyst.

### SUMMARY

Certain general principles relating to the functions and aims of supervisory analysis are discussed. This important area of training presents particular problems for the supervisor which tend to break down the equation that a good analyst is necessarily a good supervisor. His role must be objective, his own narcissism must be restrained, and he must be prepared to go over the same points time and again. He must not set himself up in competition with the student or with the training analyst.

Supervision is essentially a teaching process where certain elementary problems must be explored such as attitudes, procedure, activity, specific difficulties in getting an analysis underway and keeping it in progress, and supporting and directing a less experienced colleague until he develops sufficient understanding and confidence. The supervising analyst must believe in the value of teaching and of experience; he must not be too quick to fall back on the time-honored formula—'you need more analysis'. As candidates learn more and gain greater confidence, their work usually shows striking improvement. While there are differences in ability and aptitude, rapidity of learning is not always the criterion for eventual qualification of the student-analyst.

Finally, an attempt is made to clarify points relating to supervisory analysis that we feel represent misunderstandings about the functions of the process.

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## Herbert Lehmann

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## FREUD, ZWEIG, AND BIOGRAPHY

BY HERBERT LEHMANN, M.D. (SAN FRANCISCO)

Those who write about psychoanalytic biographies seldom fail to quote the following well-known passage from Freud's essay on Leonardo da Vinci (4).

. . . biographers are fixated on their heroes in a quite special way. In many cases they have chosen their hero as the subject of their studies because—for reasons of their personal emotional life—they have felt a special affection for him from the very first. They then devote their energies to a task of idealization, aimed at enrolling the great man among the class of their infantile models—at reviving in him, perhaps, the child's idea of his father. To gratify this wish they obliterate the individual features of their subject's physiognomy; they smooth over the traces of his life's struggles with internal and external resistances, and they tolerate in him no vestige of human weakness or imperfection. They thus present us with what is in fact a cold, strange, ideal figure, instead of a human being to whom we might feel ourselves distantly related. That they should do this is regrettable, for they thereby sacrifice truth to an illusion, and for the sake of their infantile fantasies abandon the opportunity of penetrating the most fascinating secrets of human nature.

Edel (2) recently, and Beres (1) not long before, noted in this the striking one-sidedness of Freud's estimation, which excludes, for instance, the hostile or destructive impulses that can be demonstrated not infrequently to motivate the biographer in the choice or the treatment of his subject. Edel suggested that the common Victorian biography having been one of adulation may have influenced Freud to express himself as he did. Having ventured into the field of biography with Leonardo, Freud must have viewed his revolutionary innovation against the background of conventional biography. There is, however, some evidence that Freud, careful clinician that he was, made his interpretation under the impact of some vivid, fresh clinical experience.

Stefan Zweig, who in his lifetime wrote some twenty or more biographies, maintained a friendship with Freud that began before 1908 and lasted until Freud's death. It was Zweig who delivered the major eulogy at Freud's grave in London. Zweig, routinely, sent Freud every one of his books and, according to Friderike Zweig (7), Freud 'never failed to send in his comments'. Publication of the

Freud letters (3) has made many of these comments available. They include interesting critical remarks about Zweig's biographical essay on Dostoevsky which Freud later consolidated in his own study of the Russian novelist. It is in this paper (5) that Freud refers to Zweig as a personal friend and pays him the handsome compliment of using Zweig's short story, *Twenty-four Hours in a Woman's Life*,—a 'little masterpiece' as he calls it—to lend support to his own analysis of Dostoevsky's passion for gambling. It is also in this paper that he discloses that he discussed Zweig's short story and his interpretation of it with the author.

Zweig wrote a biographical essay on Freud, and the Freud letters contain some of Freud's reactions which are, perhaps, a rare documentation of the reactions of a subject to his own biography by a professional biographer. These were by no means entirely positive, and some irritation on Freud's part is readily discernible. In 1936 Freud (3) permits himself some fine irony regarding the large number of biographies which Zweig had published by then, and speaking of his old age and impending death he writes:

I am unable to spare my loved ones the pain of separation. The exceptional position I occupy with you will then also come to an end. For I believe that in the gallery of remarkable human beings which you have set up in your panopticon—as I sometimes jokingly call it—I am certainly not the most interesting, but nevertheless the only *living* person. Perhaps it is to this fact that I owe so much of the warmth of your sympathy. For with the biographer as with the psychoanalyst we find phenomena which come under the heading of 'Transference'. . . .

In this letter Freud points to the nature of Zweig's attachment to him and, knowing Zweig's depressive disposition, he is tactfully careful to spare Zweig a possible depression on the occasion of Freud's death. He does what every psychoanalyst does when he prepares his patient for the loss which is invariably experienced when the time comes for the patient to dissolve the tie to his analyst. Zweig ultimately succumbed to one of his depressions and committed suicide in 1942.

The question arises whether Zweig's relationship to Freud was in fact therapeutic at one time. There is one reference in the literature that would support such a speculation. Emil Ludwig in *Doctor Freud* (6, p. 143, fn.) states: 'An intimate friend of Zweig,

equally well known as an author, told me that in 1910 he [Zweig] hastened to Freud to be cured of "depression".

The year 1910 saw the publication of Freud's essay on Leonardo da Vinci. This is also the year in which Zweig published a critical biography of the great Belgian poet Emile Verhaeren. Thus in 1910 Zweig completed a biography, consulted Freud professionally, and Freud, being himself engaged in writing his first psychoanalytic biography, inserted into its last chapter a psychoanalytic commentary on the biographer's relationship to his subject.

In clinical practice we look to the patient for confirmation of the correctness of our interpretations. What follows is what Zweig wrote six years later about his feelings toward Emile Verhaeren (8).

. . . To a certain extent it was a mystic inclination, not based on anything real, which drove me toward this unknown poet. A few of his poems enticed me . . . seventeen years old, I wrote for permission to publish (translations). . . . I was about twenty years old when I met him, and he was the first great poet whom I saw as a human being. The beginnings of poetic creativity were already stirring in myself, but uncertain still, like lightning on the firmament of the soul. I was not yet certain whether I had the calling of the poet myself, or whether I merely desired to become one, and my deepest longing demanded finally to meet one of those real poets, face to face, soul to soul, who could be my model and decision. . . . What molded me never came out of my own wish or out of my active will, but always from fortune and destiny; and thus also this wonderful man, who suddenly and at the right hour stepped into my life, and became the spiritual star of my youth. I know today how indebted I am to him, only I do not know whether I shall succeed in casting this gratitude into words. In no sense, however, is this feeling of obligation meant for Verhaeren's literary influence on my verses. This gratitude always extends only to that master of life, who gave the first imprint of truly humane values to my youth, who taught me in each hour of his existence that only a complete man can be a great poet, and who with the enthusiasm for the art gave back to me also the ineradicable faith in the great, human purity of the poet. Aside from Romain Rolland,<sup>1</sup> for whom I feel a brotherly love, all my later days have not given me a more beautiful image of the poet, nor a purer unity of nature and value than him [Verhaeren], whom to love in life has been my most heartfelt joy, and whom to revere in death has been my most compelling duty. . . [Author's translation].

Freud's every point in his analysis of the biographer's fixation to his hero is confirmed by Zweig himself: the personal reason for the choice, the special affection from the outset, the idealization, the intolerance of human weakness or imperfection, the infantile model, and the father role.

<sup>1</sup> A few years later, Zweig wrote a biography of Romain Rolland.

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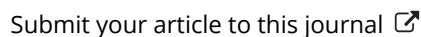
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# Max Schur

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## MARIE BONAPARTE

1882-1962

On September 21st, 1962 Marie Bonaparte died in Saint Tropez after a brief illness. We lost one of that rapidly shrinking circle of psychoanalysts who not only were Freud's students, but were privileged to become his friends and to play an important role in a critical period of his life.

Marie Bonaparte's unusual life, about whose early phases she has told us so much in her autobiographical studies, had as many facets as her scintillating personality. She was a lonely semi-orphan in the midst of glamor and wealth; although a Bonaparte, she belonged to a branch of the family who cherished a tradition of freedom and rebellion. Her father, Roland Bonaparte, was a man of intensive interest in science. Her husband, Prince George of Greece and Denmark, was a close relative of most European royalty. Marie Bonaparte was equally at home at a royal wedding as at a committee meeting of the International Psychoanalytic Association.

Such scientists as Le Bon, through whom she first became acquainted with Freud's work, Rigaud and Lacassagne from the Institute Curie, such statesmen as Aristide Briand were among her close friends. Many French and Greek men of letters as well as artists sought her friendship.

At an early age her insatiable curiosity was channeled into intellectual pursuits. She was an avid reader and had acquired an encyclopedic knowledge in many fields; but only after she had had a personal analysis, did all her faculties blossom, and was she able to achieve a high degree of original productivity. This was especially remarkable because she was already forty-three years old when she first met Freud.

Her bibliography contains over seventy original publications, not including her translations of Freud into French and the many translations of her papers and books into various languages. Her contributions covered many topics; to mention but a few, her work on female sexuality; her numerous papers on reconstruction in psychoanalysis in which, for the sake of science, she did not hesitate to divulge the most intimate details of her childhood; her papers on masochism; her biography of Edgar Allan Poe; her papers on myth,

war, anthropology, anti-Semitism. She gave proof of her gift as a writer in the delightful story about Topsy, the Golden-haired Chow, and of her poetic fantasy in *Flyda of the Seas*. When I saw her last in 1961 she showed me a manuscript about Miscarriages of Justice and, only a few weeks before her death, she wrote me proudly that she had prepared a paper for the Stockholm Congress on a thesis which could be called a modern Medea.

During the summer of 1961—at seventy-nine—she started to learn Russian, went swimming three times daily, and actually had learned how to snorkle. She was delighted to hear that we were planning to edit a second volume of *Drives, Affects and Behavior* to honor her eightieth birthday. This will now appear as a memorial volume.

Marie Bonaparte not only contributed to psychoanalysis by her scientific work but was also intensively active in the psychoanalytic movement. She was the founder of the Paris Psychoanalytic Society and provided it with a splendid library. At the time of her death she was an Honorary Vice President of the International Psychoanalytic Association, an Honorary Member of the American Psychoanalytic Association, and of the psychoanalytic societies of several European countries.

She helped many young psychoanalysts with her advice and her generosity. It was she who enabled Géza Róheim to undertake his first field work in psychoanalytic anthropology.

Her 'transference' to Freud grew into a mature and unwavering devotion, to which Freud reciprocated with a feeling of high esteem and genuine friendship. After her farewell visit to Freud in the fateful summer of 1939, Freud told me how fortunate he felt to have such devoted friends. On one occasion only did she act against Freud's wishes: she refused to destroy the Fliess letters, which she saved for posterity. When the Nazis marched into Vienna she went there immediately, using whatever influence she could muster to prevent the imminent danger threatening Freud, his family, and his associates. She loaned Freud the money that the Nazis compelled him to pay as a ransom for permission to leave Austria.

I, personally, will never forget the hospitality she offered me and my family when I finally reached Paris.

She worked feverishly to provide visas, working-permits, and financial help for scores of refugees—not only analysts.

Marie Bonaparte showed extreme courage in the face of danger,

physical illness and pain. Never did I see her frightened. In this respect as well as in her insistence always to be told the truth, she followed her master's example. She spoke calmly about death, but hated the idea of invalidism. This she was fortunate to escape.

All psychoanalysts, all her friends and admirers will cherish her memory and will join her children and grandchildren in mourning for her.

MAX SCHUR, M.D.



## BOOK REVIEWS

THE INTEGRITY OF THE PERSONALITY. By Anthony Storr. New York: Atheneum Publishers, 1961. 175 pp.

Storr states his ideal of psychotherapy simply and expounds it clearly in this book. The goal of psychotherapy, he thinks, is to help the patient to the maximum amount of self-realization that is possible for him, 'the fullest possible expression in life of [his] innate potentialities [as an] individual, the realization of his own uniqueness as a personality'. The author argues that man is not a solitary animal. 'We are all, inescapably, members of one another, and no one can achieve independence and maturity in isolation from his fellows.' He accepts Fairbairn's concept of the final stage of emotional development as 'mature dependence', as a capacity for relationships 'involving evenly matched giving and taking between two differentiated individuals who are mutually dependent'.

After a review, starting with Freud's death instinct, of a number of theories concerning the sources of destructive urges in human behavior, the author inclines to the conclusion that 'aggressiveness is both innate and likely to become progressively less important as development proceeds. Aggression', he says, 'is necessary for development, for separateness, for the achievement of differentiation from the parents. Competitive aggressiveness, sibling rivalry, is characteristic of immaturity and should diminish as self-realization proceeds.'

Storr attributes impediments in the way of this development mostly to the immaturity of parents who cannot tolerate rebellion in their children and require their subservience and agreement with them. 'But differentiation is essential for individuality', he continues. 'The notion that it is always wrong or dangerous to oppose anyone else is easily implanted in the child, but this notion is crippling to the personality as a whole for individuality implies opposition and differentiation.'

The author is much impressed by the fact that a child's parents often lack the qualities needed to develop some of the child's most important potentialities. It is fortunate, therefore, if the child comes in contact with others, a favorite teacher, for example, who 'may evoke latent potentialities by providing a model with which the

child can identify itself'. This, Storr believes, 'is an argument for the widest possible type of education; for the school with a wide range of staff, for the university in which every variety of opinion is represented, not the specialized technical institution'.

The concept of evoking or liberating latent potentialities of the patient is the key to the author's concept and ideal of psychotherapy. 'The results of psychotherapy', he says, 'do not seem to depend upon the school to which the therapist belonged. . . . The underlying common factor is the development of the relationship between the patient and the psychotherapist.'

Storr does have one reservation as to the psychotherapist's method, however. He contrasts sharply 'psychotherapy in which persuasion, suggestion, and hypnosis are the principal methods employed and psychotherapy which is predominantly analytic. . . . It is the dominant position of the therapist and the submissive position of the patient which makes suspect all techniques of psychotherapy based on suggestion, for to dominate another is to treat him as less than a whole person and ultimately to interfere with his development toward being a whole person in his own right.' On the contrary, the author insists, 'the most important requirement for the patient in any form of psychotherapy [is] a milieu in which development can proceed'. In the course of development, a child 'needs . . . the security of an objective love, which . . . enables him to become himself in the full flower of his individuality'. This is the role which the therapist must take in order to free the patient from the crippling effects of his past. 'The technique which he employs, the views which he holds, are probably of comparatively little importance; the attitude he has to the patient and the relationship he makes with him are vital.'

This reviewer has one important criticism. The author's ideal of psychotherapy is a beautiful one and essentially sound, especially for patients who have the potentialities for maturity that make them accessible to analytic therapy. The analyst's theories may indeed be unimportant but one thing is very important, which Storr undoubtedly recognizes but has left to be taken for granted. The analyst must understand his patient, not only what the patient knows consciously and can tell the analyst freely, but much that the patient does not know and resists learning. To understand the patient's unconscious is something that the analyst cannot take for granted but must learn,



usually by means of long and careful training. Even Freud had to learn psychoanalysis by arduous and often painful effort.

THOMAS M. FRENCH (CHICAGO)

REMEMBERING. A PHILOSOPHICAL PROBLEM. By W. von Leyden. New York: Philosophical Library, Inc., 1961. 128 pp.

This philosophical study of memory makes abundantly evident the complexity of the subject. The author accepts the importance of psychological studies of memory but considers them unnecessary for his argument. Whether the manifestations of memory lend themselves to philosophical abstraction, as mathematical symbols do, may, however, be doubted. As a psychoanalytically-oriented reader, I find myself dissatisfied with von Leyden's limited approach.

Essentially, the book is a critique of two conflicting philosophical theories of memory, that of Bertrand Russell, which is called the 'empiricist' or 'present approach', and that of Gilbert Ryle, which is called the 'past approach'. Von Leyden attempts to search out the truth in each theory with, however, preference for the former. According to him, Ryle considers the important sense of the word "remembering" [as] having learned something and not forgotten it', whereas Russell makes the point that 'everything constituting a memory belief is happening *now*, not in the past to which the belief is taken to refer'. The belief in the existence of the past can only be an assumption that can neither be proved nor disproved. But, adds Russell, it is psychologically impossible to doubt the reality of the past. The assumption that memory is generally trustworthy, though fallible, makes remembering a source and a premise of knowledge.

Von Leyden objects to Ryle's formulation because it makes memory genuine or veridical and thus necessarily infallible; what is false or uncertain is not memory. He believes, and the psychoanalyst will agree, 'that there are totally delusive memory experiences and that there does not seem to be any intrinsic or qualitative difference between these and genuine memories'.

The problem raised is not different from that which concerns the psychoanalyst: 'The question at issue is how I can know that my or anyone else's present memory experience of a past event is in fact a

memory of that event. My experience when I claim to remember the past event is the same irrespective of whether my memory is veridical or delusive . . .'. Both are concerned with the relation of the event and the memory, but there is a difference in emphasis. The philosopher is concerned with the persistence of the memory as an unbroken chain from the event to the memory, without which one cannot be certain that the memory is veridical. Even the evidence that an actual event occurred does not give proof that the memory of the event is a true one; it may, for instance, be based on hearsay or inference, with the conviction of an actual occurrence. The psychoanalyst is concerned with determining the reasons why the memory of the actual event may be distorted or forgotten. The philosopher's problem is epistemological, the analyst's clinical, but they are not necessarily in conflict.

By putting aside psychological considerations, especially those supplied by psychoanalytic experience, the philosopher drastically limits his argument. The gap between the event and the memory is what worries the philosopher, whereas it is the gap upon which the psychoanalyst focuses to determine the relationship of the event and the memory. Where the philosopher seeks to establish whether the remembered event actually occurred and is veridically recalled, the analyst seeks to establish the effect of the event on the person, whether it is consciously remembered or not.

The author finds the 'past approach' of Ryle and the 'present approach' of Russell both indispensable, but at the same time insufficient as criteria for the correct application of the word 'remember', and he adds, 'there appears to be no other approach'. This surprising conclusion may derive from the fact that he chooses to ignore unconscious mental activity. In his discussion of forgetting he dismisses without amplification the usefulness of the concept of 'the unconscious' or the hypothesis of 'repressed' memories. He implies that the issue is largely philosophical and perhaps linguistic and not 'concerned with what actually happens within my head'. The unconscious memory signifies to him 'an inaccessible process'.

Thus von Leyden, in a phrase, disposes of more than half a century of psychoanalytic work. This is the more curious since he devotes a long chapter to 'the partly delusive nature of remembering' in which he gives a detailed account of the subjective factors which distort memory and in which he argues against Ryle's 'pedantic' def-

inition of memory, that 'what is remembered must have happened and must have happened as it is remembered'. He describes false memory experiences based on deceptive perception and says that though the point he is trying to make is not altogether novel, he doubts that any further conclusions have hitherto been drawn from it. In another place he speaks of a 'logical kind of falsifying tendency' as distinct from a 'psychological' kind but admits that the latter, no less than the former, 'may be at work in all our memories and not only when we are conscious of it'. What this logical kind of falsifying tendency is and how it operates outside of psychological functions is not made clear. Is there, one may ask, any mental activity outside the domain of psychology?

Von Leyden thinks that the proof of correctness of a memory claim is difficult and depends on external evidence, such as records and witnesses, and is not inherent in the memory experience itself. There is, however, another technique for establishing the correctness of a memory that he does not mention, the psychoanalytic process. Of course, by no method can the philosophical sceptic be convinced of the actuality of a past event no longer available to immediate perception, but we are here concerned with empirical truth, not philosophical truth.

The psychoanalyst in his daily work is constantly involved with memory, the correction of distorted memories, or the reconstruction of repressed memories. He assigns the function of memory to the autonomous ego and recognizes that it is subject to secondary disturbance by conflict. He sees no memory as the precise recovery of an actual experience, a point clearly demonstrated in innumerable clinical papers, such as Ernst Kris's *The Recovery of Childhood Memories in Psychoanalysis*.<sup>1</sup> Mr. von Leyden agrees with this when he says, '. . . it is possible that no veridical memory is entirely like the fact or event remembered'.

The author has been influenced more than he admits by psychoanalytic concepts. He has written a useful and worthwhile book deserving of careful reading by psychoanalysts. It would be a better one if the contributions of psychoanalysis to the problem of memory were integrated with the philosophical considerations.

DAVID BERES (NEW YORK)

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

**THE PSYCHOLOGY OF AGGRESSION.** By Arnold H. Buss. New York: John Wiley & Sons, Inc., 1961. 307 pp.

This book is largely a review of various approaches by psychologists to the problem of aggression. The author does not attempt any original contributions, but he does take a theoretical stand and attempts a synthesis of certain ideas.

The first part of the book deals with definitions of aggression and related phenomena in behavioral terms and carefully defines the author's behaviorist orientation. On the part of the reader this requires a mastery of a special vocabulary, as difficult in its own way as a technical vocabulary in a remotely familiar scientific discipline. The reader must become fluent, for example, with such concepts as 'instrumental responses', 're-enforcers', and 'consummatory responses', as well as a classification of 'aversive stimuli' and such notions as 'stimulus generalization' and 'response generalization'. These terms are indispensable to any comprehension of the laboratory investigation of aggression and its physiological substrate. Part two deals with projective and other testing techniques for the study of aggression in the individual. It also summarizes personality theories of aggression and discusses aggression in psychopathology and psychosomatic disorders from a behaviorist point of view. Part three is concerned with prejudice, some sociological problems of aggression, and aggression in children.

Professor Buss seems to have done a scholarly job within the limitations of his approach. Where he compactly abstracts psychoanalytic theories of aggression he does so objectively and without the polemical excursions often so tempting to the representative of a 'school of thought' when discussing the ideas of another 'school', especially in the field of psychology.

It is interesting to follow the development of concepts that are built upon the fundamental behaviorist premise that 'intent' must be excluded from the phenomenology of aggression in order to deal with its problems in 'scientific' terms. 'In summary', the author states, 'intent is both awkward and unnecessary in the analysis of aggressive behavior; rather the crucial issue is the nature of the re-enforcing consequences that affect the occurrence and strength of aggressive responses. In other words what are the classes of "re-enforcers" that affect aggressive behavior?' To translate concepts derived

from such an orientation into the working terminology of psychoanalytic psychology, which deals with 'intent' both conscious and unconscious, would require a large glossary. This would not be practical in a review if indeed it is feasible at all.

It is in Professor Buss's discussion of aggression in psychopathology, however, that the psychoanalytically oriented reader will meet, in their most concrete form, the major obstacles to communication between these two approaches to the problem. Here it is apparent that just as the clinical psychoanalyst may suffer from conceptual limitations by being unfamiliar with laboratory method and its consequences for theory, so may a behaviorist psychologist without clinical experience fall into a trap by a naïve complacency concerning the intricacies of the psychopathological facts of life. Can a behaviorist speak of 'unconscious motivation' in psychoneurosis while excluding 'intent' in general from his definitions? Can such psychoanalytic terms as 'reaction-formation' and 'sublimation' appear casually in a behaviorist interpretation of psychopathological manifestations without doing violence to conceptual clarity? More substantive issues, however, are raised by the author's incomplete comprehension of what psychoanalysts are talking about when they deal with such problems as depression. A translator may know the equivalent words in two languages but unless he understands the content of the passage he is dealing with, his bilinguality may produce an equivalence of words without an accurate rendition of ideas.

The following example is an illustration of a fallacious representation of psychoanalytic views quite apart from any question of the intrinsic validity of the idea. In discussing psychoanalytic views of depression as contrasted with behavioral ones, the author states, 'There are two kinds of speculation concerning the development of depression. The first is psychoanalytic (Freud, 1925; Nacht, 1948); [The juxtaposition of only these two references is in itself curious.] it assumes that both a hated and a loved object are represented within the individual. The depressive is ambivalent toward the internalized object and there is an aggressive explosion against this loved object. The good part is the ego and the bad part the super-ego. The depressive's attempt at suicide represents an attempt of the ego to kill the bad part of himself, the superego.' Whatever the behaviorist view of the theses of 'mourning and melancholia' they, at least, deserve a correct rendition. One suspects however that this

is not merely a problem of accurate paraphrasing but one of technical experience as well. Such a transliteration is likely to fail if the author has not had experience in the intensive psychotherapy of patients suffering from depression.

In spite of these shortcomings, Professor Buss's book is worth reading not only for 'interdisciplinary' education but for the opportunity it offers the psychoanalytically oriented reader to become aware of the gaps, the ambiguities, and the general confusion in his own system of ideas, as well as those of others, in studying this slippery topic.

VICTOR H. ROSEN (NEW YORK)

ANOREXIA NERVOSA. GESCHICHTE, KLINIK UND THEORIEN DER PUBERTÄTSMAGERSUCHT. (History, Clinical Aspects and Theories of the Addiction to Weight Loss in Puberty.) By Helmut Thomä, M.D. Berne, Switzerland: Verlag Hans Huber, 1961. 352 pp.

This is a monograph of unusual thoroughness, in the best German tradition of a *Handbuch*. An excellent historical review encompasses both the pathophysiological and the psychological aspects of this syndrome, which has been described under various headings as far back as 1500 A.D. An attempt is made to delineate the syndrome from the 'excessive psychogenic weight loss' (Bliss, 1960) which may occur in childhood, in melancholic depression, in schizophrenia, and in other states. The following factors are diagnostically pathognomonic: 1, the syndrome occurs almost exclusively in the female; 2, it starts at or shortly after puberty; 3, the somatic symptoms—amenorrhea, vomiting, and constipation—nearly always precede the severe anorexia and weight loss; 4, hyperactivity is frequent. The syndrome is 'coherent in the core of its symptoms . . . and shows variations in its general psychopathology'.

Accordingly, what one might call a 'puberty-crisis' becomes the central theme of the author's psychoanalytic considerations, leaning extensively on Anna Freud's views on adolescents. Unable to cope with the upsurge of instinctual demands, an 'asexual ego ideal—"I am neither boy nor girl"—serves as reaction-formation to assure that sexual wishes shall not reach consciousness'. Food, its intake or refusal, becomes the representation of libidinal and aggressive in-



instinctual strivings and of their objects. The interplay of insoluble psychic conflict and of the severe psychosomatic phenomena results in regression, with eventual restriction of various ego activities and functions, and a correlated prevalence of narcissistic manifestations.

The nosological and psychodynamic formulations are illustrated by three extensive and two shorter case histories. They are excellently written; the cases really 'come alive' which is especially remarkable because there is a certain monotonous, stereotyped aspect to the symptomatology and even to the looks of these patients. The author makes extensive use of dream material. The absence of obvious somatic, genetic factors in the history is emphasized. The weight until the outbreak of overt symptoms was average. The menarche occurred at the normal age. There was no evidence of an underlying endocrine pathology.

Although the author does not report any endocrine studies, he quotes extensively from recent literature. The consensus seems to be that the amenorrhea is of an 'ovarian' type and that there is no evidence of an anterior pituitary insufficiency, which agrees with a quoted recent report of eight autopsies. The autopsy of the author's single fatality (one out of thirty) revealed a chronic basal meningitis of unexplained origin and a 'severe diminution of the eosinophile and basophile cells of the anterior pituitary lobe', to which no significance is attributed.

Of nineteen cases in which psychotherapy was attempted, fifteen were short-term treatments. Even in these cases, what we would call a psychoanalytically oriented therapy was conducted. In the cases in which prolonged treatment (eighteen to thirty months) could be maintained, the severity of the cases, the age, the necessity of occasional change of therapist, enforced certain 'parameters' of classical psychoanalysis, including play therapy and use of drawings. One also gets the impression that the technique was somewhat influenced by the mere existence of the research project, especially by the urge to know as much as possible about the illness. This may have contributed to comparatively early use of 'deep' interpretations, for example, in case five.

It is significant that considerable improvement could be achieved not infrequently in short-term psychotherapy. Of the nineteen cases the improvement in eight was attributed to therapy, while in nine cases the improvement occurred independently of it. Such sudden,



often quite unexpected, recoveries agree with my own experience.<sup>1</sup>

I have mentioned that the main emphasis is on the 'puberty crisis'. In the discussion of etiological factors in terms of 'fixation' versus 'regression', the emphasis is accordingly on the decisive importance of the 'present conflict' and the consequent regression. From this arises the extreme ambivalence that is seen mainly as a regressive phenomenon. The author states that 'he did not get a clear image of the patients' close relatives' and adds regretfully that 'the family could not be examined psychologically as thoroughly as it was done by Lidz and his co-workers'.

Reconstruction in analysis is usually done independently of such 'sociological' studies. What we are trying to reconstruct is not only the aspect of a realistically 'permissive or frustrating' mother, but the whole spectrum of development of all structures in interaction with early object development.

We learn from the case reports, especially the three extensive ones, that this development was so disturbed from earliest childhood that the psychic equilibrium could not be maintained when the patients entered the critical period of puberty. The 'asexual ego ideal' represents not only a reaction-formation against both sexual wishes and penis envy. It is also a struggle against the identification with the mother, an expression of confusion of sexual aims and identity, and of self- and object-representations. The wish for, and the deadly fear of, re-fusion of such representations is seen so frequently in borderline cases, in severe psychosomatic disorders, and has been so poignantly described by Edith Jacobson in schizophrenics. This conflict comes out clearly in the dream material (for example, see p. 232). The ego regression in these cases, which is such an essential factor in the resomatization of responses, is as crucial for the pathology as the libidinous regression.

The concept of regressive resomatization might also be helpful in the delineation of conversion and psychosomatic phenomena in anorexia nervosa to which much thoughtful discussion is devoted. The intensive conflict around identification with the mother makes

<sup>1</sup> It should be mentioned here that Douglas Bond had reported at the Nineteenth International Psychoanalytic Congress successful analysis of several cases of Anorexia Nervosa in which symptomatology and psychopathology had much in common with the material of Thomä. This report has unfortunately not yet been published.

it understandable that puberty precipitates the breakdown of defenses and also that anorexia nervosa is seen so predominantly in girls. In males such conflicts will result in different pathology such as overt homosexuality. It would have been interesting to hear about the psychopathology of the only male case.

Although the author describes 'isolation' as the predominant defense, I would assume from the material and from my own experience the even greater impact of primitive denial. It is probably indicative of the relative importance of such movements as 'descriptive psychopathology', 'constitutional typology', 'existentialism', and 'neopsychoanalysis' in contemporary German psychiatry that so much thought and space in the book is devoted to critical discussion of them. It is extremely gratifying to witness the resurgence of serious psychoanalytic thinking which has been taking place in Germany during the last few years and which is reflected in the high level of such publications as this one.

MAX SCHUR (NEW YORK)

**HOMOSEXUALITY. A PSYCHOANALYTIC STUDY.** By Irving Bieber, et al.  
New York: Basic Books, Inc., 1962. 358 pp.

This volume written by eight psychoanalysts, a social psychologist (Toby B. Bieber), and a clinical psychologist (Ralph H. Gundlach), presents a systematic study of one hundred and six male homosexuals and one hundred male heterosexuals in psychoanalytic treatment with eighty-two members of the Society of Medical Psychoanalysts (New York). The data collected in these individual psychoanalyses were subjected to a comparative clinical and statistical study by the authors. Of the homosexual patients treated, sixty were in analysis less than two hundred hours and forty-six received two hundred treatment hours. In the control group of heterosexual cases, forty had less than two hundred treatment hours and sixty were in treatment for at least two hundred treatment hours. A close study of the methods employed by this psychoanalytic research team is certain to be of value to those undertaking similar research.

Psychoanalysts have long been sceptical of information elicited by questionnaires which purport to give a scientific explanation of human motivation and behavior. There is a basic fallacy in attributing

scientific meaning to an act according to its frequency of occurrence. Some of the conclusions reached in the Kinsey Reports well illustrate this point. The meaning of an act, thought, or feeling depends upon its position in a mental sequence, its motivational context. The authors wisely provide us with documentation as to motivational context through the use of short illustrative case histories including dreams of homosexual patients. Their Homosexuality Questionnaire (Appendix A) also succeeds in avoiding many of the pitfalls that questionnaires inherently possess. For example, the authors, realizing that there is a 'large area of subjective interpretation' of the meaning of a term such as identification, ask questions of the participating psychoanalysts which 'stay close to the lines of conscious and objective parameters', for example, 'Did the patient ever want to be a woman?' and 'Whom did the patient want to be like in childhood?'. There are many other good examples of this sound approach.

The authors aim 'to delineate those variables that have the most probable relevance or are most central to the problem of homosexuality'. In presenting their findings on mother-son relationships, father-son relationships, siblings, the triangular system, and homosexuality in adolescence, they largely succeed in this goal. Analysts who have treated only a limited number of overt male homosexuals will have many of their findings confirmed by this report. For example: 1, most homosexuals show both a conscious suppression and an unconscious repression of heterosexual desires at one time or another during treatment; 2, almost one-half of overt practicing male homosexuals express desires for heterosexual intercourse in their manifest dream content; 3, few male homosexuals have fathers who take a firm stand in protecting them against 'destructive maternal behavior' in childhood and adult life; 4, if the homosexual symptom is ego syntonic as reflected, for example, in an effeminate voice or gestures, the prognosis is unfavorable. On the other hand, it is somewhat surprising to find that almost one-half of the homosexuals in this study were diagnosed as having character disorders and approximately one-third were schizophrenic. In this reviewer's experience nearly two-thirds of homosexual patients suffer from either latent, pseudoneurotic, or overt schizophrenia. Favorable prognostic indicators are: the patient's remaining in analysis beyond one hundred and fifty hours; a strong conscious desire to become heterosexual; the patient's feeling 'respect' for his father.

The results of treatment are encouraging and will do much, it is hoped, to dispel the defeatism that has surrounded the psychoanalytic treatment of overt homosexuality. Of one hundred and six homosexuals (bisexual or exclusively homosexual) who undertook psychoanalysis, twenty-nine (twenty-seven percent) became exclusively heterosexual. Of the seventy-two exclusively homosexual patients, fourteen (nineteen percent) became heterosexual, and of the thirty homosexual patients who began treatment as bisexual, fifteen (fifty percent) became heterosexual.

Serious inaccuracies, oversimplifications, and omissions occur whenever the authors depart from their own investigative pursuits and enter the area of psychoanalytic theory. Therefore the claim that 'the design of the research has also permitted us to test some of the current psychoanalytic hypotheses' falls far short of the first aim. For example, on page 1, it is erroneous to state that Freud 'cited no clinical or experimental proof' that homosexuality arises from both constitutional and experiential factors. One has only to refer to Freud's *Fragment of an Analysis of a Case of Hysteria* (1905); *My Views on the Part Played by Sexuality in the Etiology of Neuroses* (1906); *Analysis of a Phobia in a Five-Year-Old Boy* (1909); *The Disposition to Obsessional Neuroses* (1913); *On Narcissism: An Introduction* (1914); *From the History of an Infantile Neurosis* (1918); *A Child is Being Beaten: A Contribution to the Study of Sexual Perversions* (1919). In addition, no mention is made of three important panel reports of the American Psychoanalytic Association on the subject of male homosexuality and sexual perversion in general in which important theoretical, clinical, and therapeutic advances in the understanding of this disorder were made. (*Psychodynamics and Treatment of Perversions*, 1952; *Perversions: Theoretical and Therapeutic Aspects*, 1954; *Theoretical and Clinical Aspects of Overt Male Homosexuality*, 1960.)

In the chapter on Developmental Aspects of the Prehomosexual Child, the authors state that according to Freudian concepts '... the constitutional tendency idea invoked as a basis for homosexuality is, after all, nothing but another way of saying "he was born that way"'. In the *Three Essays on the Theory of Sexuality* (1905), Freud clarified this issue: 'There is indeed something innate lying behind the perversions but that is something that is innate in *everyone* though as a disposition it may vary in its intensity and may be increased by

the influence of actual life. What is in question are the innate constitutional roots of the sexual instinct.' This can hardly be taken to mean that freudian theory implies that a homosexual is 'born that way'.

The authors reveal that they were unable to validate the ubiquity of 'latent' homosexuality and were unable to 'observe any evidence of this "complex"' in many males. At the same time they concede the 'possibility that some psychoanalysts . . . through a subjective bias of one kind or another did not observe "latent" homosexual manifestations . . .'. This chapter ('Latent' Homosexuality) demonstrates a serious misunderstanding of freudian theory.

Having divided the members of their psychoanalytic group into 'freudians' and 'Culturalists', one finds the astonishing statement that ' . . . the "Culturalists" view the œdipus complex as occurring only in a highly psychopathologic family matrix and [as] usually associated with schizophrenia' (p. 34). Most 'Culturalists', in my opinion, will take strong exception to this statement. And it is naïve to state: 'The freudian position on "latent" homosexuality is summarized [italics mine] . . .' by Karl Abraham whose last psychoanalytic paper was published in 1925. Lastly, it is discouraging to find no mention of crucial psychic mechanisms usually present in overt male homosexuality, whether the frame of reference be 'freudian' or 'Culturalist'. These mechanisms are a predominance of archaic and primitive psychic phenomena, such as splitting and denial and libidization of certain defense mechanisms and anxiety.

To be sure, this volume merits study, and to the authors and participating psychoanalysts goes our gratitude for their prodigious labors in presenting so clearly the phenomenology of overt male homosexuality.

CHARLES W. SOCARIDES (NEW YORK)

ADOLESCENTS. PSYCHOANALYTIC APPROACH TO PROBLEMS AND THERAPY.

Edited by Sandor Lorand, M.D. and Henry I. Schneer, M.D.  
New York: Paul B. Hoeber, Inc., 1961. 378 pp.

The editors and various contributors to this volume, an outgrowth of a series of lectures given to students of child psychiatry, are well known for their theoretical and practical knowledge of psychoanalysis, child analysis, and child psychology. Every one of these lectures as they are now published in the book shows clarity of presentation

and thoughtfulness of theoretical speculations. Selma Fraiberg's chapter on homosexual conflicts is a masterpiece of clinical description. Judith Kestenberg's chapter on puberty is a real contribution which systematizes our knowledge of female sexual development; she here summarizes her views and enlarges the knowledge outlined long ago by Freud and especially by Helene Deutsch.

Even though I admired the individual chapters, I found the book as a whole rather disappointing. Rather than a comprehensive study of the 'psychoanalytic approach to problems in therapy', it is more a case book on adolescents. It lacks cohesiveness and uniformity of point of view. It indicates the difficulties encountered in treating adolescents and seems to confirm the lay concept that adolescents are rather impossible people and that their therapy is full of difficulties and danger. There is no chapter on the neurotic adolescent, the obsessive, or phobic. Although there is a chapter on learning problems, nothing is said about gifted adolescents and their difficulties.

I agree with Anna Freud and Dr. Lorand that the psychoanalysis of adolescents is a most taxing and often frustrating activity, but I cannot agree that the psychotherapy of adolescents is any more difficult than the therapy of a latency child or of an adult. Many of my colleagues and I have been impressed by the flexibility of many adolescent patients and by their capability of establishing a therapeutic alliance, perhaps not for years, but for a period of time sufficient to approach them with an analytically oriented psychotherapy. When the deep need of the adolescent to form extrafamilial relationships is recognized, it can be made use of in therapy. This need, however, has to be coupled with recognition by the therapist of the patient's inordinate fear of 'capture'. If the therapist is willing to accept limitations of his therapeutic zeal and professional narcissism, adolescents will be no more difficult to treat than patients of other age groups. The average adolescent will accept us as exalted beings only for brief periods of time. For much of our therapeutic work, we psychoanalysts have to tolerate that, for the teenager, we are 'head-shrinkers' or 'wigpeckers'.

In summary, the individual chapters of this book range from superior to excellent. I would have preferred to see them published in a variety of journals rather than in a book which does not fulfil the promise of its title.

HENRY WERMER (BOSTON)



FOUNDATIONS OF PSYCHOPATHOLOGY. By John C. Nemiah, M.D. New York: Oxford University Press, 1961. 338 pp.

Dr. Nemiah has written a beguiling book. It is intended as an introduction to psychological principles for those who have little or no knowledge of psychology. In this respect, it fulfils its purpose admirably. One is led from one striking literary example to another. Indeed, the author's style and clarity are such that one finds oneself reading the book for the 'story'. He cites St. Augustine, Robert Burton, Marcel Proust, Rainer Maria Rilke, John Clare, Gérard de Nerval, Oliver St. John Gogarty, and Æ. He develops a strong literary background that gives a fresh approach to psychological conflict and also indicates the universality of such conflict. An example is a book entitled, *Agent of Death*, by Robert Elliott—the reminiscences of an executioner at Sing Sing who carefully delineates the detailed care with which he did his work; Nemiah contrasts this with the impulsive-aggressive outburst of a murderer. This literary reference serves to illuminate the discussion of ego functions.

In his case examples, Nemiah is not quite so successful since, as in most textbooks, they have a rather contrived quality and sometimes tend to obscure the point the author is trying to clarify. This is especially true in a protracted discussion of depression, mourning, and pathological grief. Here the author moves finally to a more didactic delineation of the concepts of incorporation, introjection, and identification.

The book is divided into four major parts: I, Form, Fantasy, and Interviewing: Exploring the Design of Psychological Illness; II, Three Fundamental Concepts—Psychological Conflict, The Unconscious and Repression, and Past in Present: The Childhood Roots of Emotional Disorders; III, Symptom Formation, which includes a discussion of ego structure, narcissism, and depression; IV, Emotions, Illness, and the Therapeutic Relationship.

The volume is intended for medical students who have not as yet had clinical experience, and for them it should serve as an admirable introduction; it is to be commended for its pervasive humanness as a counterbalance to strictly cut and dried concepts. Because it does not purport to be a textbook that covers 'foundations of psychopathology', it seems unfortunate that Nemiah should have chosen the title he did. It is more a general introduction to the field



of psychopathology. However, he has included an extensive bibliography so that further knowledge can be pursued by the individual student. There is also a glossary of technical terms.

The basic question that remains unresolved in this book, or in any textbook, is the problem of teaching medical students psychiatric and psychoanalytic concepts for which they are unevenly prepared. While the present volume purports to be aimed at the student who has no knowledge whatsoever of psychology or psychiatry, few students arrive at medical school in this state of ignorance. On the other hand, there is a wide difference between the knowledge of students who have had little contact with psychology and those who may have made this their major study in undergraduate years. The other problem that confronts anyone teaching a basic course in psychiatry to sophomore medical students is that of presenting clinical material to students who have not yet had clinical experience. The case history, as outlined in a book or given in a lecture, often lacks the vitality of an actual case and tends to skew the student's perception of the dynamic concept being presented by the force of the dramatic aspects of a particular case. Nemiah recognizes this fact and does not pretend that the student will be able to grasp dynamic analytic theory simply from exposure to his book.

In general, the author follows present-day psychoanalytic thought, and his explication of ego psychology as woven into his examples is expert. The literary heritage of psychoanalysis is recognized and used, and the formulations are a sound introduction to basic psychoanalytic theory.

HERBERT T. SCHMALE (ANN ARBOR, MICHIGAN)

**CONTEMPORARY PSYCHOTHERAPIES.** Edited by Morris I. Stein, Ph.D.  
New York: The Free Press of Glencoe, Inc., 1961. 386 pp.

This book is based on a series of lectures on psychotherapy sponsored by the Department of Psychology at the University of Chicago during 1958-1959. The following theoretical orientations were represented: Adlerian, Client-Centered, Existential, Interactional, Interpersonal, Psychoanalytic, Reparative Adaptational, and Transactional. Also included were group therapy and family therapy.

The list attests to the increasing variations of psychotherapy. Besides the dominant influence of Freud we find important contribu-

tions from the social sciences, the teachings of Sullivan, and the more recent philosophical ideas of existentialism. As might be expected, the various lecturers are partial to their own points of view; the editor states: 'At times, one gets the impression that there is much duplication of effort and wasted energy as they go about rediscovering each other's principles and...coining new terms for theories and techniques that are practically synonymous with . . . already existing ones'. The development and evolution of classical psychoanalytic treatment is ably and fairly outlined and illustrated by Arthur A. Miller.

Don D. Jackson calls attention to the scarcity of experimentation with new techniques or variations in strict analytic circles. He says, 'Another problem is whether the controversy that is caused whenever one suggests innovations, drives would-be innovators from the field'. He adds, 'Over the period of years, changes have crept into technique which have never been formalized and perhaps never been quite admitted, and yet they are there. I would say the most obvious such cumulative change is the importance currently paid to countertransference and the personality of the therapist.'

Some contributors make a point of minimizing the importance of the theoretical approach. Jerome D. Frank, in a chapter entitled *The Role of Influence in Psychotherapy*, stresses the importance of faith and expectancy on the patient's part and calls attention to such factors as the unyielding value system of the therapist, repetitiveness, and the patient's participation in the face of ambiguous directives. Carl Rogers also de-emphasizes theory in his discussion, *Helping Relationship*. He states: 'It is the attitude and feelings of the therapist rather than his theoretical orientation, which is important'.

Rollo May's effort to present the views of the existential psychoanalytic approach is not, in the opinion of this reviewer, too successful, especially as it is related to therapy. He stresses: 1, the importance of phenomenology, the emphasis on phenomena as given rather than the cause (what is shame? rather than, what is its cause?); 2, the recognition that psychotherapy is based on pre-suppositions (not merely empirical investigations) which have to be re-examined continuously; and 3, ontology, which involves 'the study of being, the science of being. We must ask the question of the nature of man as man.'

Family therapy has two principal representatives. Nathan W.

Ackerman, discussing the general problem, is convinced that he gets a 'more accurate and deeper understanding of the psychopathology of the individual, whether child or adult' through the direct study of the family. This is quite a shift from the accepted principle of relying largely on the individual in therapy. However, family therapy, as an experimental approach, may contribute to understanding interpersonal reactions. Don D. Jackson contributes a chapter on Family Therapy in the Family of the Schizophrenic.

The current spirit of psychotherapy is summarized by Roy Grinker. 'In the field of psychotherapy, whose practitioners contend it now constitutes a scientific discipline', he says, 'tremendous activity has been stimulated recently. Recipients of fresh financial support are frantically observing and recording words, gestures, pulse rates, etc. of therapists and patients. Observers are observing observers and hoping that an interested statistician will some day find a method and several years time to analyze the mountains of stored records.'

It is evident from the clinical demonstrations of the various therapies discussed in the book that there is a definite trend among therapists to discuss more freely their feelings and attitudes toward their patients.

PAUL GOOLKER (GREAT NECK, N. Y.)

**THERAPEUTIC COMMUNICATION.** By Jurgen Ruesch, M.D. New York: W. W. Norton & Co., Inc., 1961. 480 pp.

The practicing psychoanalyst of today is more interested in communicating than in speculating about ways, means, and methods of communication. He follows the example of Freud, who is said to have once remarked, upon listening to a paper on methodology: 'How do you like to be shown the menu and never get to eat the food?'. However, there is a possibility that the science of communication points to the future and to the answer about the essentials of the psychotherapeutic process.

Ruesch tries to define all methods of psychiatry and of psychotherapy in terms of communication. His first book considered communication to be 'the social matrix of psychiatry'. In his next book he described the importance of 'nonverbal communication'. His two

latest books deal with 'disturbed communication' and 'therapeutic communication'.

According to Ruesch, all psychopathology is in essence a disturbance of communicative behavior, and our therapeutic efforts are directed at correcting faulty communication. Therefore, this study does not emphasize one type of therapy to the exclusion of another. It does not signal the founding of a new therapeutic school or a new philosophy. It merely attempts to study that process of communication. Ruesch tries to avoid making statements about theory on a high level of abstraction, or follow established methods of medical teaching by describing case studies and by telling about the personality of the patient and perhaps of the physician, but rarely gives an idea about the workings of therapy. In the present system of teaching psychotherapy, the student has to learn either by becoming a patient or by identification with the therapist. Ruesch suggests empirical observation of the communicative process. Many of these four hundred and eighty pages contain such observations, interpretations, and thoughts of the author to acquaint the reader with the author's lifelong study of communication.

The second chapter, *The Ingredients of Therapeutic Communication*, belongs with the best. The difference between signal, sign, and symbol may help the analyst in the clarification of his concepts.

It would be an interesting project in communication if the author, with his scholarly background would describe his ideas on psychotherapy, not as a textbook for his students but as if he were almost communicating with himself. Psychoanalysts would then listen with more attention and respect, and the voice of the teacher would perhaps change into the voice of the future.

MARTIN GROTJAHN (BEVERLY HILLS)

**COERCIVE PERSUASION. A SOCIOPSYCHOLOGICAL ANALYSIS OF THE 'BRAIN-WASHING' OF AMERICAN CIVILIAN PRISONERS BY THE CHINESE COMMUNISTS.** By Edgar H. Schein; Inge Schneier; and Curtis H. Barker. New York: W. W. Norton & Co., Inc., 1961. 320 pp.

The Center for International Studies of the Massachusetts Institute of Technology sponsored this study of the social psychology of change of influence and attitude. What pressures are designed, what

coercive means are used, in the Chinese program of ideological thought reform and reindoctrination? Since the process of brainwashing exists, psychologists, psychiatrists, and psychoanalysts must go beyond the implied political questions in asking themselves what this extreme of mental coercion means for their theoretical knowledge of psychological change. Even when the authors say that they are not concerned with the political implications of the whole thought-reform movement, every scientist is caught in a web of communications that gets hold of him, consciously or unconsciously, and molds him. People are converted not only in the political field or by religious ideas but their scientific *a priori* beliefs are also related to the persuasive circle in which they live.

This book is valuable because it gives an excellent summary of the various processes involved. Though it treats the subject mostly from a sociopsychological standpoint, it continually touches the individual dynamics involved and the close connection between political and personal values. The theories of influence which deal with change of ego, self, or identity appear the most applicable. Ample attention to psychoanalytic interpretation is given; the authors consider rationalization, identification, regression, and internalization. Because of their sociopsychological approach, they do not take into account sufficiently the mystery of human masochism and need for dependency. If one wanted to be critical one could ask, does there not also exist a mental coercion by negative emphasis and omission? Such is the way the book handles priorities of former publications and their criticism of colleagues. While the authors approach the subject from various, though nonintegrated, angles, they reproach others for doing the same.

The fact of mental coercion or coercive persuasion shows that, wherever human beings meet each other, the subtle battle of who will be the stronger in persuasive power—who is on top and who is down—begins. In looking around in the world people always stand in their own way, however objective they try to be.

I highly recommend this study because of its clear survey of facts and theoretical approaches. The science of human behavior needs both the analysis of individual psychodynamics and its interrelation with multifarious social and cultural influences.

**MAGIC, MYTH, AND MONEY. THE ORIGIN OF MONEY IN RELIGIOUS RITUAL.**

By William H. Desmond. New York: The Free Press of Glencoe, Inc., 1962. 208 pp.

Desmond approaches the origins and significance of money from a psychosocial point of view. Gold, as a unit of value, possesses virtues known to every economist; its ancient significance as a symbol of the sun and of participation by the possessor in the glorious power of the sun has not lost its unconscious meaning in modern times. Gold and silver were 'noble' metals; just as gold represented the sun, silver represented the moon, while the 'baser' metals were associated with lesser bodies in the celestially projected family—for example, lead with Saturn, quicksilver with Mercury. (Freud's analysis of *The Theme of the Three Caskets* is illuminating in this connection.)

Coins were first minted in the temples of the gods, stamped with effigies of divinities and kings. To acquire a coin was to acquire an amulet, a protection against evil, and an insurer of prosperity and sexual fertility. Money was thus holy from the beginning, a natural object of veneration and also an acceptable sacrifice to the gods.

Desmond traces the derivation of money to food and to the totemistic sustenance to be derived from the bodies of parents and tribal ancestors. The bull, a universal totem animal often identified with the sun, progressed from the totem feast to the sacrifice and the sacred games that have come down to us in the bullfight. Bulls were thus logical units of value and provided a monetary standard before gold. Justice is inherently related to the equal division of food or money; that is, the sharing of the parent's body and love by the children. Wampum or fetishistic personal adornments reveal an intermediate stage in the transition of values from one's own body to the external world; Manhattan was exchanged in this way for beads and mirrors.

The understanding of money as an institution must still be drawn not only from its outer but from its inner significance. When we speak today of the 'high priests of finance' and regard predictions about business and the stock market with mystic awe, we are perpetuating the primitive magic of earlier days. Desmond's fascinating data is analytically oriented; even in its present eclectic form, it may well stimulate analytic reflection and research. It is surprising, in view of his application of oral, phallic, and superego concepts to

the problem, that the author so completely overlooks the anal aspects of money. He did not succeed in discovering 'any information pertaining to ancient anal practices related to money'. As a beginning, he might be referred to the 'copious evidence from social anthropology' (Freud's *The Interpretation of Dreams*, Standard Edition, V, p. 403) on which Freud drew in equating gold with feces. Perhaps he would find more to be gained from analytic ideas before he turned to other sources of inspiration (Jung, Fromm, et al.).

MARK KANZER (NEW YORK)

**TREATMENT OF THE CHILD IN EMOTIONAL CONFLICT.** Second edition.

By Hyman S. Lippman, M.D. New York: The Blakiston Division, McGraw-Hill Book Co., Inc., 1962. 367 pp.

Dr. Lippman is Director of the Amherst H. Wilder Child Guidance Clinic, St. Paul, Minnesota. In the first edition (1956) of his book, he clearly described the kinds of cases encountered in the clinic and the way the psychiatric team functions in evaluating and treating children. In this second edition he has added some material on group therapy, reading disabilities, and the use of dreams (especially manifest content) in child therapy. Some follow-up notes on previous cases are included. The book is especially useful to psychiatrists, psychologists, and social workers who are in training to work as a team in child guidance clinics. There is little that is new and of special interest to the psychoanalyst.

RODMAN GILDER, JR. (SCARSDALE, N. Y.)

**CHILD OF FURY. THE STORY OF THE PSYCHOLOGICAL DEVELOPMENT OF A PSYCHOTIC CHILD.** By James P. Daniel. New York: Exposition Press, Inc., 1961. 78 pp.

This short volume contains a fictionalized account of the treatment of a psychotic child by a staff psychologist at a state institution for mentally defective children. In this highly melodramatic tale all stops are out. The therapist-hero is confronted by antagonistic, cruel hospital personnel and a bungling, bureaucratic professional staff who, presumably in a fit of jealous pique, force the hero out of the hospital and thus interrupt the treatment which had till then



been going swimmingly. Although the author is said to be a trained psychologist, he presents a totally unreal, highly sentimentalized picture of the child-patient who seems less like a psychotic child than a poetic, oversensitive girl who has escaped into a fantasy world as a result of cruel treatment by her elders. The therapeutic philosophy is a garbled mixture of catharsis and Sechehaye's Symbolic Realization.

This is a poorly written book that will be of no interest to the professional reader.

HERMAN ROIPHE (NEW YORK)

PERSONALITY ASSESSMENT AND DIAGNOSIS. A CLINICAL AND EXPERIMENTAL TECHNIQUE. By Edward Bennett, Ph.D. New York: The Ronald Press Co., 1961. 287 pp.

This book does not fulfil its intention. The technique is described as a 'much needed bridge between the requirements of experimental and clinical psychologists'. The method is that of eliciting evidence of subjective feelings by means of multiple forced-choice judgments among a series of emotion-laden terms. The early chapters on mental health and maladjustment are shallow and superficial; they are followed by detailed descriptions of the technique, by which the subject is helped 'to express his subjective feelings'. The author claims that the only difference between traditional procedures of psychiatric and casework interviews and this device is that of quantification. In the discussion of the results, the reader is overwhelmed by a mass of data, much of it trivial and distorted. The application of this 'polydiagnostic' method is described in several case histories and a research project. While the approach is vigorously objective, the findings are without psychological significance and the social and clinical implications are generalized and naïve.

Current research emphasizes the need for translating clinical findings into quantitative data, subject to statistical analysis. However, experience has demonstrated that this can be accomplished within the framework of ego psychology, without overmathematical assessment and the destruction of basic principles.

MIRIAM G. SIEGEL (NEW YORK)

GROWING OLD. THE PROCESS OF DISENGAGEMENT. By Elaine Cumming and William E. Henry. New York: Basic Books, Inc., 1961. 293 pp.

In the last eighty years, the percentage of people in America over sixty-five has increased from 3.4 percent to 9.5 percent. Elaine Cumming, a sociologist with the New York State Department of Mental Hygiene, William E. Henry, Professor of Human Development and Psychology at the University of Chicago, and their associates give a detailed, empirical study of a sample of older people. As theoretical orientation they present the concept of 'disengagement', which is the ego's special function of adaptation to the aging process within the person; they discuss the ego's relationship to the environment and the reaction of that environment toward the older person. The thesis is well formulated and well documented by Ernest Damianopoulos.

The excellent character of this book does not hide the fact that it is not a psychoanalytic report or investigation, a fact that becomes especially evident in the chapter, *The Very Old Ones*, by Mary Lou Parlagreco. There is an almost irresistible challenge for an analytic team to join this already well-coordinated team of experts in order to deepen the research with analytic methods of investigation and insight into the psychodynamics of growing old.

MARTIN GROTJAHN (BEVERLY HILLS)

THE IMAGE OF LOVE. MODERN TRENDS IN PSYCHIATRIC THINKING. By Clemens E. Benda, M.D. New York: The Free Press of Glencoe, Inc., 1961. 206 pp.

Only a few will deny that such men as Pascal, Plato, and Kierkegaard have increased our understanding of the concept of love. But only a few, I am afraid, may be willing to say that the book by Dr. Benda has added something new to what has been known before. In his discussion of psychoanalysis Dr. Benda claims that Freud was unable to differentiate between love and sex, disregarding the fact that Freud made clear that he would use the term sex in the same way as Empedocles and Plato employed the word eros. Analysts are well aware of the fact that the study of psychodynamics alone will

never explain the problem of love but they use their knowledge of psychodynamics to eliminate the unconscious blocks that prevent neurotics from the experience of love.

Dr. Benda seems to have forgotten that the concept of identification and sublimation were introduced by Freud. At one point he says, 'love represents a free choice', then later writes, 'the expression "falling in love" indicates well that the person in love neither creates love nor has the power to will such a state'. These two statements appear to contradict each other. The author assumes that frustration results from lack of gratification of essential libidinal desires. However, according to Freud, frustration may also be caused by the damming up of aggression.

Although it is true that frustration of libidinal wishes may lead to the mobilization of aggression, it is also true that aggression may be mobilized even if the libidinal desires are gratified.

LUDWIG EIDELBERG (NEW YORK)

THE ADOLESCENT SOCIETY. THE SOCIAL LIFE OF THE TEENAGER AND ITS IMPACT ON EDUCATION. By James S. Coleman. New York: The Free Press of Glencoe, Inc., 1961. 368 pp.

This book is an elaborate documentation of the proposition that 'intellectual' is a dirty word in American culture. The milieu studied is that of Midwestern high schools, and it is found that the star athlete and the pretty girl have much higher status among their peers than the top student. This reviewer was gratified to find that a conclusion reached about her own Midwestern high school when she was sixteen is here substantiated with many graphs and tables.

Ten high schools in northern Illinois were selected from communities which exemplified a range in size and class composition. The main findings are based on questionnaires administered to students in 1957-1958. The students were asked what it takes to get into the leading crowd in their school, whether they considered themselves in the leading crowd, whether they would like to be someone other than themselves, what they would like to be remembered for at school, what kind of boy or girl they would like to date, and so forth. Relations among the variables contained in these questions have been statistically elaborated, with a breakdown for different

communities, for boys and girls, and for the four years of high school. The conclusion most notably reiterated is that 'athletic achievements are extremely important in adolescent status systems . . . unequaled by any other activity' (p. 88). These boys would rather be a nationally famous athlete than a scientist, missionary, or jet pilot. 'The pure scholars . . . are completely outdistanced by the athlete or the all-around boy who is both athlete and scholar' (p. 150). The girls do not want to be brilliant students either, or to date boys who are brilliant students. In the most upper-class community studied the girls of elite status in the school were very busy in extra-curricular activities, club women in the making.

Coleman maintains that the most intelligent students do not get the highest grades, being smart enough to avoid what has such a negative status sign in their group. The top scholars are thus apt to be the second-best minds, who miss the point about what is socially rewarded. Though the author seems to deplore the derogation of scholarship by his subjects, there is a suggestion that his own sympathies waver. In explaining the key to diagrams of social groupings he states, 'The boy or girl mentioned most often as the best scholar is represented by a square' (p. 183). Coleman tends to see the student with the best marks as 'passive' to the demands of his elders. Following a current vogue, he assigns top value to the 'creative' student, who may be too nonconformist to win top grades in school.

Scholastic gamesmanship is suggested as a possible means of giving the scholar status. The athlete, according to Coleman, is valued because he does something for the school and the community. The scholar's triumphs are a loss to his classmates; he is a 'curve-raiser' and makes things harder for the others. But this could be changed if teams from different schools joined in mathematics contests and the like. In this way brains as well as brawn could redound to the glory of the school.

Such a book presents a certain paradox: the propositions are banal, but the variables are important. One has only to chat with adolescents to realize what strong emotional overtones attach, for instance, to the topic of the 'leading crowd'. But a sociologist like Coleman presents us with propositions on such a topic which mainly reproduce the manifest thoughts of the teenagers themselves. Analysts, on the other hand, tend to eliminate the manifest content terms of their subjects and to substitute an interpretational con-

struction phrased in analytic terms. The value of this kind of book for the analyst is, I think, to remind us of manifest content in the lives and thoughts of adolescents which remains as yet incompletely interpreted. Analytic writers on adolescence tend to picture tormented youths, full of guilt and doubts about themselves; a sociologist like Coleman describes seemingly inane young people with petty strivings for status. These are descriptions on two levels of the same subject. It remains for the analyst to elaborate the mediating mechanisms between these two levels.

MARTHA WOLFENSTEIN (NEW YORK)

**THE TEMPTATION.** By Theodor Reik. New York: George Braziller, Inc., 1961. 256 pp.

This book attempts to solve the problem of Isaac's sacrifice by Abraham. Like the previous works of its author, it shows vast erudition and sparkling wit.

Reik supposes that the manifest story represents an attempt by the priestly editors in the Ninth Century B.C. to put an end to the flourishing custom of child sacrifice. To support their effort they attributed to the God of their mythical ancestors their own abhorrence of this custom. Archeological data indicate that child sacrifice as such did not exist among the nomadic desert tribes. Reik concludes that the repressed content of Isaac's sacrifice is the rite of initiation at puberty. He points out the parallels in the stories of Isaac and Christ. He stresses the similarity of Isaac's 'miraculous' and Christ's 'virginal' births. He states that the binding of Isaac to the altar is analogous to the Crucifixion. They are, in his opinion, the manifestations of a repressed basic initiation rite. Reik sums up: 'The prehistoric culture of the Jews was built on the superstructure of primitive initiation'. This work is open to criticism by the psychoanalyst at four crucial points.

1. Any phase or rite of a religion is the manifestation of several instinctual and ego-developmental stages. Even Reik's oversimplified interpretation indicates the presence of several libidinal phases in the story as well as the condensation of hetero- and homosexual object relationships on various developmental levels. Such an assumption as Reik's that a whole religion hinges on a certain

phase of the oedipal development is contradicted by Freud and his followers' research in mythology, and by clinical work which demonstrates that the simplest character trait is the result of complicated dynamic structures.

2. Reik's whole presentation disregards the 'initiation' of the structural hypothesis by Freud in 1923. Missing from the book are the development of the superego, its oral-sadistic and bisexual aspects in Abraham, the feminine and masculine identifications in Isaac. They are clearly present in the story, as are the trauma of birth, separation anxiety, and other forms of castration anxiety, which are not interpreted by Reik in terms of up-to-date ego psychology.

3. The limitation of the analytic approach inevitably leads to the subsequent narrowness of the cultural analysis. Reik does not mention that the figures of Abraham and Sarah give ample evidence of the bloodthirsty, bisexual killer-demon, prowling in the desert, though he refers to the analogy of Sarah with Zipporah, the wife of Moses, who castrated his son to please the demon-god. It seems clear that extremely important aspects of the prehistoric Jewish religion go back far beyond initiation at puberty.

4. Finally, Reik, quoting Frazer and also in agreement with Robertson Smith, asserts that 'ritual may be the parent of the myth, but can never be its child'. Does he imply that the psychology of cultural and religious development runs diametrically opposite to that of individual development? Or does he believe that the rituals of obsessional patients are the cause of their unconscious conflicts?

ANDREW PETO (NEW YORK)

## Journal of the American Psychoanalytic Association. X, 1962.

Joseph Biernoff

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## ABSTRACTS

*Journal of the American Psychoanalytic Association*. X, 1962.

**On Enthusiasm.** Ralph R. Greenson. Pp. 3-21.

This is another excellent paper in Greenson's series on the metapsychology of moods. The author differentiates enthusiasm from other types of elation. Enthusiasm is defined as a passionate and idealized state of mind in which the wish to share with others is compelling. It is a temporary state dependent on the approval of others for heightened self-esteem. There is a reduction in reality testing and superego functioning. Pleasure comes from the sense of fusion with the object and from a denial of painful reality; the greater the denial, the more the enthusiasm is a pathological defense. Union with the idealized object does away with the tension between ego and superego, allowing for discharge of large amounts of id energy, mainly libidinal; this energy is unneutralized but may serve sublimation. The genetic model for enthusiasm is the nursing child who anticipates both satiation and deprivation: the memory of hunger makes the child nurse enthusiastically and with a feeling of security as long as the mother is involved pleasurably in the complementary relationship.

**The Differentiation Between Concrete and Metaphorical Thinking in the Recovering Schizophrenic Patient.** Harold F. Searles. Pp. 22-49.

Authorities agree that in schizophrenic thinking disorders there exists a lack of differentiation between the concept of the concrete object and the symbol. This paper specifically deals with the lack of discrimination between the concrete and the metaphoric, leading to a failure to think in a realistic way.

Two cases are discussed as examples of such thinking. With therapy, improvement occurred when thinking lost its undifferentiated quality. The cases illustrate the author's thesis that in order for this differentiation to occur the patient must develop firm ego boundaries. This happens as the need for defense manifested by the regressed state lessens concomitantly with the ego's ability to tolerate repressed impulses. Need for intimacy and empathy in the treatment is stressed.

**Disturbance of Ego Functions of Speech and Abstract Thinking.** Sylvan Keiser. Pp. 50-73.

Impairment in the ego function of speech and in verbal expression of abstract thought in patients with otherwise high intellectual endowment is observed in a wide category of mental disorders. These run the gamut from word inhibition to inability to think abstractly. Analyses of three male patients revealed such impairments to be both a defense and a gratification of regressive infantile wishes belonging to the undifferentiated stage of libido development when a sense of fusion with the mother is paramount. The mothers of these patients were either psychotic or borderline cases who seductively exhibited their nakedness to their sons; denial of the mother's castrated state became essential and the son chose the defense of fusion with her. Failure properly to

separate from and identify with the mother impaired the development of the ego functions of speech and thought. The reason for the choice of defense mechanism is not explained.

**Ego Differentiation and Schizophrenic Symptom Formation in Identical Twins.** Theodore Lidz; Sarah Schafer; Stephen Fleck; Alice Cornelison; Dorothy Terry. Pp. 74-90.

The authors discuss the special problem of ego development which confronts identical twins. The study is based on the analytically oriented therapy of disturbed male twins, one of whom became psychotic. Both parents and an older brother were intensively interviewed and given projective tests.

Identical twins seem disposed to develop symbiotically without adequate ego boundaries between them. To mature they must differentiate from each other as well as from the mother. Problems of narcissism become complicated by the development of a primary object choice (the twin) who is also a mirror image; the narcissistic object choice increases homosexual trends. There is a tendency to divide roles, one twin becoming dominant and the other passive. The rivalry for the mother's affection creates intense ambivalence. As differentiation from the symbiotic state is difficult, ego development is hindered and loss of a sense of reality and psychosis may result.

**Some Features of the Dream Function of a Severely Disturbed Young Child.** Erna Furman. Pp. 258-270.

The author describes the case of a young boy, in treatment during his oedipal and prelatency periods, who suffered from a severe unresolved symbiotic relationship to his mother which was stimulated by the mother's intense attachment and attentiveness to the child. The boy's oedipal needs were poorly handled by his weak ego, resulting in aggressive acting out. Three aspects of the relationship between the boy's ego and his dreams were noted. 1. During treatment when the ego became strong enough to give up pathological behavior patterns that served defensive purposes, the underlying conflict appeared in intense dream activity. 2. As reality seemed to become less threatening the ego, while protected by sleep, allowed certain wishes freer expression in the dream than in waking life. 3. When the instinctual content of the dreams became too threatening, the waking ego disavowed the dream and even the whole process of dreaming. This defense by extrusion appeared to derive from earlier measures taken against the dangers of too close attachment to the mother.

**The Role of the Dream in the Analysis of a Latency Child.** Marjorie Harley. Pp. 271-288.

The latency child in treatment exhibits varying attitudes toward the relating and discussion of dreams. Latency is the time for the renunciation of direct instinctual and fantasy gratification by a maturing ego oriented toward reality. For some latency children fear of dreams may stem from fear of the unconscious and of primary process. Those children who control these upsurges most effectively bring in fewer dreams and discuss them more superficially. In children who cannot adequately master their instinctual drives, the dream may serve

constructive ends and allow the waking ego a more objective view of the unconscious conflict. Excerpts from the analysis of an eight-year-old girl illustrate the author's points.

**Dreams and Masturbation in an Adolescent Boy.** Isidor Bernstein. Pp. 289-302.

As sexual activity increases in adolescence, many boys have more open sexual dreams with concomitant frequency of nocturnal emission, orgasmic sensations, and anxiety with fairly obvious sexual content. Instability of the ego, mobility of cathexis, shifting identifications, and regressive tendencies may find representation in a range from frankly incestuous dreams to highly elaborated and disguised productions. The necessity to resolve the problem of bisexuality and the rekindling of the oedipal conflict provoke great anxiety and defense. The increased maturity of the ego leads to more extensive defenses and secondary elaboration than are found in the dreams of the oedipal period. Adolescent dreams are also more accessible to interpretation than are the dreams of the latency period, and although adolescents do not associate as freely as adults, considerable material can be elicited, particularly regarding the day residue. Dream material obtained during the analysis of a fourteen-and-a-half-year-old boy illustrates the use of dreams in facilitating the discussion of problems involving masturbation and related matters.

**Some Remarks on Anxiety Dreams in Latency and Adolescence.** Nathan N. Root. Pp. 303-322.

Severe anxiety dreams in a certain type of child in latency and adolescence are described in six cases, of whom those in latency were less able to bring their dreams into the analysis. The parents of these children acted out sexual and aggressive impulses in a guilt-ridden fashion which caused overstimulation, poor ego control, and anxiety in the children. An ego-id alliance seduced the ego-superego forces into using superego demands and ego functions for partial gratification of sadomasochistic sexual drives at all levels of libido development. Because anxiety leads to some gratification, it may take on the nature of an addiction. In this group of children anxiety also served to inhibit a feared full discharge of the impulses for which they hungered but which was fantasied as total destruction of the self.

**Technical Aspects of the Analysis of a Child With a Severe Behavior Disorder.** Selma Fraiberg. Pp. 338-367.

From the beginning of child analysis it has been considered that the child who acted out his inner conflicts with ensuing satisfaction was not analyzable and that the conflict had to be internalized before classical analytic methods could be employed. The author suggests that in the intervening years we have come to regard the acting out as a substitute for the symptom and we now tend to interpret where once we intervened or prohibited. The differences between child and adult analyses have begun to fade. Analysis of acting out as a defense against phobic anxiety may bring about the desired coöperation of the child. The readiness of the child to use projective mechanisms in the transference can be used in the in-

terpretation of the transference neurosis. Only through analysis—and not through prohibition—can we obtain insight and help the child to master his feared impulses and neurotic anxieties.

The successful treatment through child analysis of a four-year-old boy who was a severe behavior problem is described; after five years, follow-up study revealed that this boy had maintained a normal adaptation. In this case the great danger against which the boy's ego defended itself was loss of identity. By identifying with the aggressor through his misbehavior and by mechanisms of isolation, he overcame his passivity and phobic anxiety. The analysis took the boy through the various classical levels of libido development.

**Blushing, Fear of Blushing, and Shame.** Sandor S. Feldman. Pp. 368-385.

In his first paper on blushing and shame (1922), the author considered them as the consequences of repression of sexual excitation with displacement to the face of the turgidity engendered in lower erogenous zones. In his second paper (1941), he examined these two phenomena from the point of view of the ego's relation to and dependence on the threatening superego. The present paper emphasizes the utilization of blushing to satisfy the need for attention. When the specific need thus exhibited fails to meet the approval of the ego ideal, shame results.

JOSEPH BIERNOFF

**Bulletin of the Menninger Clinic.** XXVI, 1962.

**Self-Destructiveness and Self-Preservation.** Erwin Stengel. Pp. 7-17.

Recent statistical investigations show that nonfatal suicide attempts outnumber fatal ones seven or eight times. However, there is a higher percentage of fatalities among those people who have made a previous attempt. In addition to the usual wishes expressed in suicide, the author emphasizes the 'appeal for help', and suggests that the ambiguity of most suicidal acts is expressed as, 'I want to kill myself and should like to kill others with myself; I want to be dead, but if I should not die do something about me'. He points out that in most societies there is a powerful reaction to help someone who has made a suicide attempt and that when this does not happen, it indicates a highly abnormal situation. He suggests that even though the universality of this plea is not yet proven, it appears reasonable that 'a predictable effect of an action, even if it is only an alternative effect, is likely to play a part in its motivation'.

**The Subject's Approach: Important Factor in Experimental Isolation?** Edwin Z. Levy. Pp. 30-42.

The author reviews the instructions given to the subjects of a variety of sensory deprivation experiments (Hebb, Lilly, etc.). As a result of his work with Ruff and Thaler at the Aero-Space Medical Laboratories from 1957 to 1959, he reports that their findings were at variance with other workers in that they obtained few such striking regressive responses as hallucinations, disorganized thinking, or severe anxiety. He suggests that the differences are accounted for by the nature of instructions given to the subject, how much the subjects know

about it, the attitude toward the experiment, and whether or not motility is restricted.

**The Place of Psychoanalysis in Psychiatric Training.** Maxwell Gitelson. Pp. 57-72.

The widespread incorporation of psychoanalytic propositions into the field of dynamic psychiatry has given rise to two divergent attitudes: those who complain that psychoanalysis is not a science and would attempt to correct this error by absorbing psychoanalysis into the academic settings of psychiatry; and the analysts who fear dilutions, distortions, or changes of psychoanalytic techniques to such an extent that 'today it is impossible to obtain a broad consensus on a definition of psychoanalytic treatment'. Gitelson believes all residents should have thorough training in psychoanalytic theory and psychopathology, but with the clear implication that this not lead to the teaching of 'psychoanalysis in an impossible capsule form'. In essence, then, this is a plea to recognize the separateness of psychoanalytic psychotherapy from psychoanalysis as such. Many analysts will concur with this ambition while noting the difficulties in making valid distinctions.

**Situational Variables in the Assessment of Psychotherapeutic Results.** Harold M. Voth; Herbert C. Modlin; and Marjorie H. Orth. Pp. 73-81.

This is the third report on the Psychotherapy Research Project at the Menninger Foundation. Environmental factors contributing to the patient's total 'life space' are divided into six categories of data to help evaluate the degree and quality of internal change in the patient. The categories are: 1, 'conflict triggers', the environmental factors which activate and resonate with the nuclear conflicts; 2, 'stress', any noxious external event 'which an average adult in our culture would classify as stressful'; 3, 'supporting' factors tending to maintain ego integrity (e.g., concerned mother, loyal spouse, etc.); 4, 'opportunities for growth' which might be realistically possible in the particular environment; 5, 'need-congruence', the presence of situations which 'resonate favorably or unfavorably with individual values, interests, and characterological styles'; 6, the possibilities for change ('mutability') in the patient's environment.

Two cases demonstrate the use and pertinence of this kind of data. A woman who was free of symptoms and living with satisfaction and happiness at the time of follow-up two years after the termination of treatment, changed not as a result of internal resolution of the presumed nuclear conflicts but rather through some radical changes in her life situation, including divorce and marriage to an entirely different type of man. In the second case what appeared to be a successful resolution of the nuclear conflicts turned out in the follow-up to be the patient's realization that he had to 'establish a new way of life which would be less conflict-triggering and more supportive'. If all the forty-two cases in this series are studied with the thoroughness hinted at in this report, the final publication should be useful to all analysts and psychiatrists.

HARTVIG DAHL

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**Psychoanalysis and the Psychoanalytic Review. XLIX, 1962.**

**The Emergence of Projection in a Series of Dreams.** Donald M. Kaplan. Pp. 37-52.

The author illustrates by means of the analysis of the manifest content of a series of dreams in a borderline patient his hypothesis that in such a patient the mechanism of denial or nonperception is changed to projection or misperception. He points to this as a higher level of integration in these patients and warns that the therapist should not interfere with this development. The countertransference feelings aroused in the therapist by a patient suffering from a narcissistic disorder are usually those of separation anxiety, since the transference is almost exclusively at a preödipal, mother-child level. These patients frequently leave treatment at the time when the dreams indicate the emergence of homosexual feelings and feelings of being attacked homosexually, but if handled properly they may return for further treatment.

**Differential Recall of the Dream as a Function of Audience Perception.** Charles Winick and Herbert Holt. Pp. 53-62.

Only a small portion of dreams are recollected by the dreamer and the authors feel that the selectivity of the recollection may depend on the potential audience for the dream. They describe the different versions of the same dream as told to different people and the function of each version. They point out that psychological research on dreams may be dependent on the way in which the experimenter is perceived by the dreamer, and also that a dream cannot be regarded as a datum or a given but must be considered as an element in the dreamer's perception of and communication with the auditor.

**The Ontogenesis of Prophetic Behavior.** Sheldon Cohen. Pp. 100-122.

By a study of the Old Testament prophets, the author compares the type of thinking which goes into creative conscience formation with psychopathological cognitive processes. Strong personal anxiety and guilt, hallucinations, delusions, thinking in primitive modes, overconcern with oral themes of devouring and being devoured, and psychopathological anal and anal-oral associations, obsessive thinking, compulsive undoing behavior, and distorted sense of space and time are all found in the writings of the Old Testament prophets. Quotations amply illustrate these points. Cohen feels that 'the death decision'—the willingness to die in body in order to actualize one's nature, e.g., ethical convictions—is central to the understanding of the evolution of autonomous conscience.

The paradox of the prophet is that he shows all the evidence of psychopathological thinking but seemingly transcends this in his own lack of concern with social and physical rewards and punishments and is completely 'other-centered'. Rather than masochism, the 'death-decision' in the prophet is a result of continual self-analysis. The ego ideal, formed as it is from social learning, is not the crux of the prophet's creative conscience, nor is its formation entirely a secondary process phenomenon.



**On The Bullfight.** Kothari Ujamlal. Pp. 123-127.

The author views the bullfight as a projection or personification of the inner conflict between the id, and the ego and superego, rather than as the more usual interpretation—the killing of the father by a son. He rejects the consideration of the bullfight as an œdipal drama. The overdetermination of the symbolism of the bullfight is not considered. The author advances a few literary arguments to prove his thesis.

RENEE L. GELMAN

**American Journal of Orthopsychiatry.** XXXII, 1962.**Depression in Children and Adolescents.** James M. Toolan. Pp. 404-415.

The clinical picture of depression in adults, namely retardation in mental and physical activity, insomnia, feelings of depression, apathy, worthlessness, and nihilism as well as suicidal preoccupations, are seldom seen in children and adolescents. It is the author's thesis that depression, a most important problem in childhood and in adolescence, is masked by varying symptoms depending on the developmental level of the child. Depression in infants is often evidenced by eating and sleeping disturbances, colic, crying, and head-banging. At a later age, withdrawal, apathy, and regression are evident. An older child presents behavioral problems such as temper tantrums, disobedience, truancy, running away from home, accident-proneness, masochism, and self-destructive behavior as an equivalent of depressive feelings. Difficulty in concentration is a frequent complaint of depressed children. In adolescents, acting out and denial as the chief methods of handling problems frequently will mask a severe depression. Delinquents especially often reveal a severe underlying depression. Sexual acting out, such as using animals as love objects, may be a method of relieving depressive feelings. Dreams and fantasies of being unloved and unwanted are frequently encountered in depressive withdrawal. Suicide is a danger, especially in adolescents. Often the suicidal attempts are manipulative in nature, directed against the parents, and express the fantasy: 'You will be sorry when I'm dead'. They also express a desire for peace and a nirvanalike existence, a desire to join a dead parent, or a reaction to a hallucinatory command.

Toolan points out that the common denominator in all depressive reactions is the loss of the desired love object, whether in fact or in fantasy. In very young children, the consequences are serious because the development of the ego and its various functions is affected, since object relations cannot be formed and identification will be impaired. When the disturbance arises during the latency and adolescent period, it leads the child to hate the lost object who he feels has betrayed and deserted him. Repression and denial are utilized to ward off the knowledge of the parent's role in his difficulty; he assumes the burden of evil to absolve the parent. This in turn leads to evil acts which re-enforce the image of himself as a horrible person. As reality testing improves, there is increasing difficulty in maintaining a belief in the parent's innocence; the hostility increases as does the guilt. Because of the formation of the superego, much of the hostility is directed against the introject, leading to the clinical picture of depression seen in older adolescents and adults.



**Aggressive Behavior as a Means of Avoiding Depression.** Henry L. Burks and Saul I. Harrison. Pp. 416-422.

An investigation of the dynamics of impulsive antisocial, aggressive behavior in children reveals that frequently this is a means of avoiding feelings of depression. The authors use the word 'depression' to designate what they see as a sense of helplessness or impotence of the ego, accompanied by feelings of hopelessness and worthlessness. They note that aggressive behavior is stimulated by a recognition of depressed feelings, on occasions when a child's adequacy or fancied omnipotence is directly threatened by the realities of a situation, where the possibility of receiving positive feelings from an adult strikes a chord within the child which reminds him of longings in the past and similar situations which may not have worked. Also, the child is drawn to remember experiences from his past that reinforce feelings of worthlessness.

**Special Training Problems and Psychotherapeutic Work with Psychotic and Borderline Children.** Rudolf Ekstein. Pp. 569-583.

In this paper Ekstein discusses the specific countertransferences encountered in therapists working with severely disturbed or psychotic children, and the reflection of these countertransference attitudes in the supervisory situation. He suggests that child psychotherapists usually overidentify with their parents, which makes the therapists natural enemies of the parents. This, however, may not be inherent in the child psychotherapist but, rather, stem from the special technical task. The necessity for active work with the parents—different from the work one does in adult psychotherapy—presents special problems for the child psychotherapist. He deals with the infantile neurosis not as a repetition of the past but as a present reality. He may think of help for the child as a rescue mission, and of himself as a miracle worker. The psychotic child, unlike the mildly disturbed child, has not achieved the capacity for object relationship; there exists a symbiotic or fusion state which is reflected in the autistic position. The psychotic transference configuration, in which mother and therapist are not truly separated in the child's mind, increases the countertransference potential.

Ekstein believes that countertransference, if understood and dealt with, can be taken as a cue and can help us to understand the patient. The child's regressive behavior provokes the therapist's regression to a very early stage in his relationship with his own parents; his special parent-hating syndrome frequently will be reflected in the use he makes of his teachers, administrators, the clinic, or the hospital. Further, the supervisor or administrator in the field of child psychotherapy sometimes brings his own special problems to the treatment situation, problems not unlike those of the parent of the sick child. The powerful countertransference reactions provoked by the psychotic child are expressed in impossible demands on the supervisor for emergency help, for advice, for his playing a reality part in dealing with parents or the institution, or sometimes in reactions of anger and hate. Tolerance on the part of the supervisor and of the child psychotherapist for each other's difficulties and special problems in this field is indicated.

**Some Specific Areas of Conflict Observed in Pregnancy: A Comparative Study of Married and Unmarried Pregnant Women.** John G. Loesch and Nahman H. Greenberg. Pp. 624-636.

Two groups of primigravidas, twenty-two wives of graduate students and thirty-one unmarried pregnant women, were interviewed as part of a long-term investigation of psychophysiologic processes in infancy. The group of unwed mothers revealed striking regularity in the evidence of significant alteration in their lives just prior to conception—object loss such as death of the parents or some other significant relative or male friend, separation from parents, or threatened loss of a valued job. A conscious wish for pregnancy was observed in one-third of these women. The major conscious problems were focused upon giving up or keeping the infant; feelings about separation anticipated with delivery; and active fantasies and wishes to re-establish a relationship with the child's father. There were only rare verbalizations of concern about the infant per se. Depressive reactions, and what appeared at times to be almost typical mourning, were frequently observed after the delivery. The pregnancy left this group relatively unchanged psychically.

The married women, wives of dental and medical students, were all separated from their families and burdened with a combination of working and being housewives during the pregnancy. The predominant themes were concern over bodily changes and the fear of mutilation or death during delivery, concern over whether or not the infant would be normal, and a marked change in attitudes toward their husbands. Dependency needs increased markedly. Verbalized fantasies were concerned with what the baby would be like and how they themselves would function as mothers. One significant finding was the loosening of defenses in the married group of mothers who were, for the most part, without overt psychopathology prior to pregnancy. This relaxation of defenses, or the pushing forward of usually well-defended conflicts, may be characteristic of normal pregnancy, and the resultant conflicts and distress may stem from this process.

The authors comment that it is evident that pregnancy per se is not developmental nor even necessarily a developmental crisis in itself. For the unwed mothers pregnancy was a period of disturbance with little evidence of psychological change. The pregnancy state, while having certain idiosyncratic features, can only be understood in a larger framework, as a preparation leading to the critical period of the early motherhood experience.

RENEE L. GELMAN

*Psychiatry*. XXV, 1962.

**On the Nature and Sources of the Psychiatrist's Experience with the Family of the Schizophrenic.** Leslie Schaffer; Lyman C. Wynne; Juliana Day; Irving M. Ryckoff; and Alexander Halperin. Pp. 32-45.

Group therapy conducted by two psychotherapists with the schizophrenic patient and his parents regularly revealed severe disturbances of communication among the family. This seems to have some bearing on the schizophrenic's thought disorder. Exchanges within these families have three characteristics, all

of which are repeated in the family's dealings with the therapists: the extravagance of manifest contradiction, the quietly savage destruction of meaning and intent, and the routine elimination of a broad spectrum of emotional experience. The therapists were frequently confronted with a *folie à famille* characterized by massive denial even though only one member of the family had overt symptoms. Some major countertransference problems in such a setting are discussed. Documentation is provided by several unusually instructive abstracts from group sessions.

**Aspects of Obsessive Compulsive Style.** David Shapiro. Pp. 46-59.

Based on psychological testing and psychotherapeutic experience, the author discusses four aspects of obsessive compulsive functioning in detail: rigidity, compulsive activity, the sense of 'should', and the loss of reality. This last refers to the way in which the compulsive often behaves as though he is deluded. Actually the ego is constricted; its attention is focused on peripheral 'technical' details of experience and a loss of the feeling of conviction.

**The Familial Genesis of Psychoses.** William McCord; Judith Porta; and Joan McCord. Pp. 60-71.

Unlike most investigations which retrospectively assess the role of the family in the development of psychosis, the data of this study were gathered during the childhoods of subjects who later became psychotic. (Of course the staff did not know that the material would be used later for a study of the psychoses.) The family environments of the prepsychotics differed radically from the milieu of the nonpsychotic controls. 'The combination of a smothering mother with either a passive father or an absent father would seem to be especially conducive to psychosis in the son.' This is termed the 'silver cord syndrome'. These mothers were commanding figures who overawed and controlled both sons and husbands. The domination of the son was accomplished under a cloak of solicitous love. The son's symbiotic dependence on mother was enjoined and other object relations restricted. The silver cord syndrome was not prominent in the backgrounds of the criminals and alcoholics studied. The precriminal background tended to be characterized by a rejecting, neglecting mother and an aggressive father. The alcoholics appear to have been reared by alternating rather than smothering mothers.

**A Study of Techniques of Psychotherapy with Youthful Offenders.** Herman P. Gladstone. Pp. 147-159.

Over a five-year period the author treated eleven delinquents who were referred by the court; their not keeping appointments was considered a violation of parole. With the early patients in the series the therapist used his traditional psychoanalytically oriented techniques which proved to be ineffective in establishing any therapeutic relationship or in counteracting antisocial behavior. Technique later was modified; a therapeutic activity designed to establish a new and challenging ego-enriching object relationship was used. Favorable response tended to become the rule as shown by developments in therapy and a follow-up study.

**The Analyst's Participation in the Treatment of an Adolescent.** Earle Silber. Pp. 160-169.

This paper constitutes an appropriate sequel and complement to the foregoing. The report of the treatment of a seriously disturbed eighteen-year-old student illustrates certain kinds of active participation by the analyst in addition to interpretation and working through of transference and resistance. The analyst's spontaneous attitude and value-revealing reactions to the patient's verbal and nonverbal communications facilitated the patient's associations. Active reality testing and support of the patient's healthy strivings were the core elements in the modification of psychoanalytic technique. The adolescent requires a dependable, challenging object relationship with the analyst because of his impaired object relations and identity problems.

**The Interpersonal Relationship in Hypnosis.** Rudolph Dreikur. Pp. 219-226.

The author critically examines the rationales for the use of hypnosis in psychotherapy and other fields of medicine. He finds these to be weak rationalizations for a fundamentally destructive procedure because it deprives the patient of autonomy. He is opposed to hypnosis on scientific as well as ideological grounds, that is, from the standpoint of democracy as opposed to authoritarianism.

H. ROBERT BLANK

**Archives of General Psychiatry.** VI, 1962.

**Falsification of Bodily Needs and Body Concept in Schizophrenia.** Hilde Bruch. Pp. 18-24.

Bruch, discussing the interaction between the infant and mother necessary for the infant's normal emotional development, calls attention to the prerequisite need of the infant to identify correctly sensations indicating biological urges. Only then can the child begin to differentiate himself from external objects. This leads to the development of body concept, self-awareness, and self-effectiveness. If the infant fails in this task in a major way, the author feels that all stimuli coming from within the infant, whether they be bodily sensations, thoughts, or feelings, are experienced as originating in the external world. This causes a predisposition to schizophrenia.

An interesting side comment is the explanation of the poor development of Harlow's monkeys; reared by synthetic terry cloth mother surrogates, they were deprived of the responses of live animal mothers who initiate behavior in their young. Thus, the infant monkey was also deprived of the type of learning essential for the organization of adaptive behavior.

**Transference Dynamics of Group Psychotherapy.** Mark P. Farrell, Jr. Pp. 66-76.

The author believes that in group psychotherapy the *sine qua non* of a helpful therapeutic experience is the understanding and resolution of the transferences. This must include the resolution of the transference between various group members, and between group members and the therapist. The vicissitudes of this group transference are discussed.

**Psychotherapy of Schizophrenia.** Silvano Arieti. Pp. 112-122.

The author presents a brief historical review of the theoretical methods and approaches to schizophrenia. He then briefly offers his own orientation: this precedes interpretations of psychodynamic content, and concerns itself with establishing relatedness and the interpretation of mechanisms and forms of delusions.

**Choice of Illness.** Harold V. Voth. Pp. 149-156.

A complicated theoretical psychoanalytic principle of personality organization is proposed to link together defenses, some aspects of character, and psychiatric syndromes. On the basis of reality testing, the author separates patients into two broad groups: 'ego-close' and 'ego-distant'. These groups are described as having different defenses, character, and symptomatology. A simple laboratory test that claims to measure this is described.

KENNETH RUBIN

**British Journal of Medical Psychology.** XXXV, 1962.**Divergent Tendencies in Psychotherapy.** James Glover. Pp. 3-13.**The Concept of Dissociation.** Bernard Hart. Pp. 15-29.**The Reliability of Infantile Memories.** J. A. Hadfield. Pp. 31-46.**The Psychology of the Psychotherapist.** Edward Glover. Pp. 47-57.**Some Difficulties in Analytical Theory and Practice.** T. A. Ross. Pp. 59-71.**The Conception of Nervous Disorder.** Millais Culpin. Pp. 73-80.**The Myth of Progress.** M. D. Eder. Pp. 81-89.

The first seven Presidential Addresses to the Medical Section of the British Psychological Society, given from 1925 to 1932, are reprinted. Younger analysts in particular may find it interesting to read of the difficulties in integrating the findings of psychoanalysis into older frames of reference.

James Glover emphasized the necessary distinctions between exploitation of the transference and its use as a means of reconstruction of the infantile neurosis. The dangers of manipulative therapeutic techniques were illustrated.

An attempt was made by Bernard Hart to compare the concept of dissociation formulated on phenomenological grounds by Janet with the dynamic view made possible by the structural hypotheses Freud had so recently developed. Special difficulty was encountered in understanding splits in the ego in structural terms. Discussions of the paper by Ernest Jones, T. W. Mitchell, and Edward Glover provided clues to the yet undeveloped concepts of ego psychology.

Hadfield apparently anticipated the idea of screen memories in a paper largely devoted to the presentation of evidence designed to suggest the reliability of infantile memories.

Edward Glover stressed heavily the pitfalls of unconscious factors in the therapist, with remarks on the countertransference in negative therapeutic reactions. He demolished the arguments for an eclectic approach to therapy, holding these to be reflections of some subjective impasse in the therapist's theoretical orientation and conviction.

In contrast to the enthusiasm for psychoanalysis, Ross politely retreated to a Wesleyan morality, and while admitting the existence of most of the basic tenets of psychoanalysis, suggested that they might be less than universal or operative in terms of the unconscious in later life.

Perhaps to temper the conflict, Culpin in 1930 contented himself with a historical review of attitudes toward mental illness, avoiding any commitment to the question of the validity of psychoanalytic theory. Finally, the 1932 address by Eder who sensed an approaching war warned that the myth of human progress will not absolve us from the necessity of becoming cognizant of our aggressive instincts and of using the insights of psychoanalysis toward approaching effective social control.

**Psychology and Psychoanalysis.** Joseph Sandler. Pp. 91-100.

The infant creates a constantly changing self-representation based on all his sensory experience. The self-representation encompasses such overlapping phenomena as identification, introjection, incorporation, and internalization. Based on research work done at the Hampstead Child Therapy Clinic, the author attempts to portray some differentiations of these earliest stages in the organization of the psychic apparatus, which to this reviewer still remain somewhat indistinct.

**Reproach: the Art of Shamesmanship.** Alan F. Leveton. Pp. 101-111.

Reproach, though mutually painful, is an intensely experienced, and often tenaciously retained, form of interaction. Its intensity stems from mutually shared expectations in primitively organized object relationships. It may serve useful educative functions for the child, and may be the basis of severely pathological relationships in families, especially of schizophrenics.

The reproached individual, sensing the power of the reproacher's unfulfilled expectations and also fearing the threat of abandonment, is held in the relationship. Criticism is indirect and hostility denied by projection.

In depression self-reproach is against the internalized object and guarantees the maintenance of an archaic form of object relationship. Hostility toward the object may be expressed in suicidal threats; if these are directed to an external object, counterthreats often ensue. In therapeutic situations these may take some form of symbolic murder.

Therapeutic implications dictate careful interpretation of the hidden ploys used by the reproacher and that of guarding against hidden and hostile countertransferences. Failure to analyze the patient's reproach, implicit in the universal exaggerated expectations from the therapist, often leads to failure of therapy.

IVAN HEISLER

**Akadimaiki Iatriki.** CCLVII, 1961.

**The Myth of Oedipus.** D. Kourétas. January issue.

Kourétas, considered the dean of psychoanalysts in Greece, has a special interest in Greek mythology and culture. In this paper, he examines the myth of



Œdipus as originally mentioned by Homer in *The Odyssey* (XI, 271-280), and then modified by Sophocles and interpreted by Freud.

Homer described only the patricide and the incest of Œdipus; Sophocles went further, telling us about the Sphinx, the self-blinding, the exile, and the burial of the hero at Colonus (where Sophocles was born). Kourétas believes this fact leads to the hypothesis that the tragedy of Œdipus contains additional data which can be understood as expressions of the poet himself—that Sophocles gave us a revelation of his own unconscious which is projected onto the person of Œdipus and that the Œdipus tragedy is a self-confession of Sophocles. This is indicated in the words of Jocasta to Œdipus (*Œdipus Rex*, lines 979-983) which contain all the essentials of the freudian œdipus complex. Sophocles, following the traditional role of the dramatist, transferred the original myth into something that would be entertaining to his audience. Kourétas believes that a component of Sophocles' success lies in the communal chord which was struck by the universal conflict. At the same time, the play served as a vehicle of catharsis, confession, and expiation for the dramatist. Kourétas doubts that Sophocles was 'aware' of the psychological or 'scientific' meaning of his production.

Awareness of this came with the genius of Freud, who is credited with truly solving the riddle of the Sphinx. Freud's discoveries were basically derived from an early profound curiosity about his own origins. Further self-analysis and research on neurotic patients brought confirmatory evidence.

This paper, presented before a Greek professional audience, is like a 'return of the repressed'. Since, ironically, Greek psychiatric thought of today is based mainly on the organic-nosological tradition, Kourétas attempts to return something to the Greeks more valuable than the 'Elgin marbles', namely the great intuitive insights present in their ancient poetry.

EVANGELOS PAPATHOMOPOULOS and ROBERT SEIDENBERG

*Revista Psiquiátrica Peruana*. IV, 1961.

**Psychodynamic Concepts of Depression.** Alberto Seguin. Pp. 37-41.

The main characteristics of depression are discussed. Whether age, economic factors, or other elements play a role, the author stresses the deep oral regression occurring in a depressed condition, regardless of its endogenous or reactive type. No clinical material is given as he deals primarily with the theoretical psychoanalytic concepts involved in the syndrome of depression.

**Psychological and Cultural Considerations of Psychosomatic Syndromes When There is Failure of Adaptation.** Sergio Zapata. Pp. 65-72.

Life becomes painful whenever two cultures, two generations, or two religions clash. This paper centers mainly on the psychosomatic and personality changes appearing in men who had lived at five or six thousand meters above sea level, but the author also notes the amenorrhea that was present in women in concentration camps which he considers a manifestation of the tremendous emotional impact of impending death. According to Zapata, the syndromes that occur depend on the individual's ability to handle his own magic beliefs and primitive way of thinking, as well as masochistic elements involved in the forced



change which the ego has to accept. In strict, demanding superego personalities, the changes seem to be more marked. Frequently the author has found underlying the syndrome all the elements of anaclitic depression as equivalent to the symptoms of a conversion hysteria, vegetative changes, and even depression. The regression to the oral narcissistic level is the predominant mechanism.

**Ulcerative Colitis and Feminine Homosexuality.** Gabriel de la Vega. Pp. 136-146.

A clinical case is presented in which ulcerative colitis appeared as an acting out of a homosexual fantasy. The patient had a defective and sadistic superego, the ego adopting a masochistic position in order to accept the double aspect of the impaired superego. This patient had the need to 'control' the mother or mother surrogates through colonic activity. Ramifications of the unconscious fantasies were obtained primarily through the acting out in the transference as well as through the author's countertransference fantasies. There was a secondary gain in that the patient succeeded in splitting the partners in the oedipal situation.

GABRIEL DE LA VEGA

**Revista Archivos de Neurologia y Psiquiatria Cubana. II, 1961.**

**Convulsive and Ecstatic Crisis in Fanatics and Ignorant People.** Enrique C. Henriquez. Pp. 16-22.

The fanatic or ignorant patient consistently shows primary process thinking, that is, a prelogical type of thought, and is guided by so-called intuition and magic thinking. The convulsive and ecstatic crisis is compared to what occurs in primitive religions, such as voodoo, or to the blackout of the alcoholic. The crisis is considered a universal phenomenon since its manifestations are the same, whether produced by drugs, alcohol, or autosuggestion. There is a direct relationship between the crisis and a systematized group of ideas highly charged with magic and mystical passion. During the crisis the patient may not have a complete break with reality but there are alterations of sensitivity, and the crisis serves as a secondary gain. Such crises can be produced at will or by provocative stimuli, and the paroxysms can be stopped. They have been studied extensively in Haiti by Dorsainville, Maximilian, and Mora, all of whom have found as predisposing factors hyperemotionality, hyperactivity, and a tendency to be theatrical and exhibitionistic. This reviewer has found the same features in 'The Puerto Rican Syndrome', which shows a temporary overwhelming of the ego, at times with an underlying schizophrenic process.

GABRIEL DE LA VEGA

## Meetings of the New York Psychoanalytic Society

Philip Weissman

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 22, 1962. THE QUEST FOR THE FATHER. A STUDY OF THE DARWIN-BUTLER CONTROVERSY AS A CONTRIBUTION TO THE UNDERSTANDING OF THE CREATIVE PERSON. Phyllis Greenacre, M.D.

In the Twelfth Freud Anniversary Lecture, Dr. Greenacre used the material of the controversy between Charles Darwin and Samuel Butler to illustrate her thesis concerning the special nature and vicissitudes of the *œdipus* complex in gifted men. This controversy, an argument about the merits of Darwin's theories of evolution which were challenged by Butler, was due less to conflicting scientific views than to the special interaction of forces brought about by the changing personal relationship between the two men. This, in turn, was dependent largely on the interplay of the unconscious elements of their *œdipal* problems.

The lecture was divided into four parts: a statement of the thesis; a description of the controversy; a resumé of the biographical background of the two men; and finally, a rediscussion of Dr. Greenacre's theory in terms of the clinical material.

In the first part, the author restated what she considers to be the essential innate characteristics of gifted people, presented more fully in her earlier papers on creativity. Gifted individuals retain a communication with primary process thought and imagery, and are oriented toward collective objects of the outer world as well as toward the personal objects of the immediate family relationships, sometimes alternating emotional involvement between the two sets of interests. These conditions lead to a susceptibility to peculiarities of libidinal phase development and frequently to special complications of the solution of the *œdipus* complex. This tends toward the formation of a strong family romance, projected and lived out in later life in the repeated search for an ideal father, often materializing in a patron who will permit, protect, and accept the development of the expression of genius rather than diminishing or curtailing it in the interest of everyday reality. Godlike fathers, or God himself, may serve as the ultimate family romance father, as is sometimes seen in experiences of inspiration. In the fullest development of giftedness, it is necessary for the gifted person himself to accept the responsibility of his own creations.

In the controversy Butler, who at first admired Darwin's work partly because it seemed to liberate him from bondage to his ecclesiastical father and who turned to Darwin as to an ideal, became very hostile and passionately challenged Darwin's theories through a series of publications; these were essentially adaptations of Lamarck's earlier theories. The crux of the difference appeared to be Butler's difficulty in accepting Darwin's idea of natural selection and Darwin's need to establish an all-encompassing design in nature to take the place of the idea of divine direction. The personal elements of the controversy emerged when Butler charged Darwin with plagiarism—having used material from his grandfather, Erasmus Darwin, an ardent Lamarckian in his day, and from Butler himself. While there was a nucleus of truth in the charges—Darwin had been careless about editing a life of Erasmus Darwin and had allowed but not acknowl-

edged certain additions which were offensive to Butler—they were enormously exaggerated by Butler. The controversy was not cleared up nor were the facts published during the lifetimes of the opponents.

Darwin and Butler were a generation apart in age but with similar backgrounds. Both came from the same area in England; Butler's father and grandfather were clergymen, Darwin's father and grandfather were physicians. Both refused to follow in their fathers' well-marked footsteps and both came to appreciate their illustrious grandfathers only late in life. Both rebelled against their fathers and the Church of England, Darwin quite effectively through his work and Butler quite vociferously. Darwin's hostility toward his father and his father's God could never become clearly and admittedly conscious, but was expressed in his severe obsessional neurosis which broke out overtly when he undertook scientific studies in defiance of his father. Crippling as the neurosis was, it still did not make serious inroads into the content of his work through which his genius was established and expressed. Butler's defiance against father and God, on the other hand, was conscious but incomplete. In the end he found his way back to his own special brand of divinity in seeing a purpose and plan in nature. His extreme ambivalent attachment to his father cast shadows onto everything he wrote. *The Way of All Flesh*, which pilloried his own family and satirized smug Victorian life, was his greatest work but was published posthumously and attained recognition only after the end of the Victorian era.

Of the two men, Darwin, indubitably the greater genius, was the one who came close to accepting and freeing his work—but not himself—from the demands to find a father. The problems of his unconscious fear and hatred of his father fed his encumbering neurosis. Butler was dominated and guilt-ridden by his expressed but not assimilated love and hatred of his father, and throughout his life he attempted one solution or another for his drive to find or to be the ideal all-giving father. Many details are given of the interweaving struggles of these two men and their effect on each other—especially Darwin's effect on Butler.

#### AUTHOR'S ABSTRACT

September 25, 1962. CONCEPT OF ACTING OUT IN RELATION TO THE ADOLESCENT PROCESS. Peter Bloss, Ph.D.

Dr. Bloss first defined acting out in terms of its manifestations, its function, and predispositional factors. He suggested that acting out in adolescence is not determined mainly by predisposing factors but represents a phase specific mechanism.

Dr. Bloss noted that the adolescent must accomplish a decathexis of the primary love objects. This occurs via a transient phase of intensified narcissism and autoeroticism, which then leads to heterosexual object finding. The work of adolescence is to overcome the infantile past, and to bring it into harmony with the present and expected future.

Adolescent acting out is ubiquitous and often transient. It can best be understood as a preliminary step in remembering, and thus in the service of the synthetic function and progressive development.

Two clinical examples were presented which demonstrate this aspect of acting out. The first described the acting out of a patient in late adolescence who, in spite of previous good marks, failed at college and suddenly decided to become a laborer. The patient was an adopted child of highly intellectual and prominent parents. He had lived with a foster family of working people until the age of two. His decision to become a laborer and to live with a workman's family was an acting out of a relentless pull toward his infantile objects. Following this acting out, he was able to recall memories of his early life and his affection for his foster parents. He was then able to disengage himself from these early love objects. He returned to his adoptive family and, in line with their intellectual achievements, successfully completed his doctorate.

The second case concerned an early adolescent with delinquent behavior. The presenting symptoms were stealing, truancy, and lying. A family myth, elaborated by the mother, was that his father had died. The true facts were that his parents were divorced when he was three and a half. His father was sent to prison, where he became psychotic. The delinquent behavior was analyzed as an acting out which served via identification to keep the memory of his father alive and to deny in action the mother's distortion of the facts. The repressed memories were gradually reconstructed from the acting out. They were followed by remembering and experiencing the childhood affective states.

In the two cases presented, acting out was a mechanism by which present reality was linked to a traumatic past event. Dr. Blos suggested that the adolescent proclivity for action is determined by two factors. First, earlier drives and ego positions are regressively revived at puberty due to the quantitative increase of instinctual pressure during this period. Second, the delibidinization of infantile love objects and the increase in narcissism at adolescence results in a threatened impoverishment of the ego which is countered by a forceful turn to the outer world. External reality serves as a restitutive anchorage before stable object relations are re-established. The two presented cases of adolescent acting out in the service of ego synthesis had in common the loss of a significant object in early childhood which may be an etiological factor in similar cases.

DISCUSSION: Dr. Nathan Root felt that the acting out described in the two patients represented maladaptation and inappropriate actions which restricted and distorted rather than aided the progressive development. He felt that the acting out required analytic intervention in order to promote working through.

Dr. Leo Spiegel also doubted that repetitious acting out could serve ego synthesis. He felt that too often acting out is confused with a proclivity for action. The proclivity for action in adolescence is misunderstood when it is incorrectly evaluated in terms of adult standards.

Dr. Edith Jacobson agreed with Dr. Blos that an increase in narcissism was a determinant of the adolescent's propensity for acting out. It was her impression, however, that the narcissism of adolescence did not result in ego impoverishment, but rather created a vacillation between periods of ego impoverishment and ego enrichment. Dr. Jacobson stated that a concept which differentiated acting out in the service of the id from acting out in the service of the ego would be useful in determining the orientation of therapy. With the first

type the analyst could aid the patient's controls and reality testing before proceeding to reconstructive interpretations, whereas with the second, reconstructive interpretations would be more immediately indicated.

Dr. Blos, in response to the discussion, suggested that acting out and working through may have similar goals, but they differ sharply in their characteristic psychic economy. He reaffirmed the phase specific quality of the adolescent's proclivity to action and felt, as the discussants did, that acting out should not be conceptualized as a mechanism.

PHILIP WEISSMAN

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### MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

April 16, 1962. RECOMPENSES FOR LEARNING. Otto E. Sperling, M.D.

Learning of unpleasurable material without immediate reward is a difficult task for the ego, especially if it is aided only by precarious sublimations. In this paper only three kinds of learning are considered: learning in school, learning in psychoanalysis, and learning as a mechanism of war neurosis.

The ego can make the suffering more bearable by balancing it with some recompense. Beside the obvious recompenses, some subtler recompenses can be observed which are mostly of a sadistic or masochistic nature. The demand for proof, for instance, can be a disguise for sadistic tendencies. A typical sequence might run: effort (sacrifice, obedience)—suffering—self-pity—weakening of self-control—recompense—feeling of guilt—more effort. Recompense differs from the secondary gain in that it follows a socially acceptable effort of the ego while the secondary gain accompanies a symptom. The mother's tears, the father's despair, the community's expense for school buildings, and the teacher's efforts mobilize the student's feelings of guilt. Some students are willing to make the sacrifice of studying only if the teacher also is willing to make some sacrifice. On the other hand, it seems that knowledge is the more appreciated, the more difficult it is to acquire. Some students can acquire knowledge only if they add to the necessary suffering a further unnecessary sacrifice of sleep, social life, or regular meals, or if they arouse themselves from sleep in the early hours of the morning.

Parents can arouse anxiety in the child in order to facilitate the control of impulses. Freud showed that the ego can mobilize anxiety in order to facilitate self-control. The author postulates that not only can one person arouse a feeling of guilt in another, or seduce another to permit gratification of id derivatives, but that the ego can mobilize feelings of guilt or rewards by the superego on the one hand, and a breakthrough of id derivatives on the other, for the purpose of balance. In regard to the special case of acquiring knowledge which is neither interesting nor followed by a reward, the ego can mobilize a reward by the superego or by the id; the ego can, more particularly, balance the necessary suffering with unnecessary suffering inflicted by oneself or with the suffering of the teacher. This mechanism also plays a role in working through in psychoanalysis.

AUTHOR'S ABSTRACT

DISCUSSION: Dr. Edward Liss compared the role of the analyst with that of the educator, emphasizing their similarities yet recognizing a major difference in the analyst's concern with the unconscious. He outlined briefly the history of the development of learning theories in various cultures from early times to their culmination in the contributions of Freud and Dewey, and called attention to some little-recognized links between the fields of education and psychoanalysis. Dr. Liss stressed the need for greater interdisciplinary communication, citing, in particular, the American Psychiatric Association Panel Discussion on Memory, and the work of John Dollard. He presented excerpts from the autobiography of Chateaubriand which exemplify that a high degree of intellectual development need not necessarily bring happiness either to its possessor or to his environment, and he compared certain learning difficulties to delinquency, suggesting that when the learning institution becomes a threat, the fault may lie with the parent surrogate (teacher), with the sibling surrogate (student), or with the symbols which are being used. Hence the educator, in order to prevent neurotic interferences with learning, must respond to the student on many levels.

Dr. Gustav Bychowski made the additional suggestion that the ego of the learner, when filled with preconceived ideas or unconscious introjects, may behave as though it opposed being filled with new contents and must rid itself of these false introjects before new knowledge can be acquired. In discussing the concepts of recompense and balancing, he pointed out that, although the teacher may have sadistic inclinations in reality, he may also represent the torturer only by virtue of the student's neurotic distortions. The student, thus relegated to the submissive role, responds to the imagined coercion by refusal to learn. The analytic parallel occurs when the patient uses resistance to retaliate for the humiliation which he feels he has suffered at the hands of the analyst. Elements of moral masochism are added when the patient is unable to progress unless he first subjects himself or his analyst to suffering. A comparable educational situation occurs in the form of collective student fantasies that certain teachers are excessively cruel, strict, or unfair, particularly during periods of tension which precede examinations. When the teacher becomes identified with a torturer, then the price for learning is seen in masochistic submission. As a reaction, regressive behavior may ensue which aims at restoring the balance by tormenting the teacher. Similarly, in analysis, the patient attempts to justify his regression with the fantasy that the analyst dislikes him. Regression thus may occur as a recompense during analysis, or as an example of what Dr. Sperling calls 'balancing'. After a period of progress, for example, the patient may feel that he owes himself a pleasurable reward in the form of regressive behavior for the deprivations and frustrations which have been imposed on him during treatment. Such regressions also have the connotation of punishing the analyst.

Dr. Bychowski suggested that the balancing function is one of the essential trends of the mental apparatus, and that it operates in many areas of mental life as a factor in preserving rhythm and harmony. He cited, among other examples, the psychopathological acting out of the artist at the same time that his works express great nobility and lofty ideals. Like the synthetic function of the ego (from which it differs), the balancing function never achieves its objective completely, although it is constantly at work. What Freud called recompense be-



comes necessary as a result of the ego's limited ability to tolerate frustration and restriction. The relative contributions which are made by the superego and by the ego to the recompense mechanism are a function of the total personality, and are yet to be elucidated for various clinical constellations.

Recompense may be possible by finding some pleasant association, or by an alteration in reality or in the perception of reality, as when Freud became aware that his brother could not attain an academic distinction, and that there was, therefore, no need to be jealous. It may also be obtained by the use of humor, which enables the ego to bear an otherwise intolerable situation, (e.g., the so-called 'gallows' humor which appears under tyranny). Prior to the outbreak of actual rebellion against dictatorship, the balance and the recompense are provided by the revolutionary ideas expressed in the literature of the country and by the cultural advances which occur despite the political oppression.

In certain forms of frigidity, moral masochism (the woman inflicting suffering on herself) is balanced by sadism (making it difficult for the man), and the woman may force the man to coerce her into giving herself fully, and into giving and experiencing pleasure. In general, each developmental advance is attained by relinquishing former positions of pleasure. This is made possible by the recompense offered in the form of the love and approval of the parent, and the pleasure inherent in the acquisition of the new function. When a new function (or a new position in ego or libidinal development) is achieved through coercion rather than through love and natural development, neurosis may ensue.

In summary, Dr. Sperling commented briefly on classical learning theories which are generally deficient in that they make no provision for psychic structure and maturation. He also stressed the need for the development of a psycho-analytic theory of learning.

MARTIN D. DAVIS

May 21, 1962. THE APPLICATION OF EGO PSYCHOLOGY TO MYTHOLOGY: A PANEL PRESENTATION.

Dr. Sidney Tarachow, in his introduction, depicted the succession of themes that course through the history of man's development as shown in the evolution of religion and particularly the theater. The first theme, the conflict between the gods, was followed by the conflict between the gods and man, and then between man and man. The current theme is the struggle within man, his intrapsychic conflict. It is characterized by problems of guilt and ego structure, and by attempts to solve the ambivalence problem as well as the origin of the sense of guilt.

These problems are intimately connected with those of ego development; and the myth, Dr. Tarachow posited, can be understood as one of a number of devices which can come to the rescue of the 'faltering ego'. Myths ease the burden of ego synthesis and development, and facilitate a working through of disturbing problems. This working through has both an externalizing and an internalizing process: the externalizing process not only gives respite to the weary ego, but provides it with room for change and development; the internalizing process is used to solidify character formation and stabilize relationships; in this the myth plays a conservative role.

Dr. Jacob Arlow presented a condensed version of a paper, *The Madonna's Conception Through the Eyes*, noting that many of the major religions are founded upon central myths. These are based upon a fantasy which contains some disguised representation of a fundamental childhood instinctual conflict. Through unconscious identification with the central figure of the myth the listener, or religious participant, is afforded a certain degree of instinctual gratification. This resembles the appeal of artistic creations. In myths central to religious tradition, superego elements must predominate in the end. From the point of view of the instinctual drives, the central myths of religion must demonstrate a high quality of sublimation, or resolution of the conflicting claims of superego and id in terms of reality, that is, the demands of the society into which the individual was born. In adult life a regression may take place and a hitherto successful religious sublimation may be transformed into a neurotic symptom as the instinctual wishes break through the repressive barrier.

Dr. Arlow illustrated this thesis with a fragment from the case of a young woman suffering from anxiety hysteria. Due to her approaching marriage and the imminence of sexual relations, the patient's sublimation broke down, and her illness began. Her headache and irritation of the eyes, when analyzed, proved to be a transformation of the wish to incorporate the paternal phallus. The symptom was based on the fantasy of impregnation through the eyes by way of identification with the Virgin Mary in various representations of the myths of the Annunciation to the Madonna. Consciously, the patient feared that the headache was due to a brain tumor. Unconsciously, the headache represented a cerebral phallus or pregnancy. This common oedipal wish, presented in a highly sublimated form, has widespread appeal and serves, through the premium of the unconscious gratification which it affords, to bind the developing girl to the mores and ideals of her society. Arlow also pointed to the influence that this specific childhood sexual fantasy had on certain elements in artistic representations of the Annunciation to the Madonna.

Dr. Mark Kanzer's paper, *On Interpreting the Oedipus Plays of Sophocles*, was then read. Following is the author's abstract. Neither the Oedipus myth nor the personality of Oedipus can be reliably interpreted from the plays of Sophocles which, like those of Shakespeare, were tendentious and written with a contemporary audience in mind rather than to preserve an ancient chronicle. Homer's version varies significantly. Research indicates that Oedipus was originally a demigod, son of the earth mother Demeter, and that he figured in spring vegetation rites which still leave their trace in Oedipus Tyrannus. There is also a core of historical fact which links him to the dynasty of Cadmus, the Phoenician, and to the Egyptian Sphinx, imported by the Phoenicians into Greece.

A conglomeration of myths from many sources and cultures gradually coalesced to form the Oedipus legend. As it developed, a monster-slayer was converted into a riddle-solver; action was replaced by intellectualization. Sophocles developed this tendency further, making Oedipus an exponent of the Greek philosophy: 'Know Thyself'. He moved toward recognition in the fact that fate lies in character and family relationships rather than in the will of the gods. Oedipus himself came to exemplify the narcissistic pride in the intellectual

functions of the ego and their ultimate inadequacy when in conflict with the id and superego. Much of his personality apparently is derived from that of Sophocles. The riddle of the Sphinx, which became associated with the *Œdipus* myth only secondarily, can be traced back to confrontation of man with his own image—in essence, the mirror dream and the feeling of the uncanny when face to face with his double. This self-analytic motive, the core of the superego, was intuitively converted by Sophocles into a play which unfolded like an analysis and provided temporary catharsis. Psychoanalysis completes the process and dispenses with both the myth-making and the æsthetic functions.

The last paper, presented by Dr. Renato Almansì, was entitled, *Ego Psychological Implications of a Religious Symbol*, and is abstracted by the author. Two ancient Hebrew religious symbols were studied from psychoanalytic and historical viewpoints. Dr. Almansì traced their manifold significances and ramifications in order to determine the way in which various psychic structures, and particularly the ego, participate in their formation. These symbols are the Tables of the Law and the Tetragrammaton, the ancient, highly tabooed, mysterious name of the God of the Hebrews. Both symbols proved to signify hands. The same study also confirms the age-old tradition that the position of the fingers in the Kohenite blessing plastically represents the spelling of the Tetragrammaton. All stages of libido development participate in the formation of these symbols. Their numerous meanings bear indications not only of the different stages of libidinal development but also of the operation of the defense processes, of the superego and of the ego, and of the progressive integration of the drives into the totality of the psychic structure. The evolution of these symbols portrays their passage from id to ego interests and, paralleling the normal vicissitudes of the function of the hand, from drive orientation and magic omnipotence to secondary process functioning, rationality, manipulative control, communication, learning, and adaptation to reality and to the group. This transition clearly corresponds to a change in instinctual aims and to a neutralization of libidinal and aggressive energy which leads from pleasure to reality ego, and from primary narcissism to object relations. In its ultimate expression, the symbol of the hand came to signify a trend away from narcissistic gratification toward re-establishment of a mature reunion with the parental figures. The results of this study were confirmed, from a clinico-experimental standpoint, by a tachistoscopic study of ten patients.

**DISCUSSION:** Dr. Warner Muensterberger pointed out that the reawakened interest in mythology and applied analysis in general signifies an important step: ego psychology adds a new incentive to an area which seemed to be essentially reserved for a deeper understanding of id and superego forces. Discussing the different versions of the *Œdipus* myth as depicted by Homer and then by Sophocles, Dr. Muensterberger noted that these differences may point to a social revolution which took place between the time of Homer and the era of Sophocles. In a wider frame of reference they let us understand which elements are adaptable, flexible, and show a certain plasticity and, on the other hand, those qualities which remain constant. The actual constant is that of mother-son incest, disguised in many possible arrangements.

The Œdipus legend is used as 'a vehicle for the prevailing Greek philosophy' according to the Delphic oracle: 'Know Thyself'. Dr. Muensterberger is inclined to see evidence for the poet Pindar's adage 'Become the one you are'. It is true that we find suggestive resemblances of the Œdipus legend in many cultures, and psychoanalytic insight has taught us that those resemblances are more than fortuitous. Their basic meaning is due to man's parallel evolution and the deep effect of a basically identical mother-child relationship which constitutes the first social organism. The discussant highlighted the adaptive process as it relates to the total psychosocial situation. The juxtaposition of primitive and civilized societies, or rather their individual representatives, permits us to recognize a more or less steady increase in ego autonomy and concomitantly a greater differentiation of superego organization. More secure from external dangers, we observe a decrease of the impact of mythification and magic thinking from the collective point of view. The individualized myth has replaced the collectively institutionalized and accepted myth.

Dr. Ludwig Eidelberg emphasized that the ego is only part of the total personality, and he had the impression that ego psychology is becoming a kind of slogan. This is a danger. It is unpleasant to be confronted with the id and superego: this may have contributed to the present tendency to overstress the importance of the ego. He denied that Greek mythology is based chiefly on shame rather than guilt and pointed out that shame requires understanding of the superego.

Dr. Max M. Stern stated that in addition to the control of instincts stressed by the speakers, the ego function of myth and rites purports to overcome the anxieties connected with instinctual gratification. Thus, similar to phobic displacement, the myth liberates reality from inhibiting projections. He cited the orgastic vegetation rites where the tilling of the soil is made possible through the preceding ritual, in which the incest represented in ploughing is collectively acted out in a symbolic representation of Mother Earth; similar mechanisms were at work in other rites, such as slaying and eating the god, and puberty and marriage rites.

AUSTIN SILBER

Miss Anna Freud was an ALFRED P. SLOAN VISITING PROFESSOR in the Menninger School of Psychiatry, Topeka, Kansas, from September 16 to 26, 1962.

Dr. Gudrun Brun, a child psychiatrist from Denmark, was an ALFRED P. SLOAN VISITING LECTURER in the Menninger School of Psychiatry, Topeka, Kansas, for two months beginning October 3, 1962. Dr. Brun has been director of the department of child psychiatry of Bispebjerg Municipal Hospital in Copenhagen since 1946. She was the first person in Denmark to specialize exclusively in child psychiatry.

The Columbia University Psychoanalytic Clinic for Training and Research has awarded \$21,750 from its ADELE R. LEVY RESEARCH GIFT to sixteen faculty members participating in the work of eight research projects which include: Evaluation of Ego Strength; Eskimo Basic Personality and Social Homeostasis;

Psychoanalytic Interview as a Research Tool with Nonpatients; Psychosomatic Research; Evaluation of Psychotherapy with Physiological Criteria (Ulcerative Colitis); Selection of Candidates for Psychoanalytic Training; Interview Technique in a Group Setting; Implications as a Teaching Method; and Suicide Motivation: Cross-Cultural Approach.

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The annual Symposium of the ARGENTINE PSYCHOANALYTIC ASSOCIATION will be held in Buenos Aires on June 14-15, 1963. The subject will be Psychoanalysis of Anti-Semitism.

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The Royal Medico-Psychological Association announces that as of January 1963, its official publication, *The Journal of Mental Science*, will become *THE BRITISH JOURNAL OF PSYCHIATRY*. It will remain the policy of the Journal to publish original work on every aspect of psychiatry. Address requests for further information to: Dr. Eliot Slater, Editor-in-Chief, 11, Chandos Street, Cavendish Square, London W.1, England.